

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report July 2018

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## Summary Performance Dashboard

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		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> 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	
		Actual	76%	75%	78%											76.08%
		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%	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> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R										
		Actual	5.139%	4.667%	4.14%	4.1%										
		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> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G										
		Actual	92.47%	93.41%	93.3%	93%										
		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> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R									R	
		Actual	0	1	0	1										2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<a href="#">1983: Urgent Operations cancelled for a 2nd time</a> 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	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Preventing People from Dying Prematurely

Cancer Waiting Times

<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G												G	
		Actual	91.39%	93.46%	94.75%	93.21%													93.21%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R												R	
		Actual	82.50%	79.55%	92.86%	92.86%													86.36%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G												G	
		Actual	94.87%	98.73%	97.01%	96.20%													96.70%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G												G	
		Actual	83.33%	100%	100%	100%													96.67%
		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%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G												G	
		Actual	100%	100%	100%	100%													100%
		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%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G												G	
		Actual	100%	100%	100%	100%													100%
		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%	94.00%	94.00%	94.00%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R												R	
		Actual	75.00%	87.50%	91.43%	69.77%													80.52%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%



<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G												G	
		Actual	100%	83.33%	100%	100%													95.65%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G												G	
		Actual	100%	92.31%	86.67%	93.33%													93.33%
		Target	85%	85%	85%	85%													85%

### Personal Health Budgets

<b>2143: Personal health budgets</b> 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																
		Actual	12.8																
		Target	67.45				77.09	86.72	96.36										

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R												R	
		Actual	85.54%	88.58%	90.68%	85.52%													87.57%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R												R	
		Actual	3	3	4	3													13
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R												R	
		Actual	0.8	0.8	1.0	0.8													
		Target	0	0	0	0													0

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

**HCAI**

<a href="#">497: Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R									R	
		YTD	0	0	0	1										1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">24: Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G									G	
		YTD	3	5	6	8										8
		Target	4	7	10	12	16	19	22	25	28	31	34	37	37	

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

**Mental Health**

<a href="#">138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> 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
		Actual	100%												100%
		Target	95.00%				95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

**IAPT (Improving Access to Psychological Therapies)**

<a href="#">2183: IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> 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	G											
		Actual	52.5%											
		Target	50.00%				50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
<a href="#">2131: IAPT Access</a> 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											
		Actual	3.3%											
		Target	16.80%				16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	

<a href="#">2253: IAPT Waiting Times - 6 Week Waiters</a> 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											
		Actual	99.4%											99.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<a href="#">2254: IAPT Waiting Times - 18 Week Waiters</a> 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											
		Actual	100%											100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
<a href="#">2255: IAPT - Pathways Access</a> Number of ended referrals in the reporting period that finished a course of treatment, against the number of ended referrals that received one treatment appointment	Southport And Formby CCG	RAG	-											
		Actual	462											
		Target	-											

**Dementia**

<a href="#">2166: Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G									G
		Actual	70.71%	70%	70.3%	70.5%									
		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**

<a href="#">2095: The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R											
		Actual	81.82%											81.82%
		Target	100%											100%
<a href="#">2096: The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R											
		Actual	50%											50%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

**Wheelchairs**

<a href="#">2197: Percentage of children waiting less than 18 weeks for a wheelchair</a> 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											
		Actual	100%											
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	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 4 (note: time periods of data are different for each source).

### Financial position

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

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage.

As at 31<sup>st</sup> August, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31<sup>st</sup> August 2018 is a deficit of £2.817m. This assumes that QIPP delivery during the year will be £3.696m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

### Planned Care

Year to date GP referrals in month 4 of 2018/19 are 3% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for June, where the CCG reported 78%, an improvement on May but still failing the target.

The CCG failed the less than 1% target for Diagnostics in July recording 4.1%, a slight improvement on last month's performance of 4.14%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in July recording 4.2%, a decline on last month's performance of 4%.

The CCG had one patient waiting over 52 weeks in July. This was a patient waiting for bariatric surgery at University Hospitals of North Midlands. The patient does not yet have a TCI date.

Southport & Ormskirk reported 10 cancelled operations in July. The Trust has reported that 5 were due to no ward beds available, 2 ran out of theatre time, 1 emergency trauma, 1 cancelled due to trauma and 1 no post-operative bed available.

The CCG are failing 2 of the 9 cancer measures in month 4 year to date. They include 2 week breast symptom (86.36%) and the 62 days urgent GP referral metric (80.52%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (80.76%).

For Friends and Family Southport & Ormskirk Hospital NHS Trust has seen a further decline in response rates for inpatients, from 16.3% in June to 15.3% in July. The percentage of patients that would recommend the inpatient service in the Trust has increased slightly from 93% in June to 94% in July but remains below the England average of 96%. The percentage of people who would

not recommend the inpatient service remains static at 2% in July and is therefore still in line with the England average of 2%.

Performance at Month 4 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £550k/4.6%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £647k/5.4%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for July reached 85.5%, which is below the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 86.8% for July and a decline on last month's performance. However the year to date position is still achieving at 87.67%.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with significant strides being made against the agreed Performance Improvement Plan where improvement needed to be demonstrated by the end of Quarter 2. A summary report will be produced and shared with CCG Governing Bodies once all September data has been submitted.

Southport & Ormskirk failed the stroke target in July recording 54.5%, with 12 out of 22 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in July with 7 reportable patients breaching the target. This is the ninth consecutive month where 0% has been reported.

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in July. All 3 breaches there were at Southport & Ormskirk NHS Trust.

There were 2 new cases of Clostridium Difficile attributed to the CCG in July, bringing the year to date figure to 8 against a plan of 12. Year to date 2 cases were apportioned to an acute trust and 6 to the community. Southport & Ormskirk has reported no new cases in July; therefore the total for the year remains at 4 against a plan of 12.

The CCG has had 1 new case of MRSA in July and has therefore breached the zero tolerance threshold for the year. This was a community acquired infection, identified by Southport & Ormskirk Trust.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 71% in June to 93% in July, increasing above the England average of 87%. The percentage not recommended has also improved from 16% in June to 5%, falling below the England Average of 8%.

Performance at Month 4 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.8m/17.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £1.4m/13.3%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 225 Southport & Formby patients entering treatment in month 4. This is a 13.3% increase from the previous month when 195 patients entered treatment. The access rate for month 4 was 1.18% and therefore failed to achieve the standard. The percentage of people moved to recovery decreased with 46.2% compared to 55.2% in the previous month and is now failing the monthly target of 50%.

### **Community Health Services**

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. A proposal document has been collated by the Trust and shared with the CCG for review.

### **Better Care Fund**

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

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

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

## 2. Financial Position

### 2.1 Summary

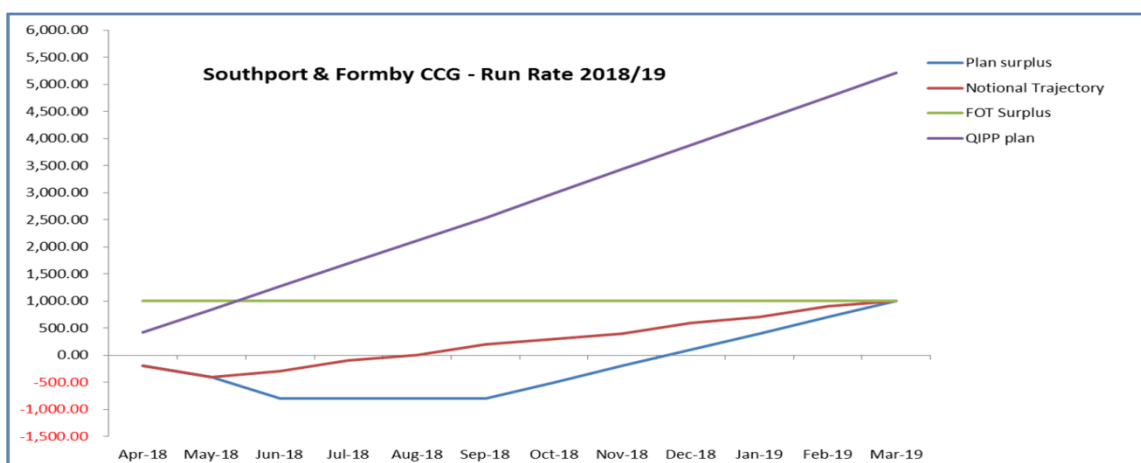
This report focuses on the financial performance for Southport and Formby CCG as at 31 August 2018.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,575	10,045	10,251	206	25,163	588
Corporate & Support Services: admin	2,622	1,057	974	(83)	2,497	(125)
Corporate & Support Services: programme	2,836	1,175	1,133	(42)	2,787	(48)
NHS Commissioned Services	124,432	50,775	51,068	293	125,034	602
Independent Sector	5,701	2,299	2,513	214	6,014	313
Primary Care	3,607	1,488	1,690	202	3,848	242
Prescribing	24,731	10,305	10,337	32	24,914	183
<b>Total Operating budgets</b>	<b>188,503</b>	<b>77,145</b>	<b>77,966</b>	<b>821</b>	<b>190,257</b>	<b>1,755</b>
Reserves	(2,769)	1,029	208	(821)	(4,524)	(1,755)
In Year Planned (Surplus)/Deficit	1,000	(800)	0	800	0	(1,000)
<b>Grand Total (Surplus)/Deficit</b>	<b>186,734</b>	<b>77,374</b>	<b>78,174</b>	<b>800</b>	<b>185,734</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

**Figure 2 – Run Rate 2018/19**



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position
- Q2 plans to breakeven

- Q3 & Q4 plan to return to surplus position through delivery of the QIPP plan

The CCG has achieved a balanced run-rate during month 5 although this was supported by a re-phasing of reserves, QIPP which will not be a sustainable option for the remainder of the year.

As at 31st August, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31st August 2018 is a deficit of £2.817m. This assumes that QIPP delivery during the year will be £3.696m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

The cumulative deficit brought forward from previous years is £10.295m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCGs financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and demonstrates progress made to date at the same time acknowledging that the CCG's positive performance in the delivery of QIPP efficiencies in the past two years increases the challenge for the CCG to deliver further efficiencies in 2018/19.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads and the risks associated with delivery have been refreshed.

Cost pressures have emerged in the first five months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases in 2018-19 and the impact of the continuation of the 28 day discharge from hospital to enable better improved patient flow across the health economy. This equates to a full year cost pressures of £1.571m
- Costs pressures of £0.293m within the Local Quality Contract due to the 2017-18 and 2018-19 part one claims and quarterly claims being a higher cost than expected.
- Over performance of £0.218m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Costs pressures of £0.192m at St Helen and Knowsley rust mainly due to increases in cost and activity within plastics and urology.

The forecast cost pressures are partially offset by underspends in running cost, funded nursing care and the reserve budget due to the 0.5% contingency budget held.

Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership is non- delivery of QIPP plans and development of mitigations where necessary.



This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

**Figure 3 – Financial Dashboard**

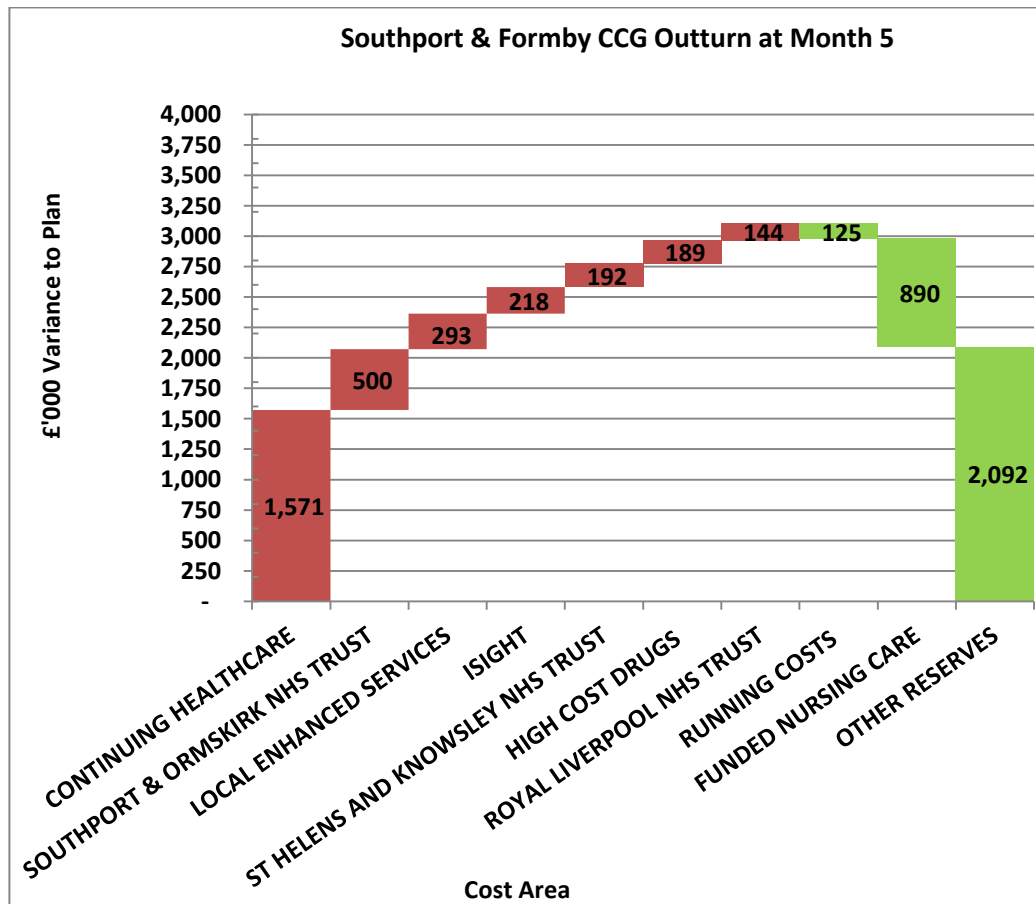
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	£1.865m
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > %	99.07%
		NHS - Volume YTD > 95%	94.85%
		o NHS - Value YTD > 95	97.04%
		Non NHS - Volume YTD > 95%	93.58%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31st August 2018 for the financial year is a deficit of £2.817m.
- The QIPP target for 2018-19 is £5.210, delivery is £1.865m to date which is £0.320m below the planned delivery at month 5 (see appendix 3).
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.125m.
- BPPC targets for both NHS and Non NHS by volume are slightly below the 95% target. Work is underway to improve the performance in order to achieve the 95% target next month.

