

Southport & Formby Clinical Commissioning Group

Integrated Performance Report August 2018

Contents

1. Executive Summary	12
2. Financial Position	15
2.1 Summary	15
2.2 Financial Forecast.....	18
2.3 CCG Reserves Budget	19
2.4 Provider Expenditure Analysis – Acting as One	19
2.5 QIPP	21
2.6 Risk	22
2.7 Risk Adjusted Position	22
2.8 Statement of Financial Position.....	23
2.9 Recommendations	24
3. Planned Care	25
3.1 Referrals by Source	25
3.1.1 E-Referral Utilisation Rates.....	26
3.2 Diagnostic Test Waiting Times.....	27
3.3 Referral to Treatment Performance.....	28
3.3.1 Incomplete Pathway Waiting Times	30
3.3.2 Long Waiters analysis: Top 5 Providers	30
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty.....	31
3.3.4 Provider assurance for long waiters	32
3.4 Cancelled Operations	32
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.....	32
3.4.2 No urgent operation to be cancelled for a 2nd time	33
3.5 Cancer Indicators Performance.....	33
3.5.1 - Two Week Waiting Time Performance.....	33
3.5.2 - 31 Day Cancer Waiting Time Performance	34
3.5.3 - 62 Day Cancer Waiting Time Performance	35
3.6 Patient Experience of Planned Care	36
3.7 Planned Care Activity & Finance, All Providers	37
3.7.1 Planned Care Southport and Ormskirk NHS Trust	38
3.7.2 Southport & Ormskirk Hospital Key Issues.....	39
3.7.3 Aintree University Hospital NHS Foundation Trust.....	39
3.7.4 Renacres Hospital.....	40
3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust	41
3.7.6 iSIGHT Southport.....	41
3.8 Personal Health Budgets	42
3.9 Continuing Health Care (CHC).....	43

3.10	Smoking at Time of Delivery (SATOD)	46
4.	Unplanned Care	46
4.1	Accident & Emergency Performance	46
4.2	Ambulance Service Performance	48
4.3	Unplanned Care Quality Indicators	49
4.3.1	Stroke and TIA Performance	49
4.3.2	Mixed Sex Accommodation	50
4.3.3	Healthcare associated infections (HCAI)	51
4.3.4	Mortality	52
4.4	CCG Serious Incident Management	52
4.5	Delayed Transfers of Care	53
4.6	Patient Experience of Unplanned Care	54
4.7	Unplanned Care Activity & Finance, All Providers	54
4.7.1	All Providers	54
4.7.2	Southport and Ormskirk Hospital NHS Trust	55
4.7.3	Southport & Ormskirk Hospital NHS Trust Key Issues	55
4.8	Aintree and University Hospital NHS Foundation Trust	56
4.9	Aintree University Hospital NHS Trust Key Issues	56
5.	Mental Health	57
5.1	Mersey Care NHS Trust Contract	57
5.1.1	Key Mental Health Performance Indicators	58
5.2	Out of Area Placements (OAP's)	58
5.2.1	Mental Health Contract Quality Overview	58
5.3	Patient Experience of Mental Health Services	60
5.4	Improving Access to Psychological Therapies	61
5.5	Dementia	62
5.6	Improve Access to Children & Young People's Mental Health Services (CYPMH)	62
5.7	Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services	62
5.8	Child and Adolescent Mental Health Services (CAMHS)	63
5.9	Learning Disability Health Checks	65
6.	Community Health	66
6.1	Lancashire Care Trust Community Services	66
6.1.2	Quality	66
6.2	Patient Experience of Community Services	66
6.3	Any Qualified Provider – Audiology	66
6.4	Percentage of children waiting less than 18 weeks for a wheelchair	67
7.	Third Sector Contracts	67
8.	Primary Care	71
8.1	Extended Access (evening and weekends) at GP services	71

8.2	CQC Inspections.....	71
9.	Better Care Fund	72
10.	CCG Improvement & Assessment Framework (IAF).....	75
10.1	Background.....	75
11.	NHS England Monthly Activity Monitoring.....	75

List of Tables and Graphs

Figure 1 – CCG Financial Position	15
Figure 2 – Run Rate 2018/19	15
Figure 3 – Financial Dashboard	17
Figure 4 – Forecast Outturn	18
Figure 5 – Reserves Budget	19
Figure 6 – Acting as One Contract Performance (Year to Date)	19
Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk	20
Figure 8 – QIPP Plan and Forecast	21
Figure 9 – RAG Rated QIPP Plan	21
Figure 10 – CCG Financial Position	22
Figure 11 – Risk Adjusted Position	22
Figure 12 – Summary of working capital	23
Figure 13 - Referrals by Source across all providers for 2017/18 & 2018/19	25
Figure 14 – Southport & Formby CCG E Referral Performance	26
Figure 15 - Diagnostic Test Waiting Time Performance	27
Figure 16- Referral to Treatment Time (RTT) Performance	28
Figure 17 – RTT Performance & Activity Trend	28
Figure 18 – Southport & Formby CCG Total Incomplete Pathways	29
Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	30
Figure 20 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	30
Figure 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	31
Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust	31
Figure 23 – Southport & Formby CCG Provider Assurance for Long Waiters	32
Figure 24 – Southport & Ormskirk Cancelled Operations	32
Figure 25 – Southport & Ormskirk Cancelled Operations for a second time	33
Figure 26 – Two Week Cancer Performance measures	33
Figure 27 – 31 Day Cancer Performance measures	34
Figure 28 – 62 Day Cancer Performance measures	35
Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results	36
Figure 30 - Planned Care - All Providers	38
Figure 31 - Planned Care – Southport and Ormskirk NHS Trust by POD	38
Figure 32 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD	39
Figure 33 – Planned Care – Renacres Hospital by POD	40
Figure 34 – Planned Care - Wroughtington, Wigan and Leigh NHS Foundation Trust by POD	41
Figure 35 – Planned Care - iSIGHT Southport by POD	41
Figure 36 - Southport & Formby CCG – 2018/19 PHB Performance	42
Figure 37 - 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	43
Figure 38 - 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	44
Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist	44
Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	45
Figure 41 - Smoking at Time of Delivery (SATOD)	46
Figure 42 - A&E Performance	46

Figure 43 - A&E Performance – 12 hour breaches	47
Figure 44 - Ambulance handover time performance	48
Figure 45 - Stroke and TIA performance	49
Figure 46 - Mixed Sex Accommodation breaches	50
Figure 47 - Healthcare associated infections (HCAI)	51
Figure 48 - Hospital Mortality	52
Figure 49 - Southport A&E Friends and Family Test performance	54
Figure 50 - Month 5 Unplanned Care – All Providers	55
Figure 51 - Month 5 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	55
Figure 52 - Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	56
Figure 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	57
Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge	58
Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups	58
Figure 56 - Figure 16 EIP 2 week waits	58
Figure 57 - OAP Days	58
Figure 58 - MerseyCare Friends and Family Test performance	60
Figure 59 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)	61
Figure 60 - Dementia casefinding	62
Figure 61 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 (32% Target)	62
Figure 62 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)	62
Figure 63 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)	63
Figure 64 – CAMHS Referrals	64
Figure 65 – CAMHS Waiting Times Referral to Assessment	64
Figure 66 – CAMHS Waiting Times Referral to Intervention	65
Figure 67 – Learning Disability Health Checks	65
Figure 68 - Lancashire Care Friends and Family Test Performance	66
Figure 69 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)	67
Figure 70 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans	71
Figure 71 – CQC Inspection Table	72
Figure 72 – BCF Metric performance	73
Figure 73 – BCF High Impact Change Model assessment	74
Figure 74 – Southport & Formby CCG’s Month 5 Submission to NHS England	76

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			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	76%	75%	78%	80%										77.25%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R									
		Actual	5.139%	4.667%	4.14%	4.1%	4.2%									
		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%	1.00%
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G									
		Actual	92.47%	93.41%	93.3%	93%	93.6%									
		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%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R								R	
		Actual	0	1	0	1	1									2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G								G	
		Actual	0	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

191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	G								G	
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%									93.25%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	82.50%	79.55%	92.86%	92.86%	81.08%									85.34%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G								G	
		Actual	94.87%	98.73%	97.01%	96.20%	98.53%									97.04%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G								G	
		Actual	83.33%	100%	100%	100%	100%									98.08%
		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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	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%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R								R	
		Actual	75.00%	87.50%	91.43%	69.77%	67.74%									78.38%
		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%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G									G	
		Actual	100%	83.33%	100%	100%	100%										96.88%
		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%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % 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									G	
		Actual	100%	92.31%	86.67%	93.33%	94.12%										93.51%
		Target	85%	85%	85%	85%	85%										85%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R														
		Actual	12.8														
		Target	67.45			77.09		86.72		96.36							

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	85.54%	88.58%	90.68%	85.52%	88.88%										87.82%
		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%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	3	3	4	3	5										18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R									R	
		Actual	0.8	0.8	1.0	0.8	1.3										
		Target	0	0	0	0	0										0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R								R	
		YTD	0	0	0	1	1									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		YTD	3	5	6	8	10									10
		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

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G				G
		Actual	100%				100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G				
		Actual	52.5%				
		Target	50.00%	50.00%	50.00%	50.00%	50.00%
2131: IAPT Access 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%

2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G													G	
		Actual	99.4%														99.4%
		Target	75.00%		75.00%		75.00%		75.00%		75.00%		75.00%		75.00%		75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G													G	
		Actual	100%														100%
		Target	95.00%		95.00%		95.00%		95.00%		95.00%		95.00%		95.00%		95.00%
2255: IAPT - Pathways Access 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

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G										G	
		Actual	70.71%	70%	70.3%	70.5%	69.8%											
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

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

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G															
		Actual	100%															
		Target	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 5 (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 30 September 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 30 September, 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 30 September 2018 is a deficit of £2.964m. 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, particularly in respect of amber rated schemes.

Planned Care

Year to date GP referrals in month 5 of 2018/19 are 5% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for July, where the CCG reported 80%, an improvement on May but still failing the 100% target.

The CCG failed the less than 1% target for Diagnostics in August recording 4.2%, a slight decline on last month's performance of 4.1%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.2%, an improvement on last month's performance of 4.2%.

The CCG had one patient waiting over 52 weeks in August. This is the same patient who breached in July, waiting for bariatric surgery at University Hospitals of North Midlands. The patient did not attend their first appointment. If another appointment is accepted the patient's RTT clock will start again. Southport & Ormskirk Trust also reported one patient waiting over 52 weeks in August. This was a general surgery patient (further details in section 3.3).

Southport & Ormskirk reported 7 cancelled operations in August. The Trust has reported that two cancellations were due to no ward beds available, two cases where trauma took priority, two cases where theatre time expired and one case was cancelled due to a lack of availability of a High Dependency Unit bed.

The CCG are failing 2 of the 9 cancer measures in month 5 year to date. They include 2 week breast symptoms (85.34%) and the 62 days urgent GP referral metric (78.38%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (80.44%).

Southport & Ormskirk continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 15.3% in July to 16.4%

in August. The percentage of patients that would recommend the inpatient service in the Trust has decreased from 94% in July to 90% in August and therefore remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains increased from 2% in July to 3% in August so is now reporting above the England average of 2%.

Performance at Month 5 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £655k/4.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £780k/5.2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for August reached 88.85%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for August and an improvement on last month's performance. However the year to date position is still failing at 87.9% due to a drop in performance in July 2018.

Work continues with NWSAS 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 August recording 77.3%, with 17 out of 22 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in August with 8 reportable patients breaching the target. This is the tenth consecutive month where 0% has been reported.

The CCG has reported an MSA rate of 1.3, which equates to a total of 5 breaches in August. All 5 breaches there were at Southport & Ormskirk NHS Trust.

There were three new cases of Clostridium Difficile attributed to the CCG in August, bringing the year to date figure to 10 against a plan of 15. Year to date 3 cases were apportioned to an acute trust and 7 to the community. Southport & Ormskirk reported 2 new cases in August, bringing the total for the year to 6 against a plan of 15.

The CCG had no cases of MRSA in August. However a case was reported in July and therefore the CCG has breached the zero tolerance threshold for the year.

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 93% in July to 79% in August, falling below the England average of 88%. The percentage not recommended has also declined from 5% to 13%, rising above the England Average of 7%.

