

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report March 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     |         |         |
| <b>E-Referrals</b>   |                          |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <a href="#">2142: NHS e-Referral Service (e-RS) Utilisation Coverage</a><br>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       | R       | R       | R       |
|  |                          | Actual  | 48.449% | 43.429% | 47.021% | 51.178% | 50.448% | 49.796% | 50.245% | 48.306% | 57.179% | 50.271% | 53.20%  |         | 49.484% |
|  |                          | 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%  |
| <b>Referral to Treatment (RTT) &amp; Diagnostics</b>   |                          |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| <a href="#">1828: % of patients waiting 6 weeks or more for a diagnostic test</a><br>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       | R       | R       | R       |
|  |                          | Actual  | 3.805%  | 5.409%  | 2.877%  | 2.335%  | 2.652%  | 2.823%  | 2.452%  | 3.468%  | 3.42%   | 3.726%  | 2.623%  | 4.61%   | 3.37%   |
|  |                          | 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%   |
| <a href="#">1291: % of all Incomplete RTT pathways within 18 weeks</a><br>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       | G       | G       |         |
|  |                          | Actual  | 94.327% | 93.628% | 93.878% | 93.575% | 93.377% | 93.411% | 93.071% | 93.492% | 93.216% | 92.821% | 92.492% | 92.028% | 93.295% |
|  |                          | 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%  |
| <a href="#">1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a><br>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       | R       | R       | R       |         |
|  |                          | Actual  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 1       | 1       | 2       |
|  |                          | Target  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |

### Cancelled Operations

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>1983: Urgent Operations cancelled for a 2nd time</b><br>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 | G | G |   |
|  |   | Actual | 0 | 0 | 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 |

### Cancer Waiting Times

|  |                          |        |         |         |         |         |         |         |         |         |         |         |         |         |         |
|--|--------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b><br>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       | G       |         |
|  |                          | Actual | 94.305% | 92.00%  | 94.423% | 95.132% | 94.635% | 93.973% | 95.248% | 96.364% | 95.519% | 93.864% | 93.608% | 94.545% | 94.505% |
|  |                          | Target | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  |
| <b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b><br>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       | R       |         |
|  |                          | Actual | 91.304% | 90.411% | 85.106% | 95.385% | 93.443% | 96.00%  | 89.286% | 100.00% | 94.286% | 89.189% | 92.308% | 86.885% | 91.90%  |
|  |                          | Target | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  | 93.00%  |
| <b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b><br>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       | R       | R       | G       | G       |         |
|  |                          | Actual | 100.00% | 97.368% | 97.059% | 100.00% | 98.333% | 98.462% | 100.00% | 97.468% | 98.077% | 93.258% | 90.625% | 100.00% | 97.479% |
|  |                          | 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%  |



|   |                          |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|---|--------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <a href="#">26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</a><br>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       | G       | G       |         |
|   |                          | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 88.889% | 83.333% | 85.714% | 100.00% | 100.00% | 96.117% |
|   |                          | Target | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  |
| <a href="#">1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</a><br>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       | G       | G       |         |
|   |                          | Actual | 100.00% | 100.00% | 100.00% | 100.00% | 92.308% | 91.667% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 98.958% |
|   |                          | Target | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  | 98.00%  |
| <a href="#">25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</a><br>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       | 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% | 100.00% | 100.00% | 97.899% |
|   |                          | Target | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  | 94.00%  |
| <a href="#">539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</a><br>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       | R       | R       |         |
|   |                          | Actual | 86.667% | 84.848% | 76.471% | 82.051% | 72.973% | 85.294% | 96.296% | 89.13%  | 87.879% | 71.795% | 81.481% | 81.25%  | 82.725% |         |
|   |                          | Target | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  | 85.00%  |
| <a href="#">540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</a><br>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       | 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% | 100.00% | 85.714% | 88.406% |
|   |                          | Target | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  |

### Personal Health Budgets

|  |                          |        |       |       |       |       |
|--|--------------------------|--------|-------|-------|-------|-------|
| <b>2143: Personal health budgets</b><br>Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for). | Southport And Formby CCG | RAG    | R     | R     | R     | R     |
|  |                          | Actual | 11.28 | 14.50 | 13.69 | 12.87 |
|  |                          | Target | 48.27 | 51.49 | 54.71 | 57.93 |

### Accident & Emergency

|  |   |        |         |         |         |        |         |        |         |         |         |        |         |         |         |
|--|---|--------|---------|---------|---------|--------|---------|--------|---------|---------|---------|--------|---------|---------|---------|
| <b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b><br>% 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% | 79.115% | 84.975% |
|  |   | Target | 95.00%  | 95.00%  | 95.00%  | 95.00% | 95.00%  | 95.00% | 95.00%  | 95.00%  | 95.00%  | 95.00% | 95.00%  | 95.00%  | 95.00%  |
| <b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b><br>% of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)                  | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | RAG    | R       | R       | R       | R      | R       | R      | R       | R       | R       | R      | R       | R       |         |
|  |   | Actual | 91.10%  | 89.40%  | 90.32%  | 88.27% | 88.42%  | 85.69% | 85.55%  | 80.71%  | 80.31%  | 81.03% | 80.89%  | 78.97%  | 85.08%  |
|  |   | Target | 95.00%  | 95.00%  | 95.00%  | 95.00% | 95.00%  | 95.00% | 95.00%  | 95.00%  | 95.00%  | 95.00% | 95.00%  | 95.00%  | 95.00%  |
| <b>1928: 12 Hour Trolley waits in A&amp;E</b><br>Total number of patients who have waited over 12 hours in A&E from decision to admit to admission   | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | RAG    | R       | R       | G       | R      | G       | G      | G       | R       | R       | R      | R       | R       |         |
|  |   | Actual | 3       | 9       | 0       | 2      | 0       | 0      | 0       | 16      | 65      | 63     | 3       | 8       | 169     |
|  |   | Target | 0       | 0       | 0       | 0      | 0       | 0      | 0       | 0       | 0       | 0      | 0       | 0       | 0       |

## EMSA

|   |                          |        |      |      |      |      |      |      |      |      |      |      |      |      |       |
|---|--------------------------|--------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| <a href="#">1067: Mixed sex accommodation breaches - All Providers</a><br>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    | R     |
|   |                          | Actual | 3    | 3    | 3    | 5    | 8    | 14   | 10   | 10   | 8    | 4    | 8    | 6    | 82    |
|   |                          | Target | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| <a href="#">1812: Mixed Sex Accommodation - MSA Breach Rate</a><br>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    | R    | R    |       |
|   |                          | Actual | 0.88 | 0.83 | 0.80 | 1.42 | 2.32 | 4.15 | 2.82 | 2.83 | 1.19 | 0.56 | 2.38 | 1.4  | 76.00 |
|   |                          | 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  |

## HCAI

|   |                          |        |   |   |    |    |    |    |    |    |    |    |    |    |    |
|---|--------------------------|--------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| <a href="#">497: Number of MRSA Bacteraemias</a><br>Incidence of MRSA bacteraemia (Commissioner)          | Southport And Formby CCG | RAG    | G | G | G  | G  | G  | G  | G  | G  | R  | R  | R  | R  |    |
|   |                          | YTD    | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 1  | 1  | 1  |
|   |                          | Target | 0 | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| <a href="#">24: Number of C.Difficile infections</a><br>Incidence of Clostridium Difficile (Commissioner) | Southport And Formby CCG | RAG    | G | G | G  | G  | G  | G  | G  | G  | R  | R  | R  | R  |    |
|   |                          | YTD    | 6 | 9 | 10 | 10 | 15 | 18 | 19 | 23 | 25 | 32 | 33 | 39 | 39 |
|   |                          | Target | 6 | 9 | 13 | 18 | 20 | 24 | 27 | 29 | 29 | 29 | 32 | 38 | 38 |

## Mental Health

|   |                          |        |         |  |         |         |  |         |  |         |
|---|--------------------------|--------|---------|--|---------|---------|--|---------|--|---------|
| <a href="#">138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a><br>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       |  | G       |
|   |                          | Actual | 100.00% |  | 97.436% | 92.857% |  | 100.00% |  | 97.761% |
|   |                          | Target | 95.00%  |  | 95.00%  | 95.00%  |  | 95.00%  |  | 95.00%  |

### IAPT (Improving Access to Psychological Therapies)

|   |                          |        |         |         |         |        |         |
|---|--------------------------|--------|---------|---------|---------|--------|---------|
| <b>2183: IAPT Recovery Rate (Improving Access to Psychological Therapies)</b><br>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       | R       | G       | G      | G       |
|   |                          | Actual | 49.206% | 49.02%  | 55.00%  | 58.90% | 51.546% |
|   |                          | Target | 50.00%  | 50.00%  | 50.00%  | 50.00% | 50.00%  |
| <b>2131: IAPT Roll Out</b><br>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      | R       |
|   |                          | Actual | 3.223%  | 2.809%  | 4.159%  | 3.36%  | 3.397%  |
|   |                          | Target | 16.80%  | 16.80%  | 16.80%  | 16.80% | 16.80%  |
| <b>2253: IAPT Waiting Times - 6 Week Waiters</b><br>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      | G       |
|   |                          | Actual | 93.939% | 94.545% | 81.176% | 99.00% | 88.835% |
|   |                          | Target | 75.00%  | 75.00%  | 75.00%  | 75.00% | 75.00%  |
| <b>2254: IAPT Waiting Times - 18 Week Waiters</b><br>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      | G       |
|   |                          | Actual | 98.485% | 98.182% | 97.647% | 100%   | 98.058% |
|   |                          | Target | 95.00%  | 95.00%  | 95.00%  | 95.00% | 95.00%  |

### Dementia

|   |                          |        |         |         |         |         |         |         |         |         |         |         |        |        |         |
|---|--------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|--------|---------|
| <b>2166: Estimated diagnosis rate for people with dementia</b><br>Estimated diagnosis rate for people with dementia | Southport And Formby CCG | RAG    | G       | G       | G       | G       | G       | G       | G       | G       | G       | G       | G      |        |         |
|   |                          | Actual | 70.616% | 70.858% | 70.451% | 70.258% | 71.198% | 71.925% | 72.465% | 72.164% | 71.878% | 71.504% | 71.50% | 71.40% | 71.335% |
|   |                          | 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%  |

### Children and Young People with Eating Disorders

|  |                          |        |       |         |         |        |         |
|--|--------------------------|--------|-------|---------|---------|--------|---------|
| <b><u>2095: The number of completed CYP ED routine referrals within four weeks</u></b><br>The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)               | Southport And Formby CCG | RAG    | G     | G       | G       | G      | G       |
|  |                          | Actual | 0.00% | 100.00% | 100.00% | 75.00% | 76.471% |
|  |                          | Target |       |         |         |        |         |
| <b><u>2096: The number of completed CYP ED urgent referrals within one week</u></b><br>The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)                                 | Southport And Formby CCG | RAG    | G     | R       | G       | R      | G       |
|  |                          | Actual | 100%  | 0%      | 100%    | 0%     | 100%    |
|  |                          | Target | 95%   | 95%     | 95%     | 95%    | 95%     |
| <b><u>2097: The number of incomplete pathways (routine) for CYP ED</u></b><br>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      | R       |
|  |                          | Actual | 1     | 1       | 1       | 2      | 5       |
|  |                          | Target | 1     | 1       | 1       | 1      | 1       |
| <b><u>2098: The number of incomplete pathways (urgent) for CYP ED</u></b><br>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      | G       |
|  |                          | Actual | 0     | 0       | 0       | 0      | -       |
|  |                          | Target | 1     | 1       | 1       | 1      | 1       |

### Wheelchairs

|  |                          |        |         |        |        |        |         |
|--|--------------------------|--------|---------|--------|--------|--------|---------|
| <b><u>2197: Percentage of children waiting less than 18 weeks for a wheelchair</u></b><br>The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service. | Southport And Formby CCG | RAG    | G       | R      | G      | G      | G       |
|  |                          | Actual | 100.00% | 0.00%  | 92%    | 100%   | 100.00% |
|  |                          | Target | 92.00%  | 92.00% | 92.00% | 92.00% | 92.00%  |

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 12 (note: time periods of data are different for each source).

### Financial position

The financial plan for 2017/18 required 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, the agreed financial plan for 2017/18 is breakeven.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan was £10.137m. QIPP savings of £6.643m have been achieved in year.

The full year financial position for the CCG is a deficit of £3.600m.

### Planned Care

GP referrals in 2017/18 to date are 14% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 4% 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.

E-referral Utilisation rates in February for the CCG as a whole reached 53.2% an improvement from recorded the previous month (50.0%) but under the 80% ambition for Q3. NHS Digital has not yet released March data.

The CCG failed the less than 1% target for Diagnostics in March recording 4.61%. Southport & Ormskirk Trust also failed the less than 1% target for Diagnostics in March recording 3.5%, a decline on the previous month's performance when 1.95% was recorded.

There was one patient in March who had been waiting over 52 weeks from referral to treatment. This patient was waiting for treatment at the Royal Liverpool & Broadgreen Hospitals, under the treatment function General Surgery. The delay was due to the patient requiring complex surgery and wishing to wait for the surgeon they had been referred to. The patient has now had their surgery.

Southport & Ormskirk reported 16 cancelled operations in March, bringing the total YTD figure to 120. The Trust has reported that 11 cancellations were due to no beds, 2 due to a surgeon being unavailable, 1 an anaesthetic unavailable, 1 equipment failure and 1 ran out of theatre time.

The CCG are failing 3 of the 9 cancer measures year to date. They include 2 week breast symptom (92.19%), 62 days screening (88.41%) and the 62 day standard (82.51%). Southport & Ormskirk are failing the 85% target for the 62-day standard in March year to date (82.16%).

Friends and Family inpatient response rates at Southport & Ormskirk are under the 25% target in February at 14.4%. The percentage of patients that would recommend the inpatient service in the Trust has improved slightly to 91% in March, but still remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased to 3% in March from 4% in January but still remains above the England average of 2%.

Performance at Month 12 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.2m/-3%. 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 -£1.1m/-3%.  
Unplanned Care

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for March reached 78.97%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 95% for this month, and year to date 85.08%.

Southport & Ormskirk had eight 12-hour breaches in March, bringing the year-end total to 167.

Work continues 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.

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 calls from Southport and Formby patients to the GP OOH service has increased in March to 1,081, higher than the 2017/18 average of 973 contacts a month. 2017/18 has had 182/1.5% fewer contacts than in the previous year.

There were 1,753 calls to 111 by Southport and Formby patients in February 2018. This is slightly above the 2017/18 monthly average of 1,696 calls/month but similar to the 2016/17 average of 1,765/month. There has been 3.9%/829 fewer calls in 2017/18 compared to the previous year.

Southport & Ormskirk failed the stroke target in March recording 60% with 15 out of 25 patients spending 90% of their time on a stroke unit. This is a decline on last month's performance. In relation to the TIAs 0% compliance was reported again in March for the fifth consecutive month.

The CCG has reported an MSA rate of 1.4, which equates to a total of 6 breaches in March. All 6 breaches were at Southport & Ormskirk NHS Trust. In March the Trust had 15 mixed sex accommodation breaches (a rate of 2.7) and has therefore breached the zero tolerance threshold.

The CCG are over plan for C.difficile in March, having 6 new cases reported, bringing the year-end position to 39 cases against a target of 38. The Trust is under plan for C.difficile for March and year-end with 20 against a target of 36.

The CCG reported no new cases of MRSA in March; however they remain non-compliant at year-end due to the 1 case reported in January. The Trust also remains non-compliant at year-end with the 1 case reported in September.

The average number of delayed transfer of care per day in Southport & Ormskirk hospital increased slightly to 6 in March. Analysis of average delays in March 2018 compared to March 2017 shows no change.

The percentage of people that would recommend Southport & Ormskirk A&E has improved and is now reporting above the England average (84%) with 88% in March. The percentage not recommended has also improved to 4% so is now below the England average of 9%.

Performance at Month 12 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £267k/0.8%. However, applying a neutral cost variance for those Trusts within the 'Acting as One' block contract arrangement results in there being a total under spend of approximately -£432k/-0.5%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported a 5.6% increase from previous month of Southport & Formby patients entering treatment in month 12. The access rate for Month 12 was 1.08% and therefore failed to achieve the standard. The year- end access rate was 13.2%.

### **Better Care Fund**

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

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

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.



## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 March 2018.

The full year financial position is a deficit of £3.600m against the planned breakeven position. The cumulative CCG position is a deficit of £10.295m which incorporates the historic deficit of £6.695m 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 overspend are within Continuing Healthcare relating to Continuing Healthcare packages, Lancashire Care Trust relating to continence products, 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 over performance on the Aintree contract due to high cost drugs and devices outside the Acting as One contract agreement.

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

QIPP savings for the financial year have not been delivered in full. The QIPP plan forms part of the CCG recovery plan reported to NHS England.

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> | £6.643m    |
| Running Costs             | CCG running costs < 2017/18 allocation   | ✓          |
| BPPC                      | NHS - Value YTD > 95%  | 99.31%     |
|                           | NHS - Volume YTD > 95%   | 94.74%     |

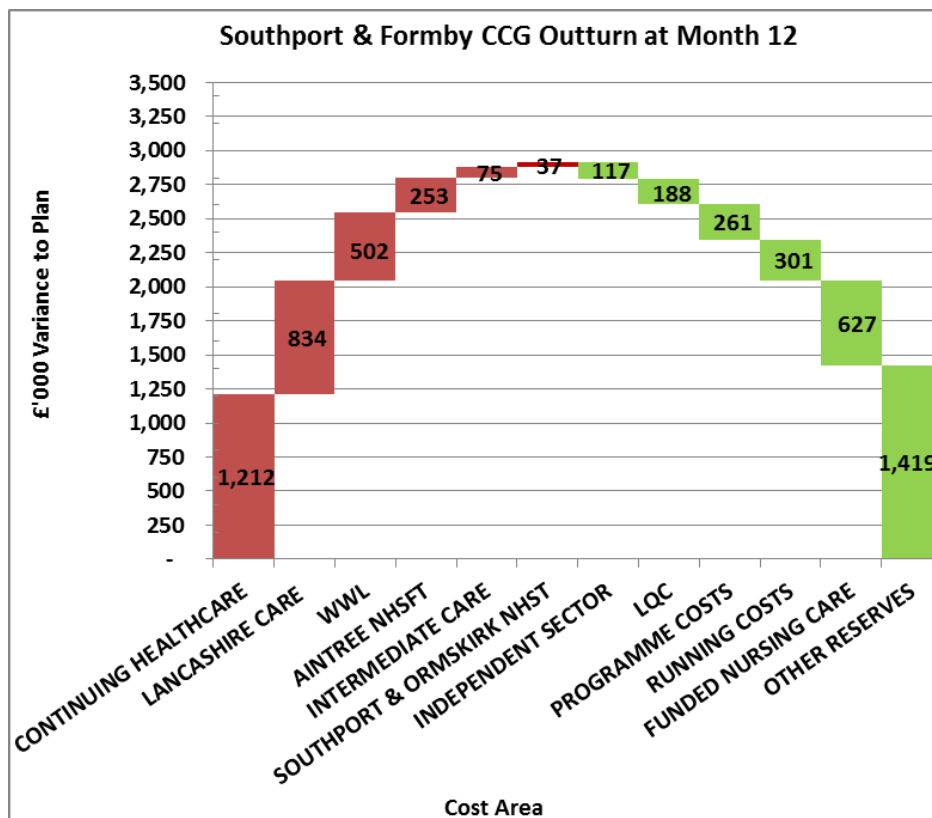
| Key Performance Indicator |                            | This Month |
|---------------------------|----------------------------|------------|
|                           | Non NHS - Value YTD > 95%  | 96.59%     |
|                           | Non NHS - Volume YTD > 95% | 94.23%     |

- 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 has been released to improve the CCG financial position as directed by NHS England.
- The current financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £3.600m.
- QIPP Delivery is £6.643m to date which is £3.494m below planned QIPP delivery for 2017-18.
- The expenditure on the Running Cost budget is below the allocation by £0.301m 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 financial position for the financial year is a deficit of £3.600m.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures within Lancashire Care Trust relating to continence products.
  - Over performance 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 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.