## 2.2 Financial Forecast

The main financial pressures included within the financial position are shown below in figure 4, which presents the CCG's outturn position for the year.

**Figure 4 – Forecast Outturn**



- The CCG's most likely financial position for the financial year is a deficit of £2.817m.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
  - Costs pressures within the Local Quality Contract due to part one and quarterly claims being a higher cost than expected.
  - Cost pressures within the Independent Sector, iSight Clinic and One to One Midwives.
  - Costs pressures at St Helen & Knowsley Trust mainly due to increases in cost and activity within plastics and urology.
- The cost pressures are partially offset by underspends in running costs, funded nursing care and the reserve budget due to the 0.5% contingency held.

## 2.3 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		1.865		1.865
NCSO Adjustment	(1.100)				(1.100)
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230				0.230
Community Services investment	0.697				0.697
Intermediate care	0.500		(0.130)		0.370
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	0.325	0.865	(0.634)	(1.028)	(0.472)
0.5% Contingency Reserve	0.934				0.934
<b>Total Reserves</b>	<b>(3.106)</b>	<b>0.865</b>	<b>0.500</b>	<b>(1.028)</b>	<b>(2.769)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The reserve budget assumes a reduction in NSCO cost pressures which will either materialise through an additional allocation from NHS England or reduced costs on the prescribing budget. In year performance is monitored and reported to NHS England regularly.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

## 2.4 Provider Expenditure Analysis – Acting as One

Figure 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.345</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.053</b>
Liverpool Women's NHS Foundation Trust	<b>(0.009)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.058)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.153</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.015)</b>
<b>Grand Total</b>	<b>0.468</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 not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts 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 £0.468m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable without Acting as One.

**Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk**

	Best Case	Likely Case	Worst Case
	SFCCG £m	SFCCG £m	SFCCG £m
<b>Opening Contract Value</b>	<b>64.074</b>	<b>64.074</b>	<b>64.074</b>
Reported YTD (Under) Overspend at M4	1.823	1.823	1.823
Less : NEL Price increase	(0.735)	(0.735)	-
: CDU Activity	(0.264)	(0.264)	-
: AEC Follow ups	(0.516)	(0.516)	(0.516)
<b>Revised YTD (Under) Overspend at M4</b>	<b>0.308</b>	<b>0.308</b>	<b>1.307</b>
Extrapolated to M12	0.924	0.924	3.921
Less : Non-PbR Review	(0.244)	(0.244)	(0.244)
: Applicable Sanctions	(1.602)	(0.500)	(0.500)
: CQUIN	(0.421)	(0.180)	(0.180)
Revised Forecast (over) underspend	(1.343)	0.000	2.997
<b>Forecast Contract Payment 2018/19</b>	<b>62.731</b>	<b>64.074</b>	<b>67.071</b>

- The Month 4 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £1.823m against plan. The CCG have raised a challenge relating to a number of areas of expenditure included in the year to date position:
  - Non-Elective price increase

- Counting of CDU activity
- AEC Follow up activity
- Application of contract sanctions and assumptions for the impact of in year CQUIN performance and review of the Non-PBR block will reduce the forecast expenditure further
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £64.074m which is in line with the financial plan. Any additional payment above this amount will increase the CCG's forecast deficit.

## 2.5 QIPP

Figure 8 – QIPP Plan and Forecast

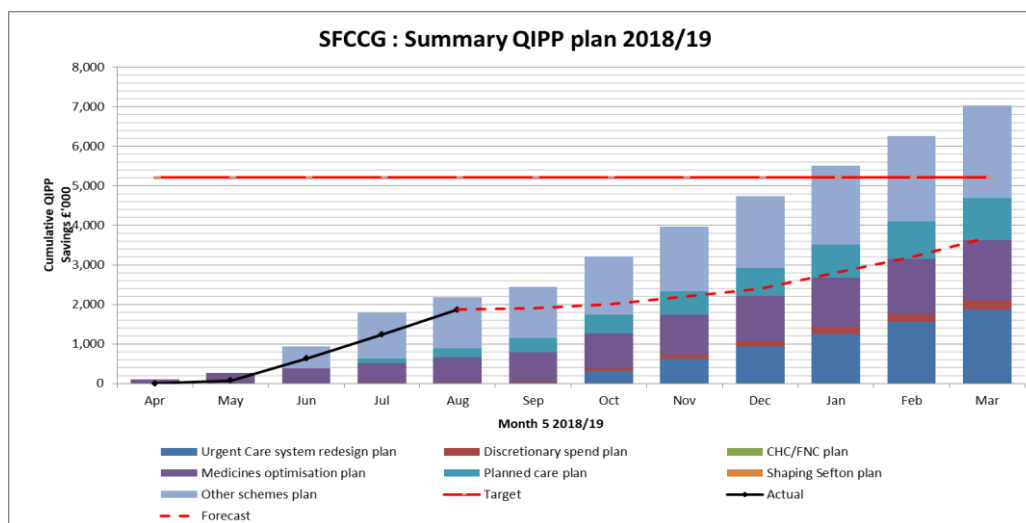


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	93	974	0	1,067
Medicines optimisation plan	1,517	0	1,517	1,017	0	500	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	130	100	230	130	0	100	230
Urgent Care system redesign plan	1,870	0	1,870	0	54	1,816	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,441	2,342	1,542	800	0	2,342
<b>Total QIPP Plan</b>	<b>5,485</b>	<b>1,541</b>	<b>7,026</b>	<b>2,782</b>	<b>1,828</b>	<b>2,416</b>	<b>7,026</b>
<b>QIPP Delivered 2018/19</b>				<b>(1,865)</b>		<b>0</b>	<b>(1,865)</b>

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £7.026m have been identified; however £4.244m of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved £1.865m QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.6 Risk

Figure 10 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Reserve Budgets			
<b>Management action plan</b>			
QIPP Achieved	0.573	1.292	1.865
Remaining QIPP to be delivered	4.637	(1.292)	3.345
<b>Total Management Action plan</b>	<b>5.210</b>	<b>0.000</b>	<b>5.210</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.210m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

## 2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	<b>(4.210)</b>	<b>(4.210)</b>	<b>(4.210)</b>
Predicted QIPP achievement	5.210	3.696	3.696
I&E impact	(0.540)	(1.755)	(1.755)
<b>Forecast Surplus / (Deficit)</b>	<b>0.460</b>	<b>(2.269)</b>	<b>(2.269)</b>
Further Risk	(0.500)	(1.550)	(4.000)
Management Action Plan	1.040	1.002	1.002
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.817)</b>	<b>(5.267)</b>

- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £2.817m and assumes that QIPP delivery will be £3.696m in total with pressures identified in respect of CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a deficit of £5.267m and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to over performance for Non-

Elective activity/costs at Southport and Ormskirk Hospital NHS Trust, increased volume and cost of CHC packages. Also included is an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

## 2.8 Statement of Financial Position

Figure 12 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2		Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M12 £'000
Non-Current Assets	0	0	0	0	0	0
Receivables	2,655	2,649	2,241	1,907	1,862	2,406
Cash	232	4,733	4,687	3,829	(394)	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(16,849)	(12,865)	(12,162)
Value of Debt> 180 days	1,774	1,721	1,669	1,743	1,781	672

- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old at month 5 is £1.781m and £1.669m of this balance consists of two invoices outstanding with Southport & Ormskirk NHS Trust. Advice from the Trust indicates that these payments are planned for October 2018.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £185.398m at Month 5. The actual cash utilised at Month 5 was £75.092m which represents 40.5% of the total allocation. The balance of MCD to be utilised over the rest of the year is £110.306m.
- The negative cash balance represents the ledger balance. As a result of normal delays in the clearance of unrepresented payments the actual bank balance at the end of month 5 was a positive balance of £0.329m.

## 2.9 Recommendations

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

- The full year most likely financial position for the CCG is a deficit of £2.817m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 5 is £1.865m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The CCG has posted a balanced run rate for month 5 following losses in earlier months. The CCG will need to deliver balance in the next month to keep online with plan before delivering surplus positions in the latter months of the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going 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.

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

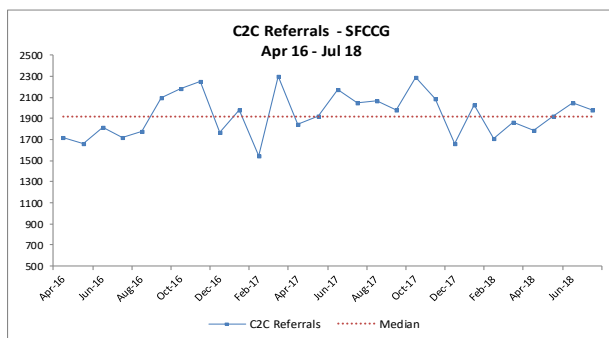
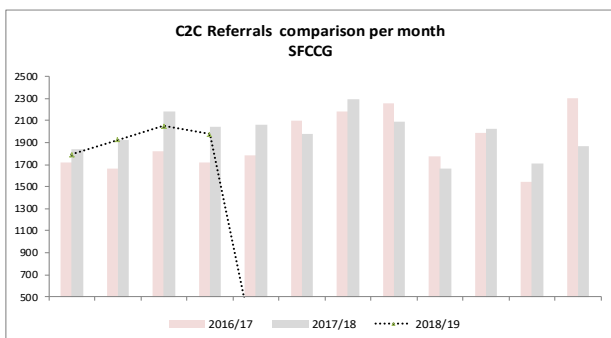
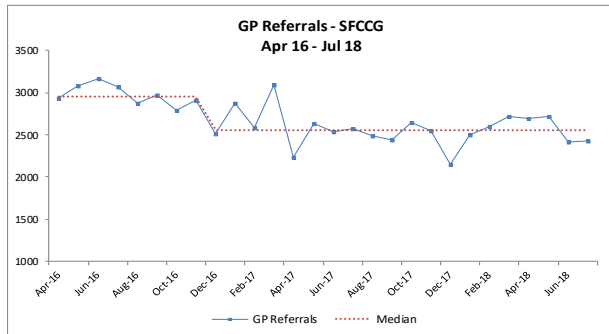
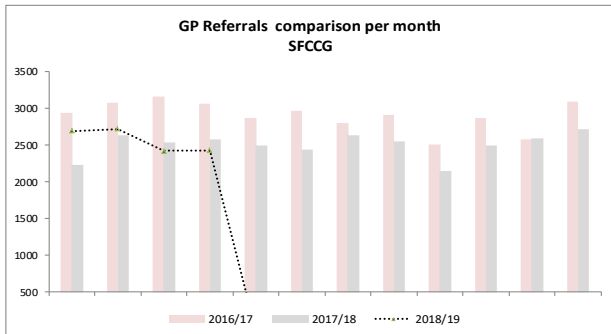
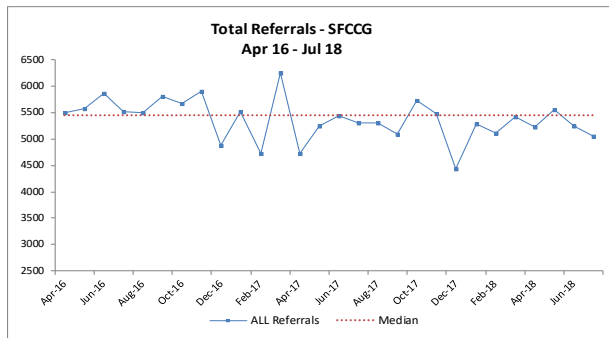
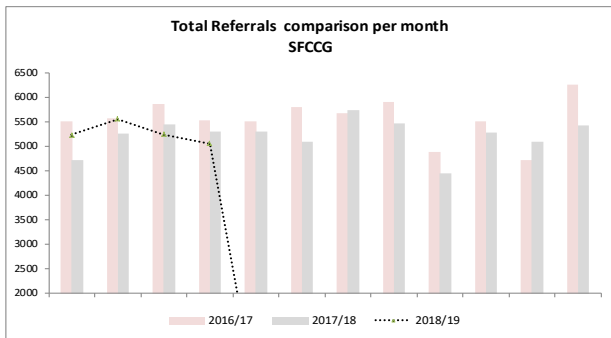


### 3. Planned Care

#### 3.1 Referrals by Source

Figure 13 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2235	2694	459	21%	1843	1791	-52	-3%	4725	5237	512	11%
May	2638	2724	86	3%	1922	1924	2	0%	5255	5558	303	6%
June	2543	2423	-120	-5%	2179	2052	-127	-6%	5454	5250	-204	-4%
July	2575	2427	-148	-6%	2048	1978	-70	-3%	5305	5064	-241	-5%
August	2493				2065				5310			
September	2438				1980				5103			
October	2642				2292				5741			
November	2555				2091				5474			
December	2145				1663				4447			
January	2502				2026				5296			
February	2599				1708				5109			
March	2723				1867				5422			
<b>Monthly Average</b>	<b>2507</b>	<b>2567</b>	<b>60</b>	<b>2%</b>	<b>1974</b>	<b>1936</b>	<b>-37</b>	<b>-2%</b>	<b>5220</b>	<b>5277</b>	<b>57</b>	<b>1%</b>
<b>YTD Total Month 4</b>	<b>9991</b>	<b>10268</b>	<b>277</b>	<b>3%</b>	<b>7992</b>	<b>7745</b>	<b>-247</b>	<b>-3%</b>	<b>20739</b>	<b>21109</b>	<b>370</b>	<b>2%</b>
<b>Annual/FOT</b>	<b>30088</b>	<b>30804</b>	<b>716</b>	<b>2%</b>	<b>23684</b>	<b>23235</b>	<b>-449</b>	<b>-2%</b>	<b>62641</b>	<b>63327</b>	<b>686</b>	<b>1%</b>



Year to date referrals at month 4 are currently up 2% when comparing to the equivalent period in the previous year. Within individual specialties, Ophthalmology is the highest referred to specialty for the CCG but is seeing a year to date increase of 7% compare to 2017/18. In contrast, ENT had seen a significant 36% decrease in referrals comparing to the same equivalent period last year. Of the top five providers in 2018/19, Aintree Hospital has the highest growth in referrals compared to the same period last year of 19%, which is due to high increases in Clinical Physiology. April 2017 shows referrals drop to the lowest they have been over the 2 years this is due to significant drops in consultant to consultant referrals and the Physiotherapy and Ophthalmology specialty.