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.7m/19.8%. 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 £2.2m/16.6%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 184 Southport & Formby patients entering treatment in Month 5. This is a decrease from the previous month when 225 patients entered treatment. The access rate for month 5 was 0.96% and therefore failed to achieve the standard. The percentage of people moved to recovery

decreased with 47.7% compared to 46.2% in the previous month. This fails to meet the monthly target of 50% although the year to date performance is 50.1%.

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. A meeting has been arranged between the Trust and CCG to discuss further.

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

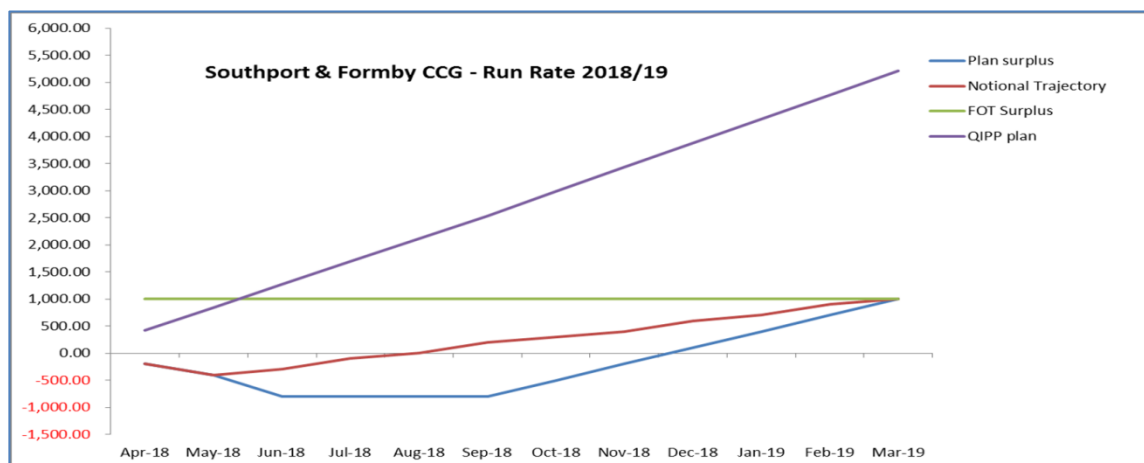
This report focuses on the financial performance for Southport and Formby CCG as at 30 September 2018.

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	24,520	12,066	12,173	108	24,826	306
Corporate & Support Services: admin	2,622	1,273	1,168	(105)	2,477	(145)
Corporate & Support Services: programme	2,836	1,410	1,344	(67)	2,739	(97)
NHS Commissioned Services	123,707	60,546	60,884	338	125,126	1,419
Independent Sector	5,701	2,772	2,963	190	6,071	371
Primary Care	3,998	1,792	2,046	254	4,281	284
Prescribing	23,631	11,815	12,232	417	24,516	885
Total Operating budgets	187,013	91,675	92,811	1,135	190,037	3,024
Reserves	(1,280)	1,135	0	(1,135)	(4,304)	(3,024)
In Year Planned (Surplus)/Deficit	1,000	(800)	0	800	0	(1,000)
Grand Total (Surplus)/Deficit	186,734	92,010	92,811	800	185,733	(1,000)

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

The CCG has achieved a balanced run-rate during month 6. It should be noted that this was supported by a re-phasing of reserves and QIPP which will not be a sustainable option for the remainder of the year.

As at 30 September, 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 30 September 2018 is a deficit of £2.964m. 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, particularly in respect of amber rated schemes.

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 CCG's financial recovery plan acknowledges 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 six 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 individual high cost cases in 2018-19 and the financial impact of continuing to provide additional beds to support hospital discharge to enable better improved patient flow across the health economy. This equates to a full year cost pressure of £1.475m.
- Forecast over performance at Southport & Ormskirk Trust of £1.200m for PbR activity, although this reduced to £0.9m after relevant contract terms are applied.
- Cost pressures of £0.329m within the Local Quality Contract due to the 2017-18 and 2018-19 claims on the main elements of the scheme and quarterly claims being a higher cost than expected.
- Over performance of £0.280m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Costs pressures of £0.190m at St Helen and Knowsley Trust mainly due to increases in cost and activity notably 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 remains at 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 remains upon the delivery of QIPP plans and development of further 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

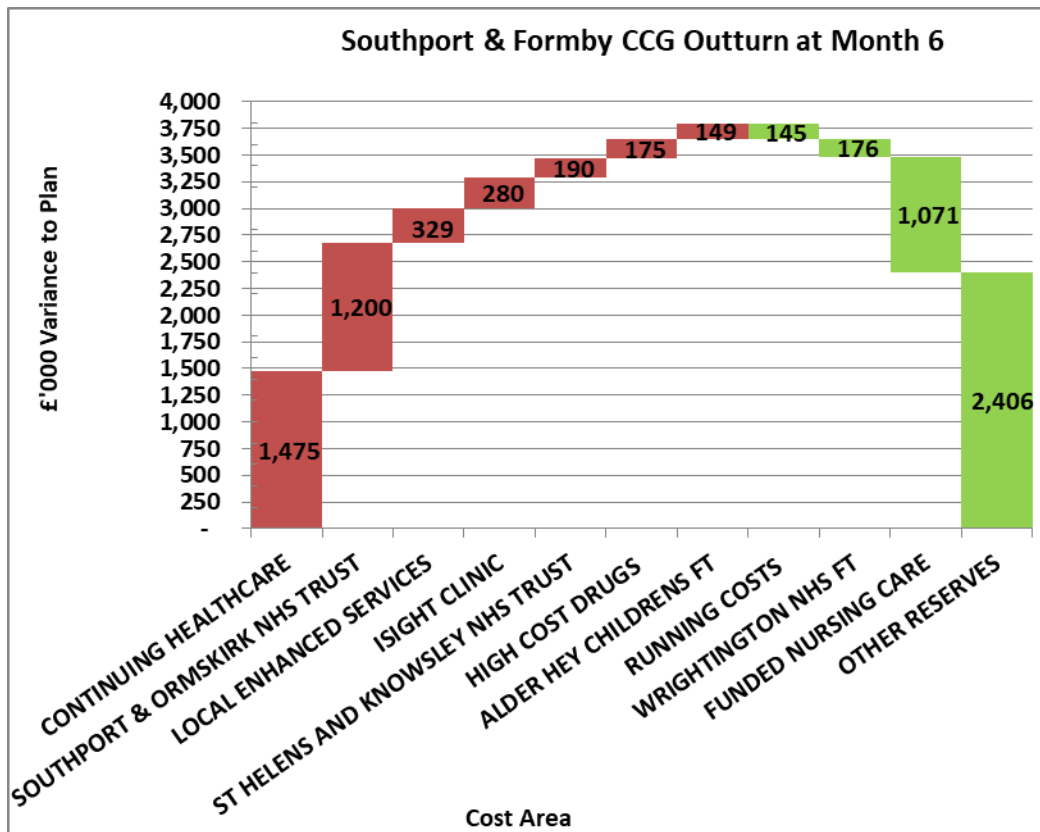
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.365m
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > %	99.28%
		NHS - Volume YTD > 95%	95.36%
		o NHS -Value YTD > 95	98.07%
		Non NHS - Volume YTD > 95%	93.71%

- 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 30 September 2018 for the financial year is a deficit of £2.964m.
- The QIPP target for 2018-19 is £5.210, delivery is £2.365m to date which is £0.234m below the planned delivery at month 6 (see appendix 3).
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.145m.
- All BPPC targets have been achieved expect for Non NHS by volume which is below the 95% target. Work is underway to improve the performance.

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 **deficit of £2.964m**.
- 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 iSight Clinic.
 - Costs pressures at St Helens & 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		2.365		2.365
NCSO Adjustment	(1.100)			1.100	0.000
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	(1.134)	(0.639)	(0.583)
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	0.865	0.500	0.461	(1.280)

- 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 opening plan included an assumption that anticipated NCSO pressures would be covered by a central arrangement. The CCG has transferred this reserve into operational budgets which has in turn led to an increased pressure on expenditure.
- 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	0.453
Alder Hey Children's Hospital NHS Foundation Trust	0.072
Liverpool Women's NHS Foundation Trust	(0.006)
Liverpool Heart & Chest NHS Foundation Trust	(0.083)
Royal Liverpool and Broadgreen NHS Trust	0.116
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.025)
Grand Total	0.527

- 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 over spend of £0.527m 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 if a PbR related contract had been in place.

Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk

	Best Case	Likely Case	Worst Case
	SFCCG £m	SFCCG £m	SFCCG £m
Opening Contract Value	64.074	64.074	64.074
Reported YTD (Under) Overspend at M5	2.652	2.652	2.652
Less : NEL Price increase	(0.919)	(0.600)	-
: CDU Activity	(0.330)	(0.202)	(0.100)
: AEC Follow ups	(0.645)	(0.645)	(0.645)
Revised YTD (Under) Overspend at M5	0.758	1.205	1.907
Extrapolated to M12	1.819	2.892	4.577
Less : Non-PbR Review	(0.244)	(0.200)	(0.200)
: Applicable Sanctions	(1.602)	(1.500)	(0.859)
: CQUIN	(0.421)	(0.264)	(0.264)
Revised Forecast (over) underspend	(0.448)	0.928	3.254
Forecast Contract Payment 2018/19	63.626	65.002	67.328

- The Month 5 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £2.652m 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 £65.002m 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

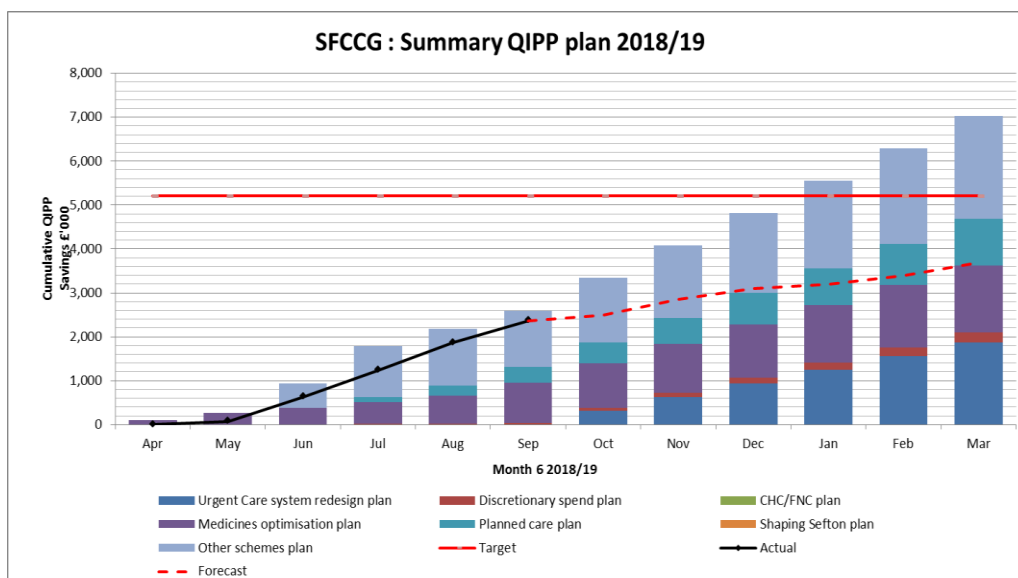


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	93	0	974	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	2,115	3,016	1,842	1,174	0	3,016
Total QIPP Plan	5,485	2,215	7,700	3,082	1,228	3,390	7,700
QIPP Delivered 2018/19				(2,365)		0	(2,365)

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £7.026m have been identified; however £4.618m 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 £2.365m 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			
Management action plan			
QIPP Achieved	0.573	1.792	2.365
Remaining QIPP to be delivered	4.637	(1.792)	2.845
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

- 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
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	5.210	3.696	3.696
I&E impact	(1.712)	(3.024)	(3.024)
Forecast Surplus / (Deficit)	(0.712)	(3.538)	(3.538)
Further Risk	(0.500)	(1.600)	(4.200)
Management Action Plan	2.212	2.174	2.174
Risk adjusted Surplus / (Deficit)	1.000	(2.964)	(5.564)

- 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 £2.964m 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 £5.564m 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 and Aged Debt	Quarter 1			Quarter 2			Prior Year 2017/18
	M1	M2	M3	M4	M5	M6	M12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	0	0	0	0	0	31	0
Receivables	2,655	2,649	2,241	1,907	1,862	2,560	2,406
Cash	232	4,733	4,687	3,829	(394)	3,046	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(16,849)	(12,865)	(13,893)	(12,162)
Value of Debt > 180 days	1,774	1,721	1,669	1,743	1,781	1,729	672

- There has been an increase in Non-Current Assets in month 6 due to funding received from NHS England for Primary Care IT
- 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 6 is £1.729m. £1.669m of this balance consists of two invoices outstanding with Southport & Ormskirk NHS Trust. The Trust has confirmed that these balances will be settled in November 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 £185.429m at Month 6. The actual cash utilised at Month 6 was £91.201m which represents 49.1% of the total allocation. The balance of MCD to be utilised over the rest of the year is £94.229m.