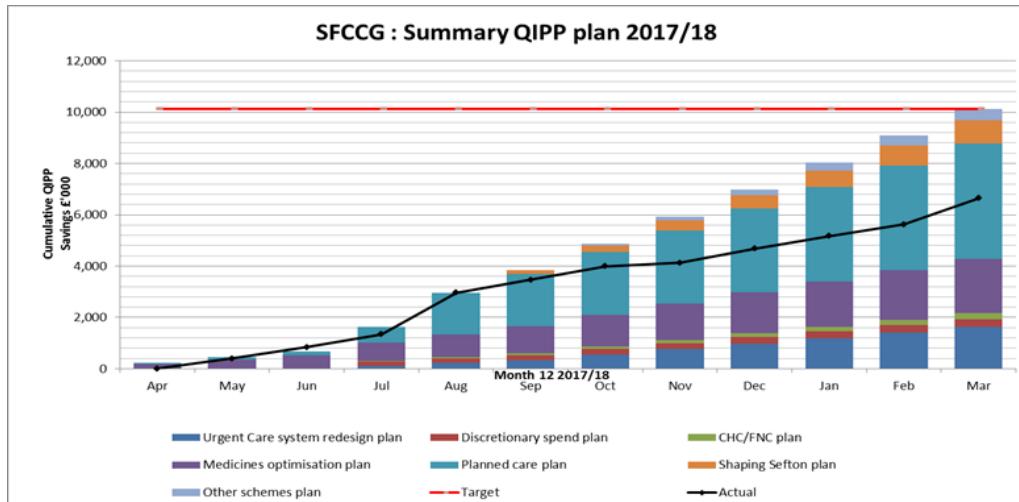
**Figure 3 – Acting as One Contract Performance**

| Provider   | Pressure/(Benefit)<br>£m |
|--|--------------------------|
| Aintree University Hospital NHS Foundation Trust   | <b>0.774</b>             |
| Alder Hey Children's Hospital NHS Foundation Trust | <b>0.025</b>             |
| Liverpool Women's NHS Foundation Trust             | <b>(0.059)</b>           |
| Liverpool Heart & Chest NHS Foundation Trust       | <b>(0.094)</b>           |
| Royal Liverpool and Broadgreen NHS Trust           | <b>(0.198)</b>           |
| Mersey Care NHS Foundation Trust                   | <b>0.000</b>             |
| The Walton Centre NHS Foundation Trust             | <b>0.037</b>             |
| <b>Grand Total</b>                                 | <b>0.485</b>             |

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against 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 £0.485m under usual contract arrangements.

## 2.3 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         | 4,350          | 0        | 142          | 4,492          |
| Medicines optimisation plan      | 2,118        | 0            | 2,118         | 1,594          | 0        | 524          | 2,118          |
| CHC/FNC plan                     | 231          | 0            | 231           | 0              | 0        | 231          | 231            |
| Discretionary spend plan         | 309          | 0            | 309           | 181            | 0        | 128          | 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           | 18             | 0        | 442          | 460            |
| <b>Total QIPP Plan</b>           | <b>7,607</b> | <b>2,530</b> | <b>10,137</b> | <b>6,643</b>   | <b>0</b> | <b>3,494</b> | <b>10,137</b>  |
| <b>QIPP Delivered 2017/18</b>    |              |              |               | <b>(6,643)</b> |          | <b>0</b>     | <b>(6,643)</b> |

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year by scheme and full detail of progress at scheme level is monitored at the QIPP committee.
- In 2017-18 the CCG has achieved **£6.643m** QIPP savings in respect of the following schemes:
  - Prescribing - £1.594m
  - Third Sector Contracts - £0.149m
  - Other Elective - £3.517m
  - Right Care MCAS - £0.677m
  - Other urgent care schemes - £0.5m
  - Referral Management Schemes £0.156m
  - Discretionary spend £0.032m
  - Provider CQUIN £0.018m

## 2.4 Risk

Figure 5 – CCG Financial Position

|  | Recurrent<br>£000 | Non-Recurrent<br>£000 | Total<br>£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) | (0.559)           | (2.970)               | (3.529)        |
| Reserves                               | 1.408             | 0.865                 | 2.273          |
| QIPP Achieved                          | 3.965             | 2.678                 | 6.643          |
| <b>Year End Surplus / (Deficit)</b>    | <b>(3.611)</b>    | <b>(1.139)</b>        | <b>(4.750)</b> |
| Release 0.5% Risk Reserve              | 0.000             | 0.910                 | 0.910          |
| Return of CAT M funding                | 0.000             | 0.240                 | 0.240          |
| <b>Year End Surplus / (Deficit)</b>    | <b>(3.611)</b>    | <b>0.011</b>          | <b>(3.600)</b> |

### Financial Position

- The CCG financial position is a deficit of £3.600m.
- The CCG has released the 0.5% risk reserve of £0.910m in Month 12 as directed by NHS England. The category M drugs rebate of £0.240m has also been released. These adjustments have improved the financial position from £4.750m deficit position to a £3.600m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £3.600m.
- The underlying position is a deficit of £3.611m. This position removes non-recurrent expenditure commitments and QIPP savings from the position.

## 2.5 Contract Alignment / Dispute Resolution

Figure 6 – Contract Alignment table

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

- CCGs and Providers were required to report a contract alignment position at to highlight any areas of dispute in 2017/18.
- 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
- 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 April. A provision of £1.300m has been included in 2017-18 accounts as an estimate of the outcome for expert determination for Southport and Formby CCG.

## 2.6 Statement of Financial Position

Figure 7 – Summary of working capital

|   | 2016/17 | 2017/18  |          |          |          |          |
|---|---------|----------|----------|----------|----------|----------|
|   | M12     | M8       | M9       | M10      | M11      | M12      |
|   | £'000   | £'000    | £'000    | £'000    | £'000    | £'000    |
| Non-Current Assets  | 11      | 11       | 11       | 11       | 0        | 0        |
| Receivables   | 2,041   | 2,470    | 2,383    | 2,742    | 2,414    | 2,406    |
| Cash  | 160     | 995      | 1,995    | 3,152    | 3,201    | 63       |
| Payables & Provisions   | (9,202) | (11,582) | (12,634) | (12,654) | (12,919) | (12,162) |
| Value of debt > 180 days old (6months)  | 723     | 723      | 723      | 723      | 723      | 672      |
| BPPC (value)  | 98%     | 100%     | 100%     | 98%      | 99%      | 98%      |
| BPPC (volume)   | 96%     | 95%      | 97%      | 95%      | 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 £0.672m. 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. An outcome is expected on this by midnight on 19 April 2018.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.138m). At 31 March 2018 the CCG had a cash balance of £0.063m; therefore the cash target was achieved.

- 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.

## 2.7 Recommendations

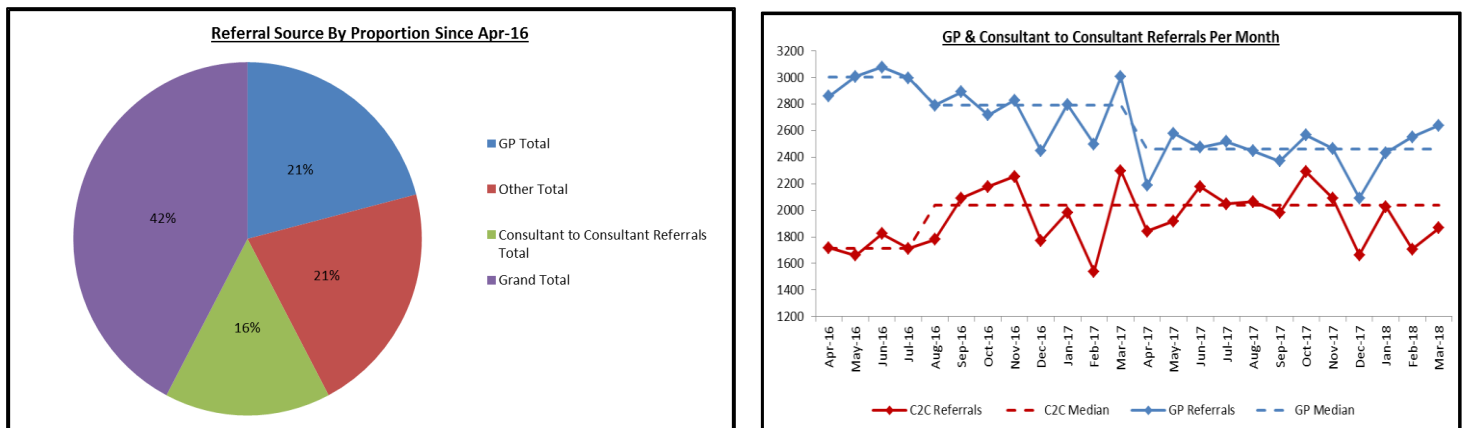
The Governing Body is asked to receive the finance update, noting that:

- The full year financial position for the CCG is a deficit of £3.600m. The agreed financial plan for 2017-18 required the CCG to breakeven in year.
- QIPP delivery is £6.643m, mainly elective care and prescribing savings. The QIPP target for 2017-18 is £10.137m.
- 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 8 - Referrals by Source across all providers for 2016/17 & 2017/18



**Figure 9 – 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           | YTD %        |
|--|--|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|--------------|
|  |  |  | Apr          | May          | Jun          | Jul          | Aug          | Sep          | Oct          | Nov          | Dec          | Jan          | Feb          | Mar          | YTD           | YTD           | Variance      |              |
| GP                                       | 3  | referral from a GENERAL MEDICAL PRACTITIONER   | 2,187        | 2,578        | 2,472        | 2,516        | 2,445        | 2,371        | 2,564        | 2,466        | 2,090        | 2,433        | 2,552        | 2,637        | 33,903        | 29,311        | -4,592        | -14%         |
| <b>GP Total</b>                          |  |  | <b>2,187</b> | <b>2,578</b> | <b>2,472</b> | <b>2,516</b> | <b>2,445</b> | <b>2,371</b> | <b>2,564</b> | <b>2,466</b> | <b>2,090</b> | <b>2,433</b> | <b>2,552</b> | <b>2,637</b> | <b>33,903</b> | <b>29,311</b> | <b>-4,592</b> | <b>-14%</b>  |
| Other                                    | 1  | following an emergency admission   | 270          | 226          | 256          | 231          | 270          | 258          | 294          | 248          | 155          | 207          | 162          | 159          | 5,112         | 2,736         | -2,376        | -46%         |
|  | 2  | following a Domiciliary Consultation   | 1            |              | 1            | 2            | 1            |              |              | 1            |              |              | 1            |              | 7             | 7             | 0             | 0%           |
|  | 4  | referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)        | 277          | 290          | 273          | 295          | 259          | 314          | 351          | 302          | 294          | 277          | 293          | 282          | 3,180         | 3,507         | 327           | 10%          |
|  | 5  | referral from a CONSULTANT, other than in an Accident and Emergency Department                                 | 1,200        | 1,332        | 1,563        | 1,447        | 1,461        | 1,313        | 1,539        | 1,465        | 1,156        | 1,457        | 1,196        | 1,343        | 13,593        | 16,472        | 2,879         | 21%          |
|  | 6  | self-referral  | 189          | 177          | 166          | 145          | 152          | 151          | 184          | 195          | 162          | 179          | 174          | 192          | 1,826         | 2,066         | 240           | 13%          |
|  | 7  | referral from a Prosthetist  |              |              | 1            |              |              |              |              |              |              |              | 1            |              | 3             | 2             | -1            | -33%         |
|  | 8  | Royal Liverpool Code (TBC)   | 27           | 41           | 46           | 41           | 50           | 56           | 49           | 43           | 35           | 41           | 46           | 38           | 453           | 513           | 60            | 13%          |
|  | 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           | 19           | 15           | 263           | 226           | -37           | -14%         |
|  | 11   | other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode                         | 59           | 59           | 61           | 59           | 57           | 75           | 73           | 63           | 41           | 73           | 36           | 68           | 653           | 724           | 71            | 11%          |
|  | 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            | 1            | 3            | 14            | 22            | 8             | 57%          |
|  | 13   | referral from a Specialist NURSE (Secondary Care)  | 3            | 2            | 1            | 6            | 2            | 6            |              | 1            | 2            | 2            | 2            | 2            | 47            | 29            | -18           | -38%         |
|  | 14   | referral from an Allied Health Professional  | 84           | 115          | 97           | 91           | 98           | 86           | 106          | 111          | 77           | 68           | 93           | 96           | 1,500         | 1,122         | -378          | -25%         |
|  | 15   | referral from an OPTOMETRIST   | 78           | 92           | 85           | 65           | 119          | 93           | 110          | 106          | 77           | 109          | 134          | 161          | 1,035         | 1,229         | 194           | 19%          |
|  | 16   | referral from an Orthoptist  | 1            | 6            | 2            | 2            | 4            | 4            | 1            | 1            | 1            |              | 3            | 3            | 39            | 28            | -11           | -28%         |
|  | 17   | referral from a National Screening Programme   | 57           | 48           | 30           | 43           | 34           | 40           | 47           | 72           | 31           | 40           | 58           | 64           | 724           | 564           | -160          | -22%         |
| 92                                       | referral from a GENERAL DENTAL PRACTITIONER  | 39   | 31           | 32           | 42           | 32           | 28           | 41           | 37           | 29           | 37           | 43           | 27           | 463          | 418           | -45           | -10%          |              |
| 97                                       | other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode | 169  | 179          | 269          | 245          | 256          | 216          | 266          | 262          | 223          | 287          | 244          | 244          | 2,905        | 2,860         | -45           | -2%           |              |
|  |  | Unknown  |              | 1            |              |              | 1            |              |              |              |              |              | 3            | 1            | 20            | 6             | -14           | -70%         |
| <b>Other Total</b>                       |  |  | <b>2,490</b> | <b>2,612</b> | <b>2,910</b> | <b>2,728</b> | <b>2,816</b> | <b>2,663</b> | <b>3,096</b> | <b>2,918</b> | <b>2,300</b> | <b>2,791</b> | <b>2,509</b> | <b>2,698</b> | <b>31,837</b> | <b>32,531</b> | <b>694</b>    | <b>2%</b>    |
| Consultant to Consultant Referrals Total |  |  | 1,843        | 1,918        | 2,178        | 2,048        | 2,065        | 1,979        | 2,289        | 2,090        | 1,662        | 2,026        | 1,707        | 1,867        | 22,808        | 23,672        | 864           | 4%           |
| <b>Grand Total</b>                       |  |  | <b>4,677</b> | <b>5,190</b> | <b>5,382</b> | <b>5,244</b> | <b>5,261</b> | <b>5,034</b> | <b>5,660</b> | <b>5,384</b> | <b>4,390</b> | <b>5,224</b> | <b>5,061</b> | <b>5,335</b> | <b>65,740</b> | <b>61,842</b> | <b>-3,898</b> | <b>-5.9%</b> |

Referrals in March 2018 are 5% above the previous month, however the full year 2017/18 referrals are 5.9% lower than 2016/17. Within individual specialties, Ophthalmology is the highest referred specialty for the CCG but has reduced 3.9% in 2017/18 compared to 2016/17. In contrast, Clinical Physiology had seen a significant 66% increase in referrals comparing 2017/18 to 2016/17. Of the top five providers in 2017/18, Aintree Hospital has the highest growth in referrals compared to the same period last year (14%), which is due to increases in Breast Surgery following the cessation of breast services at Southport and Ormskirk Hospital.

GP referrals in 2017/18 to date are 14% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are 4% higher when compared to 2016/17, particularly in General Surgery. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.



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

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 manually corrected to a referral source of 01.

### 3.1.1 E-Referral Utilisation Rates

Figure 10 – Southport & Formby CCG E Referral Performance

| NHS E-Referral Service Utilisation |             |                                    |        |   |
|------------------------------------|-------------|------------------------------------|--------|---|
| NHS Southport & Formby CCG         | 17/18 - Feb | 80% by Q2 17/18 & 100% by Q2 18/19 | 53.20% | ↑ |

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 February for the CCG as a whole reached 53.2%. This shows an increase in performance compared to last month (50%). NHS Digital has not yet released March data. The CCG's Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team have developed monthly practice level E-referral utilisation reports to be published on the e-referral intranet page, and NHS Digital have offered to visit practices with the lowest E-referral rates to support them further.

### 3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

| Diagnostic test waiting times  |             |     |       |   |
|--|-------------|-----|-------|---|
| % of patients waiting 6 weeks or more for a Diagnostic Test (CCG)                  | 17/18 - Mar | <1% | 4.61% | ↑ |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk) | 17/18 - Mar | <1% | 3.50% | ↑ |

The CCG failed the less than 1% target for Diagnostics in March recording 4.61%. Out of 2,516 patients, 116 patients were waiting 6+ weeks and 11 at 13+ weeks for their diagnostic test. Majority of the breaches were for Computed Tomography (29), Cystoscopy (25), Gastroscopy (20) and Colonoscopy (18).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in March recording 3.5%. Out of 3,340 patients, 118 patients waited at 6+ weeks and 14 patients at 13+ weeks for their diagnostic test. The majority of breaches were for Cystoscopy (37) and Colonoscopy (27). This is a decline on last month's performance when 1.95% was reported. The Trust reported an

increase in diagnostic breaches in March due to a lack of capacity from reduced Waiting List Initiative activity. All breached patients were escalated to the Assistant Director of Operations and Deputy Chief Operating Officer. Waiting List Initiative activity has resumed.

### 3.3 Referral to Treatment Performance

Figure 12- Referral to Treatment Time (RTT) Performance

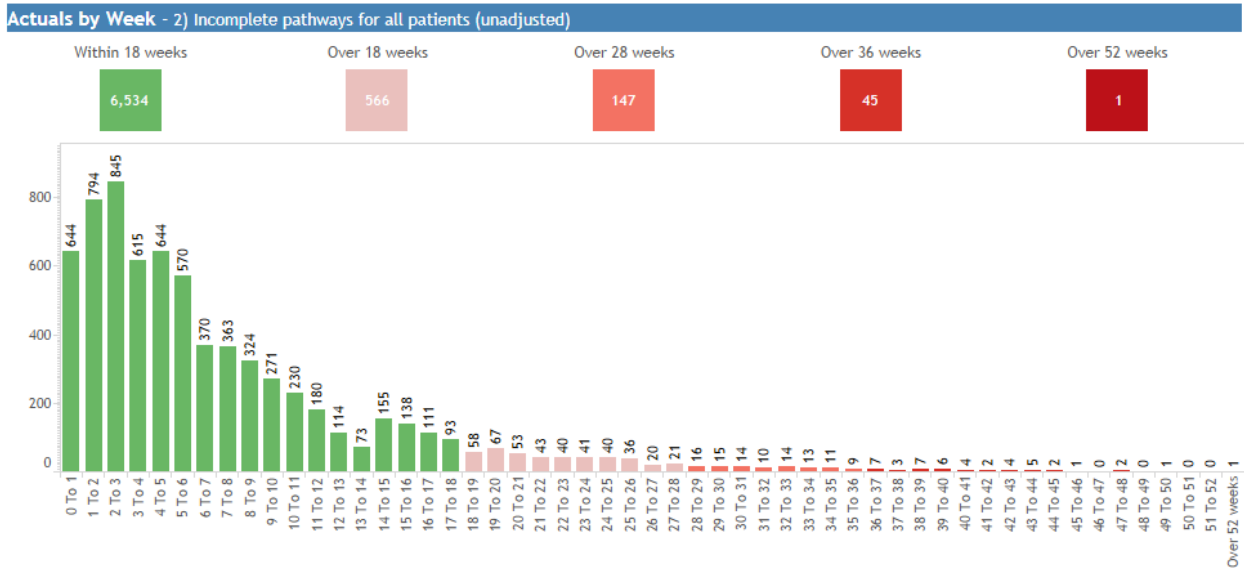
| Referral To Treatment waiting times for non-urgent consultant-led treatment   |             |     |        |   |
|---|-------------|-----|--------|---|
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>  | 17/18 - Mar | 0   | 1      | ↔ |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>   | 17/18 - Mar | 0   | 0      | ↔ |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>                      | 17/18 - Mar | 92% | 92.03% | ↓ |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b> | 17/18 - Mar | 92% | 93.45% | ↑ |

A Southport and Formby CCG patient waiting more than 52 weeks for treatment from referral has been reported in March for the CCG. This patient was waiting for treatment at the Royal Liverpool & Broadgreen Hospitals, under the treatment function General Surgery. The delay was due to the patient requiring complex surgery and wishing to wait for the surgeon they had been referred to. The patient has now had their surgery.