At the beginning of 2018/19, the average for monthly referrals increased by 25% and total referrals are 2% up comparing to 2017/18. GP referrals in 2018/19 to date are 3% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 3% lower when compared to 2017/18. This can be attributed to significant decreases within the Physiotherapy specialty. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. October sees referrals rise to the highest they have been so far over the two financial years. Referrals in July 2018 have had a 4% decrease when compared to last month with further analysis this decrease in activity is due to a drop in Consultant to - consultant referrals and with deeper investigation the drop in Consultant to - Consultant referrals was caused by an decrease in Physiotherapy activity and referrals to the Royal Hospital.

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 14 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - June	80% by Q2 17/18 & 100% by Q2 18/19	78.00%	↑

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

The latest information available for this measure is for June, where the CCG reported 78%, an improvement on May but still failing the target.

## 3.2 Diagnostic Test Waiting Times

Figure 15 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - July	<1%	4.10%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - July	<1%	4.20%	↑

### Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in July recording 4.1%, a slight improvement on last month's performance of 4.14%. In July, out of 2,013 patients, 90 patients were waiting over 6 weeks, and 7 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (35), MRI (15) and cystoscopy (11).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in July recording 4.2%, a decline on last month's performance of 4%. In June, out of 2,740 patients, 123 patients waited over 6 weeks, and 9 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (75) and Cystoscopy (19).

### How are the issues being addressed?

The Diagnostics Improvement Programme at the Trust is focusing on Endoscopy and Non-Obstetric Ultrasound to address this. Phase 1 to the end of September focuses on establishing current state. Phase 2 (October to March inclusive) focuses on process improvements and developing a business plan. Phase 3 runs from April 2019 where larger scale improvements are identified.

### When is performance expected to recover?

April 2019.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

### 3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - July	0	1	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - July	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - July	92%	93.00%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - July	92%	94.80%	↑

Figure 17 - Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100
2018/19	7,531	7,465	7,448	7,328								
Difference	-119	-523	-180	308								

#### Performance Overview/Issues

For 2018/19 CCGs have a new target to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted a plan of 0 to NHS England in January 2018 due to having no 52+ week waiters at that point, but following that had 2; 1 in February and 1 March 2018. The CCG had one patient waiting over 52 weeks in July. This is a patient waiting for bariatric surgery at University Hospitals of North Midlands. The patient does not yet have a TCI date. Following the closure of bariatric services in the North West, University Hospital of North Midlands agreed to take on the service however demand has far exceeded capacity. The issues regarding delays have been communicated with commissioners and CCGs across the North West region are affected by this issue. Through collaborative commissioning arrangements capacity is being sourced at alternative providers and the Trust continues to clinically review all long waiting patients and allocate appointment dates based on clinical need, followed by chronological waiting time.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In July the CCG reported 7,328 incomplete pathways, 308 patients more than June 2017. However this is the first time in 2018/19 the CCG has not achieved the ambition, so it is still likely that the CCG will achieve this ambition by March 2019.

#### How are the issues being addressed?

In order to increase CCG assurance in respect of the safety of long waiting patients, CCGs will receive patient level commentary for all 36 week plus waiters across all providers.

Agree approach to address capacity issues at University Hospitals North Midlands for bariatric surgery cases, likely to include sourcing capacity at alternative providers.

Clinical review of all long waiting patients and allocation of TCI dates based on clinical need and then chronological waiting time.

**When is performance expected to recover?**

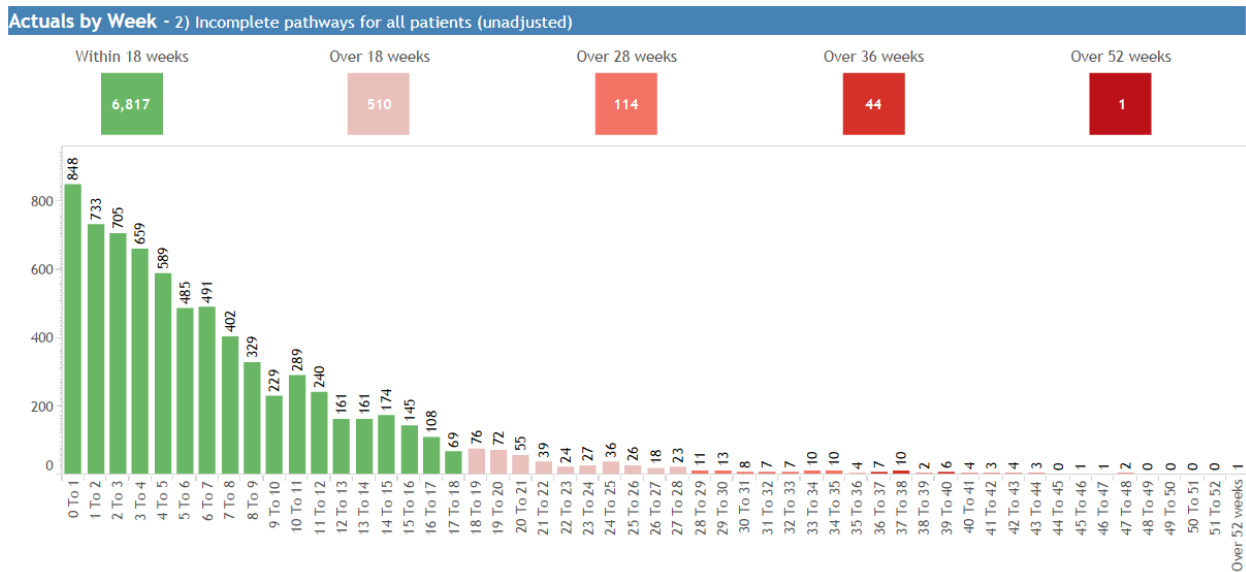
This will depend on the management process of the patient cohort which is 176 patients across the North West patch from University Hospitals of North Midlands.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

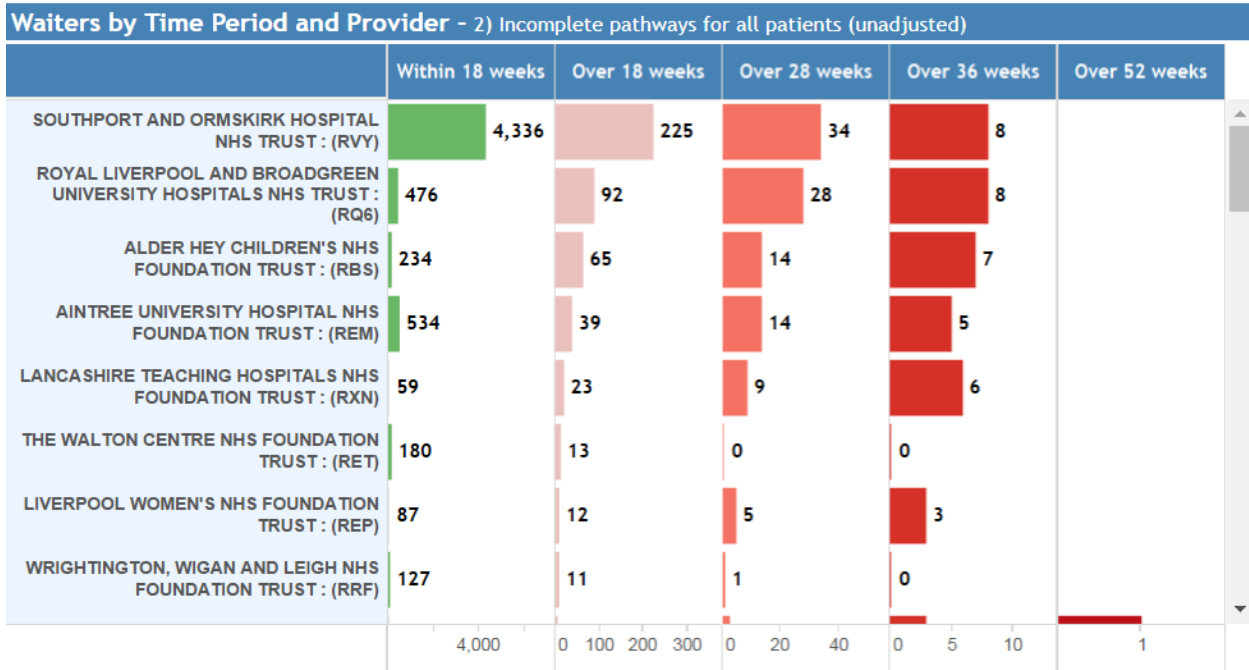
**3.3.1 Incomplete Pathway Waiting Times**

**Figure 18 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting**



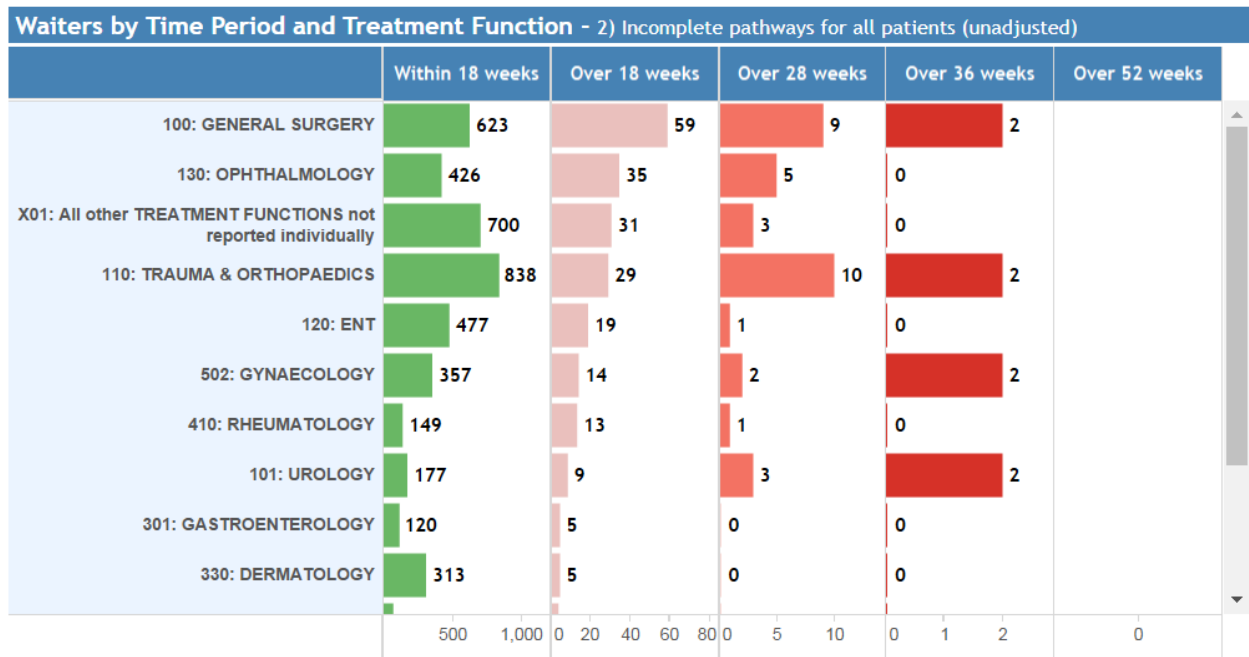
### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

