

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report September 2018

## Contents

1. Executive Summary .....	12
2. Financial Position .....	14
2.1 Summary .....	14
2.2 Financial Forecast.....	17
2.3 CCG Reserves Budget .....	18
2.4 Provider Expenditure Analysis – Acting as One .....	19
2.5 QIPP .....	21
2.6 Risk .....	21
2.7 Risk Adjusted Position .....	22
2.8 Statement of Financial Position.....	23
2.9 Recommendations .....	23
3. Planned Care .....	25
3.1 Referrals by Source .....	25
3.1.1 E-Referral Utilisation Rates.....	26
3.2 Diagnostic Test Waiting Times.....	26
3.3 Referral to Treatment Performance.....	27
3.3.1 Incomplete Pathway Waiting Times .....	29
3.3.2 Long Waiters analysis: Top 5 Providers .....	30
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty.....	30
3.3.4 Provider assurance for long waiters .....	31
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 .....	32
3.5 Cancer Indicators Performance.....	33
3.5.1 - Two Week Waiting Time Performance.....	33
3.5.2 - 31 Day Cancer Waiting Time Performance .....	33
3.5.3 - 62 Day Cancer Waiting Time Performance .....	34
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.....	38
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 .....	40
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)	45
4.	Unplanned Care	46
4.1	Accident & Emergency Performance	46
4.2	Occupied Bed Days	47
4.3	Ambulance Service Performance	48
4.4	Unplanned Care Quality Indicators	49
4.4.1	Stroke and TIA Performance	49
4.4.2	Mixed Sex Accommodation	50
4.4.3	Healthcare associated infections (HCAI)	51
4.4.4	Mortality	52
4.5	CCG Serious Incident Management	53
4.6	Delayed Transfers of Care	54
4.7	Patient Experience of Unplanned Care	55
4.8	Unplanned Care Activity & Finance, All Providers	56
4.8.1	All Providers	56
4.8.2	Southport and Ormskirk Hospital NHS Trust	57
4.8.3	Southport & Ormskirk Hospital NHS Trust Key Issues	57
4.9	Aintree and University Hospital NHS Foundation Trust	58
4.10	Aintree University Hospital NHS Trust Key Issues	58
5.	Mental Health	58
5.1	Mersey Care NHS Trust Contract	58
5.1.1	Key Mental Health Performance Indicators	59
5.2	Out of Area Placements (OAP's)	60
5.2.1	Mental Health Contract Quality Overview	60
5.3	Patient Experience of Mental Health Services	62
5.4	Improving Access to Psychological Therapies	62
5.5	Dementia	64
5.6	Improve Access to Children & Young People's Mental Health Services (CYPMH)	64
5.7	Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services	64
5.8	Child and Adolescent Mental Health Services (CAMHS)	65
5.9	Learning Disability Health Checks	67
6.	Community Health	67
6.1	Lancashire Care Trust Community Services	67
6.1.2	Quality	67
6.2	Patient Experience of Community Services	68
6.3	Any Qualified Provider – Audiology	68
6.4	Percentage of children waiting less than 18 weeks for a wheelchair	68
7.	Third Sector Contracts	68
8.	Primary Care	72

8.1	Extended Access (evening and weekends) at GP services.....	72
8.2	CQC Inspections.....	72
9.	Better Care Fund .....	73
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	17
Figure 5 – Reserves Budget	18
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	21
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	27
Figure 17 – RTT Performance & Activity Trend	28
Figure 18 – Southport & Formby CCG Total Incomplete Pathways	28
Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	29
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	30
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	31
Figure 24 – Southport & Ormskirk Cancelled Operations	32
Figure 25 – Southport & Ormskirk Cancelled Operations for a second time	32
Figure 26 – Two Week Cancer Performance measures	33
Figure 27 – 31 Day Cancer Performance measures	33
Figure 28 – 62 Day Cancer Performance measures	34
Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results	36
Figure 30 - Planned Care - All Providers	37
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 - Wrightington, Wigan and Leigh NHS Foundation Trust by POD	40
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	43
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	44
Figure 41 - Smoking at Time of Delivery (SATOD)	45
Figure 42 - A&E Performance	46
Figure 43 - A&E Performance – 12 hour breaches	47
Figure 44 – Occupied Bed Days, Southport & Ormskirk Hospitals	47
Figure 45 - Ambulance handover time performance	48
Figure 46 - Stroke and TIA performance	49
Figure 47 - Mixed Sex Accommodation breaches	50
Figure 48 - Healthcare associated infections (HCAI)	51
Figure 49 - Hospital Mortality	52
Figure 50 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients	53
Figure 51 - Timescale Performance for Southport and Ormskirk Hospital	53