Performance at Royal Liverpool and Broadgreen Hospitals has an impact on the CCG's total performance. March performance for the Trust overall stood at 82.8%. The main areas of failure were in Urology (80.4%), General Surgery (80.9%), Trauma and orthopaedics (74.5%), Ophthalmology (70.4%), Gastroenterology (79.3%) and Dermatology (88.6%). Liverpool CCG, as lead commissioner wrote to the Trust seeking assurance of recovery and sustainability of their RTT performance going forward. In response the Trust has drawn up a detailed 18 week RTT Action Plan. When the Trust signed up to the "Acting as One/AAO" block contract in 2017, this was based upon activity out turn up to Month 5, 2016 and this contract did not factor in any RTT backlog that each of the failing specialities had at that time. Overall, bringing the Trust in line to deliver again RTT target was subject to significant contractual, demand, capacity and recruitment issues. Each of the worst performing specialities is experiencing either an increase in demand or a workforce issue. Recovery plans have been shared for RTT and are demonstrating an improvement trend with an anticipated recovery date of July 2018 which they are currently on track to deliver.

### 3.3.1 Incomplete Pathway Waiting Times

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



### 3.3.2 Long Waiters analysis: Top 5 Providers

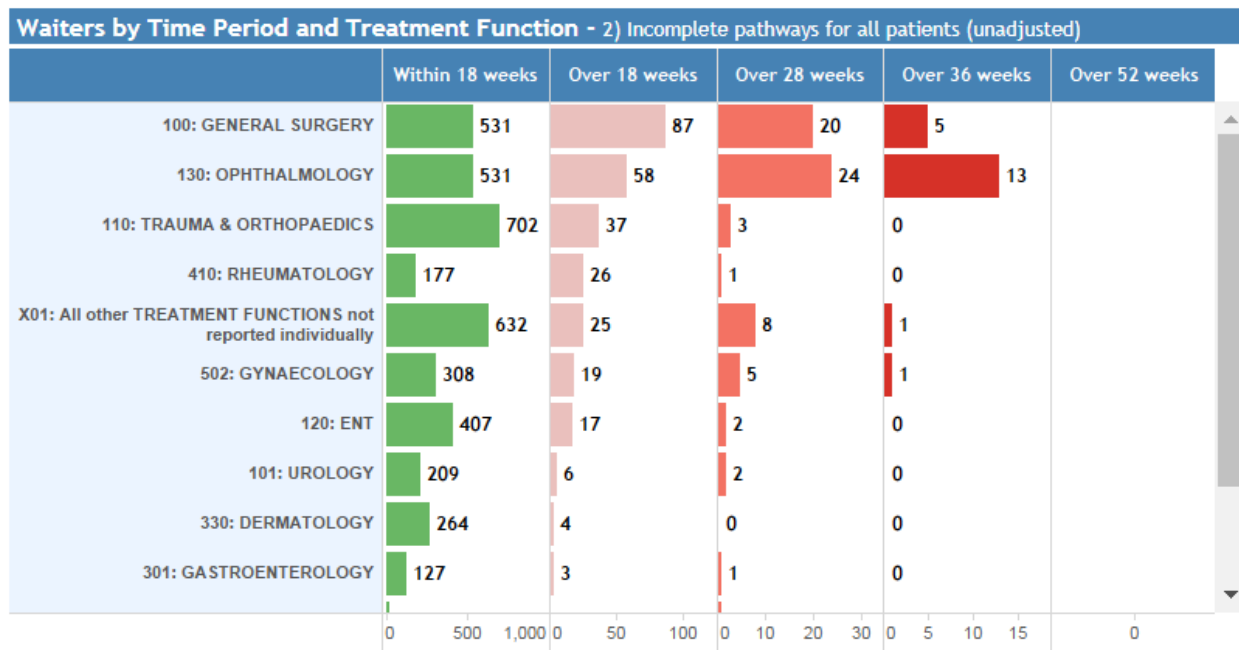
**Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers**

**Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)**

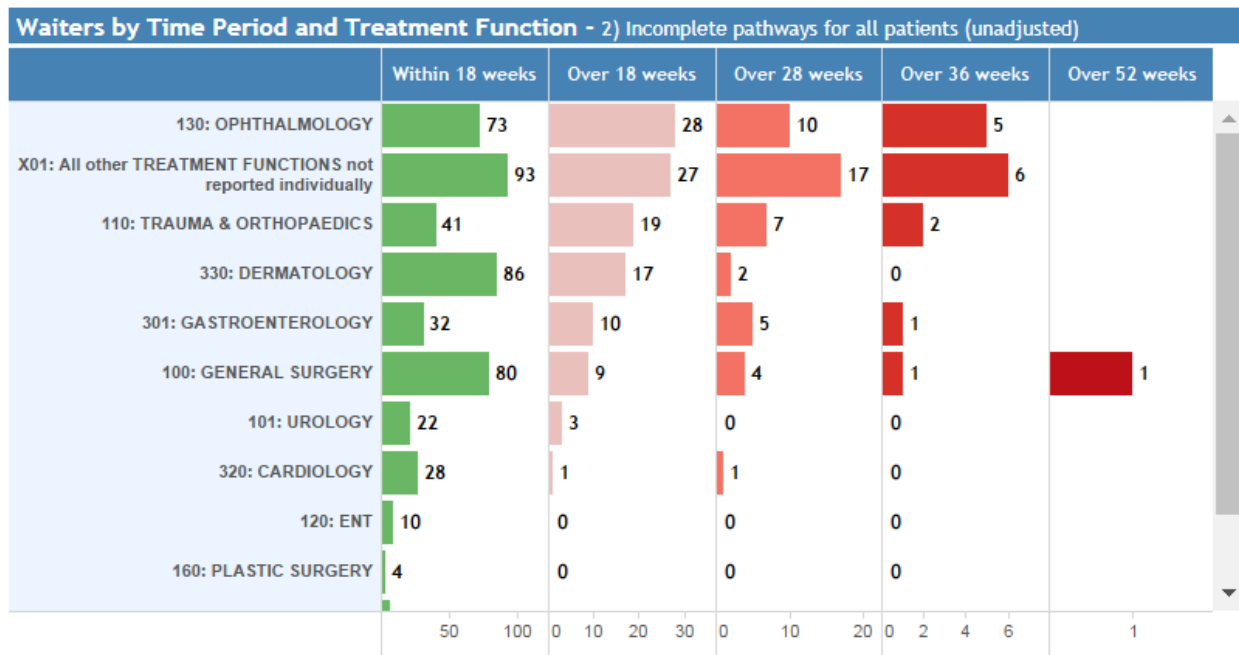
| Provider  | Within 18 weeks | Over 18 weeks | Over 28 weeks | Over 36 weeks | Over 52 weeks |
|---|-----------------|---------------|---------------|---------------|---------------|
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)                     | 4,022           | 283           | 67            | 20            | 0             |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6) | 478             | 114           | 46            | 15            | 1             |
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)              | 468             | 39            | 7             | 3             | 0             |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)                     | 224             | 32            | 4             | 0             | 0             |
| LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)            | 61              | 21            | 7             | 2             | 0             |
| ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)            | 129             | 20            | 3             | 0             | 0             |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)                        | 71              | 12            | 3             | 2             | 0             |
| BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXL)             | 18              | 9             | 2             | 0             | 0             |

### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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



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



### 3.3.4 Provider assurance for long waiters

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

| CCG                    | Trust                        | Specialty        | Wait band | Registered practice code | Has the patient been seen/has a TCI date?                     | Detailed reason for the delay   |
|------------------------|------------------------------|------------------|-----------|--------------------------|---|---|
| Southport & Formby CCG | Royal Liverpool              | General Surgery  | 52        | N84617                   | Patient treated in April                                      | RTT capacity 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 specialities, 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 CCG | Southport & Ormskirk         | Ophthalmology    | 49        | N84618                   | TCI 12/4/18   | TCI for 16/3/18 but unable to attend  |
| Southport & Formby CCG | Royal Liverpool              | other            | 47        | N84018                   | Pathway Stopped   | Capacity  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 47        | N84017                   | Non responder, removed 10/04/2018                             | Message left with niece with TCI date, unable to attend then unable to contact  |
| Southport & Formby CCG | Southport & Ormskirk         | General Surgery  | 45        | N84625                   | TCI 13/04/18  | Referred 19/03/17 NP 21/06 results follow up 18/09 - late TCI over Xmas and New Year  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 44        | N84024                   | Non responder, removed 10/04/2018                             | TCI 16/3 Unable to attend, 10/4 unable to attend  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 44        | N84012                   | TCI 17/4/18   | 1st appt 28/7/17 added to w/l, on w/l for NOD to do, w/l capacity - TCI and treated 17/4/18   |
| Southport & Formby CCG | Aintree                      | Urology          | 43        | G9211058                 | Clock stopped 18/04/2018 - 1st treatment                      |   |
| Southport & Formby CCG | Liverpool Womens             | Gynaecology      | 43        |                          | Awaiting Trust update   |   |
| Southport & Formby CCG | Royal Liverpool              | other            | 43        | N84611                   | Pathway Stopped   | Capacity  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 43        | N84024                   | TCI 19/4/18   | 1st appt 11/7/17 added to w/l, on w/l for NOD to do, w/l capacity. TCI and treated 19/4/18  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 43        | N84021                   | TCI 19/4/18   | TCI 5/3, 6/3, 20/3 C/U NO BED   |
| Southport & Formby CCG | Lancashire Teaching Hospital | General Medicine | 42        | N84005                   | Sleep study 18/08/17 and awaiting OP appointment to be booked | First appointment capacity in Medicine.   |
| Southport & Formby CCG | Liverpool Womens             | Gynaecology      | 42        |                          | Awaiting Trust update   |   |
| Southport & Formby CCG | Southport & Ormskirk         | General Surgery  | 42        | N84024                   | TCI 03/05   | Ref 05/06/17 app 17/07 decision to admit pat canc 08/02 Sswabbed on warfarin TCI Cancelled as not stopped warfarin. Patient away 14th march fro 2 weeks.  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 42        | N84614                   | Patient refused treatment 11/4/18                             | 1 Date offered  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 41        | N84017                   | Removed on 12/4/2018 at patient's request                     | TCI 11/4 UTA, Patient refused treatment   |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 41        | N84024                   | Removed from /L 14/5/18                                       | 1st appt 15/9/17 added to w/l, w/l capacity, unable to contact patient, No contact letter sent 30/4, taken off w/l 15/5/18 as no patient contact  |
| Southport & Formby CCG | Royal Liverpool              | Ophthalmology    | 40        | N84012                   | Pathway Stopped   | Capacity  |
| Southport & Formby CCG | Royal Liverpool              | Ophthalmology    | 40        | N84018                   |   | Long Wait on Waiting List   |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 40        | N84021                   | Removed from waiting list                                     | Patient difficult to contact  |
| Southport & Formby CCG | Southport & Ormskirk         | Ophthalmology    | 40        | N84005                   | TCI 14/5/18   | Added to w/l 23/6/17 from a stopped clock - new clock start, w/l capacity, TCI and treated 14/5/18  |

## 3.4 Cancelled Operations

### 3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Figure 18 – Southport & Ormskirk Cancelled Operations

| Cancelled Operations   |             |   |    |   |
|--|-------------|---|----|---|
| All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Southport &amp; Ormskirk</b> | 17/18 - Mar | 0 | 16 | ↑ |
|  |             |   |    | ↑ |

Southport & Ormskirk reported 16 cancelled operations in March, bringing the total YTD figure to 120. The Trust has reported that 11 cancellations were due to no beds, 2 due to a surgeon being unavailable, 1 an anaesthetic unavailable, 1 equipment failure and 1 ran out of theatre time.

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

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

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

## 3.5 Cancer Indicators Performance

### 3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

| Cancer waits – 2 week wait   |             |     |        |   |
|--|-------------|-----|--------|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)                                   | 17/18 - Mar | 93% | 94.50% | ↔ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)                  | 17/18 - Mar | 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 - Mar | 93% | 92.19% | ↔ |

The CCG has failed the target of 93% in March for patients referred urgently with breast symptoms with a performance of 86.89%, and year to date with 92.19%. In March there were a total of 61 patients and 8 patient breaches. All breaches reason were patient choice/cancellation the longest wait being 39 days.

Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for our breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs.

There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and un-necessary referrals.

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

| Cancer waits – 31 days  |             |     |            |   |
|---|-------------|-----|------------|---|
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>                          | 17/18 - Mar | 96% | 97.48%     | ↔ |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>     | 17/18 - Mar | 96% | 98.96%     | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>                          | 17/18 - Mar | 94% | 97.90%     | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>     | 17/18 - Mar | 94% | 0 Patients | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>  | 17/18 - Mar | 94% | 96.12%     | ↑ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>                     | 17/18 - Mar | 94% | 97.44%     | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>                      | 17/18 - Mar | 98% | 98.96%     | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b> | 17/18 - Mar | 98% | 100.00%    | ↔ |

### 3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

| Cancer waits – 62 days  |             |                    |         |   |
|---|-------------|--------------------|---------|---|
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)                  | 17/18 - Mar | 85% (local target) | 85.16%  | ↔ |
| 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 - Mar | 85% (local target) | 92.59%  | ↔ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)  | 17/18 - Mar | 90%                | 88.41%  | ↓ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)   | 17/18 - Mar | 90%                | 100.00% | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)   | 17/18 - Mar | 85%                | 82.51%  | ↔ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)  | 17/18 - Mar | 85%                | 82.16%  | ↔ |

The CCG failed the 90% target from referral to screening in March with 85.71% and are therefore still failing year to date at 88.41%. In March there were 2 breaches out of 14. The 2 breaches were breast patients, the first had a delay to surgery due to no earlier theatre dates and consultants availability (68 days waiting), the second patient was out the country (107 days waiting).

The CCG failed the 85% target from urgent GP referral to first treatment in March recording 81.25% with 6 breaches out of 32 patients, and year to date with 82.51%. Breach reasons included delays due to referral between trusts, complex pathway, holiday delay and diagnostic tests.

The Trust also failed the 85% target for urgent GP referrals in March recording 78.67% and are failing year to date with 82.16%. In March, out of the equivalent of 37.5 patients there were 8 breaches. There were 12 patients who breached - 3 full and 9 half. The 2 full were in urology and haematology.

#### 104+ Day Breaches

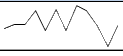
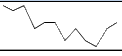
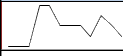

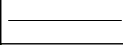




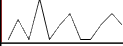
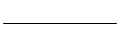
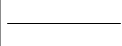
The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. In month 12 there were the equivalent of 3 patient breaches over 104 days, delay reasons include delays due to referral between trusts and 1 complex pathway. Harm reviews are awaited.



### 3.6 Patient Experience of Planned Care

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

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: **Mar-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%                     | 14.4%     |  | 96%                          | 91%           |  | 2%                               | 3%                |  |
| Q1 - Antenatal Care           | N/A                       | -         |   | 97%                          | *             |  | 1%                               | *                 |  |
| Q2 - Birth                    | N/A                       | 6.0%      |  | 97%                          | 92%           |  | 1%                               | 0%                |  |
| Q3 - Postnatal Ward           | N/A                       | -         |   | 95%                          | 86%           |  | 2%                               | 3%                |  |
| Q4 - Postnatal Community Ward | N/A                       | -         |   | 98%                          | *             |  | 1%                               | *                 |  |

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.  
 If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (\*) to protect against the possible risk of disclosure.

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has seen an improvement in response rates for inpatients, from 8.8% in February to 14.4% in March. The percentage of patients that would recommend the inpatient service in the Trust has improved slightly to 91% in March, but still remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased to 3% in March from 4% in January but still remains above the England average of 2%.

For maternity services, the percentage of people who would not recommend the service in relation to 'Birth', performance is higher than the England Average of 1% at 0% in March. In relation to the 'Postnatal Ward' the percentage who would not recommend the service is 3% which is 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 averages, with 92% and 86% 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 12 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.2m/-3%. 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 -£1.1m/-3%.

At individual providers, Wrightington, Wigan and Leigh (£565k/52%) and Aintree (£217k/5%) are showing the largest over performance at month 12. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£1.7m/-8%) and Renacres (-£458k/-12%).

**Figure 24 - Planned Care - All Providers**

| PROVIDER NAME   | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var | Acting as One Adjustment | Total Price Var (following AAO Adjust) | Total Price Var % |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|--------------------------|--|-------------------|
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST              | 18,475                | 20,499                  | 2,024                     | 11%                | £3,946                     | £4,163                       | £217                           | 5%              | -£217                    | £0                                     | 0.0%              |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST                     | 7,494                 | 7,519                   | 25                        | 0%                 | £542                       | £545                         | £3                             | 1%              | -£3                      | £0                                     | 0.0%              |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST       | 2,438                 | 0                       | -2,438                    | -100%              | £1,008                     | £957                         | £51                            | -5%             | £51                      | £0                                     | 0.0%              |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST                        | 2,648                 | 1,999                   | -649                      | -25%               | £609                       | £512                         | £96                            | -16%            | £96                      | £0                                     | 0.0%              |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 15,775                | 15,742                  | -33                       | 0%                 | £2,920                     | £2,894                       | £26                            | -1%             | £26                      | £0                                     | 0.0%              |
| WALTON CENTRE NHS FOUNDATION TRUST                            | 2,527                 | 2,368                   | -159                      | -6%                | £758                       | £696                         | £62                            | -8%             | £62                      | £0                                     | 0.0%              |
| <b>ACTING AS ONE PROVIDERS TOTAL</b>                          | <b>49,358</b>         | <b>48,127</b>           | <b>-1,231</b>             | <b>-2%</b>         | <b>£9,783</b>              | <b>£9,768</b>                | <b>£15</b>                     | <b>0%</b>       | <b>£15</b>               | <b>£0</b>                              | <b>0%</b>         |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST  | 236                   | 410                     | 174                       | 74%                | £44                        | £99                          | £55                            | 123%            | £0                       | £55                                    | 123%              |
| COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST            | 0                     | 7                       | 7                         | 0%                 | £0                         | £4                           | £4                             | 0%              | £0                       | £4                                     | #DIV/0!           |
| FAIRFIELD HOSPITAL  | 115                   | 103                     | -12                       | -10%               | £19                        | £25                          | £5                             | 26%             | £0                       | £5                                     | 26%               |
| ISIGHT (SOUTHPORT)  | 4,154                 | 5,821                   | 1,667                     | 40%                | £858                       | £892                         | £34                            | 4%              | £0                       | £34                                    | 4%                |
| LANCASHIRE TEACHING HOSPITAL                                  | 886                   | 1,226                   | 340                       | 38%                | £206                       | £267                         | £60                            | 29%             | £0                       | £60                                    | 29%               |
| RENACRES HOSPITAL   | 14,778                | 12,578                  | -2,200                    | -15%               | £3,952                     | £3,494                       | £458                           | -12%            | £0                       | £458                                   | -12%              |
| SALFORD ROYAL NHS FOUNDATION TRUST                            | 0                     | 624                     | 624                       | 0%                 | £0                         | £117                         | £117                           | 0%              | £0                       | £117                                   | #DIV/0!           |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*                    | 157,127               | 150,255                 | -6,872                    | -4%                | £22,533                    | £20,767                      | £1,766                         | -8%             | £0                       | £1,766                                 | -8%               |
| SPIRE LIVERPOOL HOSPITAL                                      | 379                   | 348                     | -31                       | -8%                | £89                        | £102                         | £13                            | 14%             | £0                       | £13                                    | 14%               |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST                    | 4,517                 | 5,435                   | 918                       | 20%                | £1,117                     | £1,196                       | £79                            | 7%              | £0                       | £79                                    | 7%                |
| THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST          | 629                   | 792                     | 163                       | 26%                | £160                       | £245                         | £85                            | 53%             | £0                       | £85                                    | 53%               |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST  | 199                   | 318                     | 119                       | 60%                | £36                        | £60                          | £24                            | 67%             | £0                       | £24                                    | 67%               |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST          | 0                     | 122                     | 122                       | 0%                 | £0                         | £27                          | £27                            | 0%              | £0                       | £27                                    | #DIV/0!           |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST      | 315                   | 266                     | -49                       | -16%               | £103                       | £61                          | £42                            | -41%            | £0                       | £42                                    | -41%              |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST            | 3,157                 | 4,406                   | 1,249                     | 40%                | £1,095                     | £1,659                       | £565                           | 52%             | £0                       | £565                                   | 52%               |
| <b>ALL REMAINING PROVIDERS TOTAL</b>                          | <b>186,491</b>        | <b>182,711</b>          | <b>-3,780</b>             | <b>-2%</b>         | <b>£30,213</b>             | <b>£29,015</b>               | <b>£1,198</b>                  | <b>-4%</b>      | <b>£0</b>                | <b>£1,198</b>                          | <b>-4%</b>        |
| <b>GRAND TOTAL</b>  | <b>235,849</b>        | <b>230,838</b>          | <b>-5,011</b>             | <b>-2%</b>         | <b>£39,996</b>             | <b>£38,783</b>               | <b>£1,213</b>                  | <b>-3.0%</b>    | <b>£15</b>               | <b>£1,198</b>                          | <b>-3.0%</b>      |