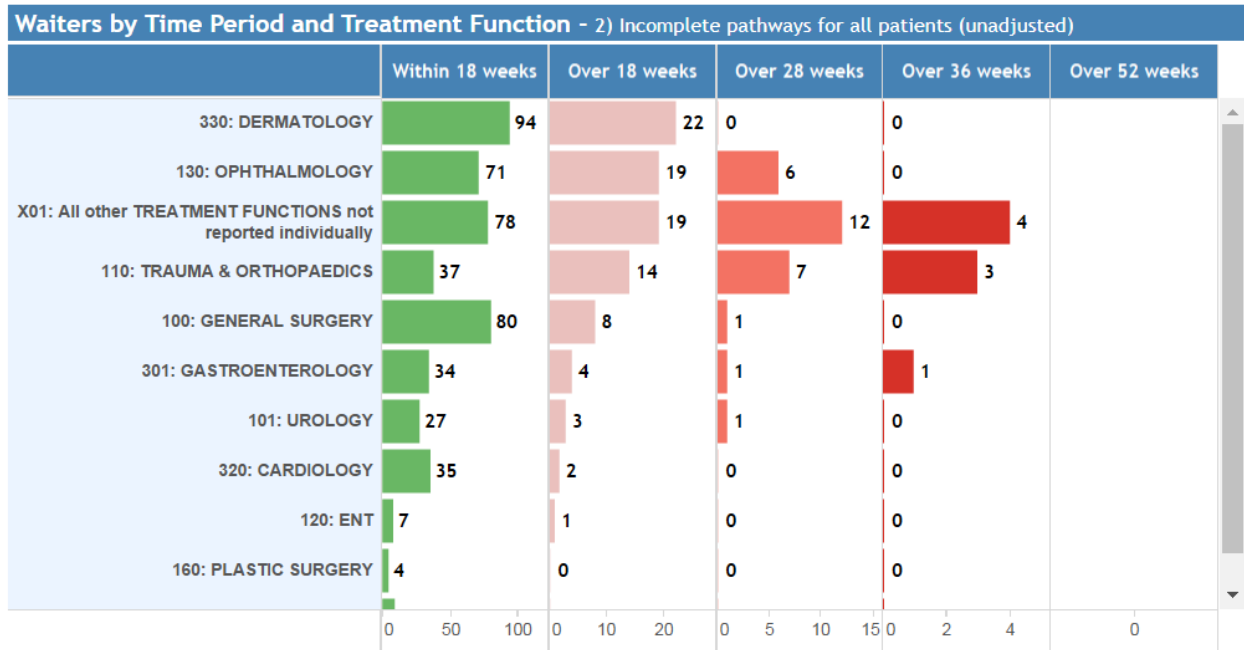


### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 20 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust



**Figure 21 - 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 22 – Southport & Formby CCG Provider Assurance for Long Waiters**

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	North Midlands	General Surgery	52	No TCI date as yet	Patient DNA'd 1st OP appointment, not yet reached decision to treat,, awaiting decision re: refer back to GP.
Southport & Formby CCG	Aintree	Thoracic Medicine	41	Treated 22/08/2018	Clock stopped 22/8/18
Southport & Formby CCG	Aintree	Thoracic Medicine	41		App't 18/9/18
Southport & Formby CCG	Alder Hey	other	41	TCI 31/10/18 - sent to service for earlier date	Community Capacity
Southport & Formby CCG	Alder Hey	other	45	Treated 22/08/18	Community Capacity
Southport & Formby CCG	Alder Hey	other	46	Discharged	Appointment no longer needed as the patient is well and the problem has been resolved.
Southport & Formby CCG	Lancashire Teaching	General Medicine	40	Discharged	Respiratory first appointment/sleep study capacity
Southport & Formby CCG	Lancashire Teaching	General Medicine	42	Patient Treated	Respiratory first appointment/sleep study capacity
Southport & Formby CCG	Lancashire Teaching	General Medicine	42	Patient Treated	Respiratory first appointment/sleep study capacity
Southport & Formby CCG	Lancashire Teaching	General Medicine	43	Patient discharged back to GP	Respiratory first appointment/sleep study capacity
Southport & Formby CCG	Liverpool Womens	Gynaecology	40	Awaiting Trust update	
Southport & Formby CCG	Royal Liverpool	T&O	40	TCI 03/10/2018	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	other	43	Patient Treated	Capacity
Southport & Formby CCG	Southport & Ormskirk	General Surgery	43	Patient Treated	
Southport & Formby CCG	North Midlands	General Surgery	42		Trust only provides comments on 47+ week waiters
Southport & Formby CCG	North Midlands	General Surgery	42		Trust only provides comments on 47+ week waiters
Southport & Formby CCG	Wirral	General Surgery	40		Trust no Longer responding to 40 week requests

### 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 23 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
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>	18/19 - July	0	10	↑

Southport & Ormskirk reported 10 cancelled operations in July. The Trust has reported that 5 were due to no ward beds available, 2 ran out of theatre time, 1 emergency trauma, 1 cancelled due to trauma and 1 no post-operative bed available.

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

Figure 24 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - <b>Southport &amp; Ormskirk</b>	18/19 - July	0	0	↔



## 3.5 Cancer Indicators Performance

### 3.5.1- Two Week Waiting Time Performance

Figure 25 – Two Week Cancer Performance measures

Cancer waits – 2 week wait	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - July	93%	93.21%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - July	93%	94.50%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - July	93%	86.36%	↑

#### Performance Overview/Issues

The CCG has narrowly failed the target of 93% in July for patients referred urgently with breast symptoms with performance of 92.86% and year to date with 86.36%. In July out of a total of 28 patients, 2 breached the target. Both breaches were due to patient choice.

#### How are the issues being addressed?

There are actions relating to demand management including communications to GPs on management of symptomatic breast disease. Availability of Advice and Guidance from July 2018.

#### When is performance expected to recover?

Performance has improved over recent months, reporting just under the 93% target. If the trend continues, it is anticipated we will achieve in the coming months.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 26 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - July	96%	96.70%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - July	96%	98.11%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - July	94%	96.67%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - July	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - July	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 27 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
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)	18/19 - July	85% (local target)	93.33%	↔
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)	18/19 - July	85% (local target)	91.46%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - July	90%	95.65%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - July	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - July	85%	80.52%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - July	85%	80.76%	↓

#### Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in July with 69.77% and year to date with a performance of 80.52%. In July, 13 patients out of 43 breached. 10 of these delays did not have a listen reason. 1 delay was due to an inconclusive diagnostic result, 1 complex diagnostic pathway and 1 health care provider initiated delay to diagnostic test or treatment planning.

Southport & Ormskirk continues to breach the 90% target for the NHS screening service pathway year to date due to April’s performance of 50%, with the equivalent of just 0.5 of a breach out of 1. The Trust has not treated any patients under this service since. The patient treated in April waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust failed the 85% target for urgent GP referrals in July recording 74.16% and year to date with 80.76%. In July, the Trust reported the equivalent of 11.5 breaches out of 44.5 patients. 9 of these breaches did not have a listen reason. 4 were delayed due to the health care provider initiating a delay to their diagnostic test or treatment planning, 1 treatment delayed for medical reasons, 1 inadequate elective capacity, 1 complex diagnostic pathway and 1 inconclusive diagnostic result.

### How are the issues being addressed?

Intensive patient tracking list management is on-going within the Trust.

### When is performance expected to recover?

The CCG is likely to fail the 85% operational standard.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath

## 3.5.4 104+ 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. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national backstop policy for managing long waiting cancer patients.

In July Southport & Ormskirk Trust reported seven patients waiting longer than 104 days within the 62 day standard metric. Five breaches were Urological patients, one haematological patient and one gynaecological patient. Reasons for delay were due to health care provider initiating delay to diagnostic test or treatment planning (2), inconclusive diagnostic result (1) and other reason (4). The longest waiting patient was a urological patient at 135 days, delay reason unknown.








## 3.6 Patient Experience of Planned Care

### Figure 28 – Southport & Ormskirk Inpatient Friends and Family Test Results

#### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Jul-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
Inpatient	25.2%	15.3%		96%	94%		2%	2%	
Q1 - Antenatal Care	-	-		97%	*	—	1%	*	—
Q2 - Birth	20.8%	4.0%		97%	88%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	93%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA	—	1%	NA	—

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.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a further decline in response rates for inpatients, from 16.3% in June to 15.3% in July. The percentage of patients that would recommend the inpatient service in the Trust has increased slightly from 93% in June to 94% in July but remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains static at 2% in July and is therefore still in line with the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 4%, a decline on last month, remaining significantly below the England average of 20.8%. Of those responses, the percentage of people who would recommend the service is 88% a decline on last month's performance of 100%, falling below the England average of 97%. The percentage who would not recommend the service remained at 0% in July for the fifth consecutive month, performing better than the England average of 1%.

In relation to the 'Postnatal Ward' the percentage who would recommend the service has declined from 97% in June to 93% in July, falling below the England average of 95%. The percentage who would not recommend the service remains at 0% in July, better than the England average of 2%. The 'Postnatal Community Ward' did not receive any responses in July 2018 and the 'Antenatal Care' service received just 1 response.

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 4 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £550k/4.6%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £647k/5.4%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 4 with a variance of £194k/54% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£87k/-25%).

#### **Figure 29 - 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	6,048	6,923	875	14%	£1,316	£1,338	£22	2%	£-22	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,567	2,809	242	9%	£186	£193	£7	4%	£-7	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	832	533	-299	-36%	£344	£257	£-87	-25%	£87	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	892	666	-226	-25%	£206	£183	£-23	-11%	£23	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	5,277	5,767	490	9%	£982	£1,001	£19	2%	£-19	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	849	857	8	1%	£256	£222	£-34	-13%	£34	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	16,464	17,555	1,091	7%	£3,290	£3,194	£-97	-3%	£97	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	135	140	5	4%	£28	£42	£14	50%	£0	£14	50%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	27	27	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	38	35	-3	-9%	£7	£5	£-1	-17%	£0	£-1	-17%
ISIGHT (SOUTHPORT)	1,906	2,463	557	29%	£288	£414	£126	44%	£0	£126	44%
LANCASHIRE TEACHING HOSPITAL	0	431	431	0%	£0	£75	£75	0%	£0	£75	-
RENACRES HOSPITAL	4,299	4,705	406	9%	£1,246	£1,219	£-28	-2%	£0	£-28	-2%
SALFORD ROYAL NHS FOUNDATION TRUST	0	79	79	0%	£0	£14	£14	0%	£0	£14	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	34,268	34,593	325	1%	£6,251	£6,419	£168	3%	£0	£168	3%
SPIRE LIVERPOOL HOSPITAL	135	120	-15	-11%	£36	£37	£1	2%	£0	£1	2%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,840	1,859	19	1%	£405	£415	£10	2%	£0	£10	2%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	236	331	95	40%	£58	£68	£10	16%	£0	£10	16%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	124	124	0%	£0	£24	£24	0%	£0	£24	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	99	99	0%	£0	£36	£36	0%	£0	£36	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,025	1,530	505	49%	£363	£558	£194	54%	£0	£194	54%
ALL REMAINING PROVIDERS TOTAL	43,883	46,536	2,653	6%	£8,683	£9,330	£647	7%	£0	£647	7%
<b>GRAND TOTAL</b>	<b>60,347</b>	<b>64,091</b>	<b>3,744</b>	<b>6%</b>	<b>£11,973</b>	<b>£12,523</b>	<b>£550</b>	<b>4.6%</b>	<b>£97</b>	<b>£647</b>	<b>5.4%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 30 - 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	3,631	3,619	-12	0%	£1,840	£1,842	£2	0%
Elective	448	446	-2	0%	£1,077	£1,102	£25	2%
Elective Excess BedDays	70	60	-10	-14%	£17	£14	£-2	-14%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	235	455	220	94%	£41	£89	£48	118%
OPFASPCL - Outpatient first attendance single professional consultant led	3,906	3,774	-132	-3%	£672	£655	£-18	-3%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	542	1,062	520	96%	£46	£104	£58	125%
OPFUPSCL - Outpatient follow up single professional consultant led	12,299	11,429	-870	-7%	£1,003	£949	£-54	-5%
Outpatient Procedure	9,657	10,110	453	5%	£1,245	£1,327	£82	7%
Unbundled Diagnostics	3,481	3,638	157	5%	£310	£336	£26	8%
<b>Grand Total</b>	<b>34,268</b>	<b>34,593</b>	<b>325</b>	<b>1%</b>	<b>£6,251</b>	<b>£6,419</b>	<b>£168</b>	<b>3%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Plans for 2018/19 have been rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

Planned care levels have increased are now showing an over-performance against the planned values year to date at month 4. Over performance is focussed principally within three main points of delivery; Outpatient procedures, multiple professional first attendances and multiple professional follow-up attendances.

Within outpatient procedures, over performance is evident within a number of specialties including Urology, Dermatology and Respiratory Medicine. Key over performing HRGs include diagnostic flexible cystoscopy with Urology, minor skin procedures within Dermatology and field exercise testing within Respiratory Medicine.

Increases within the multiple professional outpatients setting continue the rise in month 4 with the Trust looking into the reasons for the increase. The specialties with the largest increase are General Surgery, Rheumatology and Gastroenterology although a number of other specialties are showing a similar trend. Initial feedback from queries sent to the Trust has discovered incorrect coding in numerous areas. The Trust is expected to feedback further regarding the incorrect coding and actions to rectify retrospectively.