Figure 52 - Timescale Performance for Lancashire Care Community Trust	54
Figure 53 – Southport & Ormskirk DTOC Monitoring	54
Figure 54 - Southport A&E Friends and Family Test performance	55
Figure 55 - Month 6 Unplanned Care – All Providers	56
Figure 56 - Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	57
Figure 57 - Month 6 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	58
Figure 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	58
Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge	59
Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups	59
Figure 61 - Figure 16 EIP 2 week waits	60
Figure 62 - OAP Days	60
Figure 63 - Merseycare Friends and Family Test performance	62
Figure 64 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)	62
Figure 65 - Dementia casefinding	64
Figure 66 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 (32% Target)	64
Figure 67 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)	64
Figure 68 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)	65
Figure 69 – CAMHS Referrals	65
Figure 70 – CAMHS Waiting Times Referral to Assessment	66
Figure 71 – CAMHS Waiting Times Referral to Intervention	66
Figure 72 – Learning Disability Health Checks	67
Figure 73 - Lancashire Care Friends and Family Test Performance	68
Figure 74 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)	68
Figure 75 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans	72
Figure 76 – CQC Inspection Table	73
Figure 77 – BCF Metric Performance	73
Figure 78 – BCF High Impact Change Model Assessment	74
Figure 79 – Southport & Formby CCG’s Month 6 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			
<b>E-Referrals</b>																
<a href="#">2142: NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	76.08%	74.77%	77.56%	79.87%										77.02%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
<b>Referral to Treatment (RTT) &amp; Diagnostics</b>																
<a href="#">1828: % of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	5.139%	4.667%	4.14%	4.123%	4.201%	4.028%								4.393%
		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%
<a href="#">1291: % of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	92.471%	93.409%	93.314%	93.027%	93.597%	93.362%								93.197%
		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%
<a href="#">1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G							R	
		Actual	0	1	0	1	1	0								3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<a href="#">1983: Urgent Operations cancelled for a 2nd time</a> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0								0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Cancer Waiting Times**

<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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							G	
		Actual	91.389%	93.46%	94.747%	93.211%	93.421%	94.082%								93.382%
		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%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R	R	G							R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%								86.449%
		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%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G	R							G	
		Actual	94.872%	98.734%	97.015%	96.203%	98.529%	90.476%								96.083%
		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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R							G	
		Actual	83.333%	100.00%	100.00%	100.00%	100.00%	91.667%								96.875%
		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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								100.00%
		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%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								100.00%
		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%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R							R	
		Actual	75.00%	87.50%	91.429%	70.732%	67.742%	81.081%								79.091%
		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%



<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G							G	
		Actual	100.00%	83.333%	100.00%	100.00%	100.00%	100.00%								97.222%
		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%
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R							G	
		Actual	100.00%	92.308%	86.667%	93.333%	94.118%	75.00%								91.011%
		Target	85%	85%	85%	85%	85%	85%								85%

**Personal Health Budgets**

<b>2143: Personal health budgets</b> Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R		R										R	
		Actual	12.8		8.0											
		Target	67.50		77.10		86.70		96.40							

**Accident & Emergency**

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%								88.238%
		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%

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

**EMSA**

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	3	3	4	3	5	11								29
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	0.9	0.8	1.0	0.8	1.2	2.5								
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**HCAI**

<a href="#">497: Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R										R	
		YTD	0	0	0	1	1	1											1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">24: Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G										G	
		YTD	3	5	6	7	10	12											12
		Target	4	7	10	13	16	19	22	25	28	31	34	37	22				

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

**Mental Health**

<a href="#">138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G												G	
		Actual	100.00%			96.67%													98.592%
		Target	95.00%			95.00%			95.00%			95.00%			95.00%				

**Episode of Psychosis**

<a href="#">2099: First episode of psychosis within two weeks of referral</a> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	R	G											G	
		Actual	100.00%	66.667%	100.00%	80.00%	50.00%	75.00%												76.00%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	