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 25 - Planned Care – Southport and Ormskirk NHS Trust by POD

| S&O Hospital Planned Care*  | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase   | 11,289                | 10,825                  | -464                      | -4%                | £6,148                     | £5,398                       | £-750                          | -12%            |
| Elective  | 1,611                 | 1,392                   | -219                      | -14%               | £4,116                     | £3,299                       | £-817                          | -20%            |
| Elective Excess BedDays   | 379                   | 268                     | -111                      | -29%               | £91                        | £64                          | £-27                           | -29%            |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 1,547                 | 671                     | -876                      | -57%               | £260                       | £119                         | £-142                          | -54%            |
| OPFASPCL - Outpatient first attendance single professional consultant led                     | 13,851                | 11,492                  | -2,359                    | -17%               | £2,399                     | £1,984                       | £-414                          | -17%            |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).   | 3,906                 | 1,490                   | -2,416                    | -62%               | £296                       | £132                         | £-165                          | -56%            |
| OPFUPSPCL - Outpatient follow up single professional consultant led                           | 40,330                | 36,637                  | -3,693                    | -9%                | £3,324                     | £2,980                       | £-344                          | -10%            |
| Outpatient Procedure  | 27,913                | 29,293                  | 1,380                     | 5%                 | £3,728                     | £3,735                       | £7                             | 0%              |
| Unbundled Diagnostics   | 11,529                | 10,049                  | -1,480                    | -13%               | £992                       | £901                         | £-90                           | -9%             |
| <b>Grand Total</b>  | <b>112,355</b>        | <b>102,117</b>          | <b>-10,238</b>            | <b>-9%</b>         | <b>£21,354</b>             | <b>£18,612</b>               | <b>£-2,742</b>                 | <b>-13%</b>     |

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract at year end shows a similar position which was forecast throughout the year with the overall position significantly under plan. The most notable areas under plan financially are Elective and Day Case procedures with cost at no point reaching planned levels. As in previous months the majority of specialties are below expected and plan levels with Trauma & Orthopaedics and General Surgery the two main areas with a combined underspend of £1.29m.

Outpatient first and follow-up attendances are both significantly under plan for both activity and finance. Similar to the Elective/Day Case points of delivery, neither first nor follow-up attendances achieved planned levels throughout the year. The majority of specialties at year end are showing an under performance with a number of factors affecting these PODs.

Reductions in GP referrals, the implementation of Joint Health, the GP Federation Cardiology pilot and specific service issues at the Trust such as Dermatology, have all impacted the Trust contract performance in planned care this year. The initial effects of these schemes and service issues will have been felt within the outpatient setting but will have fed through to the elective and day case procedure PODs.

Work has been undertaken with the Trust to review GP referral trends and potential shifts in market share. These investigations have highlighted in part a genuine reduction across the CCG for referrals and planned care activity rather than a shift to other providers.

### 3.7.3 Aintree University Hospital NHS Foundation Trust

**Figure 26 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD**

| Aintree University Hospital Planned Care PODS   | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|---|-----------------------|-------------------------|---------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase   | 813                   | 895                     | 82                        | 10%                | £475                       | £646                         | £170                           | 36%             |
| Elective  | 420                   | 317                     | -103                      | -24%               | £956                       | £740                         | £-216                          | -23%            |
| Elective Excess BedDays   | 106                   | 79                      | -27                       | -26%               | £26                        | £19                          | £-7                            | -26%            |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 147                   | 56                      | -91                       | -62%               | £31                        | £12                          | £-18                           | -60%            |
| OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face | 270                   | 164                     | -106                      | -39%               | £12                        | £7                           | £-5                            | -41%            |
| OPFASPCL - Outpatient first attendance single professional consultant led                     | 2,962                 | 3,252                   | 290                       | 10%                | £514                       | £553                         | £39                            | 8%              |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).   | 167                   | 122                     | -45                       | -27%               | £16                        | £13                          | £-3                            | -18%            |
| OPFUPNFTF - Outpatient Follow-Up Non Face to Face   | 418                   | 865                     | 447                       | 107%               | £10                        | £21                          | £11                            | 107%            |
| OPFUPSPCL - Outpatient follow up single professional consultant led                           | 7,687                 | 7,956                   | 269                       | 3%                 | £637                       | £642                         | £5                             | 1%              |
| Outpatient Procedure  | 2,712                 | 3,717                   | 1,005                     | 37%                | £398                       | £525                         | £127                           | 32%             |
| Unbundled Diagnostics   | 1,786                 | 1,995                   | 209                       | 12%                | £125                       | £167                         | £42                            | 34%             |
| Wet AMD   | 988                   | 1,081                   | 93                        | 9%                 | £747                       | £818                         | £71                            | 9%              |
| <b>Grand Total</b>  | <b>18,475</b>         | <b>20,499</b>           | <b>2,024</b>              | <b>11%</b>         | <b>£3,946</b>              | <b>£4,163</b>                | <b>£217</b>                    | <b>5%</b>       |

Aintree performance is showing a £217k/5% variance against plan at month 12. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £170k/36%, £127k/32% and £71k/9% respectively. The over performance within day cases is principally within Breast Surgery and Cardiology.

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

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

### 3.7.4 Renacres Trust

Figure 27 – Planned Care – Renacres Hospital by POD

| Renacres Hospital<br>Planned Care PODS   | Plan to<br>Date<br>Activity | Actual to<br>date<br>Activity | Variance<br>to date<br>Activity | Activity<br>YTD % Var | Price Plan<br>to Date<br>(£000s) | Price<br>Actual to<br>Date<br>(£000s) | Price<br>variance<br>to date<br>(£000s) | Price YTD<br>% Var |
|--|-----------------------------|-------------------------------|---------------------------------|-----------------------|----------------------------------|---------------------------------------|---|--------------------|
| Daycase  | 1,655                       | 1,308                         | -347                            | -21%                  | £1,649                           | £1,273                                | £-376                                   | -23%               |
| Elective   | 258                         | 255                           | -3                              | -1%                   | £1,100                           | £1,141                                | £41                                     | 4%                 |
| OPFASPCL - <i>Outpatient first attendance single professional consultant led</i> | 3,351                       | 2,444                         | -907                            | -27%                  | £539                             | £414                                  | £-125                                   | -23%               |
| OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>       | 3,671                       | 3,086                         | -585                            | -16%                  | £236                             | £205                                  | £-32                                    | -13%               |
| Outpatient Procedure   | 2,416                       | 1,722                         | -694                            | -29%                  | £250                             | £264                                  | £14                                     | 6%                 |
| Unbundled Diagnostics  | 1,240                       | 958                           | -282                            | -23%                  | £113                             | £84                                   | £-29                                    | -26%               |
| Physio   | 2,187                       | 1,749                         | -438                            | -20%                  | £64                              | £51                                   | £-13                                    | -20%               |
| Outpatient Pre-op  | 0                           | 1,056                         | 1,056                           | #DIV/0!               | £0                               | £62                                   | £62                                     | #DIV/0!            |
| <b>Grand Total</b>   | <b>14,778</b>               | <b>12,578</b>                 | <b>-2,200</b>                   | <b>-15%</b>           | <b>£3,952</b>                    | <b>£3,494</b>                         | <b>£-458</b>                            | <b>-12%</b>        |

Renacres performance is showing a -£458k/-12% variance against plan with the majority of PODS under performing at month 12. Day case activity is the highest underperforming area with a variance of -£376k/-23% 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 28 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

| Wrightington, Wigan And Leigh Nhs Foundation<br>Trust<br>Planned Care PODS                           | Plan to<br>Date<br>Activity | Actual to<br>date<br>Activity | Variance<br>to date<br>Activity | Activity<br>YTD % Var | Price Plan<br>to Date<br>(£000s) | Price<br>Actual to<br>Date<br>(£000s) | Price<br>variance<br>to date<br>(£000s) | Price YTD<br>% Var |
|--|-----------------------------|-------------------------------|---------------------------------|-----------------------|----------------------------------|---------------------------------------|---|--------------------|
| All other outpatients  | 21                          | 42                            | 21                              | 99%                   | £2                               | £4                                    | £2                                      | 98%                |
| Daycase  | 172                         | 224                           | 52                              | 30%                   | £230                             | £288                                  | £58                                     | 25%                |
| Elective   | 109                         | 181                           | 72                              | 66%                   | £621                             | £1,027                                | £406                                    | 65%                |
| Elective Excess BedDays  | 30                          | 53                            | 23                              | 75%                   | £8                               | £13                                   | £5                                      | 66%                |
| OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i> | 79                          | 102                           | 23                              | 30%                   | £6                               | £9                                    | £3                                      | 46%                |
| OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>                     | 408                         | 633                           | 225                             | 55%                   | £55                              | £89                                   | £34                                     | 62%                |
| OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>   | 115                         | 191                           | 76                              | 66%                   | £7                               | £10                                   | £4                                      | 56%                |
| OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>   | 148                         | 308                           | 160                             | 108%                  | £4                               | £7                                    | £4                                      | 108%               |
| OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>                           | 1,523                       | 1,872                         | 349                             | 23%                   | £92                              | £113                                  | £22                                     | 24%                |
| Outpatient Procedure   | 278                         | 454                           | 176                             | 63%                   | £38                              | £61                                   | £23                                     | 61%                |
| Unbundled Diagnostics  | 275                         | 346                           | 71                              | 26%                   | £33                              | £38                                   | £4                                      | 13%                |
| <b>Grand Total</b>   | <b>3,157</b>                | <b>4,406</b>                  | <b>1,249</b>                    | <b>40%</b>            | <b>£1,095</b>                    | <b>£1,659</b>                         | <b>£565</b>                             | <b>52%</b>         |

Wrightington, Wigan and Leigh performance is showing a £565k/52% variance against plan with all PODS over performing at month 11. Elective activity is the highest over performing area with a variance of £406k/65% 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 a zero plan.

### 3.7.6 iSIGHT Southport

**Figure 29 – Planned Care - iSIGHT Southport by POD**

| ISIGHT (SOUTHPORT)<br>Planned Care PODS  | Plan to Date<br>Activity | Actual to date<br>Activity | Variance to date<br>Activity | Activity YTD % Var | Price Plan to Date<br>(£000s) | Price Actual to Date<br>(£000s) | Price variance to date<br>(£000s) | Price YTD % Var |
|--|--------------------------|----------------------------|------------------------------|--------------------|-------------------------------|---------------------------------|-----------------------------------|-----------------|
| Daycase  | 952                      | 1,092                      | 140                          | 15%                | £597                          | £517                            | -£81                              | -14%            |
| OPFAMPCL - OP 1st Attendance Multi-Professional<br>Outpatient First. Attendance (Consultant Led) | 11                       | 2                          | -9                           | -82%               | £2                            | £0                              | -£1                               | -82%            |
| OPFASPCL - Outpatient first attendance single<br>professional consultant led                     | 779                      | 883                        | 104                          | 13%                | £112                          | £127                            | £15                               | 13%             |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional<br>Outpatient Follow. Up (Consultant Led).   | 292                      | 71                         | -221                         | -76%               | £21                           | £5                              | -£16                              | -76%            |
| OPFUPSPCL - Outpatient follow up single professional<br>consultant led                           | 1,883                    | 2,590                      | 707                          | 38%                | £103                          | £142                            | £39                               | 38%             |
| Outpatient Procedure   | 237                      | 1,183                      | 946                          | 399%               | £23                           | £100                            | £77                               | 336%            |
| <b>Grand Total</b>   | <b>4,154</b>             | <b>5,821</b>               | <b>1,667</b>                 | <b>40%</b>         | <b>£858</b>                   | <b>£892</b>                     | <b>£34</b>                        | <b>4%</b>       |

iSight performance is showing a £34k/4% variance against plan, which is clearly driven by an over performance within outpatient procedures and outpatient follow up attendances. Outpatient procedures are currently £77k/336% above plan at month 12 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 30 - Southport & Formby CCG – 2017/18 PHB Plans

|  | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual |
|--|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
| 1) Personal health budgets in place at the beginning of quarter (total number per CCG) | 56      | 14        | 60      | 17        | 64      | 17        | 68      | 15        |
| 2) New personal health budgets that began during the quarter (total number per CCG)    | 4       | 0         | 4       | 1         | 4       | 0         | 4       | 1         |
| 3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)        | 60      | 14        | 64      | 18        | 68      | 17        | 72      | 16        |
| 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   | 12.87     |

Whilst PHB's for CHC are currently a 'Right to Have', there is an expectation that PHB's for this cohort will be a default position from April 2019. There has been some progression with MLCSU supporting the role of a Band 7 Complex Care Nurse with slicker processes, however these improvements are unlikely to meet the expected trajectories set by NHS England. The CCG does not operate a CHC end to end services, community providers are being requested to submit their plans in relation to CHC default position via CQPGs.

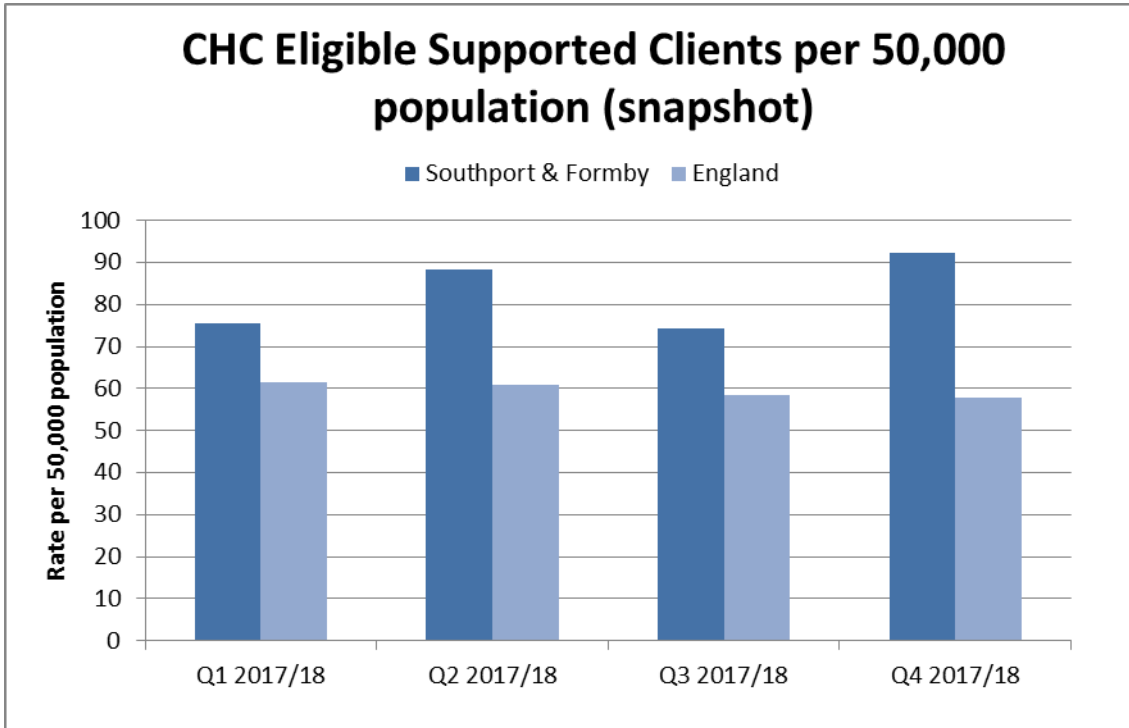
There is a scoping exercise being undertaken in relation to PHBs for CHC end of life fast-tracks. With a paper expected to be submitted to Clinical QIPP on the proposed model, which would support PHBs for this cohort of people who are reaching end of life.

The CCG has been successful in obtaining mentorship by NHS E to support the expansion of PHB's for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018.

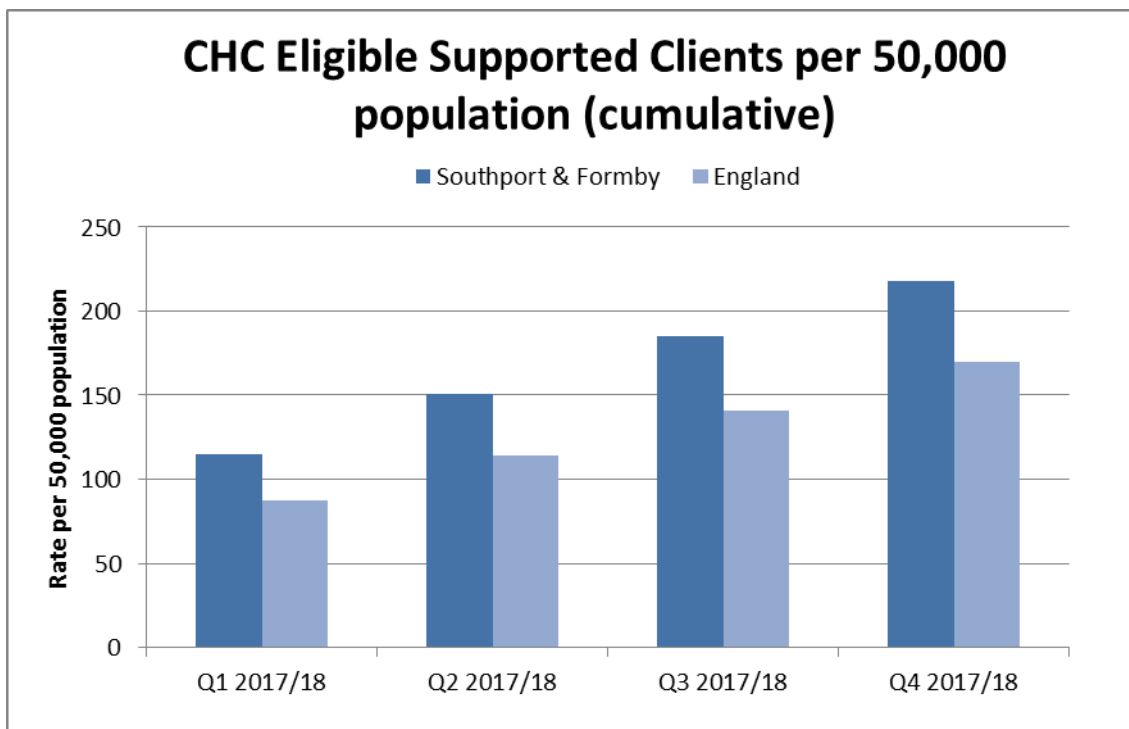
### 3.9 Continuing Health Care (CHC)