### 3.7.3 Aintree University Hospital NHS Foundation Trust

**Figure 31 - 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	260	321	61	24%	£161	£231	£69	43%
Elective	144	101	-43	-30%	£329	£209	£-119	-36%
Elective Excess BedDays	37	39	2	6%	£9	£9	£0	1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	48	24	-24	-50%	£10	£5	£-5	-46%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	89	68	-21	-23%	£4	£3	£-1	-21%
OPFASPCL - Outpatient first attendance single professional consultant led	962	1,148	186	19%	£167	£198	£31	18%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	55	36	-19	-34%	£5	£4	£-1	-27%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	137	293	156	114%	£3	£7	£4	114%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,508	2,590	82	3%	£208	£206	£-2	-1%
Outpatient Procedure	891	1,309	418	47%	£132	£186	£55	42%
Unbundled Diagnostics	593	705	112	19%	£41	£59	£18	43%
Wet AMD	325	289	-36	-11%	£246	£219	£-27	-11%
<b>Grand Total</b>	<b>6,048</b>	<b>6,923</b>	<b>875</b>	<b>14%</b>	<b>£1,316</b>	<b>£1,338</b>	<b>£22</b>	<b>2%</b>

Aintree performance is showing a £22k/2% variance against plan at month 4. Day cases and outpatient procedures are the highest over performing areas with variances against plan of

£69k/43% and £55k/42% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery specialty.

The over performance within outpatient procedures is primarily within Ophthalmology and primarily a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support Assessment' has also seen activity exceed planned levels in all months in 2018/19 to date.

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 Hospital

Figure 32 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	474	498	24	5%	£476	£440	£-36	-8%
Elective	96	84	-12	-12%	£412	£360	£-52	-13%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	844	834	-10	-1%	£143	£141	£-1	-1%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,077	1,112	35	3%	£71	£74	£3	4%
Outpatient Procedure	891	857	-34	-4%	£101	£134	£33	33%
Unbundled Diagnostics	279	374	95	34%	£25	£30	£5	21%
Physio	638	548	-90	-14%	£19	£16	£-3	-14%
Outpatient Pre-op	0	398	398	0%	£0	£23	£23	0%
<b>Grand Total</b>	<b>4,299</b>	<b>4,705</b>	<b>406</b>	<b>9%</b>	<b>£1,246</b>	<b>£1,219</b>	<b>£-28</b>	<b>-2%</b>

Renacres performance is showing a -£28k/-2% variance against plan at month 4. Elective and Day case activity are the highest underperforming areas with variances of -£52k/-13% and -£36k/-8% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.



### 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

**Figure 33 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD**

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	7	10	3	42%	£1	£1	£0	46%
Daycase	58	82	24	42%	£77	£111	£34	44%
Elective	36	57	21	57%	£208	£336	£128	62%
Elective Excess BedDays	10	20	10	98%	£3	£5	£2	87%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	25	32	7	27%	£2	£2	£0	5%
OPFASPCL - Outpatient first attendance single professional consultant led	131	195	64	49%	£18	£27	£9	50%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	37	81	44	119%	£2	£4	£2	95%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	49	138	89	180%	£1	£3	£2	180%
OPFUPSPCL - Outpatient follow up single professional consultant led	490	656	166	34%	£30	£39	£9	32%
Outpatient Procedure	89	142	53	59%	£12	£19	£7	54%
Unbundled Diagnostics	92	117	25	28%	£11	£11	£0	2%
<b>Grand Total</b>	<b>1,025</b>	<b>1,530</b>	<b>505</b>	<b>49%</b>	<b>£363</b>	<b>£558</b>	<b>£194</b>	<b>54%</b>

Wrightington, Wigan and Leigh performance is showing a £194k/54% variance against plan at month 4 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although only small amounts of procedures against this HRG have been recorded, the associated costs have contributed to the over performance at this Trust. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place.

### 3.7.6 iSIGHT Southport

**Figure 34 – Planned Care - iSIGHT Southport by POD**

iSIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	358	524	166	46%	£166	£255	£89	53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	150%	£0	£0	£0	150%
OPFASPCL - Outpatient first attendance single professional consultant led	279	460	181	65%	£40	£65	£25	63%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	28	0	-28	-100%	£2	£0	-£2	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	861	1,039	178	21%	£47	£57	£10	21%
Outpatient Procedure	378	438	60	16%	£32	£36	£4	13%
<b>Grand Total</b>	<b>1,906</b>	<b>2,463</b>	<b>557</b>	<b>29%</b>	<b>£288</b>	<b>£414</b>	<b>£126</b>	<b>44%</b>

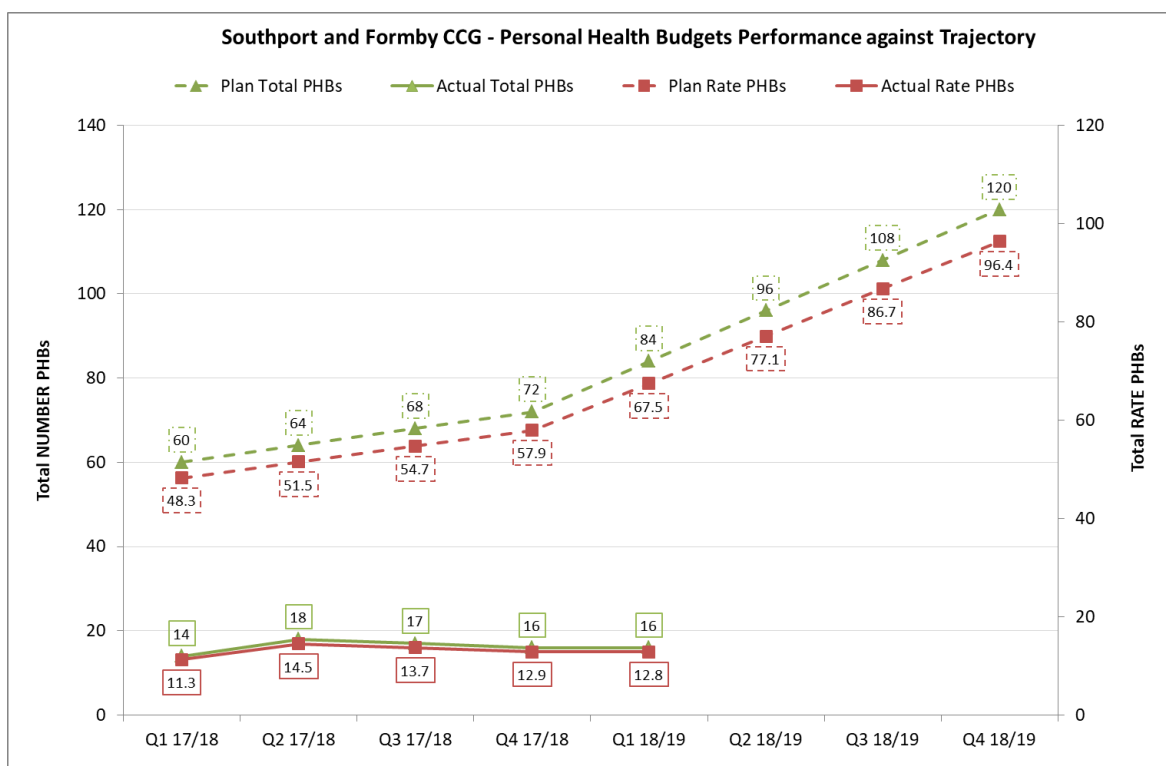
iSight performance is showing a £126k/44% variance against plan with over performance evident against a number of PODs. Day case activity is currently £89k/53% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

### 3.8 Personal Health Budgets

Figure 35 - Southport & Formby CCG – 2018/19 PHB Performance



#### Performance Overview/Issues

In quarter 1 2018/19 a total of 16 PHBs were reported against a plan of 84. This equates to a rate of 12.8 per 100,000 population compared to the plan of 67.5. This is under the trajectory set by NHS England.

#### How are the issues being addressed?

- Adults CHC: PHBs for adults receiving CHC will be a default position from April 2019. Community providers and MLCSU have been requested to provide actions to meet compliance at; CQPG, CCQRM and CHC steering group.
- Wheelchairs: A stakeholder event is scheduled to take place in September with support from Hull CCG, NHS England wheelchair PHB lead. Wheelchair PHBs have been placed as an agenda item at the Integrated Commissioning Group for engagement with Sefton MBC
- Children Complex Care: The CCG have been successful with their bid for mentorship from NHS England, with confirmation to be received of the mentor CCG.

- End of Life Fast Track: The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead as part of CCG QIPP programme.
- Mental Health S117: The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS England event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

**When is performance expected to recover?**

End of quarter 4 2018/19.

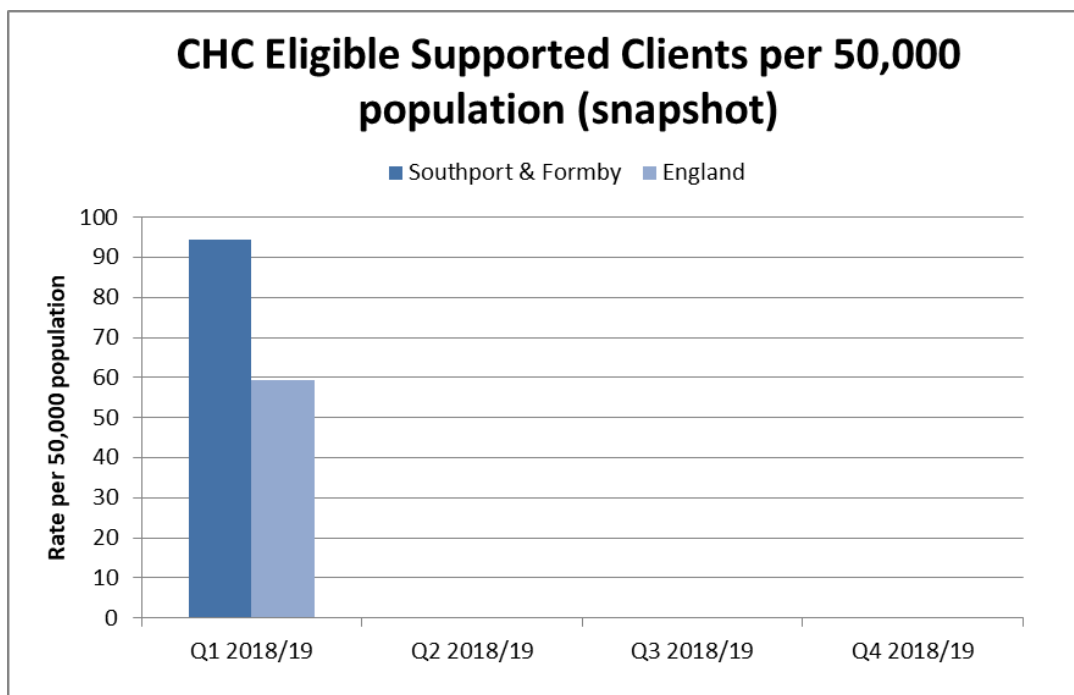
**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Debbie Fagan	Tracey Forshaw

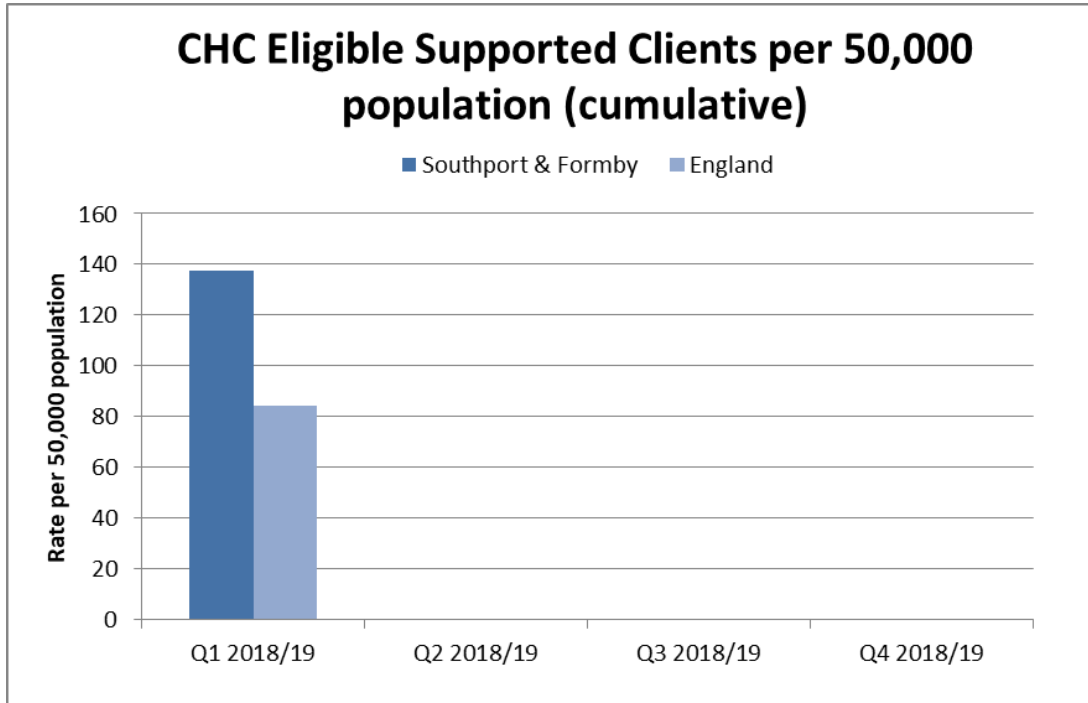
### 3.9 Continuing Health Care (CHC)

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.