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 £2.964m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 6 is £2.365m 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 6 (and Quarter 2) following losses in earlier months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.
- 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.

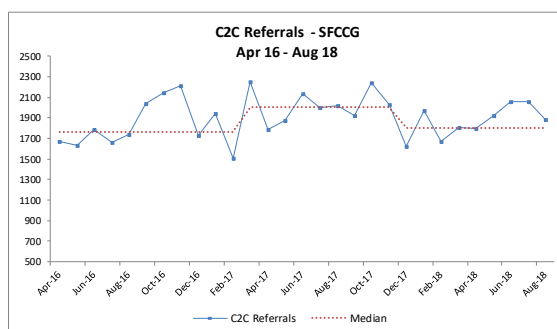
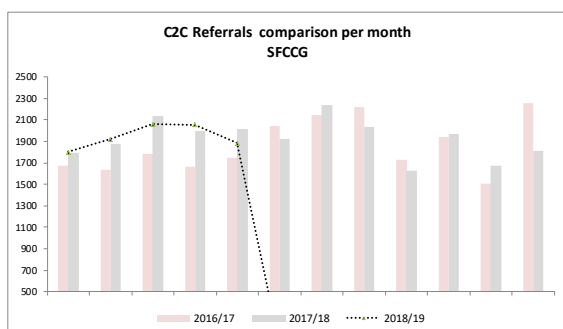
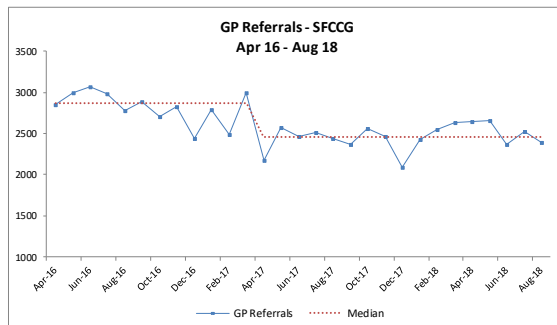
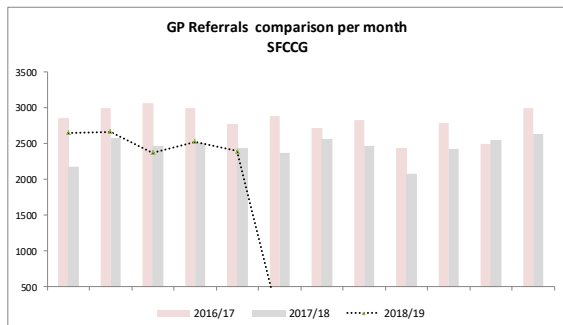
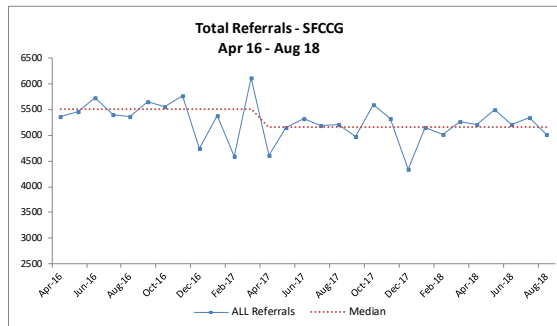
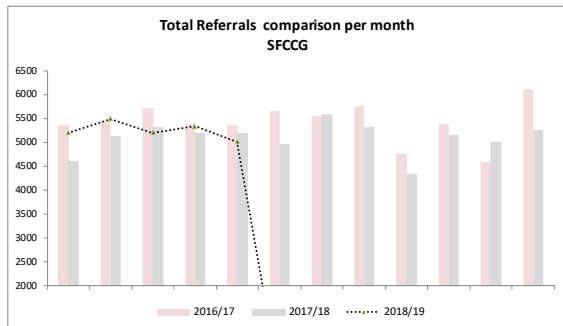
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

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	2181	2650	469	22%	1791	1800	9	1%	4617	5204	587	13%
May	2573	2665	92	4%	1879	1922	43	2%	5145	5497	352	7%
June	2468	2373	-95	-4%	2135	2059	-76	-4%	5332	5206	-126	-2%
July	2513	2525	12	0%	2002	2055	53	3%	5196	5347	151	3%
August	2441	2393	-48	-2%	2018	1884	-134	-7%	5209	5025	-184	-4%
September	2367				1923				4973			
October	2562				2239				5602			
November	2464				2035				5326			
December	2085				1624				4348			
January	2426				1971				5159			
February	2549				1674				5019			
March	2631				1810				5268			
Monthly Average	2438	2521	83	3%	1925	1944	19	1%	5100	5256	156	3%
YTD Total Month 5	12176	12606	430	4%	9825	9720	-105	-1%	25499	26279	780	3%
Annual/FOT	29260	30254	994	3%	23101	23328	227	1%	61194	63070	1876	3%



Year to date referrals at month 5 are currently up 3% when comparing to the equivalent period in the previous year. At provider level, Aintree Hospital is currently seeing a 32% increase in referrals when compared to 2017/18 whereas Southport Hospital is reporting a -1% reduction. Aintree has seen increases reported across a number of specialties including Breast Surgery, ENT and Maxillo-Facial Surgery with demand linked predominantly to increased GP referrals.

Within individual specialties, General Surgery and Cardiology are reporting a notable increase in referrals during 2018/19 with both linked to referral increases to Southport Hospital.

GP referrals in 2018/19 to date are 4% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 1% lower when compared to 2017/18. This can be attributed to significant decreases within the Physiotherapy specialty at the main Acute Hospital Provider. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

Monthly trends have shown that total referrals have decreased in Aug-18 to the lowest monthly total of 2018/19 to date. GP and consultant-to-consultant referrals each decreased in Aug-18; however, the latter has now seen referrals above an average for four consecutive months. This is despite year to date consultant-to-consultant referrals being lower than that reported in the previous year.

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 have been 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 - July	80% by Q2 17/18 & 100% by Q2 18/19	80.00%	↑

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 was required to achieve 100% by April 2018.

The latest information available for this measure is for July, where the CCG reported 80%, an improvement on June 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 - Aug	<1%	4.20%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Aug	<1%	3.20%	↓

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in August recording 4.2%. Out of 2,071 patients, 98 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (30), MRI (24) and CT (12).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.2%. Out of 2,820 patients, 97 patients waited over 6 weeks, and 7 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (62) and Cystoscopy (13).

How are the issues being addressed?

The Trust has stated that the Diagnostics Improvement Programme 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 - Aug	0	1	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Aug	0	1	↑
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 - Aug	92%	93.60%	↑
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 - Aug	92%	95.50%	↑

Figure 17 – RTT Performance & Activity Trend

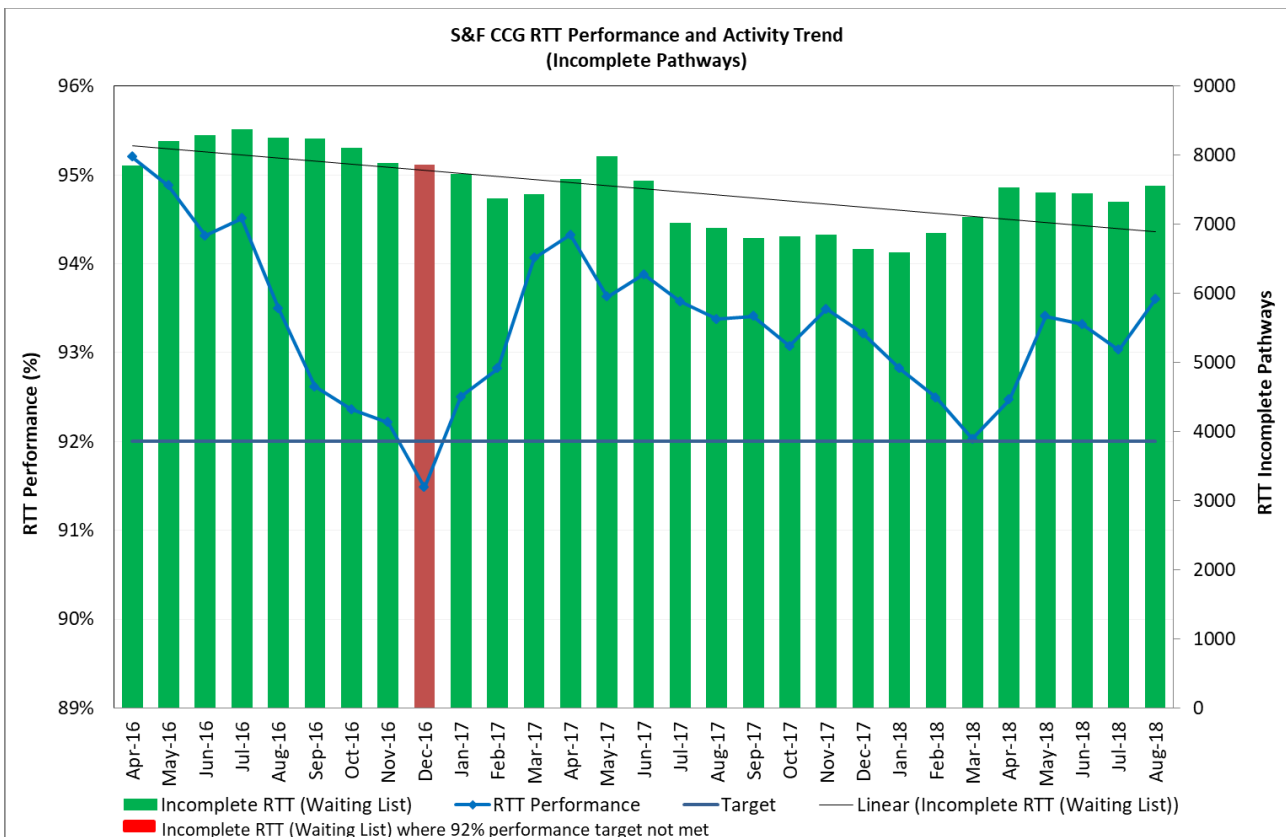


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

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	7,521							
Difference	-119	-523	-180	308	576							

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 two; one in February and one March 2018. The CCG had one patient waiting over 52 weeks in August. This is the same patient who breached in July, waiting for bariatric surgery at University Hospitals of North Midlands. The patient did not attend (DNA) their first appointment. The provider has stated that if the patient resumes contact and another appointment is offered their RTT clock will start again. 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.

Southport & Ormskirk Trust reported 1 patient waiting over 52 weeks on the incomplete pathway in August 2018. This patient first attended clinic on 12th September 2017. The patient was initially listed for the incorrect procedure, and when this was identified further tests were required for the correct one. At this point the patients' clock was incorrectly stopped. The patient received an appointment to attend clinic on 29th May 2018 with the results of their tests and was then relisted for the correct procedure; the clock then started from the beginning. The Trust received a complaint from the patient on 13th August 2018 as they were still awaiting a date for their procedure. This was followed by an investigation and action plans have been put in place. The patient now has a date for their procedure.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In August the CCG reported 7,521 incomplete pathways, 576 patients more than August 2017. This is the second time in 2018/19 the CCG has not achieved the target.

How are the issues being addressed?

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

The CCG is working collaboratively with other commissioners in Merseyside and Lancashire and MLCSU regarding alternative providers to ease capacity issues at UHNM and interim contracts close to being agreed. Weekly teleconferences are in place with commissioners, CSU and UHNM.

When is performance expected to recover?