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

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

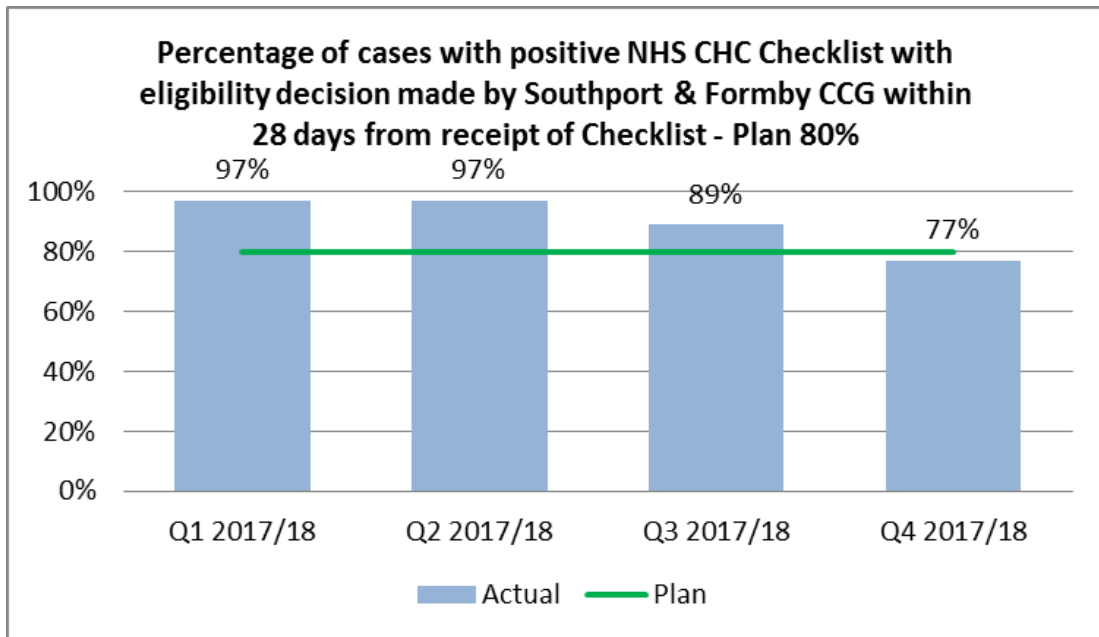


**Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**

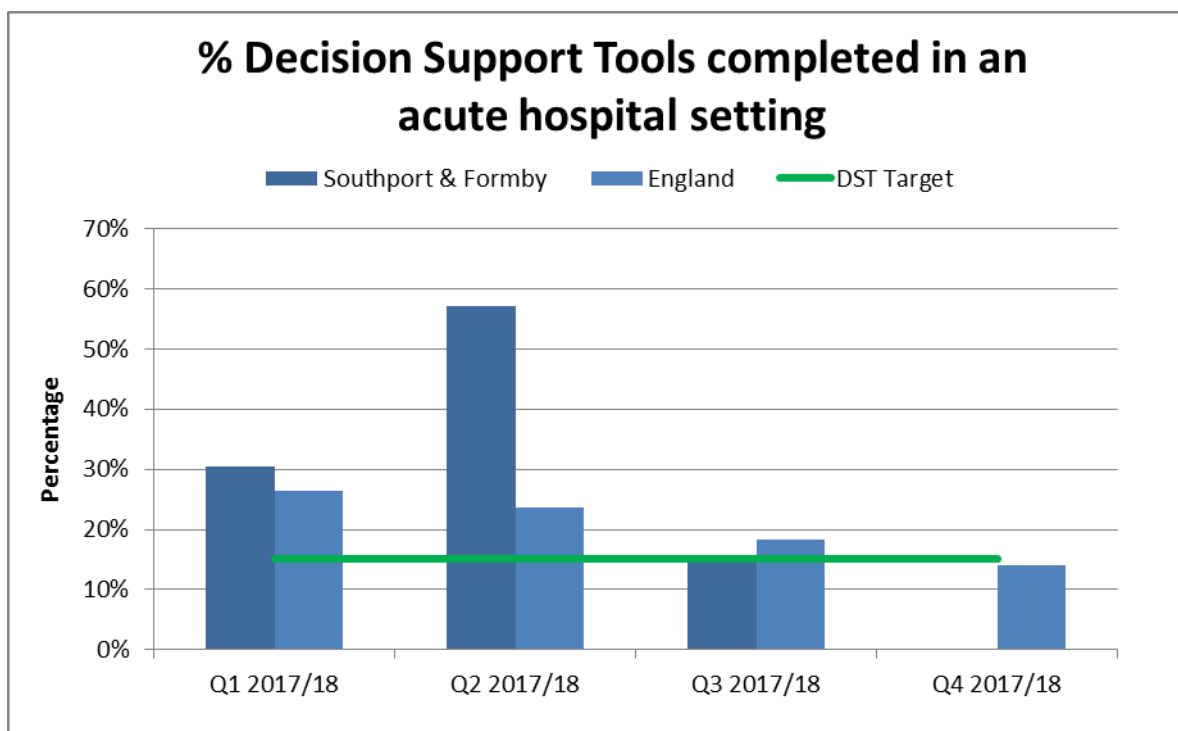




**Figure 33 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**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 has improved dramatically since quarter 2 when reporting was at 57.1%, significantly above the national average. Quarter 3 was just under the national average with 15.6%, and quarter 4 data shows 0% compared to a national average of 14%. This improvement has been influenced by 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.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met for the first time 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 | Actual Q4 | YTD   |
| Number of maternities  | 239                | 276       | 261       | 216       | 992   |
| Number of women known to be smokers at the time of delivery                | 22                 | 33        | 28        | 15        | 98    |
| Number of women known not to be smokers at the time of delivery            | 212                | 241       | 233       | 201       | 887   |
| Number of women whose smoking status was not known at the time of delivery | 5                  | 2         | 0         | 0         | 7     |
| Data coverage %  | 97.9%              | 99.3%     | 100.0%    | 100.0%    | 99.3% |
| Percentage of maternities where mother smoked                              | 9.2%               | 12.0%     | 10.7%     | 6.9%      | 9.9%  |

The CCG is above the data coverage plan of 95% at Q4 at 100% and is under the national ambition of 11% for the percentage of maternities where mother smoked, with 6.9%. At year-end the CCG is also achieving with data coverage of 99.3% and percentage of smokers at 9.9%.

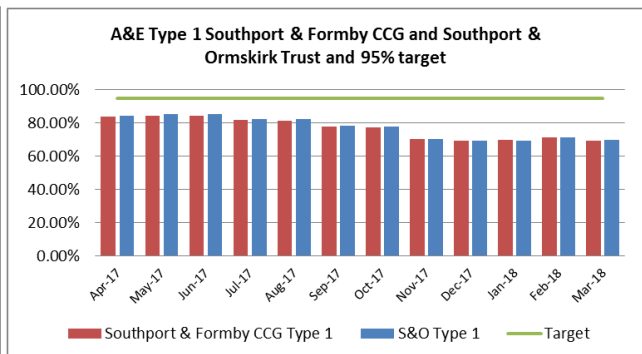
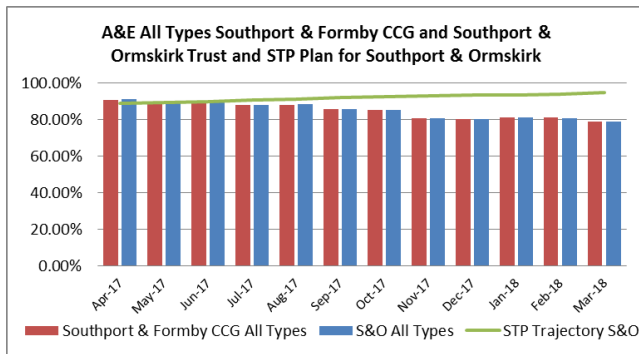
## 4. Unplanned Care

### 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 - Mar | 95.00%                            | 84.97% | ↓ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1                     | 17/18 - Mar | 95.00%                            | 76.80% | ↓ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types | 17/18 - Mar | STF Trajectory Target for Mar 95% | 85.08% | ↓ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1    | 17/18 - Mar | 95.00%                            | 77.22% | ↓ |

| A&E All Types      | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | YTD    |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| STP Trajectory S&O | 89.00% | 89.50% | 90%    | 90.7%  | 91.4%  | 92%    | 92.50% | 93.00% | 93%    | 93.40% | 94.00% | 95%    | %      |
| S&O All Types      | 91.10% | 89.40% | 90.32% | 88.27% | 88.42% | 85.69% | 85.55% | 80.71% | 80.31% | 81.03% | 80.88% | 78.97% | 85.08% |



Southport & Ormskirk’s performance against the 4-hour target for March reached 78.97%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 95% for March, and year to date 85.08%.

The CCG has asked for a full action plan from the Trust to address the current underperformance in relation to ambulance turnaround times, 4 hour target and 12 hour trolley waits which will be closely monitored via contracts and quality forum.

They currently have external support from EY and NHSI ECIP team in order to support A&E and flow performance across the system. They have developed a schedule of work to reset the A&E priorities of work which will be taking place over the next three months, this includes

- Temporarily increasing the bed capacity
- Ring fencing flow critical areas to prevent them from being utilised at times of escalation
- Improvements in estates to increase assessment areas and improve streaming.

The Trust feels confident that the internal improvement plan will address the areas of underperformance and patient experience.

Performance against the 4-hour target remains a challenge, particularly given the inpatient pressures and high occupancy of beds at Southport. Attendances at Southport saw an overall increase of 3.6% in attendances; of particular concern majors category saw an increase of 7.3% (238 patients). EY remain on site supporting improvement work around urgent care flow. The new modular build is due to go live w/c 23<sup>rd</sup> April with an 8-trolley assessment area. Further capital monies have been allocated to support further re-design of the 'front door' with extended triage and ambulance assessment capacity (expected completion date of August 18) and a fully functioning discharge lounge will improve flow.

**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 - <b>Southport &amp; Ormskirk (cumulative)</b> | 17/18 - Mar | 0 | 167 | ↑ |

Southport & Ormskirk had eight 12-hour breaches in the month of March bringing the year to date total to 167. These were all as a result of delays in bed availability resulting in extended waits in ED. The work streams focusing on inpatient and community flow and critical to supporting timely release of acute beds to enable ED to transfer patients to appropriate ward areas timely.

Following a meeting with NHS England and the Trust, it was agreed that the Trust would conduct a deep dive which was completed within agreed time frames. The CCG issued a contract performance notice asking that an action plan was developed in response. It was agreed at the contract meeting that the Trust would forward their policies and plan for CCG review. It is anticipated that the performance notice will be closed as a result of this.

## 4.2 Ambulance Service Performance

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

In March there was an average response time in Southport and Formby of 9 minutes 41 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 33 minutes against a target of 18 minutes. The longest response times within Merseyside for category 4 are in Southport and Formby CCG with 257 minutes against a target of 180.

**Figure 38 - Ambulance handover time performance**

| Handover Times  |             |   |     |   |
|---|-------------|---|-----|---|
| All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b> | 17/18 - Mar | 0 | 275 | ↑ |
| All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>             | 17/18 - Mar | 0 | 187 | ↑ |

In March the Trust failed the target having 275 handovers taking longer than 30 minutes, an increase on the previous month when 220 were recorded. Handovers taking longer than 60 minutes also saw an increase with 187 in February compared to 107 in the previous month. The Trust has breached these zero tolerance thresholds every month, and the trend continues.

Ambulance handover performance remains a pressing concern with some significant delays in timely release of ambulance crews. The current ED estate is insufficient to meet the demands of the current case mix, given the month on month increase in majors' category patients and the frailty of the local population. The new modular build, extended triage and ambulance cubicle capacity and discharge lounge will all support some improvements in flow across ED.

A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings to update the Governing Body on the new performance targets and the issues facing the ambulance service.

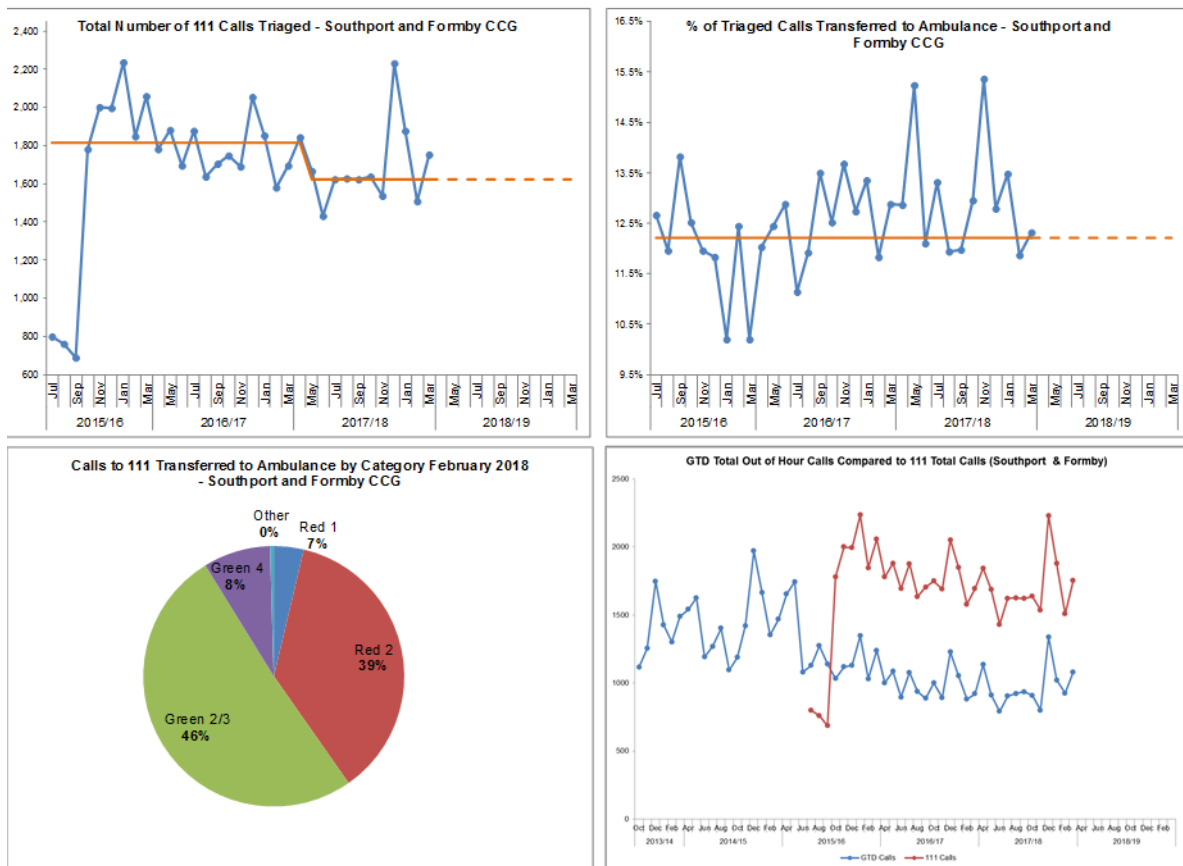
Since then the north west contract for ambulance services for 2018/19 has been negotiated after extensive discussions and commissioning leads have recommended north west CCGs to increase the contract offer to NWAS by a further £3.5m per annum (3.2% increase original contract value, in addition to the £4.5m additional funding in line with the 2018/19 NHSE planning guidance) as part of two year time limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is

predicated on the North West achieving a 30 minute average hospital turnaround time, delivering by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long patient waits and the upgrading of calls, standardised and simplified operational processes, an additional 43 double crewed ambulances and some workforce changes to provide additional capacity particularly for higher acuity calls, and a further option to increase the ambulance fleet with another 6 vehicles and 69 staff.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

Commissioners do now have more confidence in the revised performance trajectories provided as these are based on clear actions and robust modelling. It is accepted however, that despite both NWS and commissioner actions that the ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018.

### 4.3 111 and Out of Hours



### 4.3.1 111 Calls

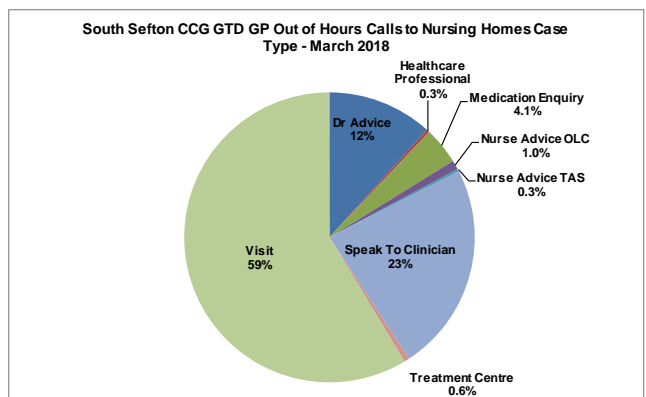
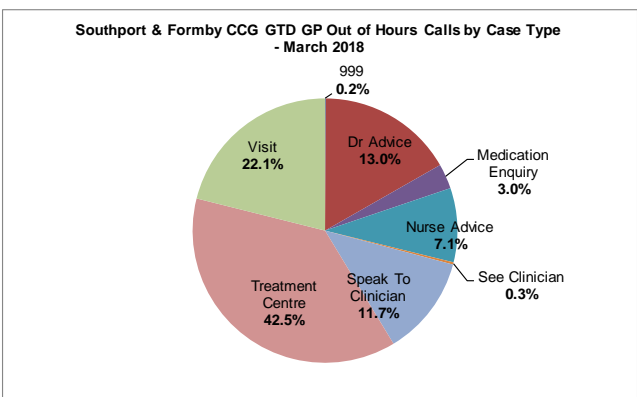
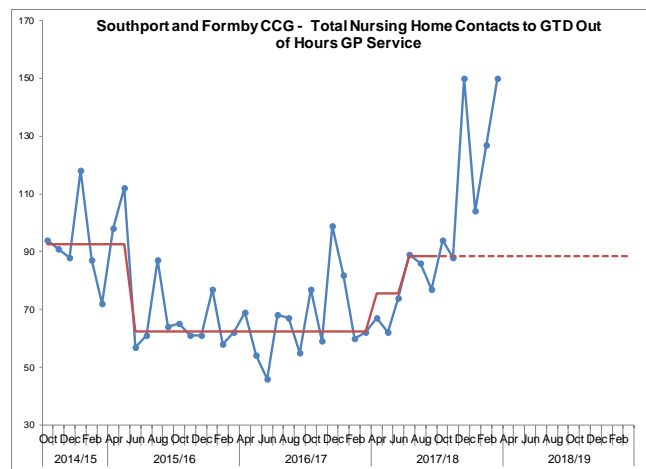
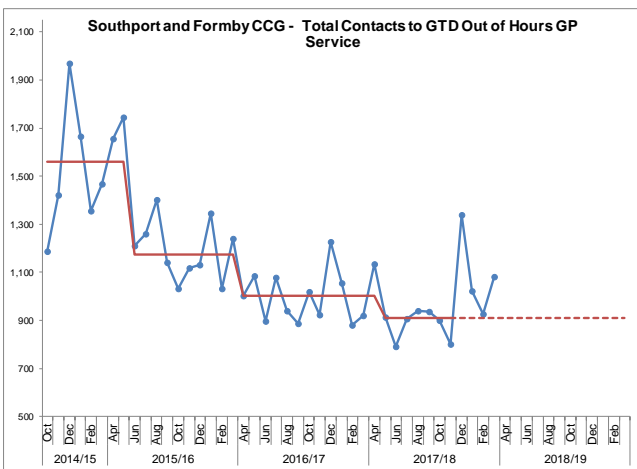
There were 1,753 calls to 111 by Southport and Formby patients in February 2018. This is slightly above the 2017/18 monthly average of 1,696 calls/month but similar to the 2016/17 average of 1,765/month. There has been 3.9%/829 fewer calls in 2017/18 compared to the previous year.

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

- 59% advised to attend primary and community care
- 16% closed with advice only
- 12% transferred to ambulance
- 79% advised to attend A&E
- 4% advised to other service.

In 2017/18 15.4% of the total calls closed with advice only. This is a reduction on the previous year when 18.3% of calls ended this way. There has been an increase in the proportion of called resulting in a transfer to ambulance in 2017/18, making up 13% of the total calls compared to 12.6% the previous year. The number of calls which resulted in a recommendation to attend another service has been increasing. The average in month in 2016/17 was 2.4%; this has risen to 3.1% in 2017/18.

### 4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has increased in March to 1,081, higher than the 2017/18 average of 973 contacts a month. 2017/18 has had 182/1.5% fewer contacts than in the previous year.