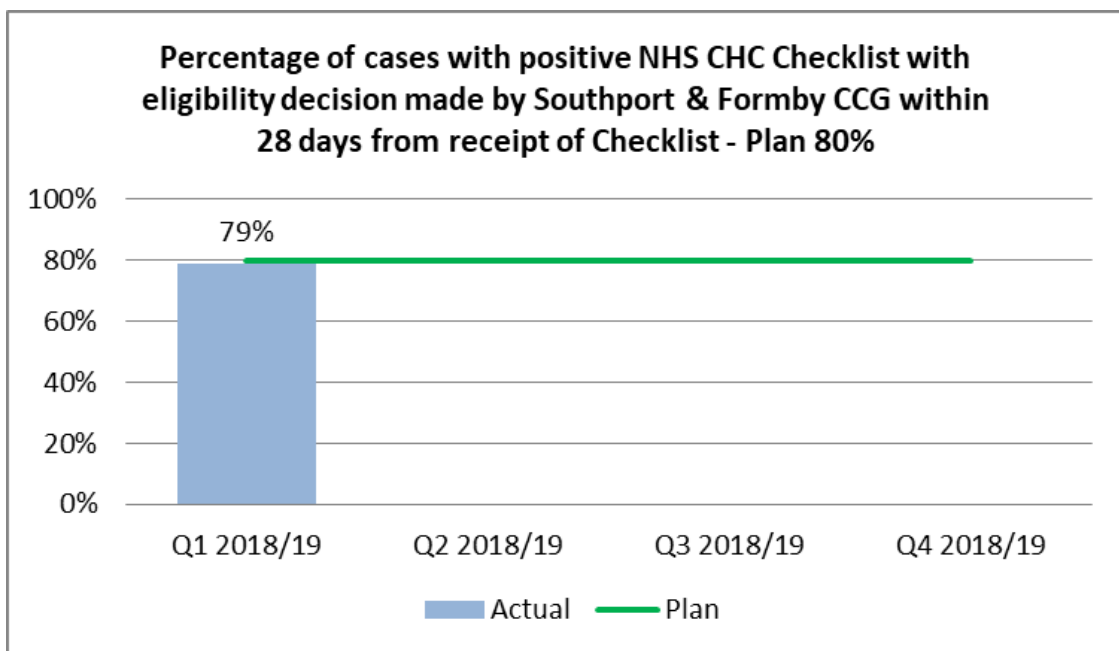
**Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



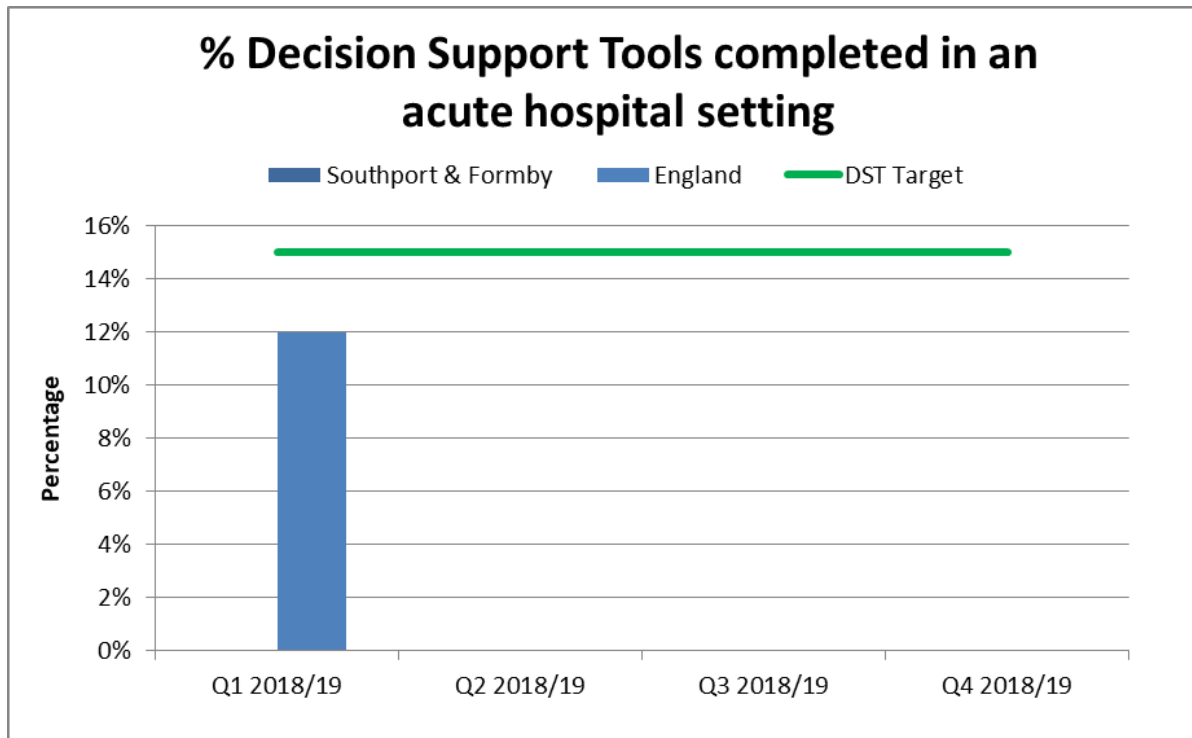
**Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 38 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 39 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



**Performance Overview/Issues**

In quarter 1 the CCG reported just under the 80% target for the percentage of decisions within 28 days at 79%.

**How are the issues being addressed?**

The CCG has submitted a revised action plan to NHS England with a trajectory to achieve the 80% target for decisions to be made within 28 days. Operational meetings with CSU colleagues continue on a weekly basis. Capacity issues within the CSU CHC team have been identified as a result of patient assessments for 28 day bed placements. 1.8 WTE individual commissioning nurses commenced in September 2018 which will support capacity.

**When is performance expected to recover?**

Performance to achieve the 80% target is expected to be achieved by end of Quarter 3.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

### 3.10 Smoking at Time of Delivery (SATOD)

Figure 40 - Smoking at Time of Delivery (SATOD)

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	231	231	924
Number of women known to be smokers at the time of delivery	24	24	96
Number of women known not to be smokers at the time of delivery	207	207	828
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	10.4%	10.4%	10.40%

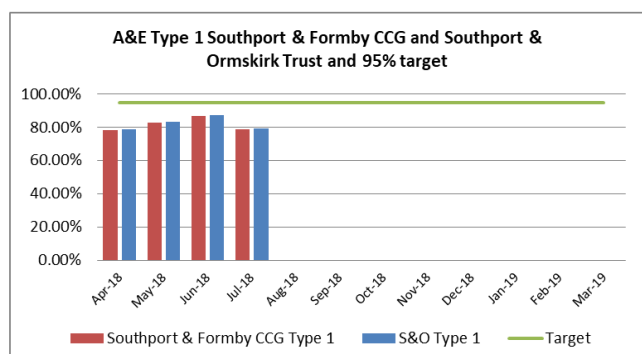
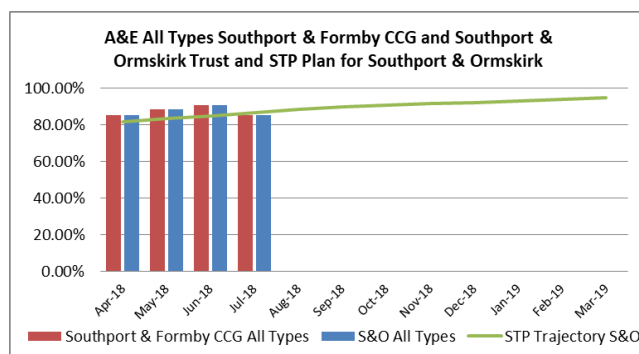
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 41 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - July	95.00%	87.57%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - July	95.00%	81.79%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - July	STF Trajectory Target for July 86.8%	87.67%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - July	95.00%	82.18%	↓

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	86.8%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	87.67%



**Performance Overview/Issues**

Southport & Ormskirk’s performance against the 4-hour target for July reached 85.5%, which is below the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 86.8% for July and a decline on last month’s performance. However the year to date position is still achieving at 87.67%.

**How are the issues being addressed?**

The Trust has reported a 5.9% increase in attendances during the month of July compared to July 2017 (257 additional patients) - all were majors category. The department escalated to level 4 on a number of occasions across the month, and the Trust was routinely escalating between black and red escalation for bed pressures. ED saw medical staffing challenges with heavy reliance on agency usage to fill vacant trainee gaps, leading to ad-hoc skill mix. All trainee posts have been filled from 1st August and 2 new substantive consultants will be in post by the end of September. The current ED estate is not fit for the patient demand seen month on month. Phase 3 rebuild with 4 protected cubicles, extended triage space for walk in and ambulance patients, in addition to 2 ambulant majors cubicles will support flow. However, an increase pace to release inpatient beds, coupled with protection of assessment spaces is critical to reduce some of the bottlenecks that prevent patients leaving ED timely.

S&O currently have external support from Ernst & Young and NHS Improvement’s Emergency Care Improvement Programme (ECIP) team in order to support Accident & Emergency Department (AED) and flow performance across the system. They have developed a schedule of work to reset the AED 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 has expressed confidence that the internal improvement plan will address the areas of underperformance and patient experience.

**When is performance expected to recover?**

Performance is expected to improve by March 2019.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

**Figure 42 - A&E Performance – 12 hour breaches**

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - July	0	6	↑

Southport & Ormskirk reported 4 12-hour breaches in July, bringing the year to date total to 6. In July, 3 were patients awaiting mental health bed and 1 was due to a delay in securing a side room. 2 mental health bed delays were awaiting Lancashire care beds and 1 was awaiting a MerseyCare bed. The emergency department and mental health liaison continue to work together. Patients are risk assessed to understand the risk that they pose to themselves and others - the best interest of

the patient remains paramount at all times. All 3 patients indicated significant risk to harm themselves and it was the agreement of all partners that they remained in the emergency department whilst awaiting a suitable mental health bed. The Deputy COO has held a meeting with the CCGs, mental health partners to discuss mental health demand and actions required.

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.

## 4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is 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 July there was an average response time in Southport and Formby of 8 minutes 48 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 31 minutes against a target of 18 minutes. Southport and Formby also failed the category 3 and 4 90<sup>th</sup> percentile call.

**Figure 43 - Ambulance handover time performance**

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - July	0	232	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - July	0	88	↑

### Performance Overview/Issues

In July, Southport and Ormskirk reported 232 handovers taking between 30 and 60 minutes, an increase on last month when 137 were reported. Handovers longer than 60 minutes also saw an increase with 88 in July compared to 15 in the previous month. The Trust has breached these zero tolerance thresholds every month and despite recent improvements performance has declined again.

### How are the issues being addressed?

The Trust has stated that compliance with timely ambulance handovers remains a significant challenge. Towards the end of July, the department trialled a change in the way that patients brought in by ambulance were triaged. On one day during the month, the Trust had the lowest ambulance turnaround times in North Mersey. However the department struggles to maintain flow across the department due to a number of exit blocks outside of the emergency department's control. The number of attendances month on month is increasing significantly, however the number brought in by ambulance remain static. The Phase 3 estates work is critical to ensuring protected, safe, clinical space for patients brought in by ambulance to have timely access to triage and commencement of treatments, whilst ensuring that ambulances can be released promptly. The Emergency Care Intensive Support Team (ECIST) are running a live audit with NWAS to test other alternatives to ED - this had been due to be completed in August but has been put back to



September. ED maintains close links with NWAS North Sector Manager to ensure partnership working.

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWAS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWAS meeting has identified that significant strides are being made by NWAS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus now will be on how the combined performance of NWAS and Southport & Ormskirk Hospital supports the on-going requirements of the ARP Programme.

### When is performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report will be produced once all September data has been submitted to be shared with CCG Governing Bodies.

### Who is responsible for this indicator?

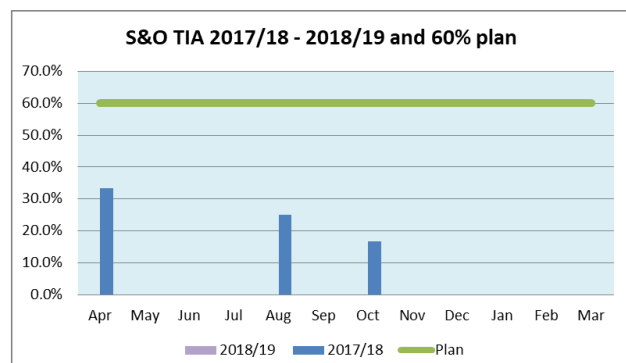
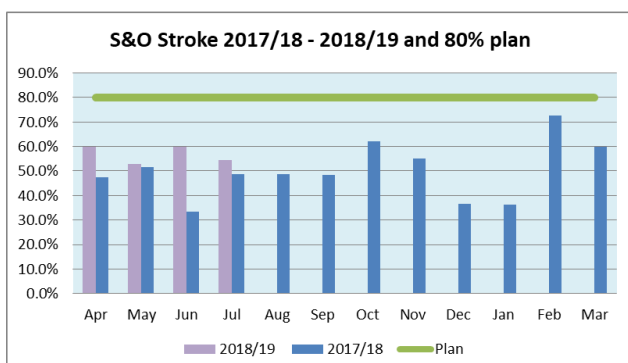
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

## 4.3 Unplanned Care Quality Indicators

### 4.3.1 Stroke and TIA Performance

Figure 44 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	18/19 - July	80%	54.50%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	18/19 - July	60%	0.00%	↔



### Performance Overview/Issues

Southport & Ormskirk failed the stroke target in July recording 54.5%, with 12 out of 22 patients spending 90% of their time on a stroke unit. Bed pressures and patient flow directly affect the Trust's ability to meet the Stroke target. Performance remains consistently below target but is relatively static. There are delays overnight when stroke nurses are not on duty (currently stroke nurses work 7 days 7:30 - 8pm)

In relation to the TIAs 0% compliance was reported again in July with 7 reportable patients breaching the target. This is the ninth consecutive month where 0% has been reported. The Trust has stated it does not have capacity to run a 24 hour service. Following the loss of a consultant, a process review is underway.