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

<a href="#">2183: IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G			R												G	
		Actual	51.11%			48.5%													50.4%
		Target	50.00%			50.00%			50.00%			50.00%			50.00%				



**Southport and Formby**  
Clinical Commissioning Group

<b>2131: IAPT Access</b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R										R	
		Actual	3.69%	3.12%											6.45%
		Target	4.20%	4.20%			4.20%			4.20%					4.20%
<b>2253: IAPT Waiting Times - 6 Week Waiters</b> 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										R	
		Actual	99.4%	98.5%											80%
		Target	75.00%	75.00%			75.00%			75.00%					75.00%
<b>2254: IAPT Waiting Times - 18 Week Waiters</b> 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										R	
		Actual	100%	99.7%											30%
		Target	95.00%	95.00%			95.00%			95.00%					95.00%

**Dementia**

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%								70.106%
		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%

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

**Children and Young People with Eating Disorders**

<b>2095: The number of completed CYP ED routine referrals within four weeks</b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	G										R	
		Actual	71.429%	100.00%											83.333%
		Target	100%	100%											100%
<b>2096: The number of completed CYP ED urgent referrals within one week</b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	G										R	
		Actual	0%	100%											50%
		Target	95%	95%			95%			95%					95%

**Wheelchairs**

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R										R	
		Actual	100%	40%											70%
		Target	92.00%	92.00%			92.00%			92.00%					92.00%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 6 (note: time periods of data are different for each source).

### Financial position

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

The year to date financial position is a deficit of £0.900m, which represents deterioration against the planned deficit of £0.500m.

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

The most likely financial out turn position for the CCG assessed at 31 October 2018 is a deficit of £2.957m. The predicted QIPP delivery during the year is forecast to be £2.812m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

### Planned Care

Year to date referrals at month 6 are currently up 3% when comparing to the equivalent period in the previous year.

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 September recording 4%, a slight improvement on last month's performance of 4.1%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in September recording 4%, a decline on last month's performance of 3.2%.

For referral to treatment, in September the CCG reported 7,487 incomplete pathways, 688 patients more than September 2017. This is the third consecutive time in 2018/19 the CCG has not achieved the target with performance declining.

Southport & Ormskirk reported 1 cancelled operation in September due to the list over running.

The CCG are failing 2 of the 9 cancer measures in month 6 year to date. They include 2 week breast symptoms (86.45%) and the 62 days urgent GP referral metric (78.83%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (78.92%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a slight improvement in response rates for inpatients, from 16.4% in August to 16.9% in September. The percentage of patients that would recommend the inpatient service in the Trust has increased from 90% in August to 93% in September but still remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 3% in September so is still reporting above the England average of 2%.

Performance at Month 6 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £870k/4.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1m/5.9%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for September reached 90.48%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 90% for September and an improvement on last month's performance. However the year to date position is still failing at 88.28%.

In September 2018 there was an average response time in Southport and Formby of 8 minutes 44 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes against a target of 18 minutes. The CCG also failed the category 3 90th percentile response time target but achieved category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Southport & Ormskirk failed the stroke target in September recording 64.3%, with 9 out of 14 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in September with 3 reportable patients breaching the target. This is the eleventh consecutive month where 0% has been reported.

The CCG has reported an MSA rate of 3.1, which equates to a total of 11 breaches in September. All 11 breaches there were at Southport & Ormskirk NHS Trust.

There were 2 new cases of Clostridium Difficile attributed to the CCG in September, bringing the year to date figure to 12 against a plan of 18. Year to date 3 cases were apportioned to an acute trust and 9 to the community. Southport & Ormskirk reported 0 new cases in August, so the total for the year remains at 6 against a plan of 18.

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.

Southport & Ormskirk's A&E department continues to experience difficulties in relation to response rates reporting 1.5% in September, a decline on last month and remaining significantly below the England average of 12.8%. The percentage of people who would recommend the service has declined from 79% in August to 67% in September, falling further below the England average of 87%. The percentage not recommended has also declined from 13% to 23%, rising above the England Average of 8%.

Performance at Month 6 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £3.2m/19.9%. 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 £2.7m/16.8%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 186 Southport & Formby patients entering treatment in Month 6. This is comparable to the previous month when 185 patients entered treatment. The access rate for month 6 was 0.97% and therefore failed to achieve the standard. The percentage of people moved to recovery

increased with 54.9% compared to 45.9% in the previous month. This satisfies the monthly target of 50%.