The largest increases in areas of calls when comparing 2017/18 to 2016/17 are:

- Doctor Advice, up 373 calls/37%
- Medication Enquiry, up 168 calls/57%.

The largest areas of reduction were in:

- Nurse Advice, down 406 calls/26%
- See Clinician, down 251 calls/79%

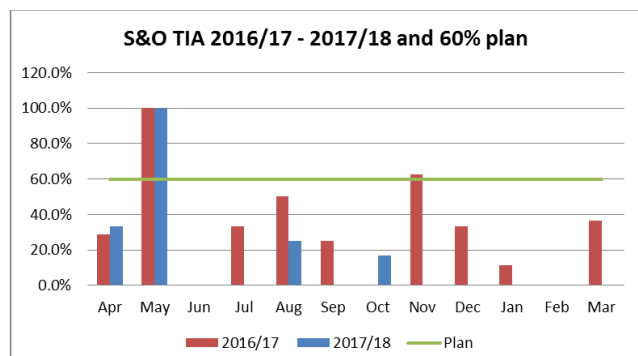
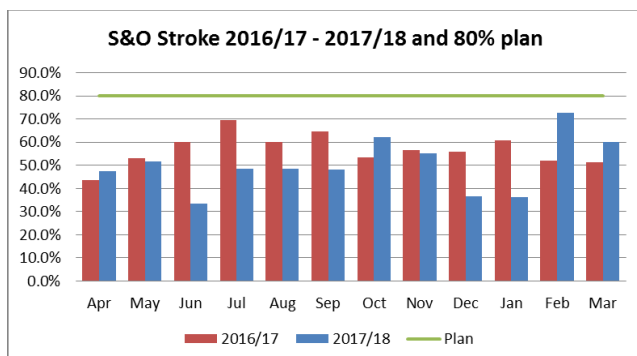
For the fourth consecutive month, the number of GTD OOH calls from nursing homes remains above trend with 150 calls in month. In 2017/18 the average number of nursing home contacts is 97 per month. There has been 46.4%/370 more calls in 2017/18. The number of Doctor Advice calls has increased from making up 6% of the total in 16/17, to 12% in 2017/8. The proportion of Visits, the largest type of call made from nursing homes, has reduced slightly, by 5%.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 39 - Stroke and TIA performance

| Stroke/TIA  |             |     |        |   |
|---|-------------|-----|--------|---|
| % who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )              | 17/18 - Mar | 80% | 60.00% | ↓ |
| % high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> ) | 17/18 - Mar | 60% | 0.00%  | ↔ |



Southport & Ormskirk failed the stroke target in March recording 60% with 15 out of 25 patients spending 90% of their time on a stroke unit. This is a decline on last month's performance. Bed pressures across the Southport site and wider non-elective pressures impact the Trust's ability to achieve this standard. System-wide work Commissioners and wider urgent care work with Ernst & Young should deliver improvements in all areas.

In relation to the TIAs 0% compliance was reported again in March. This is the fifth consecutive month where 0% has been reported. A review of the process has been undertaken finding that all the correct procedures and processes are being followed. There is a lack of capacity to review patients within 24 hours as clinics run Monday, Wednesday and Friday. The lead clinician is reviewing capacity and is working with the management team to identify spare OP space to increase clinic capacity to every week day. This should ensure that only delays in referral and weekend presentations should breach the standard. Whilst clinic space is at a premium it is anticipated that additional capacity is available from April.

#### 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 - Mar | 0.00 | 1.40 | ↓ |
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk) | 17/18 - Mar | 0.00 | 2.70 | ↑ |

The CCG has reported an MSA rate of 1.4, which equates to a total of 6 breaches in March. All 6 breaches there were at Southport & Ormskirk NHS Trust.

In March the Trust had 15 mixed sex accommodation breaches (a rate of 2.7) and has therefore breached the zero tolerance threshold. Of the 15 breaches, 6 were for Southport & Formby CCG and 9 for West Lancs CCG.

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 41 - Healthcare associated infections (HCAI)**

| HCAI  |             |         |     |   |
|---|-------------|---------|-----|---|
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)                  | 17/18 - Mar | 38      | 39  | ↑ |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk) | 17/18 - Mar | 36      | 20  | ↑ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)                         | 17/18 - Mar | 0       | 1   | ↔ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)        | 17/18 - Mar | 0       | 1   | ↔ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)                       | 17/18 - Mar | 121     | 149 | ↑ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)      | 17/18 - Mar | No Plan | 215 | ↑ |



There were 6 new cases of Clostridium Difficile attributed to the CCG in March. 39 have been reported at year end against a year end plan of 38 (16 apportioned to acute trust and 23 apportioned to community). Therefore the CCG has failed the target at year end. For Southport & Ormskirk at year end the Trust has reported 20 cases against a plan of 36 (4 new cases in March), and therefore has achieved the year end plan.

The CCG reported no new cases of MRSA in March; however they remain non-compliant at year end due to the 1 case reported in January. Southport & Ormskirk reported no new cases of MRSA in March but remain above the zero tolerance threshold at year end 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 have been a total of 149 cases at year end and therefore the CCG has failed the target. (18 new cases reported in March). Southport & Ormskirk has reported 215 cases year to date, with 25 new cases in March (11 more than February). There are no targets for Trusts at present.

#### 4.4.4 Mortality

**Figure 42 - Hospital Mortality**

| Mortality   |                |     |        |        |
|---|----------------|-----|--------|--------|
| Hospital Standardised Mortality Ratio (HSMR)      | 17/18 - Mar    | 100 | 113.20 | ↑<br>↓ |
| Summary Hospital Level Mortality Indicator (SHMI) | Dec 16 rolling | 100 | 115.88 | ↓      |

The 12-month rolling HSMR, at 113.2, remains high and outside expected limits, and the reasons for this are being investigated. It is being addressed by a comprehensive action plan, managed and monitored by the Mortality Operational Group (MOG) which reports to the Trust Board through Quality & Safety Committee. Work of the Reducing Avoidable Mortality Project is progressing and looking at Primary & Secondary drivers. An external review is due to start at end of May 2018.

#### 4.5 CCG Serious Incident Management

Following lack of assurance of the CCG serious incident processes the following actions have been taken; deep dive undertaken led by Corporate Services Manager, peer review has taken place with West Cheshire CCG, Bolton CCG and Bolton FT looking at end to end processes and confirmation that an external audit will be undertaken by MIAA scheduled to take place that the end of July 2018. The CCG SOP is under review, and the Serious Incident Review Group Terms of Reference are being re-drafted to sure up processes until a policy is approved by July 2018.

Consultation is being undertaken with NHS providers where the CCG is the RASCI commissioner in relation to their internal executive governance arrangements, and future attendance at the SIRG panel meetings to support system learning and adherence to the SI framework. A meeting is scheduled to take place on 25th May with the support of NHS E C&M to review internal processes and SIRG panel. An action plan is being drafted which on agreement will be submitted to the Joint Quality Committee for approval.

Southport and Ormskirk Hospitals NHS Trust – There was one incident reported in March with 60 YTD. Four were closed in month (55 YTD) and one Never Event YTD with nil reported in March. 50 remain open on StEIS with 26 open for >100 days.

There have been 2 emergent themes for pressure ulcers and falls with harm, the root causes relating to workforce, appropriate risk assessments being carried out and implemented. A meeting was held at the Trust with the Medical Director and Interim Director of nursing to gain assurances. The pressure ulcer action plan is in the process of being rejuvenated with the review of the current tissue viability team which will be submitted via the CQPG. A review is to be undertaken of patients on the stroke unit in relation to falls prevention with the outcome to be shared CCG.

MerseyCare NHS Foundation Trust – There were zero incidents raised in month with 8 YTD and 2 closed in Month and no Never Events. There are 8 open on StEIS with 6 being open for > 100 days.

The majority of incidents relate to suicide and self-harm. The trust presented actions at the Feb CQPG and the relatively high number of suicides for those over 65 years, with the Trust focusing on determine themes. The Trust has identified 10 areas that will improve patient safety and reduce the number of suicides. There is a focus on the implementation of the Learning Strategy and Suicide Prevention resources developed and rolled out across the Trust i.e. level 1 training for all staff and level 2 training for specific clinical teams. It was noted that the Trust achieved 90% compliance in January 2018.

Lancashire Care NHS Foundation Trust – There were zero incidents raised in month and 3 YTD, nil were closed with 1 YTD. Three remain open on StEIS with two open > 100 days. One will remain open on StEIS which is a legacy case and linked to the Trust pressure ulcer action plan.

Liverpool Women's – There is 1 incident which the Governing Body needs to be sighted on affecting CCG patients;

- Cervical Screening Test or Cure – The trust reported an incident in November 2018 where a cohort of women were discharged from Liverpool Women's back to the care of the GP for follow up for test or cure smears, considered as low risk. However the infrastructure and formal arrangements were not in place to transfer this activity across. The Trust was requested to cease this practice following concerns raised by GP's. In total 507 women were discharged back to Primary Care with 85 of these being Sefton residents, it yet to be confirmed how many are yet to receive a smear, although no harm has been identified to date. Previous data indicated that this affected 1 lady for Southport and Formby CCG. An independent review has been commissioned. The CCG is working with Public Health England to support any ladies requesting follow up smear at their GP practice and arrangements on the 2016 guidance going forward.

Southport and Formby CCG – 1 incident was reported on StEIS by Southport and Formby CCG: which has been closed in year.

There are 94 incidents open on StEIS where Southport and Formby CG are the RASCI commissioner and or for a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are attributed to:

- Cheshire & Wirral Partnership NHS Foundation Trust – 2
- Liverpool Women's - 2
- North West Ambulance Service - 1
- Ramsay Healthcare UK: 1
- The Walton Centre NHS Foundation Trust – 2 (Managed by Specialised Commissioning)
- 5 Boroughs Partnership Foundation Trust – 1

Assurance is sought via the lead commissioner for these organisations

## 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 2017 – March 2018**

| Reason For Delay                            | 2017-18  |          |          |          |          |          |           |          |           |           |          |          |
|---|----------|----------|----------|----------|----------|----------|-----------|----------|-----------|-----------|----------|----------|
|   | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct       | Nov      | Dec       | Jan       | Feb      | Mar      |
| A) COMPLETION ASSESSMENT                    | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 2         | 2         | 0        | 0        |
| B) PUBLIC FUNDING                           | 0        | 0        | 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         | 1        | 0        |
| D) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 1         | 1         | 0        | 0        |
| DII) AWAITING NURSING HOME PLACEMENT        | 0        | 0        | 1        | 1        | 1        | 2        | 1         | 0        | 2         | 1         | 1        | 1        |
| E) AWAITING CARE PACKAGE IN OWN HOME        | 0        | 0        | 0        | 0        | 0        | 0        | 1         | 1        | 1         | 1         | 0        | 0        |
| F) COMMUNITY EQUIPMENT/ADAPTIONS            | 0        | 0        | 1        | 0        | 1        | 1        | 1         | 1        | 0         | 1         | 0        | 0        |
| G) PATIENT OR FAMILY CHOICE                 | 3        | 4        | 3        | 3        | 3        | 2        | 7         | 4        | 5         | 3         | 3        | 5        |
| H) DISPUTES                                 | 1        | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 0         | 0         | 0        | 0        |
| I) HOUSING                                  | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 0         | 0         | 0        | 0        |
| <b>Grand Total</b>                          | <b>7</b> | <b>4</b> | <b>5</b> | <b>3</b> | <b>7</b> | <b>7</b> | <b>13</b> | <b>9</b> | <b>14</b> | <b>10</b> | <b>5</b> | <b>6</b> |

The average number of delays per day in Southport and Ormskirk hospital increased slightly to 6 in March. Of the 6 delays: 5 were due to patient or family choice and 1 awaiting nursing home placement.

Analysis of average delays in March 2018 compared to March 2017 shows no change.

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

| Agency Responsible         | 2017-18 |     |     |     |     |     |     |     |     |     |     |     |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                            | Apr     | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| NHS - Days Delayed         | 198     | 137 | 158 | 107 | 211 | 220 | 384 | 271 | 425 | 223 | 181 | 196 |
| Social Care - Days Delayed | 0       | 0   | 0   | 0   | 0   | 0   | 4   | 1   | 4   | 4   | 0   | 0   |
| Both - Days Delayed        | 0       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

The total number of days delayed caused by NHS was 196 in February, compared to 181 last month. Analysis of these in March 2018 compared to March 2017 shows a decrease from 200 to 196 (2% decrease).

The average days delayed caused by social care and by both NHS and social care remain at zero in March.

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

| Reason for Delay                             | 2017/18   |           |           |           |           |           |           |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       | Dec       | Jan       | Feb       | Mar       |
| I) HOUSING                                   | 1         | 4         | 5         | 3         | 8         | 10        | 10        | 8         | 8         | 8         | 9         | 7         |
| C) WAITING FURTHER NHS NON-ACUTE CARE        | 9         | 6         | 7         | 6         | 6         | 6         | 6         | 5         | 5         | 4         | 6         | 3         |
| DII) AWAITING NURSING HOME PLACEMENT         | 4         | 4         | 4         | 7         | 8         | 8         | 7         | 8         | 5         | 4         | 4         | 4         |
| G) PATIENT OR FAMILY CHOICE                  | 0         | 0         | 0         | 1         | 1         | 2         | 3         | 3         | 2         | 3         | 4         | 4         |
| B) PUBLIC FUNDING                            | 8         | 6         | 5         | 3         | 2         | 1         | 2         | 2         | 2         | 2         | 3         | 2         |
| DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 3         | 1         | 0         | 3         | 4         | 3         | 2         | 3         | 3         | 3         | 3         | 4         |
| A) COMPLETION ASSESSMENT                     | 8         | 4         | 6         | 6         | 6         | 5         | 6         | 5         | 4         | 2         | 2         | 2         |
| E) AWAITING CARE PACKAGE IN OWN HOME         | 2         | 1         | 5         | 5         | 3         | 3         | 4         | 3         | 0         | 0         | 1         | 2         |
| H) DISPUTES                                  | 0         | 0         | 0         | 1         | 1         | 1         | 1         | 1         | 1         | 1         | 0         | 0         |
| F) COMMUNITY EQUIPMENT/ADAPPTIONS            | 0         | 0         | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1         |
| O) OTHER                                     | 0         | 3         | 2         | 1         | 1         | 1         | 0         | 2         | 2         | 2         | 0         | 1         |
| <b>Grand Total</b>                           | <b>35</b> | <b>29</b> | <b>34</b> | <b>37</b> | <b>41</b> | <b>40</b> | <b>41</b> | <b>40</b> | <b>32</b> | <b>29</b> | <b>32</b> | <b>30</b> |

The average number of delays per day at Merseycare decreased slightly from 32 in February to 30 in March. Of the 30 delays, 7 were due to housing, 3 waiting further NHS non-acute care, 4 were awaiting nursing home placements, 4 were delayed due to patient or family choice, 2 public funding, 4 awaiting residential care home placements, 2 awaiting completion assessments, 2 awaiting care packages, 1 community equipment/adaptations and 1 other.

Analysis of average delays in March 2018 compared to March 2017 shows them to be lower by 10 (25%).

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

| Agency Responsible         | 2017/18 |     |     |     |     |     |     |     |     |     |     |     |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                            | Apr     | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| NHS - Days Delayed         | 409     | 488 | 447 | 403 | 613 | 680 | 704 | 705 | 587 | 612 | 538 | 420 |
| Social Care - Days Delayed | 351     | 243 | 367 | 574 | 526 | 406 | 396 | 327 | 218 | 214 | 184 | 342 |
| Both - Days Delayed        | 285     | 197 | 217 | 149 | 132 | 151 | 178 | 166 | 179 | 90  | 153 | 138 |

The total number of days delayed caused by NHS was 420 in March, compared to 538 last month. Analysis of these in March 2018 compared to March 2017 shows a decrease from 591 to 420 (-28.9%). The total number of days delayed caused by Social Care was 342 in March, compared to 343 in February. Merseycare also have delays caused by both which were 138 in March, a decrease from last month when 153 was reported.

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

| Reason for Delay                             | 2017/18   |           |           |           |           |           |           |           |          |           |          |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|----------|-----------|
|  | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       | Dec      | Jan       | Feb      | Mar       |
| A) COMPLETION ASSESSMENT                     | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         | 0        | 0         |
| B) PUBLIC FUNDING                            | 2         | 3         | 4         | 4         | 4         | 4         | 4         | 4         | 3        | 4         | 4        | 4         |
| C) WAITING FURTHER NHS NON-ACUTE CARE        | 1         | 1         | 1         | 0         | 0         | 0         | 0         | 1         | 1        | 1         | 0        | 1         |
| DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT | 0         | 0         | 0         | 0         | 2         | 1         | 1         | 3         | 3        | 2         | 1        | 1         |
| DII) AWAITING NURSING HOME PLACEMENT         | 4         | 4         | 4         | 3         | 4         | 6         | 5         | 2         | 1        | 2         | 2        | 1         |
| E) AWAITING CARE PACKAGE IN OWN HOME         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 1         | 0        | 0         |
| F) COMMUNITY EQUIPMENT/ADAPPTIONS            | 0         | 0         | 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         | 0        | 0         |
| H) DISPUTES                                  | 2         | 2         | 3         | 3         | 2         | 2         | 2         | 1         | 1        | 1         | 1        | 2         |
| I) HOUSING                                   | 5         | 6         | 5         | 3         | 1         | 0         | 0         | 0         | 0        | 0         | 0        | 0         |
| O) OTHER                                     | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         | 0        | 1         |
| <b>Grand Total</b>                           | <b>16</b> | <b>15</b> | <b>17</b> | <b>13</b> | <b>13</b> | <b>14</b> | <b>13</b> | <b>12</b> | <b>9</b> | <b>11</b> | <b>8</b> | <b>10</b> |

The average number of delays per day at Lancashire Care increased slightly to 10 in March, from 8 reported in February. Of the 10 delays, 4 awaiting public funding, 2 disputes, 1 awaiting nursing home placement, 1 awaiting further NHS non-acute care, 1 awaiting residential care home placement and 1 other.

Analysis of average delays in March 2018 compared to March 2017 shows them to be lower by 3 (-23.1%).

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

| Agency Responsible         | 2017/18 |     |     |     |     |     |     |     |     |     |     |     |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                            | Apr     | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| NHS - Days Delayed         | 212     | 214 | 199 | 133 | 37  | 36  | 43  | 76  | 93  | 80  | 79  | 236 |
| Social Care - Days Delayed | 133     | 146 | 159 | 170 | 157 | 177 | 127 | 120 | 68  | 102 | 46  | 0   |
| Both - Days Delayed        | 120     | 111 | 143 | 113 | 214 | 217 | 260 | 146 | 124 | 141 | 112 | 77  |

The total number of days delayed caused by NHS was 236 in March, compared to 79 last month. Analysis of these in March 2018 compared to March 2017 shows a decrease from 260 to 236 (9.2% decrease). The total number of days delayed caused by Social Care was 0 in March, compared to 43 in February. Lancashire Care also have delays caused by both which was 77 in March, a decrease from the previous month when 112 was reported.

## 4.7 ICRAS Metrics


The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

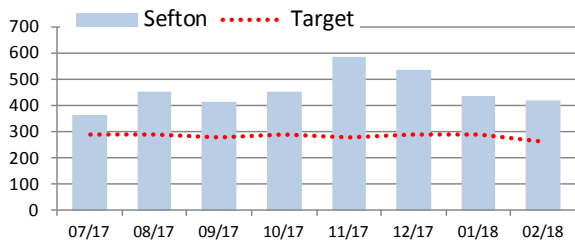
Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:


- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.

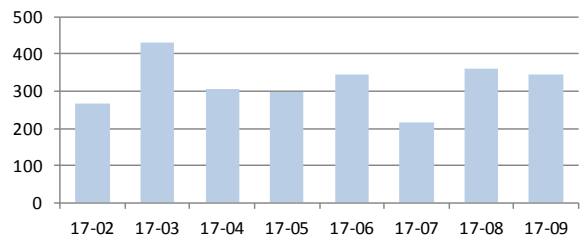
This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based .