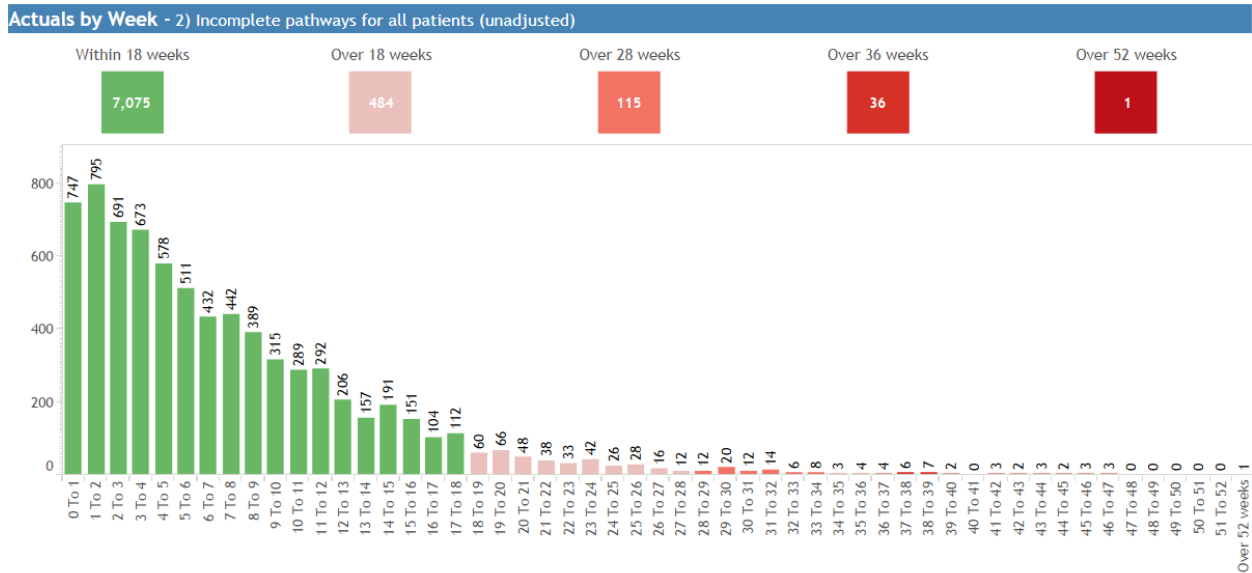
This will depend on the management process of the patient cohort at University Hospitals of North Midlands.

Who is responsible for this indicator?

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

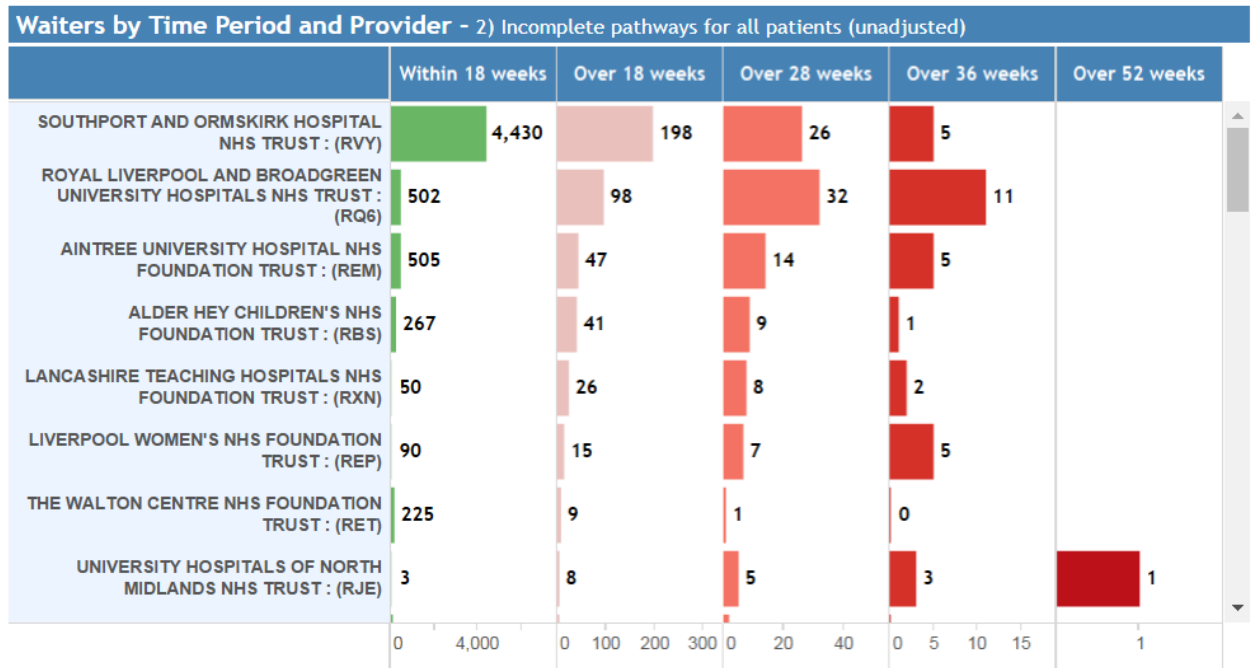
3.3.1 Incomplete Pathway Waiting Times

Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 20 - 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 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

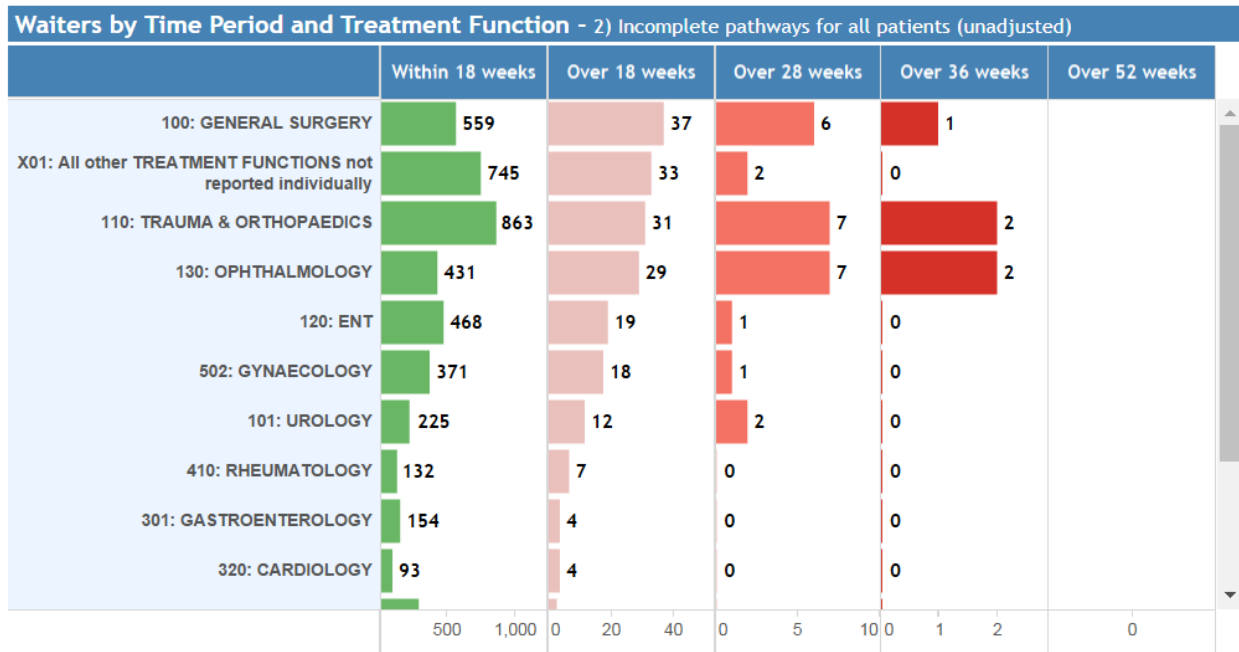
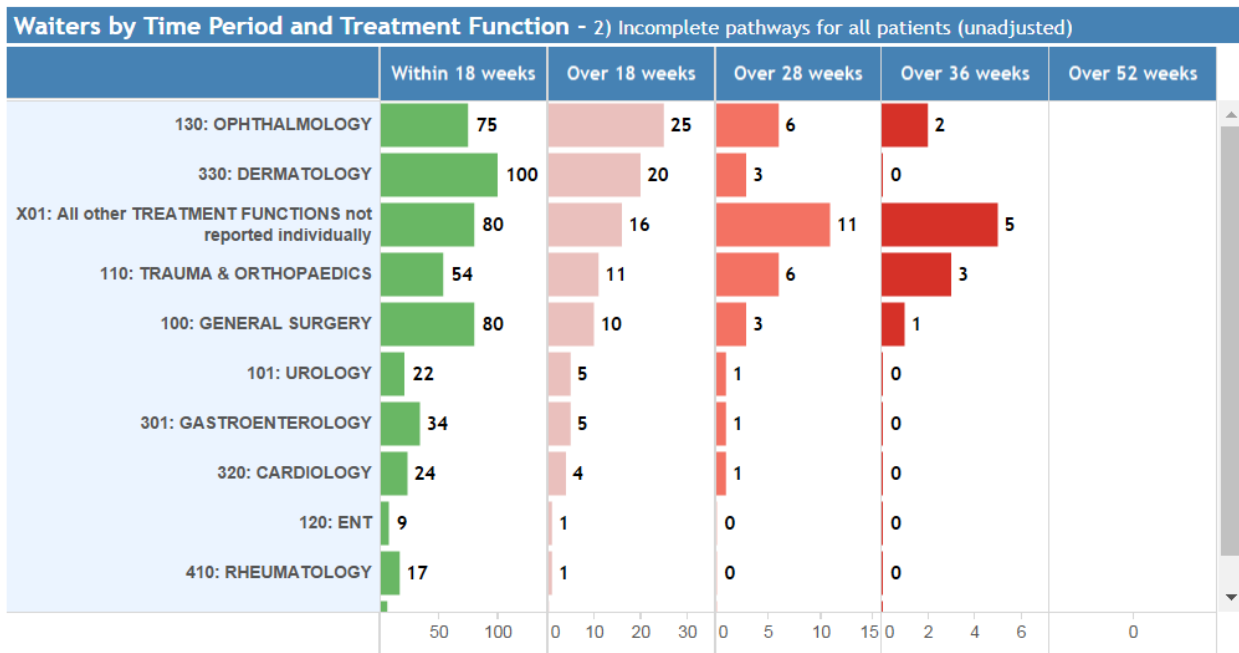


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 23 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait Band	Details
Southport & Formby	North Midlands	General Surgery	52+ weeks	This was a bariatrics patient who DNA'd 1st appointment. If another appointment is offered RTT will start again.
Southport & Formby	Aintree	Gastroenterology	38 weeks	Patient has a TCI date of 24/10/2018
Southport & Formby	Aintree	General Surgery	37 weeks	
Southport & Formby	Aintree	Thoracic Medicine	37 & 46 weeks	2 patients; 1 at 37 weeks with TCI date 08/10/2018, 1 at 46 weeks whose pathway was stopped.
Southport & Formby	Aintree	T&O	37 weeks	Patients pathway stopped
Southport & Formby	Alder Hey	Other	37 weeks	Patient treated 17/10/2018
Southport & Formby	Blackpool	General Surgery	41 weeks	Patient treated in September
Southport & Formby	Blackpool	Gynaecology	43 weeks	Patient treated in September
Southport & Formby	Lancashire Teaching	General Medicine	42 & 44 weeks	2 patients both with delays due to capacity in respiratory; 1 at 42 weeks and 1 at 44 weeks. Both have now been seen.
Southport & Formby	Liverpool Womens	Gynaecology	36 to 45 weeks	5 patients waiting for treatment.
Southport & Formby	North Midlands	General Surgery	46 weeks	2 patients waiting.
Southport & Formby	Royal Liverpool	Other	36 to 44 weeks	5 patients with delays due to long waiting list. 2 patients had TCI dates in October and 2 patients pathway stopped.
Southport & Formby	Royal Liverpool	Ophthalmology	38 & 39 weeks	2 patients with delays due to long waiting list. 1 pathway stopped and 1 TCI date 23/10/2018.
Southport & Formby	Royal Liverpool	General Surgery	38 weeks	1 patient with delays due to long waiting list. TCI date 09/10/2018
Southport & Formby	Royal Liverpool	T&O	42 to 45 weeks	3 patients; 1 pathway stopped & 1 TCI date 03/10/2018. Delays due to long waiting list.
Southport & Formby	Southport & Ormskirk	General Surgery	37 weeks	Delays due to patient cancellations and an emergency admission. Procedure has now been completed (18/09/2018).
Southport & Formby	Southport & Ormskirk	Ophthalmology	38 & 39 weeks	2 patients with delays due to non-contact by patient and cancellations. 1 patient TCI date 19/10/2018.
Southport & Formby	Southport & Ormskirk	T&O	36 weeks	2 patients with delays due to non-contact by patient. 1 patient TCI date 11/09/2018 and 1 treated 18/09/2018.
Southport & Formby	Wirral	ENT	37 weeks	
Southport & Formby	Wirral	General Surgery	45 weeks	

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 24 – 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 - Southport & Ormskirk	18/19 - Aug	0	7	↑ ↓

Southport & Ormskirk reported 7 cancelled operations in August. The Trust has reported that 2 were due to no ward beds available, 2 ran out of theatre time, 2 due to trauma taking priority and 1 no HDU bed available.