In quarter 2 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 84% (21/25) for routine and 66.67% (2/3) for urgent referrals.

### **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 are now on-going to agree new baselines, more detailed activity reporting and exception narrative to provide assurance to the CCG.

### **Better Care Fund**

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

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

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

## **2. Financial Position**

### **2.1 Summary**

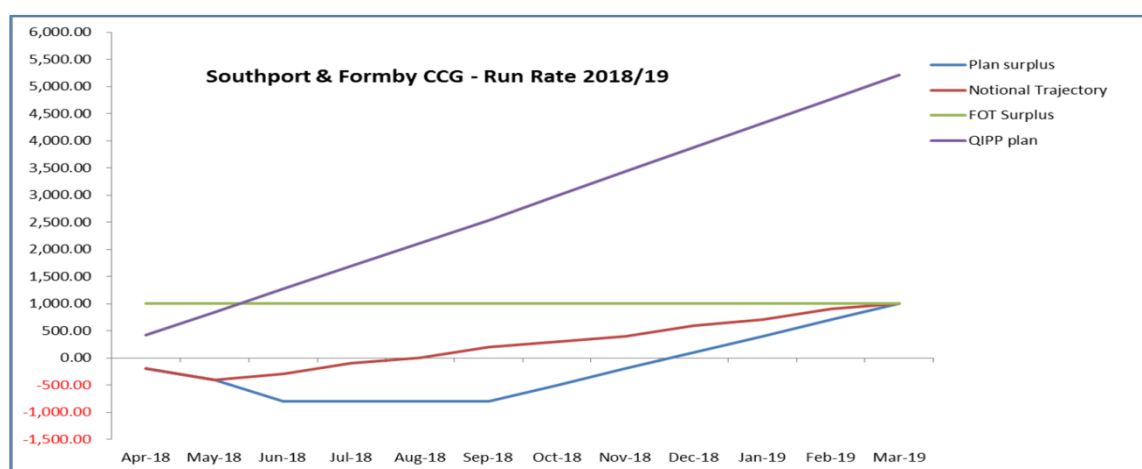
This report focuses on the financial performance for Southport and Formby CCG as at 31 October 2018.

**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	24,476	14,068	14,124	56	24,487	11
Corporate & Support Services: admin	2,622	1,485	1,349	(136)	2,443	(179)
Corporate & Support Services: programme	2,836	1,645	1,564	(81)	2,710	(126)
NHS Commissioned Services	124,088	71,246	71,991	745	125,648	1,560
Independent Sector	5,701	3,250	3,451	201	5,945	244
Primary Care	4,004	2,247	2,509	262	4,271	267
Prescribing	23,099	13,253	13,701	448	23,904	805
<b>Total Operating budgets</b>	<b>186,825</b>	<b>107,194</b>	<b>108,689</b>	<b>1,495</b>	<b>189,408</b>	<b>2,583</b>
Reserves	(1,012)	1,095	0	(1,095)	(3,595)	(2,583)
In Year Planned (Surplus)/Deficit	1,000	(500)	0	500	0	(1,000)
<b>Grand Total (Surplus)/Deficit</b>	<b>186,813</b>	<b>107,789</b>	<b>108,689</b>	<b>900</b>	<b>185,813</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £0.900m, which represents deterioration against the planned deficit of £0.500m. 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

As the CCG has not delivered the planned surplus in month 7, this will make the delivery of the financial position more challenging in the future months ahead.

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

The most likely financial out turn position for the CCG assessed at 31 October 2018 is a deficit of £2.957m. The predicted QIPP delivery during the year is forecast to be £2.812m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

The 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.

An external check and challenge exercise is currently being progressed to reflect on CCG actions in response to the Menu of Opportunities. This will form the basis of new proposals for the 2019/20 QIPP plan which will be presented to the Governing Body in December 2018.

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.