In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

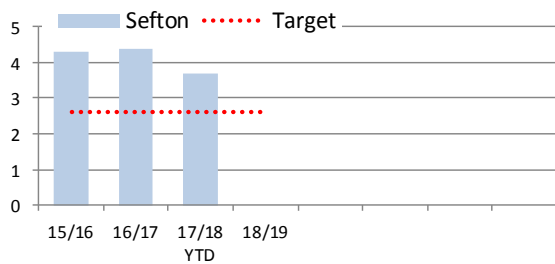
**A1. Delayed Transfers of Care - Total Delayed Days - Rate per 100,000 (iBCF Target)** 




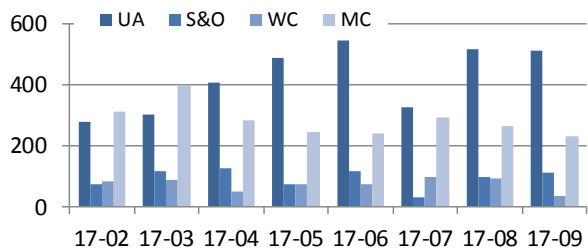
**A6. Delayed Transfers of Care - Non-Acute Days Attributed to NHS** 



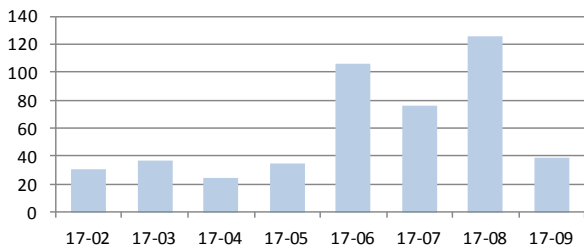
**A2. Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target)** 



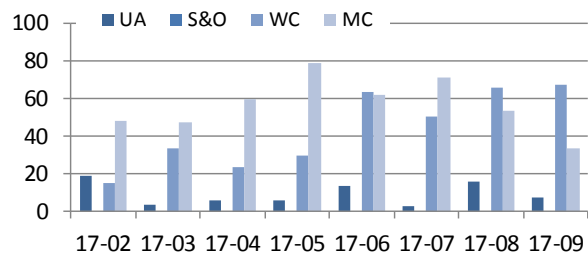
**A7. Delayed Transfers of Care - Total Days by Key Providers (in Sefton)** 



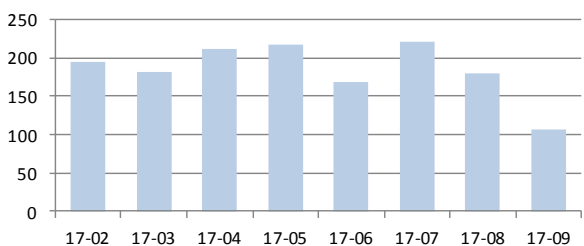
**A3. Delayed Transfers of Care - Acute Days Attributed to Adult Social Care** 




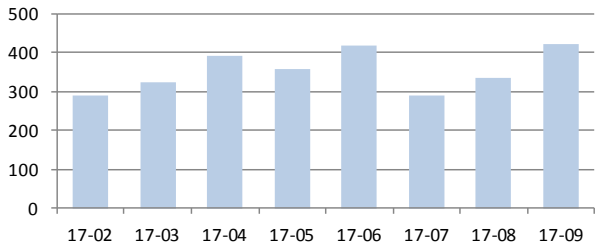
**A8. Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC** 



**A4. Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care** 






**A5. Delayed Transfers of Care - Acute Days Attributed to NHS** 



## 4.8 Patient Experience of Unplanned Care

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

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: **Mar-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%                     | 0.4%      |  | 84%                          | 88%           |  | 9%                               | 4%                |  |

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 decreasing again in February to 0.4%, from 0.5% in February.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 76% in February to 88% in March, and is now reporting above the England average of 84%. The percentage not recommended has decreased from 20% in February to 4% in March, and is therefore now reporting under the England Average of 9%.

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 12 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £267k/0.8%. However, applying a neutral cost variance for those Trusts within the 'Acting as One' block contract arrangement results in there being a total under spend of approximately -£432k/-0.5%.

This under performance is clearly driven by Southport & Ormskirk and Royal Liverpool & Broadgreen Hospitals who have variances of -£308k/-1% and -£112k/-14% against plan respectively.

**Figure 50 - Month 12 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              | 1,430                 | 2,299                   | 869                       | 61%                | £863                       | £1,412                       | £549                           | 64%             | £-549                    | £0                                     | 0.0%              |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST                     | 890                   | 952                     | 62                        | 7%                 | £361                       | £365                         | £3                             | 1%              | £-3                      | £0                                     | 0.0%              |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST       | 147                   | 0                       | -147                      | -100%              | £505                       | £468                         | £-38                           | -8%             | £38                      | £0                                     | 0.0%              |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST                        | 286                   | 288                     | 2                         | 1%                 | £386                       | £397                         | £10                            | 3%              | £-10                     | £0                                     | 0.0%              |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 1,638                 | 1,173                   | -465                      | -28%               | £822                       | £710                         | £-112                          | -14%            | £112                     | £0                                     | 0.0%              |
| WALTON CENTRE NHS FOUNDATION TRUST                            | 4                     | 11                      | 7                         | 173%               | £40                        | £59                          | £19                            | 47%             | £-19                     | £0                                     | 0.0%              |
| <b>ACTING AS ONE PROVIDERS TOTAL</b>                          | <b>4,395</b>          | <b>4,723</b>            | <b>328</b>                | <b>7%</b>          | <b>£2,977</b>              | <b>£3,410</b>                | <b>£432</b>                    | <b>15%</b>      | <b>£-432</b>             | <b>£0</b>                              | <b>0%</b>         |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST  | 88                    | 119                     | 31                        | 35%                | £30                        | £46                          | £16                            | 56%             | £0                       | £16                                    | 56%               |
| COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST             | 0                     | 40                      | 40                        | 0%                 | £0                         | £10                          | £10                            | 0%              | £0                       | £10                                    | #DIV/0!           |
| LANCASHIRE TEACHING HOSPITAL                                  | 304                   | 149                     | -155                      | -51%               | £127                       | £86                          | £-41                           | -32%            | £0                       | £-41                                   | -32%              |
| SALFORD ROYAL NHS FOUNDATION TRUST                            | 0                     | 78                      | 78                        | 0%                 | £0                         | £51                          | £51                            | 0%              | £0                       | £51                                    | #DIV/0!           |
| *SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST                    | 57,227                | 56,032                  | -1,195                    | -2%                | £29,305                    | £28,998                      | £-308                          | -1%             | £0                       | £-308                                  | -1%               |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST                    | 533                   | 485                     | -48                       | -9%                | £282                       | £243                         | £-39                           | -14%            | £0                       | £-39                                   | -14%              |
| THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST          | 67                    | 41                      | -26                       | -39%               | £81                        | £124                         | £43                            | 53%             | £0                       | £43                                    | 53%               |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST  | 47                    | 35                      | -12                       | -26%               | £8                         | £11                          | £3                             | 43%             | £0                       | £3                                     | 43%               |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST          | 0                     | 55                      | 55                        | 0%                 | £0                         | £24                          | £24                            | 0%              | £0                       | £24                                    | #DIV/0!           |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST      | 112                   | 118                     | 6                         | 5%                 | £45                        | £62                          | £17                            | 37%             | £0                       | £17                                    | 37%               |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST            | 82                    | 112                     | 30                        | 37%                | £46                        | £104                         | £58                            | 124%            | £0                       | £58                                    | 124%              |
| <b>ALL REMAINING PROVIDERS TOTAL</b>                          | <b>58,459</b>         | <b>57,264</b>           | <b>-1,195</b>             | <b>-2%</b>         | <b>£29,925</b>             | <b>£29,759</b>               | <b>£-166</b>                   | <b>-1%</b>      | <b>£4</b>                | <b>£-166</b>                           | <b>-1%</b>        |
| <b>GRAND TOTAL</b>  | <b>62,855</b>         | <b>61,987</b>           | <b>-868</b>               | <b>-1%</b>         | <b>£32,902</b>             | <b>£33,169</b>               | <b>£267</b>                    | <b>0.8%</b>     | <b>£-432</b>             | <b>£-166</b>                           | <b>-0.5%</b>      |

\*PbR only

## 4.9.2 Southport and Ormskirk Hospital NHS Trust

**Figure 51 - Month 12 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  | 37,259                | 37,801                  | 542                       | 1%                 | £5,110                     | £5,376                       | £266                           | 5%              |
| NEL/NELSD - Non Elective/Non Elective IP Same Day    | 11,602                | 10,008                  | -1,594                    | -14%               | £19,512                    | £19,020                      | £-492                          | -3%             |
| NELNE - Non Elective Non-Emergency                   | 1,023                 | 1,278                   | 255                       | 25%                | £2,389                     | £2,462                       | £73                            | 3%              |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 104                   | 53                      | -51                       | -49%               | £35                        | £15                          | £-19                           | -56%            |
| NELST - Non Elective Short Stay                      | 1,212                 | 1,084                   | -128                      | -11%               | £836                       | £768                         | £-68                           | -8%             |
| NELXBD - Non Elective Excess Bed Day                 | 6,027                 | 5,808                   | -219                      | -4%                | £1,424                     | £1,356                       | £-67                           | -5%             |
| <b>Grand Total</b>                                   | <b>57,227</b>         | <b>56,032</b>           | <b>-1,195</b>             | <b>-2%</b>         | <b>£29,305</b>             | <b>£28,998</b>               | <b>£-308</b>                   | <b>-1%</b>      |

\*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 with a variance of -£492/-3% against plan. A number of specialties are attributable to the overall under spend with the main focus being within Geriatric Medicine, Accident & Emergency, Trauma & Orthopaedics and General Surgery.

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 is occurring; this however highlights the impact of the Trusts Ambulatory Care Unit, which is not included in admissions figures.

Emergency admissions have steadily increased over the past few months with the latter 5 months of the year showing a £500k over performance. If trend continues it is likely the Trust will have an over performance in this area at the start of 2018/19.

Further changes to the Trusts Urgent Care pathways and flow have come into effect at the start of 2018/19 with the introduction of the Clinical Decisions Unit (CDU). This is similar the ACU pathway but treats more acute patients. Along-side this the CCG has invested in the discharge process within the Trust, this should help improve the Trusts Urgent Care flow.

Discussions are on-going with the Provider regarding the clinical pathway and local cost model for the ACU and CDU services.

## 4.10 Aintree and University Hospital NHS Foundation Trust

**Figure 52 - Month 12 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  | 836                   | 1,252                   | 416                       | 50%                | £112                       | £171                         | £59                            | 53%             |
| NEL - Non Elective                                   | 351                   | 590                     | 239                       | 68%                | £618                       | £1,017                       | £399                           | 65%             |
| NELNE - Non Elective Non-Emergency                   | 20                    | 21                      | 1                         | 4%                 | £60                        | £86                          | £26                            | 43%             |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 0                     | 76                      | 76                        | #DIV/0!            | £0                         | £19                          | £19                            | #DIV/0!         |
| NELST - Non Elective Short Stay                      | 44                    | 77                      | 33                        | 73%                | £31                        | £54                          | £23                            | 75%             |
| NELXBD - Non Elective Excess Bed Day                 | 178                   | 283                     | 105                       | 59%                | £42                        | £66                          | £23                            | 55%             |
| <b>Grand Total</b>                                   | <b>1,430</b>          | <b>2,299</b>            | <b>869</b>                | <b>61%</b>         | <b>£863</b>                | <b>£1,412</b>                | <b>£549</b>                    | <b>64%</b>      |

### 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 £549k is mainly driven by a £399k/65% over performance in Non-Elective costs. The four key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology, Respiratory Medicine and Geriatric Medicine. Within each of these specialties, there are 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

| NHS Southport and Formby CCG- PbR Cluster                       | Caseload 2017/18 M12 | 2017/18 Plan | Variance from Plan | Variance from Caseload 2016/17 M12 |
|---|----------------------|--------------|--------------------|------------------------------------|
| 0 Variance  | 42                   | 39           | 3                  | -2                                 |
| 1 Com Prob Low Sev  | 6                    | 0            | 6                  | 4                                  |
| 2 Prob Low Sev/Need   | 11                   | 5            | 6                  | 8                                  |
| 3 Non Psychotic Mod   | 63                   | 88           | -25                | -6                                 |
| 4 Non Psychotic Sev   | 179                  | 209          | -30                | -32                                |
| 5 Non Psychot V Sev   | 58                   | 40           | 18                 | 22                                 |
| 6 Non Psychotic Dis   | 26                   | 28           | -2                 | 1                                  |
| 7 Endur Non Psychot   | 130                  | 128          | 2                  | -12                                |
| 8 Non Psychot Chaot   | 73                   | 77           | -4                 | -4                                 |
| 10 1st Ep Psychosis   | 81                   | 73           | 8                  | 18                                 |
| 11 Ongo Rec Psychos   | 198                  | 260          | -62                | -42                                |
| 12 Ongo/Rec Psych   | 243                  | 182          | 61                 | 33                                 |
| 13 Ong/Rec Psysc High   | 102                  | 97           | 5                  | 5                                  |
| 14 Psychotic Crisis   | 20                   | 18           | 2                  | 6                                  |
| 15 Sev Psychot Cris   | 2                    | 4            | -2                 | -3                                 |
| 16 Dual Diagnosis   | 20                   | 13           | 7                  | 6                                  |
| 17 Psy & Affect Dis   | 24                   | 28           | -4                 | -3                                 |
| 18 Cog Impairment   | 150                  | 216          | -66                | -56                                |
| 19 Cognitive Impairment or Dementia Complicated (Moderate Need) | 465                  | 692          | -227               | -150                               |
| 20 Cognitive Impairment or Dementia Complicated (High Need)     | 366                  | 266          | 100                | 35                                 |
| 21 Cognitive Impairment or Dementia (High)                      | 172                  | 67           | 105                | 82                                 |
| Cluster 97  |                      |              |                    | 61                                 |
| Cluster 98  | 98                   | 136          |                    |                                    |
| <b>Total</b>  |                      | <b>2833</b>  | <b>-10</b>         | <b>-29</b>                         |

#### 5.1.1 Key Mental Health Performance Indicators

Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge

| Target  | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-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%   | 100%   |
| Rolling Quarter   |        |        | 100%   | 100%   | 96.9%  | 97%    | 90.0%  | 90.5%  | 92.3%  | 100%   | 100%   | 100%   |

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 | Feb-18 | Mar-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%   | 100%   |
| Rolling Quarter   |        |        | 100%   | 100%        | 100%   | 92.9%  | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |

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 | Feb-18 | Mar-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%  | 80.0%  |
| Rolling Quarter   |        |        | 88%    | 100%   | 80.0%  | 70.0%  | 40.0%  | 42.9%  | 55.6%  | 50.0%  | 66.7%  | 75.0%  |

## 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                                       |
|            | Dec 17 to Feb 18  | 50                                       |

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is December to February 2018 when 50 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days and is higher than the previous reporting period when 35 were reported.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) in months 9, 10, 11 and 12 within the Trust's footprint. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs. In the last rolling quarter (February 2018), 10 OAPs (accounting for 130 occupied bed days) were internal OAPs.

It should be noted that some mental health trusts are continuing to report solely external OAPS on NHS Digital.

### 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.

#### Transformation Update

The Trust, in response to the 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 functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust is working towards a staged approach to delivering fully compliant CRHTT by 2020/21 in line with the Mental Health 5 Year Forward View. A fully compliant CRHTT will require additional investment from CCGs within the existing contract.

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, 10, 11 and 12 within the Trust's footprint. No mental health related 12 hours breaches relating to Mersey Care FT patients have been reported since October 2017.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities 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. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

Communication related KPIs within the contract continue to be a focus of concern with continuing underperformance. In order to address this continued underperformance, and to ensure that the Trust is able to meet its 2018/19 Hospital Contract obligations (all letters within 7 days from 1st April 2018; electronically delivered from 1st October 2018) the Trust is undertaking a number of additional actions to improve the efficiency and effectiveness of letter production; these include

- Dragon voice recognition software pilot completed across the Division involving assessment service practitioners and medical staff. Initial results and user feedback very positive – users have voluntarily continued with software following ending of pilot. Evaluation will be undertaken for potential roll-out to all medical staff by end of 2018 as part of Global Digital Exemplar programme
- Dedicated outsourcing of postal functions to identified NHS 3rd party supplier – freeing up admin staff to focus on letter production
- Outsourcing of delayed clinical correspondence backlog in order to address the potential risks to patient care from unduly delayed letters.
- Engagement work with Consultant staff re: Hospital contract obligations and to support adoption of more efficient letter production and checking. (i.e.: all electronic)

Despite the pending complete elimination of the backlog, the Trust continues to face challenges in relation to meeting its KPIs for timely clinical correspondence Issues include; recruitment to new admin model; clinical demands on medical staff; inefficient administration process amongst some medical staff; error rates/checking of errors in letters; use of traditional postal methods.

### Psychotherapy and Eating Disorder wait times

The Trust will be presenting to the June 2018 CQPG meeting the work it is doing to reduce psychotherapy wait times.

### Safeguarding

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 and since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

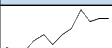
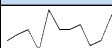
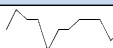
### RiO Clinical Information System

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services on 1st June 2018. To date good progress has been made and 66% of the services going live have been trained on the new system, data in the legacy system is in the final stages of being cleansed and data migration processes are being finalised ahead of the 1st June 2018 go-live date. Trust will provide the mandated monthly KPIs while further national and commissioner reporting is built into the new system and they have communicated to commissioners that they will be able to provide a complete data reporting submission. The focus currently has been on assuring the data quality and completeness for the national datasets which will underpin all KPI reporting. All national and commissioner KPIs will be prioritised as soon as data is available in the new system.

## 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: Mar-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%                         | 2.7%      |  | 89%                          | 87%           |  | 4%                               | 3%                |  |

Merseycare performed under the England average (89%) for percentage recommended for Friends and Family recording 87%, a decline on last month's performance. For percentage not recommended, the Trust has reported 3% in March, again a decline in performance but this still remains below the England average of 4%.