### How are the issues being addressed?

A business case has been through the QIPP committee to commission an Early Supported Discharge team.

### When is performance expected to recover?

March 2019.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	TBC	Geraldine O'Carroll

## 4.3.2 Mixed Sex Accommodation

Figure 45 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - July	0.00	0.80	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - July	0.00	2.90	↑

### Performance Overview/Issues

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in July. All 3 breaches there were at Southport & Ormskirk NHS Trust.

In July the Trust had 15 mixed sex accommodation breaches (a rate of 2.9) and have therefore breached the zero tolerance threshold. Of the 15 breaches, 3 were for Southport & Formby CCG and 12 for West Lancs CCG.

### How are the issues being addressed?

The SAFER Care Bundle was launched by the Trust at the end of July to address patient flow. This is being rolled out on a ward by ward basis starting with 14B, and currently 14A. The majority of breaches on Critical Care are due to awaiting transfer to acute beds within the hospital. Actions to address poor flow are both system-wide and internal.

### When is performance expected to recover?

This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

## 4.3.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - July	12	8	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - July	12	4	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - July	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - July	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - July	39	51	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - July	No Plan	64	↑

### Performance Overview/Issues

There were 2 new cases of Clostridium Difficile attributed to the CCG in July, bringing the year to date figure to 8 against a plan of 12. Year to date 2 cases were apportioned to an acute trust and 6 to the community. Southport & Ormskirk has reported no new cases in July; therefore the total for the year remains at 4 against a plan of 12.

Southport & Ormskirk Trust is complaint in July and year to date with no cases of MRSA being reported.

The CCG has had 1 new case of MRSA in July and has therefore breached the zero tolerance threshold for the year. This was a community acquired infection, identified by Southport & Ormskirk Trust.

There has been a target set for CCGs for E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In July, 9 new cases were reported bringing the year to date total to 51, therefore the CCG has failed the target of 39. Southport & Ormskirk has reported 16 cases in July, 2 more than in June. There are no targets for Trusts at present.

### How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.Difficile and E.coli).

### When is performance expected to recover?

Quarter 1, 2019/20.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

## 4.3.4 Mortality

Figure 47 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - July	100	121.30	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	117.73	↑

The 12 month rolling HSMR for March 2018 was 121.30 which is a marginal decline on February 2018 (120.90). The HSMR is provided nationally by 'Dr Foster' and applies to in-hospital mortality (excluding palliative care).

NHS Digital has recently published Trust-level SHMI data for October 2016 to September 2017. For this time period Southport & Ormskirk are reporting 117.73.

## 4.4 CCG Serious Incident Management

A meeting took place with NHS England (Cheshire and Merseyside) on 12th July 2018. Areas of learning have influenced changes to the SIRG terms of reference, SOP and SI policy. The action plan has been updated accordingly and reported through to Joint Quality Committee on a monthly basis. As part of the improvement work Aintree Hospital are now invited to attend the SIRG. NHSE C&M have now submitted the draft report and we are currently collating a response before a final report can be agreed. The final report will be presented at JQC and Governing Body meeting. An external review with MIAA will take place in Q2.

There are 79 incidents open on StEIS where Southport and Formby CCG as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

### Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs reported (month 4)	SIs reported (YTD)	Never Events (YTD)	Closed SIs (month 4)	Closed SIs (YTD)	Open SIs	Open SIs (>100days)
Southport & Ormskirk Hospital	4	25	1	6	23 (4 downgrades)	54	28
Lancashire Care	2	6	0	1	1	8	2
Mersey Care (MH)	3	5	0	0	2	10	5
Liverpool Women's	0	0	0	0	0	1	1
Cheshire & Wirral Partnership	0	0	0	0	0	2	2
North West Ambulance Service	0	0	0	0	0	1	1
The Walton Centre	0	0	0	0	0	2	2
Royal Liverpool University Hospital	0	0	0	0	0	1	1

Letters of escalation are being sent to the Director of Nursing in relation to number of RCA's which have breached for Southport and Ormskirk. Verbal assurance was requested to come through the July 2018 CCQRM with a formal paper to follow.

Trends and themes identified for Southport and Ormskirk hospital include falls, IG breaches and pressure ulcers. The actions taken by the Trust are being discussed at CCQRM and at the quarterly meeting with the Chief Nurse, Director of Nursing and the Medical Director.

In relation to the pressure ulcer reported by Lancashire Care, the trust is undertaking an aggregated review which is due for completion in early October 2018. The outcome of the report will be fed back to CCQRM.

#### 4.5 Delayed Transfers of Care

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

## 4.6 Patient Experience of Unplanned Care

**Figure 48 - Southport A&E Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: Jul-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
A&E	12.8%	2.6%	∨	87%	93%	∨	8%	5%	∧

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.6% in July, an improvement since last month but still remaining below the England average of 12.8%.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 71% in June to 93% in July, increasing above the England average of 87%. The percentage not recommended has also improved from 16% in June to 5%, falling below the England Average of 8%.

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

## 4.7 Unplanned Care Activity & Finance, All Providers

### 4.7.1 All Providers

Performance at Month 4 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.8m/17.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £1.4m/13.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £1.3m/14% against plan at month 4. Aintree Hospital are also seeing an over performance of £298k/92%.

**Figure 49 - Month 4 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	537	909	372	69%	£323	£621	£298	92%	£-298	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	307	317	10	3%	£132	£145	£13	10%	£-13	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	50	45	-5	-11%	£174	£212	£38	22%	£-38	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	97	84	-13	-14%	£139	£124	£-15	-11%	£15	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	553	414	-139	-25%	£279	£356	£77	27%	£-77	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	2	1	47%	£14	£20	£6	45%	£-6	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>1,545</b>	<b>1,771</b>	<b>226</b>	<b>15%</b>	<b>£1,062</b>	<b>£1,479</b>	<b>£417</b>	<b>39%</b>	<b>£-417</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	39	33	-6	-16%	£15	£22	£7	51%	£0	£7	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	10	10	0%	£0	£3	£3	0%	£0	£3	-
LANCASHIRE TEACHING HOSPITAL	0	86	86	0%	£0	£30	£30	0%	£0	£30	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	12	12	0%	£0	£9	£9	0%	£0	£9	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	19,495	20,040	545	3%	£9,796	£11,142	£1,346	14%	£0	£1,346	14%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	174	214	40	23%	£85	£122	£36	42%	£0	£36	42%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	25	7	-18	-71%	£28	£29	£1	5%	£0	£1	5%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	10	10	0%	£0	£7	£7	0%	£0	£7	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	27	27	0%	£0	£13	£13	0%	£0	£13	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	28	21	-7	-25%	£16	£23	£8	50%	£0	£8	50%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>19,760</b>	<b>20,460</b>	<b>700</b>	<b>4%</b>	<b>£9,939</b>	<b>£11,398</b>	<b>£1,459</b>	<b>15%</b>	<b>£4</b>	<b>£1,459</b>	<b>15%</b>
<b>GRAND TOTAL</b>	<b>21,306</b>	<b>22,231</b>	<b>925</b>	<b>4%</b>	<b>£11,001</b>	<b>£12,877</b>	<b>£1,876</b>	<b>17.1%</b>	<b>£-417</b>	<b>£1,459</b>	<b>13.3%</b>

\*PbR only

## 4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 50 - Month 4 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	13,141	13,637	496	4%	£1,889	£1,914	£24	1%
NEL/NELSD - Non Elective/Non Elective IP Same Day	3,439	3,902	463	13%	£6,242	£7,642	£1,401	22%
NELNE - Non Elective Non-Emergency	406	400	-6	-2%	£905	£797	£-108	-12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	41	9	-32	-78%	£12	£3	£-8	-72%
NELST - Non Elective Short Stay	363	621	258	71%	£255	£441	£186	73%
NELXBD - Non Elective Excess Bed Day	2,105	1,471	-634	-30%	£493	£344	£-148	-30%
<b>Grand Total</b>	<b>19,495</b>	<b>20,040</b>	<b>545</b>	<b>3%</b>	<b>£9,796</b>	<b>£11,142</b>	<b>£1,346</b>	<b>14%</b>

\*PbR only

## 4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 rebased using the 2017/18 forecasted outturn position with some additional growth in line with national requirements.

Emergency admissions continue to show a much higher cost level when compared against the contract plan and previous trend. The reasons for the increased cost levels are being investigated

and queried with the Provider as unit cost levels have increased significantly from October 2017 onwards. Initial findings appear to show shifts within HRG groups to higher complexity scores, which results in higher costs.

Activity levels have increased to the highest levels seen when comparing 2017/18 admissions, this is due to the inclusion of the Clinical Decisions Unit (CDU) in the emergency admissions data. CDU activity is averaging approx. 370 short stay admissions a month. Clinical pathway agreement has not yet been finalised for CDU as well as Ambulatory Care Unit (ACU) and Surgical Assessment Unit (SAU) services within urgent care. As such activity will remain within non-elective admissions. Local agreement regarding costs for such pathways will progress once clinical agreement reached. MIAA have been asked to review the clinical pathways and associated data to present a cost structure, this is due by the end of September.

#### 4.8 Aintree and University Hospital NHS Foundation Trust

**Figure 51 - Month 4 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	316	531	215	68%	£43	£76	£33	77%
NEL - Non Elective	130	277	147	112%	£231	£478	£248	107%
NELNE - Non Elective Non-Emergency	8	8	0	6%	£22	£29	£6	28%
NELST - Non Elective Short Stay	16	34	18	106%	£11	£23	£12	102%
NELXBD - Non Elective Excess Bed Day	66	59	-7	-11%	£16	£15	-£1	-5%
<b>Grand Total</b>	<b>537</b>	<b>909</b>	<b>372</b>	<b>69%</b>	<b>£323</b>	<b>£621</b>	<b>£298</b>	<b>92%</b>

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

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £298k/92% is mainly driven by a £248k/107% over performance in Non Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

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

NHS Southport and Formby CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	40	38	2	-2
1 Com Prob Low Sev	7	5	2	6
2 Prob Low Sev/Need	11	13	-2	7
3 Non Psychotic Mod	53	64	-11	-23
4 Non Psychotic Sev	171	212	-41	-41
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	132	131	1	-11
8 Non Psychot Chaot	76	70	6	-2
10 1st Ep Psychosis	77	75	2	11
11 Ongo Rec Psychos	197	210	-13	-11
12 Ongo/Rec Psych	238	246	-8	-3
13 Ong/Rec Psyc High	106	106	0	3
14 Psychotic Crisis	15	11	4	0
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	24	25	-1	2
18 Cog Impairment	141	159	-18	-65
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	434	482	-48	-144
20 Cognitive Impairment or Dementia Complicated (High Need)	353	370	-17	4
21 Cognitive Impairment or Dementia (High Physical or Engagement)	174	159	15	74
Cluster 97	103	98	111	5
Cluster 98	106	156		
<b>Total</b>	<b>2,558</b>	<b>2,714</b>	<b>0</b>	<b>-170</b>

Due to disruption caused by the implementation of the RiO system this report stands as at May and will be updated in future reports.

## 5.1.1 Key Mental Health Performance Indicators

**Figure 53 - CPA – Percentage of People under CPA followed up within 7 days of discharge**

	Target	Apr-18	May-18	Jun-18	Jul-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%
Rolling Quarter				100%	100%

**Figure 54 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-18	May-18	Jun-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
Rolling Quarter				100%

It was agreed that this data would not be provided due to the implementation of RiO and will be updated in future reports.

**Figure 55 - Figure 16 EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-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%	66.7%	100.0%	80.0%
Rolling Quarter				80%	80%

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

**Figure 56 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55
	Mar 18 to May 18	10
Q1 2018/19	Apr 18 to Jun 18	0

### 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 has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge)
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety

Concerns continue to be raised at locality level regarding the current access arrangements. As part of the CRHT redesign the Trust established a project steering group to meet monthly commencing from October 2018 which will involve commissioners. This will enable CCGs to shape the future operational requirements including access and the management of risk.

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 has been 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. Audit of Trust caseloads highlighted that a number of service users open to CMHT receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. Meetings have taken place involving the Trust, CCG and the LMC to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal is to be discussed at the LMC meeting in September 2018.

### **Psychotherapy waits**

Psychotherapy waits continue to be sub optimal against the KPI of 95% of people treatment commencing within 18 weeks of referral, with 50% in July. The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address previously reported waiting times issues and in consequence the KPIs and activity plans will need to be reviewed.

### **Adult ADHD**

The adult ADHD service continues to experience numbers of people on the waiting list with waits being reported as being 2 years in duration. The introduction of a shared care protocol released some clinical capacity to assess new patients however the volume of referrals continues to limit access to the service.