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

Figure 25 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - Aug	0	0	↕

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 26 – 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 - Aug	93%	93.25%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	93%	94.54%	↔
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 - Aug	93%	85.34%	↓

Performance Overview/Issues

The CCG has failed the target of 93% in August for patients referred urgently with breast symptoms with performance of 81.08% and year to date with 85.34%. In August out of a total of 37 patients, 7 breached the target. All 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?

January 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Billie Dodd

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 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) (CCG)	18/19 - Aug	96%	97.04%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	96%	97.87%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Aug	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Aug	94%	98.08%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Aug	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 28 – 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 - Aug	85% (local target)	93.51%	↔
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 - Aug	85% (local target)	92.37%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Aug	90%	96.88%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Aug	85%	78.38%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Aug	85%	80.44%	↔

Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in August with 67.74% and year to date with a performance of 78.38%. In August, 10 patients out of 31 breached. 4 of these delays did not have a listen reason. Other delays were due to inadequate elective capacity (2), patient choice (1), diagnosis delayed for medical reasons (1), complex diagnostic pathway (1) and health care provider initiated delay to diagnostic test or treatment planning (1).

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 August recording 79.01% and year to date with 80.44%. In August, the Trust reported the equivalent of 8.5 breaches out of 40.5 patients. 5 of these breaches did not have a listen reason. Other delays were due to the health care provider initiating a delay to their diagnostic test or treatment planning (2), inadequate elective capacity (2), diagnosis delayed for medical reasons (1), patient choice (1) and complex diagnostic pathway (1).

How are the issues being addressed?

The Trust remedial action is to undertake a substantial piece of work to address the on-going concerns around 62 day performance. This involves the adoption of a 7 day rule for each stage of every suspected cancer pathway.

When is performance expected to recover?

The performance is not expected to recover this financial year but the actions above will impact on improved performance.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Billie Dodd

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 August Southport & Ormskirk Trust reported three patients waiting longer than 104 days within the 62 day standard metric. One breach was a Urological patient, one upper gastrointestinal patient and one lower gastrointestinal patient. Reasons for delay were due to inadequate elective capacity (1) and other reason (2). The longest waiting patient was the lower gastrointestinal patient at 152 days, delay reason unknown.









3.6 Patient Experience of Planned Care

Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-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%	16.4%		96%	90%		2%	3%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	20.8%	12.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	98%		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 an improvement in response rates for inpatients, from 15.3% in July to 16.4% in August. The percentage of patients that would recommend the inpatient

service in the Trust has decreased from 94% in July to 90% in August and therefore remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains increased from 2% in July to 3% in August so is now reporting above the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 12%, an improvement on last month, but remaining significantly below the England average of 20.8%. All other services are reporting above the England average benchmark.

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 5 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £655k/4.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £780k/5.2%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 5 with a variance of £250k/56% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£124k/-29%).

Figure 30 - 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	7,395	8,612	1,217	16%	£1,609	£1,695	£86	5%	£86	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,130	3,359	229	7%	£228	£229	£1	1%	£1	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,020	670	-350	-34%	£424	£300	£124	-29%	£124	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,107	848	-259	-23%	£257	£227	£30	-12%	£30	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	6,654	7,012	358	5%	£1,238	£1,223	£15	-1%	£15	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,059	1,070	11	1%	£319	£277	£43	-13%	£43	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	20,364	21,571	1,207	6%	£4,076	£3,951	£125	-3%	£125	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	168	165	-3	-2%	£35	£46	£11	32%	£0	£11	32%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	32	32	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	49	44	-5	-9%	£8	£8	£0	-5%	£0	£0	-5%
ISIGHT (SOUTHPORT)	2,382	2,964	582	24%	£360	£488	£128	35%	£0	£128	35%
LANCASHIRE TEACHING HOSPITAL	0	529	529	0%	£0	£95	£95	0%	£0	£95	-
RENACRES HOSPITAL	5,373	5,771	398	7%	£1,558	£1,465	£93	-6%	£0	£93	-6%
SALFORD ROYAL NHS FOUNDATION TRUST	0	92	92	0%	£0	£15	£15	0%	£0	£15	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	42,835	43,033	198	0%	£7,814	£8,102	£289	4%	£0	£289	4%
SPIRE LIVERPOOL HOSPITAL	169	148	-21	-12%	£45	£55	£10	22%	£0	£10	22%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,311	2,316	5	0%	£508	£502	£6	-1%	£0	£6	-1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	295	418	123	42%	£73	£82	£9	13%	£0	£9	13%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	149	149	0%	£0	£27	£27	0%	£0	£27	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	129	129	0%	£0	£40	£40	0%	£0	£40	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,257	1,921	664	53%	£450	£701	£250	56%	£0	£250	56%
ALL REMAINING PROVIDERS TOTAL	54,839	57,711	2,872	5%	£10,851	£11,631	£780	7%	£0	£780	7%
GRAND TOTAL	75,203	79,282	4,079	5%	£14,927	£15,582	£655	4.4%	£125	£780	5.2%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 31 - 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	4,539	4,556	17	0%	£2,300	£2,317	£17	1%
Elective	560	560	0	0%	£1,347	£1,448	£101	8%
Elective Excess BedDays	87	139	52	60%	£21	£33	£12	58%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	293	549	256	87%	£51	£111	£60	118%
OPFASPCL - Outpatient first attendance single professional consultant led	4,883	4,728	-155	-3%	£841	£820	£20	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	677	1,369	692	102%	£58	£137	£79	136%
OPFUPSPCL - Outpatient follow up single professional consultant led	15,374	13,968	-1,406	-9%	£1,253	£1,162	£92	-7%
Outpatient Procedure	12,071	12,652	581	5%	£1,556	£1,658	£102	7%
Unbundled Diagnostics	4,351	4,512	161	4%	£387	£417	£30	8%
Grand Total	42,835	43,033	198	0%	£7,814	£8,102	£289	4%

*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 and are now showing an over-performance against the planned values year to date at month 5. Over performance is focussed principally within three main points of delivery; Outpatient procedures, electives and multiple professional outpatient attendances.

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

Increases within the multiple professional outpatients have been evident and the Trust is investigating the reasons for the increase. The specialties with the largest increase are Rheumatology, Gastroenterology and General Surgery 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 32 - 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	320	411	91	28%	£199	£290	£91	46%
Elective	177	141	-36	-20%	£405	£290	-£115	-28%
Elective Excess BedDays	45	78	33	74%	£11	£19	£8	73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	59	30	-29	-49%	£12	£7	-£5	-44%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	108	80	-28	-26%	£5	£4	-£1	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	1,172	1,432	260	22%	£203	£246	£43	21%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	67	46	-21	-31%	£6	£5	-£2	-25%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	166	362	196	117%	£4	£9	£5	117%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,058	3,201	143	5%	£253	£254	£1	0%
Outpatient Procedure	1,081	1,586	505	47%	£160	£225	£65	41%
Unbundled Diagnostics	748	885	137	18%	£52	£74	£21	41%
Wet AMD	395	360	-35	-9%	£299	£273	-£26	-9%
Grand Total	7,395	8,612	1,217	16%	£1,609	£1,695	£86	5%

Aintree performance is showing a £86k/5% variance against plan at month 5. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £91k/46% and £65k/41% respectively. The over performance within day cases is principally within

Gastroenterology and Breast Surgery. 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 speciality.

The over performance within outpatient procedures is primarily within Ophthalmology and mainly a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support Assessment' within Respiratory Medicine 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 33 – 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	593	625	32	5%	£595	£556	£-40	-7%
Elective	120	91	-29	-24%	£515	£393	£-122	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	1,055	1,047	-8	-1%	£178	£177	£-2	-1%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,347	1,365	18	1%	£89	£91	£2	2%
Outpatient Procedure	1,114	1,052	-62	-6%	£126	£165	£39	31%
Unbundled Diagnostics	348	444	96	27%	£31	£37	£5	17%
Physio	797	661	-136	-17%	£23	£19	£-4	-17%
Outpatient Pre-op	0	486	486	0%	£0	£29	£29	0%
Grand Total	5,373	5,771	398	7%	£1,558	£1,465	£-93	-6%

Renacres performance is showing a -£93k/-6% variance against plan at month 5. Elective and Day case activity are the highest underperforming areas with variances of -£122k/-24% and -£40k/-7% 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 34 – 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	9	14	5	59%	£1	£1	£1	59%
Daycase	72	101	29	41%	£95	£148	£53	55%
Elective	45	71	26	57%	£258	£411	£153	59%
Elective Excess BedDays	13	20	7	59%	£3	£5	£2	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	43	12	40%	£2	£3	£1	24%
OPFASPCL - Outpatient first attendance single professional consultant led	160	270	110	69%	£22	£37	£15	72%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	91	46	102%	£3	£5	£2	86%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	175	113	184%	£1	£4	£3	184%
OPFUPSPCL - Outpatient follow up single professional consultant led	597	807	210	35%	£36	£48	£12	33%
Outpatient Procedure	109	174	65	60%	£15	£23	£8	57%
Unbundled Diagnostics	115	155	40	35%	£14	£15	£1	8%
Grand Total	1,257	1,921	664	53%	£450	£701	£250	56%

Wrightington, Wigan and Leigh performance is showing a £250k/56% variance against plan at month 5 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although relatively 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 including comparison of GP referred activity to WWL to the Choice Team reports which detail onward secondary referral from MCAS.

3.7.6 iSIGHT Southport

Figure 35 – 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	448	617	169	38%	£208	£297	£89	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	100%	£0	£0	£0	100%
OPFASPCL - Outpatient first attendance single professional consultant led	349	551	202	58%	£50	£77	£27	54%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	35	0	-35	-100%	£2	£0	-£2	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,077	1,251	175	16%	£59	£69	£10	16%
Outpatient Procedure	473	543	70	15%	£40	£45	£5	11%
Grand Total	2,382	2,964	582	24%	£360	£488	£128	35%