## 5.4 Improving Access to Psychological Therapies

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

| Performance Indicator   | Year    | April  | May    | June   | July   | August | September | October | November | December | January | February | March  | Total |
|---|---------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|-------|
| National definition of those who have entered into treatment                                | 2016/17 | 201    | 196    | 179    | 168    | 162    | 151       | 201     | 188      | 140      | 217     | 182      | 243    | 2,228 |
|   | 2017/18 | 167    | 188    | 222    | 229    | 203    | 207       | 238     | 268      | 165      | 240     | 196      | 207    | 2,530 |
| Access % ACTUAL<br>- Monthly target 1.25% for Q1 to Q3<br>- Quarter 4 only 1.4% is required | 2016/17 | 1.05%  | 1.03%  | 0.94%  | 0.88%  | 0.85%  | 0.79%     | 1.05%   | 0.99%    | 0.73%    | 1.14%   | 0.95%    | 1.27%  | 11.7% |
|   | 2017/18 | 0.87%  | 0.98%  | 1.16%  | 1.20%  | 1.06%  | 1.08%     | 1.25%   | 1.40%    | 0.86%    | 1.26%   | 1.03%    | 1.08%  | 13.2% |
| Recovery % ACTUAL<br>- 50% target   | 2016/17 | 50.9%  | 50.5%  | 50.9%  | 46.9%  | 46.2%  | 42.9%     | 51.4%   | 47.6%    | 43.5%    | 49.0%   | 50.5%    | 53.3%  | 48.7% |
|   | 2017/18 | 48.5%  | 44.5%  | 48.8%  | 55.1%  | 51.9%  | 49.6%     | 46.9%   | 54.3%    | 59.0%    | 60.9%   | 57.7%    | 58.0%  | 53.3% |
| ACTUAL % 6 weeks waits<br>- 75% target  | 2016/17 | 98.1%  | 99.0%  | 96.1%  | 94.8%  | 97.6%  | 98.4%     | 100.0%  | 100.0%   | 97.5%    | 100.0%  | 100.0%   | 98.9%  | 96.8% |
|   | 2017/18 | 97.2%  | 98.3%  | 100.0% | 99.4%  | 98.5%  | 98.6%     | 99.4%   | 99.4%    | 98.4%    | 99.4%   | 98.1%    | 99.3%  | 98.9% |
| ACTUAL % 18 weeks waits<br>- 95% target   | 2016/17 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0%    | 100.0%  | 100.0%   | 100.0%   | 100.0%  | 99.0%    | 100.0% | 99.9% |
|   | 2017/18 | 99.1%  | 100.0% | 100.0% | 99.4%  | 99.3%  | 100.0%    | 99.4%   | 100.0%   | 99.2%    | 100.0%  | 100.0%   | 100.0% | 99.7% |
| National definition of those who have completed treatment (KPI5)                            | 2016/17 | 95     | 85     | 78     | 99     | 83     | 93        | 79      | 115      | 86       | 101     | 98       | 95     | 1,107 |
|   | 2017/18 | 108    | 119    | 126    | 165    | 138    | 140       | 162     | 171      | 126      | 170     | 155      | 145    | 1,725 |
| National definition of those who have entered Below Caseness (KPI6b)                        | 2016/17 | 7      | 8      | 6      | 9      | 8      | 6         | 3       | 8        | 12       | 8       | 8        | 7      | 90    |
|   | 2017/18 | 7      | 8      | 1      | 9      | 5      | 9         | 2       | 9        | 4        | 9       | 6        | 7      | 76    |
| National definition of those who have moved to recovery (KPI6)                              | 2016/17 | 39     | 47     | 35     | 40     | 44     | 39        | 29      | 41       | 41       | 44      | 46       | 42     | 487   |
|   | 2017/18 | 49     | 50     | 61     | 86     | 69     | 65        | 75      | 88       | 72       | 98      | 86       | 80     | 879   |
| Referral opt in rate (%)  | 2016/17 | 93.7%  | 88.9%  | 87.3%  | 87.9%  | 88.0%  | 83.9%     | 86.1%   | 88.8%    | 80.1%    | 85.4%   | 83.4%    | 80.4%  | 78.3% |
|   | 2017/18 | 87.2%  | 92.0%  | 87.8%  | 90.9%  | 89.5%  | 92.2%     | 90.0%   | 92.3%    | 89.2%    | 91.8%   | 86.8%    | 90.1%  | 90.0% |

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 207 Southport & Formby patients entering treatment in Month 12. This is a 5.6% increase from the previous month when 196 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 12 was 1.08% and therefore failed to achieve the standard. The year- end access rate was 13.2%.

Referrals remained stable in Month 12 with 272 compared to 271 in Month 11. 70.96% of these were self-referrals, which is an increase from the 68.38% in Month 11. 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 slightly in Month 12 with 44 compared to 43 in Month 11.

The percentage of people moved to recovery increased slightly with 58.0% compared to 57.7% in Month 11. This satisfies the monthly target of 50%, and takes the year-end figure to 53.3% therefore the target was achieved for the year.

Cancelled appointments by the provider saw an increase in Month 12 with 63 compared to 51 in Month 11. 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 93 in Month 11 to 142 in Month 12. 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 12 99.3% 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 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.

## 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 | Feb-18 | Mar-18 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| People Diagnosed with Dementia (Age 65+)                       | 1515   | 1525   | 1519   | 1518   | 1543   | 1562   | 1576   | 1570   | 1565   | 1550   | 1548   | 1526   |
| Estimated Prevalence (Age 65+)                                 | 2145   | 2152.2 | 2156.1 | 2160.6 | 2167.2 | 2171.7 | 2171.7 | 2175.6 | 2177.3 | 2167.7 | 2167.6 | 2148.0 |
| 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%  | 71.4%  | 71.0%  |
| Target   | 66.7%  | 66.7%  | 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 NHS England website shows that Southport & Formby CCG are recording a dementia diagnosis rate in March 2018 of 71%, 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 |        | Q3 17/18 |        | 2017/18 Total |        |
|---|----------|--------|----------|--------|----------|--------|---------------|--------|
|   | Plan     | Actual | 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     | 155      | 80     | 565           | 245    |
| 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  | 1,877         | 1,877  |
| <b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b> | 5.1%     | 4.3%   | 6.7%     | 4.5%   | 8.3%     | 4.3%   | 30.1%         | 13.1%  |

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 3 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 8.3%. 75\* more patients needed to have received treatment to achieve the quarter 3 target.

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

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

**Figure 62 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)**

|  | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual |
|--|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
| Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral | 2       | 2         | 2       | 2         | 2       | 3         | 2       | 6         |
| Number of CYP with a suspected ED (routine cases) that start treatment   | 2       | 0         | 2       | 2         | 2       | 5         | 2       | 8         |
| %  | 100.00% | 0.00%     | 100.00% | 100.00%   | 100.00% | 60.00%    | 100.00% | 75.00%    |

In quarter 4, out of 8 routine referrals to children and young people’s eating disorder service, 6 were seen within 4 weeks recording 75% against the 100% target. Of the two breaches, 1 waited between 4 and 5 weeks and the other between 5 and 6 weeks.



**Figure 63 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)**

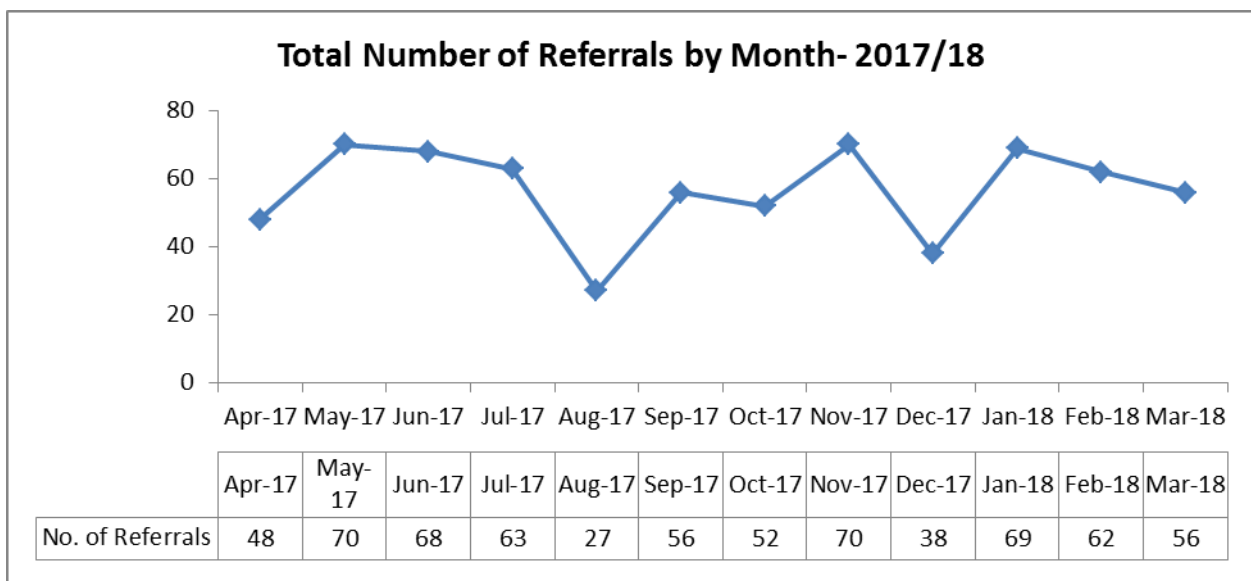
|  | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual  | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual  |
|--|---------|-----------|---------|------------|---------|-----------|---------|------------|
| Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral | 2       | 1         | 2       | 0          | 2       | 0         | 2       | 0          |
| Number of CYP with a suspected ED (urgent cases) that start treatment  | 2       | 1         | 2       | 0          | 2       | 2         | 2       | 0          |
| %  | 100.00% | 100.00%   | 100.00% | 0 Patients | 100.00% | 0.00%     | 100.00% | 0 Patients |

In quarter 4, the CCG had 0 patients under the urgent referral category.

## 5.8 CAMHS (18 Weeks Referral to Treatment)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

### Referrals



Throughout 2017/18 there were a total of 679 referrals made to CAMHS from Southport and Formby CCG patients. During the year there was no significant trend emerging although there has been a slightly downward trend from January 2018 onwards.

In relation to the source of referral, 54.6% (371) of the total referrals made during 2017/18 derived from a GP Referral and 27.8% (189) came from an 'Allied Health Professional'.

In terms of severity of referrals received that was allocated within the service, for 41.3% (112) were described as 'Moderate'. 20.3% (55) were categorised as 'Severe' and 6.6% were described as 'Mild'. There were also 86 records where the severity field had not been populated.

## Waiting Times – Referral to Assessment

| Waiting Time in Week Bands | Number of Referrals | % of Total  |
|----------------------------|---------------------|-------------|
| 0 - 3 Weeks                | 144                 | 53.1%       |
| 4 - 8 Weeks                | 28                  | 10.3%       |
| 9 -12 Weeks                | 30                  | 11.1%       |
| 13 - 17 Weeks              | 53                  | 19.6%       |
| 18 -26 Weeks               | 13                  | 4.8%        |
| 27 - 52 weeks              | 2                   | 0.7%        |
| (blank)                    | 1                   | 0.4%        |
| <b>Total</b>               | <b>271</b>          | <b>100%</b> |

The biggest percentage (53.1%) of referrals where an assessment has taken place waited between 0 and 3 weeks from their referral to assessment. Collectively 94.1% of referrals waited 17 weeks or less from point of referral to an assessment being made.

## Waiting Times – Assessment to Intervention

| Waiting Time in Week Bands | Number of Referrals | % of Total  | % of Total with intervention only |
|----------------------------|---------------------|-------------|-----------------------------------|
| 0 - 3 Weeks                | 117                 | 43.2%       | 62.9%                             |
| 4 - 8 Weeks                | 25                  | 9.2%        | 13.4%                             |
| 9 -12 Weeks                | 11                  | 4.1%        | 5.9%                              |
| 13 - 17 Weeks              | 6                   | 2.2%        | 3.2%                              |
| 18 -26 Weeks               | 20                  | 7.4%        | 10.8%                             |
| 27 - 52 weeks              | 7                   | 2.6%        | 3.8%                              |
| (blank)                    | 85                  | 31.4%       | N/A                               |
| <b>Total</b>               | <b>271</b>          | <b>100%</b> | <b>100%</b>                       |

31.4% (85) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 85 referrals were discounted, that would mean 62.9% (117) of referrals waited 3 weeks or less from assessment to intervention. Collectively 76.3% (142) of those referrals where an intervention took place waited 8 weeks or less from assessment to intervention.

## 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 & Ormskirk 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 finishing in 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. Follow up audits are in progress for Pain Management and Podiatry.

Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. The Trust has informed of changes in services which will have an impact on current activity levels, i.e. the levels of activity for the Continence service are anticipated to increase due to increases in the staffing establishment.

### 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: Mar-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%                         | 0.7%      |  | 95%                          | 98%           |  | 2%                               | 1%                |  |

Lancashire Care is over the England average for recommended for Friends and Family recording 98% which is the same as last month. The Trust is also below the England average of 2% for not recommended in March, with just 1% which has remained unchanged from the 1% reported last month. Performance has remained static for the past three months.

## 6.3 Any Qualified Provider – Southport & Ormskirk Hospital

### Adult Hearing

At month 12 2017/18 YTD the costs for Southport & Formby CCG patients were £77,170, compared to £390,653 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 1,198 in 16/17 to 484 in 17/18.

## 6.4 Any Qualified Provider – Specsavers

### Adult Hearing

At month 12 2017/18 YTD, the costs for Southport & Formby CCG patients were £219,295, compared to £219,822 at the same time last year. Comparisons of activity between the two time periods show that activity has increased slightly from 786 in 16/17 to 791 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      | 1         |
| 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      | 1         |
| %   | 93.75%  | 100.00%   | 93.75%  | Nil Return | 93.75%  | 91.67%    | 93.75%  | 100.00%   |

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 4 shows the number of children receiving a wheelchair in less than 18 weeks as 1 and 0 over 18 weeks, resulting in performance of 100%. This has been achieved at year end with a total of 19 patients, and of those 18 within target (94.74%).

## 7. Third Sector Contracts

Reports detailing activity and outcomes during Q4 have now been finalised and a copy of this report has been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q4 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 Q4, Age Concern has a total of 316 service users engaging with the service during this quarter. 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 155 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 Q4 Alzheimer's Society received a total of 113 new referrals and closed 147 cases (40% where the case was completed with outcomes met), the service currently has around 147 active cases. New referrals this year compared to Q4 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 128 existing clients across Sefton. The centre has had 1,948 contacts during Q4. Approximately 1,948 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. 247 carers registered, including 43 parent carers and 115 school age young carers. During Q4 there have been 146 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. The centre has also reported that the age of parent carers has increased significantly. A number of parent carers who are well into retirement continue to care for their adult children with long term conditions. In contrast to this, referrals are starting to trickle through from schools and colleges for help and support for children caring for parents with long term conditions Work is on-going to address this issue with commissioners and localities across Sefton. 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 288 have been completed by the centre in Q4. Sefton Carers Centre has also secured £204,190 in backdated welfare benefits for the residents of Sefton during Q4 bringing the total year to date figure to more than £1.3m. The service currently has 54 volunteers, and the volunteer value at the centre during Q4 equates to £21k.

### Sefton CAB

Sefton CAB has received 67 new referrals during Q4; slightly more referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 45% and Self referrals 48%. 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 just under £1.3m to date.

### Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 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 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% 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 72 new referrals in Q4 with 56 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 Q4, Imagine Independence carried forward 38 existing cases. A further 153 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 30 service users attended job interviews, 21 managed to secure paid work and the service supported 41 people in retaining their current employment.

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

SWACA received 338 new referrals during Q4 from a variety of sources; the top 3 referrals were received from Police (40%), 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 86 referrals within South Sefton and a further 87 within Southport & Formby during Q4. 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 Q4 the service received 10 adult referrals and 100 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 Q4 the service received 71 new referrals, of these new referrals 33 people have been accommodated, a further 20 people have been supported to stay in their current residence. Of these referrals, the service has enabled 17 patients to be discharged from hospital and have prevented 25 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (83%).

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

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

practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

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. Ainsdale Medical Centre was inspected on 30<sup>th</sup> April and received an overall 'Good' rating. 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 Centre               | 08 October 2015    | Good  | Requires Improvement | Good                 | Good   | Good        | Good                 |
| N84617                 | Kew Surgery                           | 10 April 2017      | Requires Improvement  | Requires Improvement | Requires Improvement | Good   | Good        | Requires Improvement |
| <b>Y02610</b>          | <b>Trinity Practice</b>               | <b>n/a</b>         | <b>Not yet inspected the service was registered by CQC on 26 September 2016</b> |                      |                      |        |             |                      |
| N84006                 | Chapel Lane Surgery                   | 24 July 2017       | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84018                 | The Village Surgery Formby            | 10 November 2016   | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84036                 | Freshfield Surgery                    | 22 October 2015    | Good  | Requires Improvement | Good                 | Good   | Good        | Good                 |
| N84618                 | The Hollies                           | 07 March 2017      | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84008                 | Norwood Surgery                       | 02 May 2017        | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84017                 | Churchtown Medical Centre             | 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 Centre               | 30 April 2018      | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84014                 | Ainsdale Village Surgery              | 28 February 2017   | Good  | Good                 | Outstanding          | Good   | Outstanding | Good                 |
| N84024                 | Grange Surgery                        | 30 January 2017    | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84037                 | Lincoln House Surgery                 | 15 December 2017   | Good  | Good                 | Good                 | Good   | Good        | Good                 |
| N84625                 | The Family Surgery                    | 10 August 2017     | Good  | Good                 | Good                 | Good   | Good        | Good                 |

| Key   |                        |
|---|------------------------|
| <span style="background-color: #92d050; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Outstanding          |
| <span style="background-color: #4CAF50; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Good                 |
| <span style="background-color: #FF9800; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Requires Improvement |
| <span style="background-color: #F44336; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Inadequate           |
| <span style="background-color: #AAAAAA; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Not Rated            |
| <span style="background-color: #AAAAAA; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> | = Not Applicable       |

## 9. Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.



A summary of the Q4 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  | 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       | Q4 17/18<br>(Current) | Q1 18/19<br>(Planned) | Q2 18/19<br>(Planned) |
| Chg 1 | Early discharge planning                        | Plans in place      | Plans in place | Plans in place        | Plans in place        | Plans in place        |
| Chg 2 | Systems to monitor patient flow                 | Established         | Established    | Established           | Established           | Established           |
| Chg 3 | Multi-disciplinary/multi-agency discharge teams | Established         | Established    | Established           | Established           | Established           |
| Chg 4 | Home first/discharge to assess                  | Mature              | Mature         | Mature                | Mature                | Mature                |
| Chg 5 | Seven-day service                               | Plans in place      | Plans in place | Plans in place        | Plans in place        | Plans in place        |
| Chg 6 | Trusted assessors                               | Established         | Established    | Established           | Established           | Established           |
| Chg 7 | Focus on choice                                 | Plans in place      | 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        | 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 quarter 2 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 12 Submission to NHS England**

| March 2018 Month 12                                      | Month 12 Plan | Month 12 Actual | Month 12 Variance | ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%  |
|--|---------------|-----------------|-------------------|---|
| <b>Referrals (MAR)</b>                                   |               |                 |                   |   |
| GP   | 3741          | 3734            | -0.2%             |   |
| Other  | 2277          | 2371            | 4.1%              | Increases in 'other' referrals noted since May-17 onwards. Local referral reporting shows referral levels in line with previous months and not statistically outside the norm. Local referral figures do not indicate large changes in year for 'other' referrals. YTD levels within tolerance.                               |
| <b>Total (in month)</b>                                  | 6018          | 6105            | 1.4%              |   |
| Variance against Plan YTD                                | 67381         | 69388           | 3.0%              |   |
| Year on Year YTD Growth                                  |               |                 | 5.5%              |   |
| <b>Outpatient attendances (Specific Acute) SUS (TNR)</b> |               |                 |                   |   |
| All 1st OP   | 5422          | 4776            | -11.9%            | March levels below plan but not outside the statistical norm, seasonality of plan showed an increase against February which was larger than the increase in actual activity. YTD both first and follow-up activity is within tolerance.   |
| Follow Up  | 11890         | 10883           | -8.5%             |   |
| <b>Total Outpatient attendances (in month)</b>           | 17312         | 15659           | -9.5%             |   |
| Variance against Plan YTD                                | 192144        | 190495          | -0.9%             |   |
| Year on Year YTD Growth                                  |               |                 | -0.1%             |   |
| <b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>  |               |                 |                   |   |
| Elective Day case spells                                 | -             | 1887            | #VALUE!           | Elective activity has reduced against plan and previous years levels. The CCGs main provider has had a number of theatre closures throughout the year due to refurbishment, this has impacted on the levels of Elective procedures flowing through.   |
| Elective Ordinary spells                                 | -             | 223             | #VALUE!           |   |
| <b>Total Elective spells (in month)</b>                  | -             | 2110            | #VALUE!           |   |
| Variance against Plan YTD                                | -             | -               | #VALUE!           |   |
| Year on Year YTD Growth                                  |               |                 | -7.0%             |   |
| <b>Urgent &amp; Emergency Care</b>                       |               |                 |                   |   |
| Type 1   | -             | 4466            | -                 | Local monitoring shows a variance against plan outside the tolerance with March set as the highest month in the seasonal plan. Actual activity for March within levels noted in previous months. Local monitoring of the activity shows a year end variance of less than 1%, the CCG is unable to replicate the TNR/CAM data. |
| Year on Year YTD   |               |                 | 3.9%              |   |
| <b>All types (in month)</b>                              | 10722         | 9057            | -15.5%            |   |
| Variance against Plan YTD                                | 111490        | 102858          | -7.7%             |   |
| Year on Year YTD Growth                                  |               |                 | 0.9%              |   |
| <b>Total Non Elective spells (in month)</b>              | -             | 2187            | #VALUE!           | The CCGs main provider has changed pathway for emergency care which has a higher number of short stay admissions. Planning for 18/19 should incorporate this change however the CCG is still in discussions regarding the mid-year change in pathway.   |
| Variance against Plan YTD                                | -             | -               | #VALUE!           |   |
| Year on Year YTD Growth                                  |               |                 | 15.3%             |   |