### **RiO**

The Trust implemented its new RiO patient information system on 1st June 2018. Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. KPI reporting will be suspended in months 3 and 4, with the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness absence). In month 5 a

shadow report will be generated and in month 6, a full report will be generated with backdated performance.




### 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 2016/17. Since then 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.

## 5.3 Patient Experience of Mental Health Services

**Figure 57 - Merseycare Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Mersey Care NHS Foundation Trust  
 Latest Month: Jul-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	2.8%	3.6%		89%	92%		4%	2%	

## 5.4 Improving Access to Psychological Therapies

**Figure 58 - 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	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	221	195	225									859
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	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%
	2018/19	1.14%	1.16%	1.02%	1.18%									4.5%
Recovery % ACTUAL - 50% target	2017/18	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%
	2018/19	51.9%	49.7%	55.2%	46.2%									50.4%
ACTUAL % 6 weeks waits - 75% target	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%	97.2%
	2018/19	99.4%	99.4%	99.3%	97.6%									98.9%
ACTUAL % 18 weeks waits - 95% target	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%	99.1%
	2018/19	100%	100.0%	100.0%	99.4%									100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	162	140	161									630
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	11	5	4	3									23
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78	74	73									306
Referral opt in rate (%)	2017/18	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%
	2018/19	89.3%	89.4%	90.9%	89.1%									89.7%

### Performance Overview/Issues

Cheshire & Wirral Partnership reported 225 Southport & Formby patients entering treatment in Month 4. This is a 13.3% increase from the previous month when 195 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

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 1 at 4.2% which equates to 1.4% per month. The access rate for Month 4 was 1.18% and therefore failed to achieve the standard.

The percentage of people moved to recovery decreased with 46.2% compared to 55.2% in the previous month. This fails to meet the monthly target of 50%.

### How are the issues being addressed?

Internal waits, i.e. the wait from referral to treatment continues to improve with support from NHSE. At the start of the contract, there were in excess of 1,000 individuals waiting for step 2 therapy alone.

In July 2018 the number of people who have waited over 90 days for follow up appointments reduced from 94 in May 2018 (32 in South Sefton, 62 in Southport & Formby) to 24 people (9 in South Sefton, 15 in Southport & Formby). This is a result of on-going work with ring-fencing long internal waiters and proactively contacting clients. This would have a positive impact on the number of people completing treatment and moving to recovery increasing the recovery rates performance.

The provider is working closely with GP practices to increase the number of GP referrals which will improve access rates performance. As a part of this the provider will increase their presence at GP locality meetings in the hope of improving promotion of their service by GPs.

There is a continuous focus on increasing group work provision so as to complement the existing one to one service offer to increase capacity. In relation to capacity the provider has submitted a business case for increased staffing to enable the service to achieve the equivalent of 19% access in the last quarter of 2018/19. The business case is currently being scrutinised by finance colleagues.

#### When is the performance expected to recover by?

The ambition is that the above actions will improve performance in line with the national target to achieve an annual access rate of 19% in the last quarter of 2018/19.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Gordon Jones

## 5.5 Dementia

Figure 59 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.7%</b>	<b>70.0%</b>	<b>70.3%</b>	<b>70.5%</b>
Target	66.7%	66.7%	66.7%	66.7%

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

Figure 60 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	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.	150	335	150		150		150		150	335
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	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>	<b>8.0%</b>	<b>17.8%</b>	<b>8.0%</b>		<b>8.0%</b>		<b>8.0%</b>		<b>8.0%</b>	<b>17.8%</b>

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

The performance in this category is calculated against completed pathways only.

**Figure 61 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% 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	18	2		5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2		5		3	
%	100.00%	81.82%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

In quarter 1, out of 22 routine referrals to children and young people's eating disorder service, 18 were seen within 4 weeks recording 81.82% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

**Figure 62 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% 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	1	1	1		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1		2		2	
%	100.00%	50.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

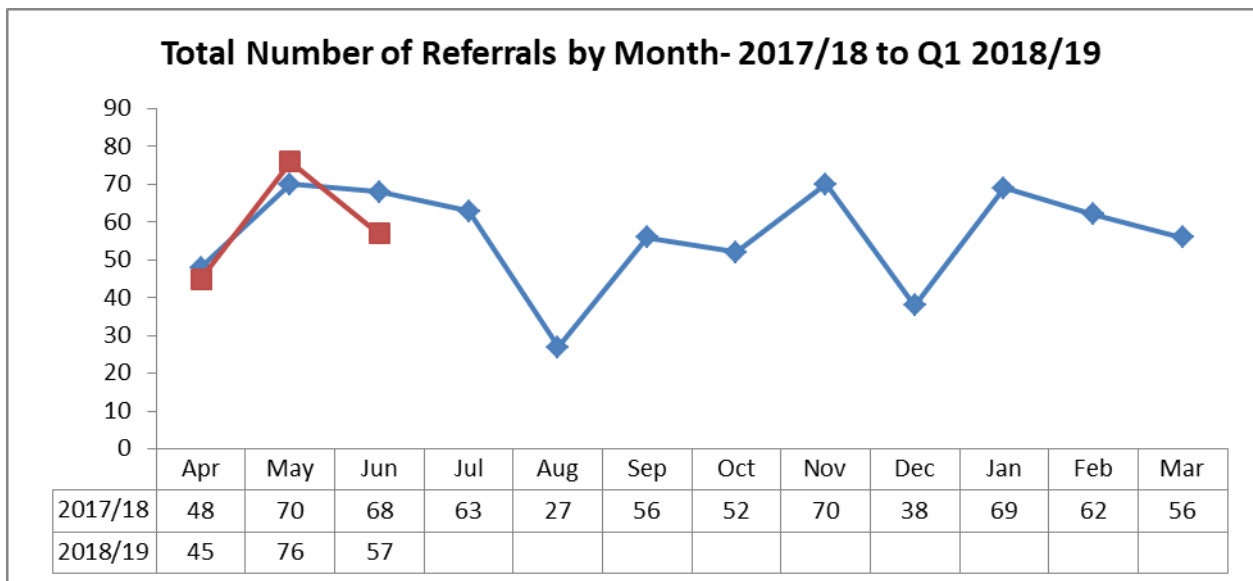
In quarter 1, the CCG had 2 patients under the urgent referral category, 1 of which met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks.

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy. The demand on the service is increasing and this is exacerbated by the service having two people on maternity leave and another full time member of staff is on extended sickness absence.

## 5.8 Child and Adolescent Mental Health Services (CAMHS)

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 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. 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.

**Figure 63 – CAMHS Referrals**



Throughout quarter 1 2018/19 there were a total of 178 referrals made to CAMHS from Southport and Formby CCG patients. May saw a 68.9% increase in total referrals (76) compared to the previous month, although the level in June subsequently decreased to 57.

**Figure 64 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	9	33.3%
2-4 Weeks	3	11.1%
4- 6 Weeks	1	3.7%
6-8 weeks	2	7.4%
(blank)	12	44.4%
<b>Total</b>	<b>27</b>	<b>100%</b>

Of those referrals during April to June 2018/19 that have been allocated and an assessment taken place, 33.3% (9) waited between 0 and 2 weeks for the assessment. 44.4% of the allocated referrals in the given time period had no date of assessment suggesting this has yet to take place. An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.



**Figure 65 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	11.1%	33.3%
2-4 Weeks	1	3.7%	11.1%
4- 6 Weeks	3	11.1%	33.3%
6-8 weeks	1	3.7%	11.1%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	3.7%	11.1%
(blank)	18	66.7%	
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>100%</b>

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

66.7% (18) 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 18 referrals were discounted, that would mean 44.4% (4) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 12 weeks.

## 5.9 Learning Disability Health Checks

**Figure 66 – Learning Disability Health Checks**

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	754	118	15.6%
<b>Actual</b>	98	64	65.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 1 all 19 practices submitted data, but 2 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This includes reviews of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. The Trust is now in the process of building reports to meet the CCG's requirements.

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. A proposal document has been collated by the Trust and shared with the CCG for feedback.

#### 6.1.2 Quality

The CCG Quality Team are experiencing difficulty in agreeing the Quality Schedule KPIs, Compliance Measures and CQUIN development despite holding meetings with Lancashire Care, outside of the CQPG. The reason for the delay is due to the provider reporting difficulties in reporting data and information which is specific to the services being provided in Southport and Formby and South Sefton CCG. The work programme is currently on hold as a result of the delay in the Quality Schedule being agreed. The provider has been given a deadline of 30th September 2018 to sign off the Quality Compliance Schedule and CQUIN.




### 6.2 Patient Experience of Community Services

**Figure 67 - Lancashire Care Friends and Family Test Performance**

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: Jul-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	4.1%	1.3%		95%	98%		2%	1%	

Lancashire Care is reporting a response rate of 1.3% in July against an England average of 4.1%, a slight improvement in performance from 1% reported in June. The percentage who recommended the service remains at 98% for the third consecutive month, remaining above the England average of 95%. Performance for the percentage who would not recommend remains at 1% for the seventh consecutive month, below the England average of 2%.

#### 6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts are due to expire on the 30<sup>th</sup> September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting

arrangements until the 31<sup>st</sup> March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

## 6.4 Any Qualified Provider – MSK

AQP MSK activity continues to significantly decline across all providers. The Merseyside AQP contracts are due to expire at 30th September 2018 and there has been communications to providers and GPs regarding the arrangements around expiry.

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

**Figure 68 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% 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	10	1	10		10		10	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10		10		10	
%	100.00%	100.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

## 7. Third Sector Contracts

### Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant Third Sector Quarter 1 2018-19 Report has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

### Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1

the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

#### Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the Let's Talk Mental Health, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

#### Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physiotherapy & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

#### Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

#### Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback;

and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

### Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

### Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

### Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

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

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

### Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

### Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

### Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

### CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

**Figure 69 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans**

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	133,825	133,825	133,825	133,825	133,825	133,825
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825
<b>2018/19 Plan %</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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 at this stage. A CCG working group have developed 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. Roe Lane Surgery was inspected on 22<sup>nd</sup> May and received an overall 'Good' rating. Cumberland House Surgery was inspected on 31<sup>st</sup> May and received an overall 'Good' rating. All the results are listed below:

**Figure 70 – 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	31 May 2018	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	22 May 2018	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	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

## 9. Better Care Fund

A quarter 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q1 BCF performance is as follows:



**Figure 71 – BCF Metric performance**

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

**Figure 72 – BCF High Impact Change Model assessment**

		Maturity Assessment				
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	Mature
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Mature
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Established	Established	Established	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 6	Trusted assessors	Established	Plans in place	Plans in place	Plans in place	Established
Chg 7	Focus on choice	Plans in place	Not yet established	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established

## **10. CCG Improvement & Assessment Framework (IAF)**

### **10.1 Background**

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 on a quarterly basis. 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**

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 4 performance and narrative detailed in the table below.

**Figure 73 – Southport & Formby CCG’s Month 4 Submission to NHS England**

July 2018 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	2685	2545	-5.2%	GP referrals below planned levels for M4 but are within 1% of the target YTD. 'Other' referrals remain high against the plan but is in line with 2017/18 levels, this is due to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway. Rebased plans attempted to factor in this change and, due to the seasonality of the plans set, 'Other' referrals are expected to come closer in line with target levels.
Other	2150	2246	4.5%	
<b>Total (in month)</b>	<b>4835</b>	<b>4791</b>	<b>-0.9%</b>	
Variance against Plan YTD	18433	19095	3.6%	
Year on Year YTD Growth			5.1%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3980	3779	-5.1%	Seasonal variation is showing a slight under-performance for M4, however activity expected to increase on receipt of freeze data. YTD levels within the 2% threshold when monitored locally.
Follow Up	8381	8294	-1.0%	
<b>Total Outpatient attendances (in month)</b>	<b>12361</b>	<b>12073</b>	<b>-2.3%</b>	
Variance against Plan YTD	48035	47071	-2.0%	
Year on Year YTD Growth			0.7%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1476	1480	0.3%	Variation located within both Day Case and Ordinary spells with activity fluctuating but nothing outside the statistical norm. YTD position affected by month 1 under performance within Day Case activity, latest performance closer in line with plan and expected to continue. The CCGs main provider continues to work to increase their Elective offering and activity is expected to come closer in line with plan in the coming months.
Elective Ordinary spells	254	238	-6.3%	
<b>Total Elective spells (in month)</b>	<b>1730</b>	<b>1718</b>	<b>-0.7%</b>	
Variance against Plan YTD	6697	6428	-4.0%	
Year on Year YTD Growth			-3.6%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3782	3891	2.9%	The CCGs A&E activity remains high in July at a similar trend to the previous few months. Performance at the Trust has been impacted on with the 4hr target dropping to 85% in July after a sustained increase. CCG and main provider working together to understand the increase and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase. To note: local information cannot replicate TNR CAM and as such variance locally is much smaller at 1% in July and 3.3% YTD.
Year on Year YTD			6.7%	
<b>All types (in month)</b>	<b>4217</b>	<b>4474</b>	<b>6.1%</b>	
Variance against Plan YTD	16045	17300	7.8%	
Year on Year YTD Growth			8.6%	
<b>Total Non Elective spells (in month)</b>	<b>1277</b>	<b>1516</b>	<b>18.7%</b>	CCGs main providers has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging 375 admissions a month since May-18. Excluding this newly included CDU activity the CCG would be below planned levels both YTD and in month.
Variance against Plan YTD	4993	5745	15.1%	
Year on Year YTD Growth			15.9%	