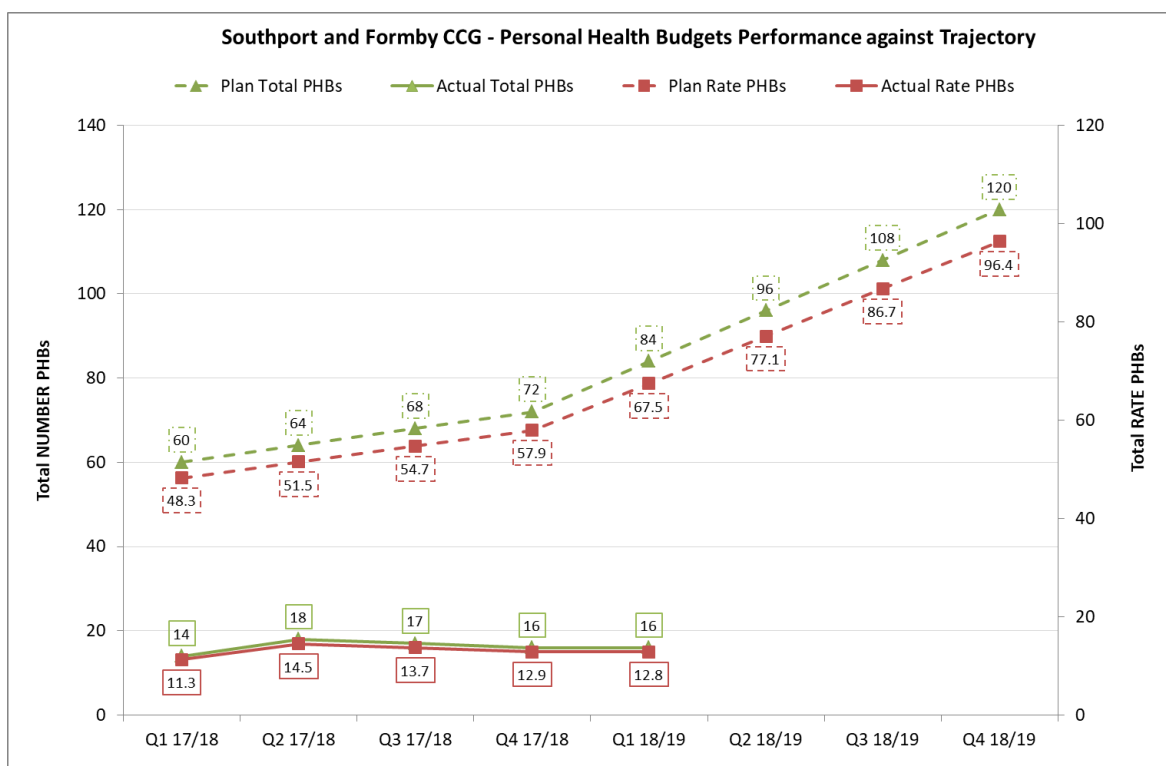
iSight performance is showing a £128k/35% variance against plan with over performance evident against a number of PODs. Day case activity is currently £89k/43% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

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 36 - 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 37 - 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

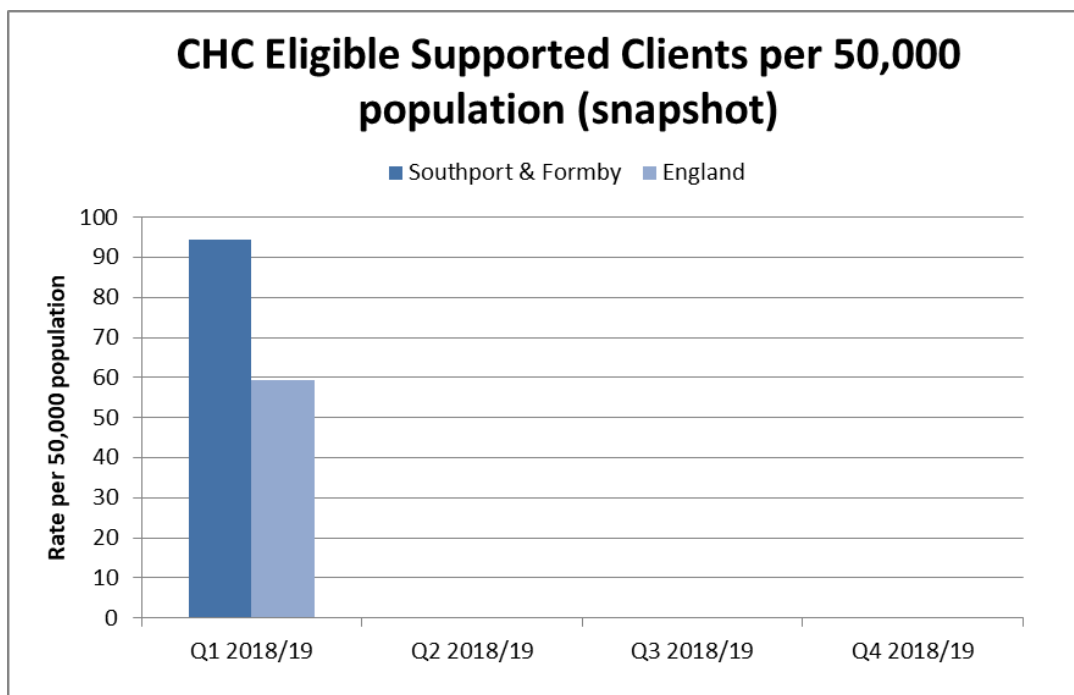


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

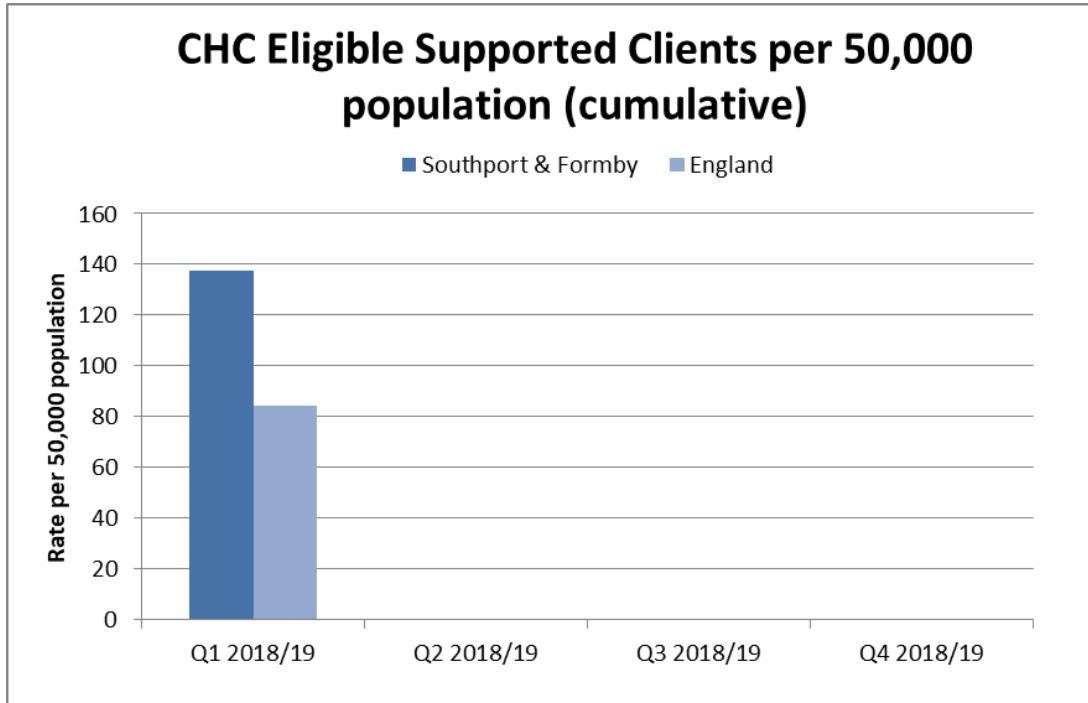


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

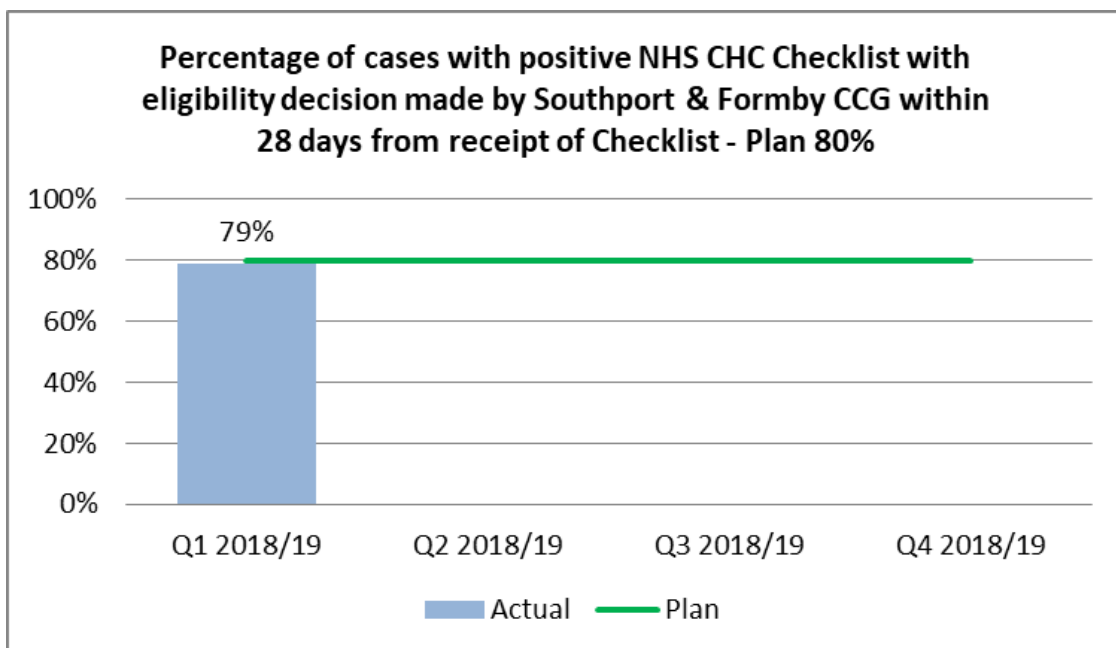
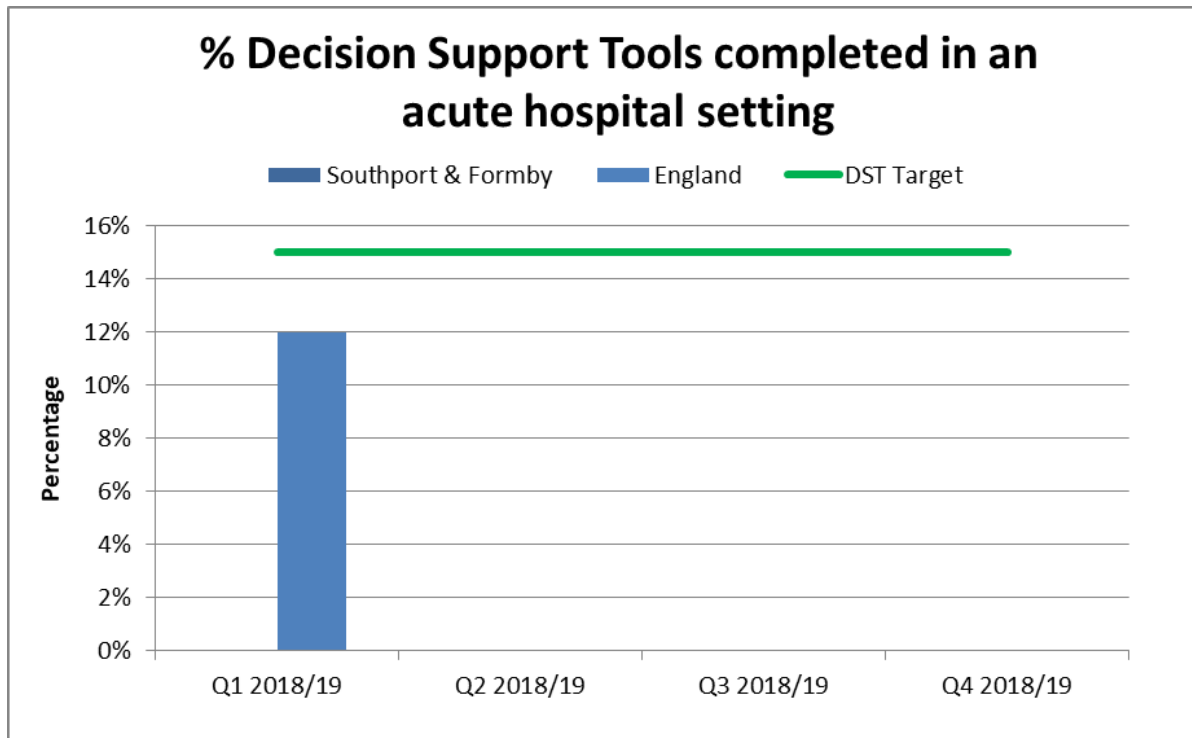


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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 41 - 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

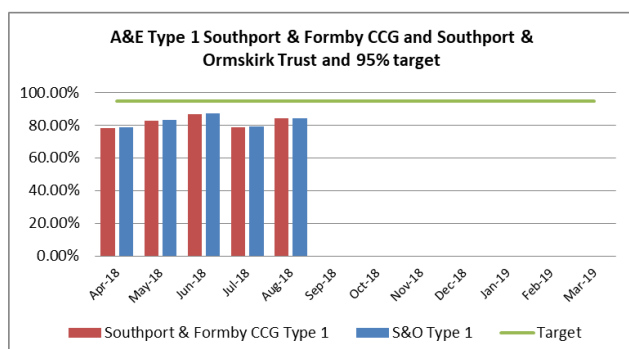
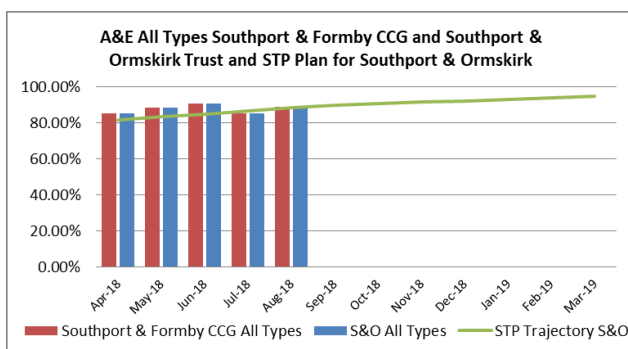
4.1 Accident & Emergency Performance

Figure 42 - 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 - Aug	95.00%	87.82%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Aug	95.00%	82.29%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Aug	STF Trajectory Target for Aug 88.5%	87.90%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Aug	95.00%	82.65%	↔

A&E All Types

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	86.8%	88.5%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	87.90%



Performance Overview/Issues

Southport & Ormskirk's performance against the 4-hour target for August reached 88.85%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for August and an improvement on last month's performance. However the year to date position is still failing at 87.9% due to a drop in performance in July 2018.

How are the issues being addressed?

The Trust has reported a significant increase in attendances across the month compared to the same period in 2017 (10.5% - 499 additional patients; 415 of these were majors category). S&O have had 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. Inpatient flow remains a challenge and the impact that this has on timely release of ED cubicles, coupled with the on-going pressures on ED clinical assessment space. CDU continues to see over 30 patients a day, and the Discharge Lounge is available during the week to support earlier release of inpatient beds once discharges have been confirmed. The Surgical Assessment Unit was delayed in opening, however opened on 10/9/18 to enable streaming of appropriate surgical patients from ED. Exec agreement has been given for ACU to be ring fenced to prevent its use as an escalation area and a business case is being presented to HMB in September to increase Acute medicine staffing to expand and develop ambulatory care to support streaming of medical patients. ED estate works commence 12/9/18 to create a larger triage area, a dedicated ambulance area, 4 protected cubicle spaces for ambulance patients, and 2 additional consulting rooms including an enhanced care room.

The Trust has expressed confidence that their internal improvement plan will address the areas of underperformance and patient experience.

In addition the CCG has commissioned ICRAS beds to support step up, step down and discharge to assess as well as a STP funded Frailty scheme which has been substantively agreed within the CCG.

A consolidation and test of winter plans is in progress across the health economy.

When is performance expected to recover?

Performance is expected to improve by March 2019 in line with agreed A&E trajectory.

Who is responsible for this indicator?

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

Figure 43 - 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 - Aug	0	6	↕

Southport & Ormskirk reported 0 12-hour breaches in August, therefore the year to date total remains at 6. So far this year 1 has been reported in April, 1 in June and 4 in July.

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 (NWS) 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 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In August 2018 there was an average response time in Southport and Formby of 8 minutes 58 seconds against a target of 7 minutes for Category 1 incidents, the highest in Merseyside. For Category 2 incidents the average response time was 23 minutes against a target of 18 minutes, the lowest in Merseyside. Southport and Formby also failed the category 3 and 4 90th percentile call.

Figure 44 - 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) - Southport & Ormskirk	18/19 - Aug	0	164	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Aug	0	43	↓

Performance Overview/Issues

In August, Southport and Ormskirk reported 164 handovers taking between 30 and 60 minutes, a decrease on last month when 232 were reported. Handovers longer than 60 minutes also saw a decrease with 43 in July compared to 88 in the previous month. The Trust has breached these zero tolerance thresholds every month.

How are the issues being addressed?

The Trust has stated that August ambulance handover performance saw the best performance time for the last 12 months, although it remains significantly below the target. The 10% increase in attendances in August 18 compared to August 17 was predominantly in the major's category, although the number of patients arriving by ambulance did not have a dramatic change. The continued pressures on inpatient flow, coupled with surges in activity and restricted clinical assessment space, have heavily impacted on ambulance handover times. The Phase 3 estate works with a dedicated ambulance triage and 4 assessment cubicles will greatly support timely ambulance handovers, whilst ensuring that patients have privacy and dignity.

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWS 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 NWS meeting has identified that significant strides are being made by NWS 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 NWS 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?

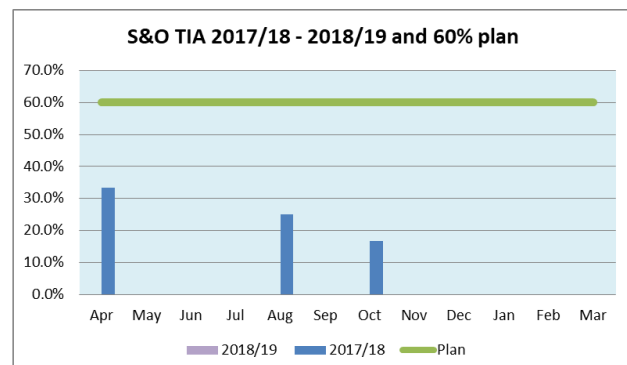
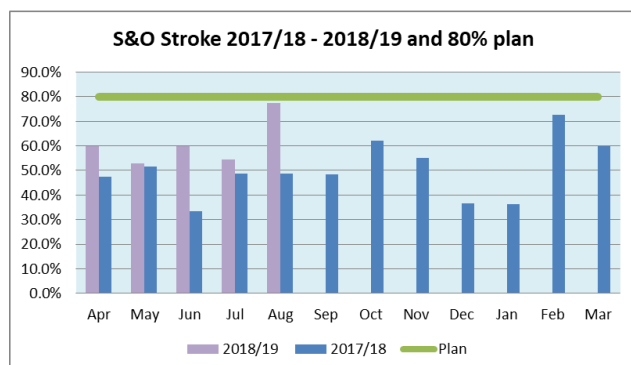
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Figure 45 - 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 (Southport & Ormskirk)	18/19 - Aug	80%	77.30%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Aug	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk failed the stroke target in August recording 77.3%, with 17 out of 22 patients spending 90% of their time on a stroke unit. The Trust has stated that their stroke performance achieved an overall B rating, a positive result.

In relation to the TIAs 0% compliance was reported again in August with 8 reportable patients breaching the target. This is the tenth 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?

The Trust has stated that the protection of stroke beds and employment of specialist stroke nurses to provide 24/7 care has resulted in an improvement in performance. It is anticipated that this will maintain performance. Stroke breaches continue to be scrutinised.

The Trust has also reported that the volume of patients attending transient ischemic attack (TIA) clinics increasing, which is encouraging.

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 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Aug	0.00	1.30	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Aug	0.00	1.60	↓

Performance Overview/Issues

The CCG has reported an MSA rate of 1.3, which equates to a total of 5 breaches in August. All 5 breaches there were at Southport & Ormskirk NHS Trust.

In August the Trust had 8 mixed sex accommodation breaches (a rate of 1.6) and have therefore breached the zero tolerance threshold. Of the 8 breaches, 5 were for Southport & Formby CCG, 2 for West Lancashire CCG and 1 for South Sefton CCG. This indicator continues to be a concern and a challenge, particularly a single side room within the Spinal Unit.

How are the issues being addressed?

The Trust has reported that the majority of breaches on Critical Care are as a result of patients awaiting transfer to acute beds within the hospital. Due to improvements in patient flow in August, any delayed discharges from Critical Care were moved to more appropriated beds in a timelier manner. Actions to address poor flow both internal and system-wide continue to be implemented.

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 47 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Aug	15	10	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Aug	15	6	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Aug	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Aug	48	64	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Aug	No Plan	92	↑

Performance Overview/Issues

There were 3 new cases of Clostridium Difficile attributed to the CCG in August, bringing the year to date figure to 10 against a plan of 15. Year to date 3 cases were apportioned to an acute trust and 7 to the community. Southport & Ormskirk has reported 2 new cases in August, bringing the total for the year to 6 against a plan of 15.

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

The CCG had no new cases of MRSA in August, however 1 was reported in July and therefore the CCG has breached the zero tolerance threshold for the year. The breach in July was a community acquired infection, identified by Southport & Ormskirk Trust.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In August, 13 new cases were reported (64 YTD), against a YTD target of 48. CCGs are leading on achieving the Quality Premium. South Sefton came in over plan for 2017/18 reporting 149 against the plan of 121. Southport & Ormskirk reported 28 cases in August (92 YTD). There are no targets for Trusts at present.

Enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli Bacteraemias are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also

undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.

Approximately three-quarters of E.coli BSIs occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach.

How are the issues being addressed?

The E. coli bacteraemia rate at Southport & Ormskirk Hospital remains high and the Quality Committee were advised that this is multifactorial. Consultants within the Trust are leading on diagnostic work with infection control with a view to establishing an action plan.

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 48 - 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

The Quality Team have now submitted the response to NHSE Cheshire & Merseyside in relation to the review of the CCGs Management of Serious Incidents. The action plan resulting from the review will continue to be presented and monitored at Joint Quality Committee. An external review with MIAA will take place in Q3.

There are 80 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 5)	SIs reported (YTD)	Never Events (YTD)	Closed (month 5) SIs	Closed (YTD) SIs	Open SIs	Open SIs (>100days)
Southport & Ormskirk Hospital	8	33	1	8 (2 downgrades)	31 (8 downgrades)	54*	25
Lancashire Care	0	6	0	1	1	8	6**
Mersey Care (MH)	0	5	0	0	3	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	1	0	0	0	1	1	1
The Walton Centre	0	0	0	0	0	2	2
Royal Liverpool University Hospital	1	2	0	0	0	2	0
TOTAL	10	46	1	9	36	80	42

*14 SIs have since been closed including 1 downgrade (as at the time of writing the report)

** An extension was granted for 5 x SIs as an aggregated Pressure Ulcer review was being carried – this has now been received and will be reviewed at SIRG in November 2018

Southport & Ormskirk Hospitals

Letters of escalation continue to be sent to the Director of Nursing at Southport and Ormskirk in relation to number of RCA's which have breached for Southport and Ormskirk. This has been discussed at July 2018 CCQRM with a formal paper to follow. This is also being discussed at S&O Improvement Board.

Trends and themes identified for Southport and Ormskirk hospital include Falls, IG breaches, failure to escalate, care of the deteriorating patient 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.

Lancashire Care Community Trust

In relation to the pressure ulcers reported by Lancashire Care, the trust has now submitted the aggregated review which will be reviewed at Southport & Formby SIRG in November 2018. The outcome of the report will also 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 49 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Aug-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%	2.4%		88%	79%		7%	13%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.4% in August, an slight decline since last month and remaining below the England average of 12.8%.

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 93% in July to 79% in August, falling below the England average of 88%. The percentage not recommended has also declined from 5% to 13%, rising above the England Average of 7%.

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 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.7m/19.8%. 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 £2.2m/16.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.1m/17% against plan at month 5. Aintree Hospital are also seeing an over performance of £337k/83%.

Figure 50 - Month 5 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	670	1,100	430	64%	£405	£742	£337	83%	£-337	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	366	380	14	4%	£156	£168	£12	8%	£-12	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	62	58	-4	-6%	£213	£267	£54	25%	£-54	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	121	108	-13	-11%	£174	£156	£-18	-10%	£18	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	693	528	-165	-24%	£360	£411	£52	14%	£-52	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	2	0	17%	£17	£20	£3	15%	£-3	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	1,914	2,176	262	14%	£1,325	£1,765	£440	33%	£-440	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	49	42	-7	-15%	£18	£30	£11	63%	£0	£11	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	14	14	0%	£0	£2	£2	0%	£0	£2	-
LANCASHIRE TEACHING HOSPITAL	0	100	100	0%	£0	£44	£44	0%	£0	£44	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	14	14	0%	£0	£9	£9	0%	£0	£9	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	24,115	25,373	1,258	5%	£12,151	£14,261	£2,110	17%	£0	£2,110	17%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	216	249	33	15%	£106	£127	£21	19%	£0	£21	19%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	31	21	-10	-32%	£35	£71	£36	104%	£0	£36	104%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	13	13	0%	£0	£7	£7	0%	£0	£7	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	35	35	0%	£0	£15	£15	0%	£0	£15	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	35	27	-8	-22%	£20	£32	£12	63%	£0	£12	63%
ALL REMAINING PROVIDERS TOTAL	24,446	25,888	1,442	6%	£12,330	£14,597	£2,267	18%	£4	£2,267	18%
GRAND TOTAL	26,360	28,064	1,704	6%	£13,655	£16,361	£2,707	19.8%	£-440	£2,267	16.6%

*PbR only

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 5 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	16,229	16,941	712	4%	£2,333	£2,404	£70	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	4,265	5,016	751	18%	£7,740	£9,834	£2,095	27%
NELNE - Non Elective Non-Emergency	510	521	11	2%	£1,137	£975	£-162	-14%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	51	35	-16	-31%	£15	£3	£-11	-78%
NELST - Non Elective Short Stay	450	815	365	81%	£316	£569	£253	80%
NELXBD - Non Elective Excess Bed Day	2,611	2,045	-566	-22%	£611	£476	£-135	-22%
Grand Total	24,115	25,373	1,258	5%	£12,151	£14,261	£2,110	17%

*PbR only

4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 were 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. They have reported back their conclusions and recommendations which the CCGs involved are currently reviewing.

4.8 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 5 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	394	648	254	64%	£54	£93	£40	74%
NEL - <i>Non Elective</i>	163	329	166	101%	£289	£568	£279	97%
NELNE - <i>Non Elective Non-Emergency</i>	9	9	0	-5%	£28	£31	£3	12%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	6	6	0%	£0	£1	£1	0%
NELST - <i>Non Elective Short Stay</i>	21	49	28	138%	£14	£33	£18	126%
NELXBD - <i>Non Elective Excess Bed Day</i>	83	59	-24	-29%	£20	£15	-£5	-24%
Grand Total	670	1,100	430	64%	£405	£742	£337	83%

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 £337k/83% is mainly driven by a £279k/97% over performance in Non Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT and Geriatric Medicine. 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 53 - 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		
Total	2,558	2,714	0	-170

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

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

Figure 55 - 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 56 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-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%	50.0%
Rolling Quarter				80%	80%	71%

5.2 Out of Area Placements (OAP's)

Figure 57 - 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
	May 18 to Jul 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.

As part of the Trust's Transformation Programme it was highlighted that a number of service users open to community mental health teams (CMHTs) receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. A proportion of these will have a diagnosis of a psychotic condition or bipolar illness. 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. The LMC have sought more clarity and assurance around rapid re-access to secondary care if required. The revised pilot proposal is to be presented by Mersey Care in November 2018.

Psychotherapy waits

As this service is only a small part of the Trust's psychological services, it was felt that these indicators do not give a true reflection of waiting times or capacity/demand for psychology as a whole with the local division.

The psychotherapy service model is being changed over the next two years including the provision of psychotherapy staff in each CMHT with the aim of improving its offer to patients. This is aimed at addressing previously reported waiting times issues. The Trust is working to develop reporting in RiO which will enable full psychology waiting lists to be reported in order to provide a fuller picture and understand hidden waits. This work should be completed by January 2019. It has therefore been agreed to suspend KPI 142 for the time being; CCGs will work with the service lead to agree new KPIs and trajectories in order to work towards achieving 18 weeks RTT for psychological services across the local division, not just Psychotherapy.

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 adult ADHD service.

Alder Hey have recently written to commissioners serving notice on the ADHD service for those people aged 16-18 who are within their care and the Trust is looking to cease the service both for new referrals and those already in the service and the lack of transition is cited as having an

impact on waiting times for other patients, as the Trust is having to make clinical capacity available to support the continued management of this group of young people.

Currently there are 211 young adults on the North Mersey footprint aged over 16 who are continuing to be followed up in Paediatric services. Commissioners have requested further information on this cohort of patients so as to further understand the number and age profile by CCG and try and address this issue.

RiO

The Trust implemented its new RiO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

Safeguarding

The contract performance notice remains in place in respect of training compliance. Bimonthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. Unfortunately Quarter 1 has seen a downward trajectory in training compliance rates for various reasons. The Trust has escalated this risk via internal safeguarding quality assurance meeting and through the divisional management structure. Actions have been agreed to get back on track and these have all been completed. Commissioners expect performance to be back in line with the trajectory in Q2 but they are awaiting the Q2 submission.

It is unlikely that the training target will be achieved until Q1 2019/20. The performance notice will remain open for a further 6 months to ensure sustainability.




Communications KPIs Q1

The Trust continues to report underperformance against its Communication KPIs with insufficient narrative being provided. Underperformance was again raised at the CQPG meeting in September and it was suggested that contract performance notice would have to be issued. The Trust agreed to provide an action plan with trajectories setting out when the KPIs will be achieved and this will be on the agenda for the next CQPG meeting. Commissioners have also requested an action plan as to when digital dictation will be rolled out.

5.3 Patient Experience of Mental Health Services

Figure 58 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Aug-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%	3.3%		90%	87%		3%	3%	

Mersey Care is reporting below the England average of 90% for the percentage of patients who recommended the service with 87% in August. This is a significant decline on last month when 92% was reported.

5.4 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	221	195	225	184								1,043
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%	0.96%								5.5%
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%	47.7%								50.1%
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%								99.1%
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%	100.0%								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	89								719
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	1								24
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	42								348
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%	80.7%								87.9%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 184 Southport & Formby patients entering treatment in Month 5. This is a 18.2% decrease from the previous month when 225 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 2 at 4.2% which equates to 1.4% per month. The access rate for Month 5 was 0.96% and therefore failed to achieve the standard.

The percentage of people moved to recovery decreased with 47.7% compared to 46.2% in the previous month. This fails to meet the monthly target of 50% although the year to date performance is 50.1%.

How are the issues being addressed?

Recovery – The newly appointed clinical lead is reviewing all cases that did not reach recovery to identify any learning.

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity.

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 60 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%
Target	66.7%	66.7%	66.7%	66.7%	66.7%

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

Figure 61 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 (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
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	17.8%	8.0%		8.0%		8.0%		8.0%	17.8%

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 62 - 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 63 - 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.

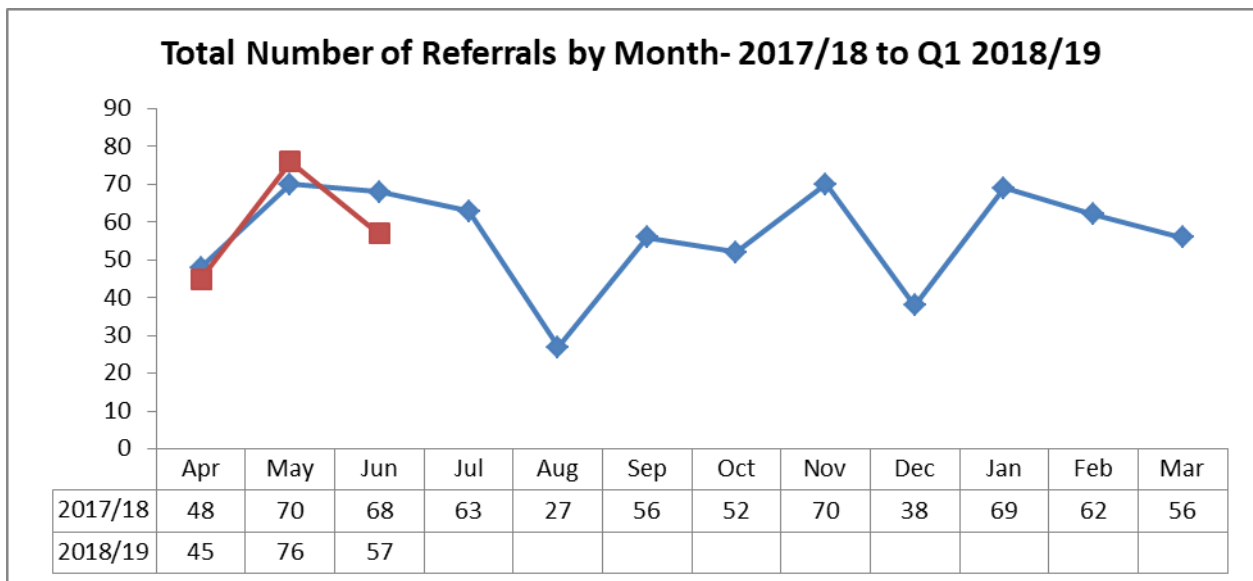
The demand on the service is increasing and this is exacerbated by the service having two people on maternity leave and another full time member of staff is on extended sickness absence.

Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment as a part of the 2019/20 planning process and are awaiting feedback.

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 64 – 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 65 – 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%
Total	27	100%

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.

Alder Hey has received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

Figure 66 – 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%	
Total	27	100%	100%

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 67 – Learning Disability Health Checks

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Actual	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 in 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. A proposal document has been collated by the Trust and shared with the CCG for feedback. A meeting has been arranged between the Trust and CCG to discuss further.




6.1.2 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. The work programme is to be reviewed by the provider and updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile). A number of quality site visits have taken place and further assurance requested in terms of improving the quality of reporting provided and providing trajectories for any unmet indicators and or measures.

6.2 Patient Experience of Community Services

Figure 68 - Lancashire Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Aug-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%	0.6%		96%	99%		2%	0%	

Lancashire Care is reporting a response rate of 0.6% in August against an England average of 4.1%, a decline in performance from 1.3% reported in July.

6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts expired on the 30th 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 31st March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

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

Figure 69 - 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 70 - 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
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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. Corner Surgery was inspected on 19th July and received an overall 'Good' rating. All the results are listed below:

Figure 71 – 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
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical 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)	19 July 2018	Good	Requires Improvement	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 72 – BCF Metric performance

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

Figure 73 – 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 5 performance and narrative detailed in the table below.

Figure 74 – Southport & Formby CCG’s Month 5 Submission to NHS England

August 2018 Month 05	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,320	2,414	4.1%	GP referrals decreased in month 5 in line with seasonal trends and were slightly below a monthly average. Local monitoring shows that GP referrals are also 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	1,949	2,157	10.7%	
Total (in month)	4,269	4,571	7.1%	
Variance against Plan YTD	22,702	23,666	4.2%	
Year on Year YTD Growth			3.6%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,435	3,646	6.1%	OPFA seasonal variation is showing an over performance for month 5 although activity decreased in month as expected and was slightly below a monthly average. Local monitoring has YTD variance against plan within the 2% threshold. OPFUP activity has a greater variance against plan YTD with increases against a number of specialties recorded in month 4 at the CCGs main hospital provider. OPFUP decreased in month 5 as expected but remained above plan. Seasonal trends show planned levels increasing in coming months and current activity levels would suggest a decreased variance between OPFUP actuals and plan.
Follow Up	7,614	7,524	-1.2%	
Total Outpatient attendances (in month)	11,049	11,170	1.1%	
Variance against Plan YTD	59,084	58,515	-1.0%	
Year on Year YTD Growth			1.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,316	1,427	8.4%	Variation has been identified at month 5 within both Day Case and Ordinary spells with activity fluctuating but not outside of the statistical norm (particularly within electives where the activity variance against plan in month is minimal). The YTD position continues to be affected by month 1 under performance within Day Case activity although under performance was also evident in other months for this point of delivery. 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	219	226	3.2%	
Total Elective spells (in month)	1,535	1,653	7.7%	
Variance against Plan YTD	8,232	8,173	-0.7%	
Year on Year YTD Growth			-2.1%	
Urgent & Emergency Care				
Type 1	3,506	3,661	4.4%	Despite a decrease to the previous month, the CCGs A&E activity remains high in month 5, which aligns to trends identified in previous months. Performance at the main hospital provider has improved to approx. 88%. The CCG and main provider are working together to understand the increase in attendances and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase.
Year on Year YTD			6.7%	
All types (in month)	3,911	4,373	11.8%	
Variance against Plan YTD	19,956	21,666	8.6%	
Year on Year YTD Growth			9.2%	
Total Non Elective spells (in month)	1,182	1,597	35.1%	The CCGs main provider 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			18.7%	
Year on Year YTD Growth			19.2%	