Cost pressures have emerged in 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 an overall increase in activity. This equates to a full year cost pressure of £1.163m.
- Forecast over performance at Southport & Ormskirk Trust of £1.200m for PbR activity, offset by the application of appropriate contract sanctions and CQUIN reductions.
- Over spend of £0.728m within prescribing due to NCSO cost pressures.
- Cost pressures of £0.319m 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 £0.248m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.214m within intermediate care for providing additional beds to support hospital discharge to enable better improved patient flow across the health economy
- Cost pressures of £0.180m 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 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**

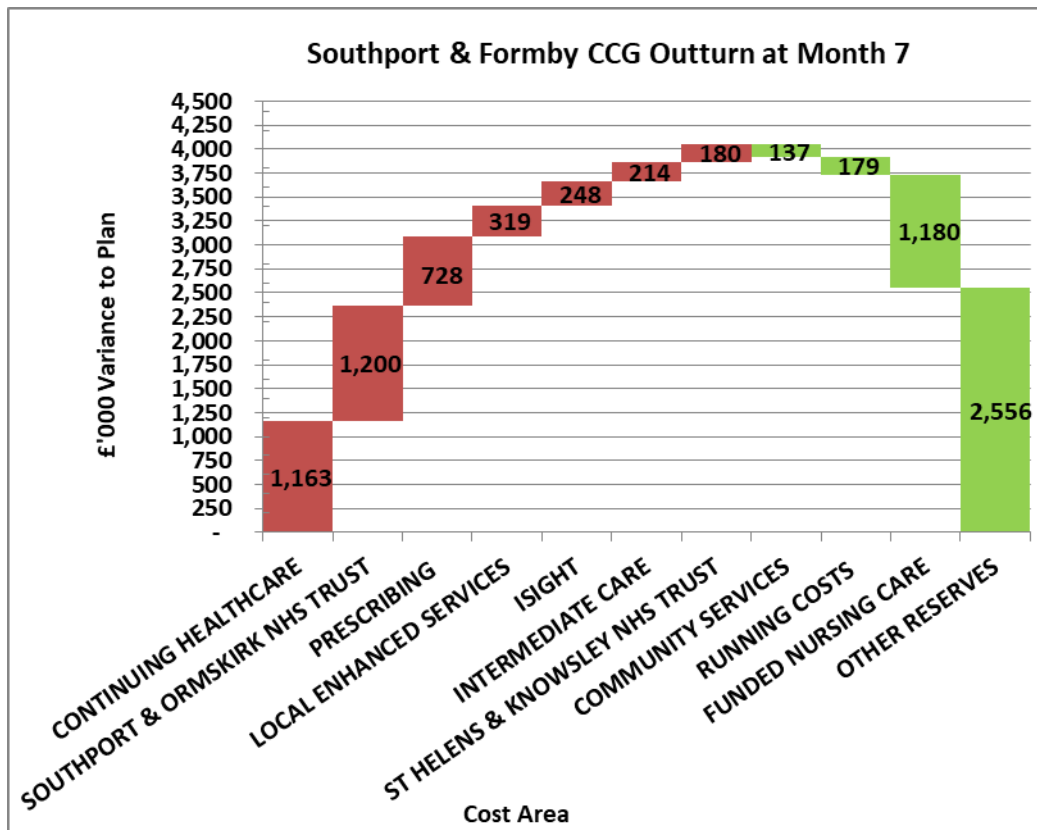
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	£2.397m
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > %	98.95%
		NHS - Volume YTD > 95%	93.87%
		Non NHS -Value YTD > 95	97.98%
		Non NHS - Volume YTD > 95%	93.70%

- 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 31 October 2018 for the financial year is a deficit of £2.957m.
- The QIPP target for 2018-19 is £5.210; delivery is £2.397m to date which is £0.848m below the planned delivery at month 7.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.179m.
- 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 CCGs outturn position for the year.

**Figure 4 – Forecast Outturn**



- The CCG's most likely financial position for the financial year is **deficit of £2.957m**.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
  - Over spend within prescribing due to NCSO cost pressures.
  - Cost pressures within the Local Quality Contract due to part one and quarterly claims being higher cost than expected.
  - Cost pressures within iSight Clinic.
  - Cost pressures within intermediate care.
  - 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		2.397		2.397
NCSO Adjustment	(1.100)			1.100	0.000
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)	0.100			(0.200)
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			(0.260)	0.437
Intermediate care	0.500		(0.130)		0.370
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	0.325	0.761	(0.634)	(0.639)	(0.187)
0.5% Contingency Reserve	0.934				0.934
<b>Total Reserves</b>	<b>(3.106)</b>	<b>0.861</b>	<b>1.032</b>	<b>0.201</b>	<b>(1.012)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The monthly NCSO costs pressures for the CCG to date are sent to NHS England each month for monitoring purposes.
- The budget also includes an assumption for increased savings relating to CATM prescribing. The CCG will review the impact of CATM following the recent announcement regarding 2018/19 arrangements and will include an update in the next report.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

## 2.4 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.507</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.030</b>
Liverpool Women's NHS Foundation Trust	<b>(0.001)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.111)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.095</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.023)</b>
<b>Grand Total</b>	<b>0.498</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.

- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an overspend of £0.498m 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
<b>Opening Contract Value</b>	<b>64.074</b>	<b>64.074</b>	<b>64.074</b>
Reported YTD (Under) Overspend at Month 6	3.045	3.045	3.045
Extrapolated to M12	6.090	6.090	6.090
<b>Trust Report Contract Value</b>	<b>70.164</b>	<b>70.164</b>	<b>70.164</b>
Trust Adjustment:			-
: AEC Follow Up activity adjustment	(2.000)	(1.100)	(1.100)
<b>Revised Trust Position</b>	<b>68.164</b>	<b>69.064</b>	<b>69.064</b>
CCG Adjustments:			
: NEL price increase	(1.500)	(1.500)	-
: CDU price increase	(0.700)	(0.700)	-
: Non-PBR Review	(0.300)	(0.200)	(0.100)
: Applicable Sanctions	(2.000)	(1.700)	(1.000)
: CQUIN underperformance	(0.300)	(0.300)	(0.200)
<b>Forecast Contract Payment 2018/19</b>	<b>63.364</b>	<b>64.664</b>	<b>67.764</b>

- The Month 6 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £3.045m 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
- MIAA have undertaken a review of the AEC pathway and cost, further work is required to conclude the work and deliver the agreed scope. The impact of this is included in each scenario.
- Application of contract sanctions and assumptions for the impact of in year CQUIN performance and review of the Non-PBR block will reduce the forecast expenditure further.
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £64.1m which is in line with the financial plan. Any additional payment above this amount will increase the CCG's forecast deficit.

- The CCG is working with other organisations in the Southport health economy and with the regulators to agree a collective financial position across the system for the financial year. Initial discussions have taken place and the work will progress during November.

## 2.5 QIPP

Figure 8 – QIPP Plan and Forecast

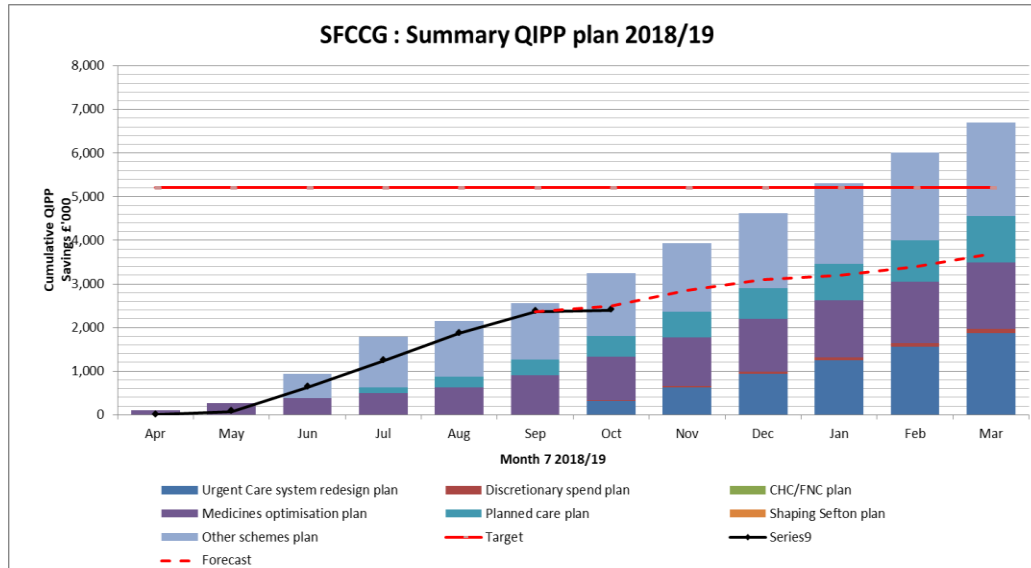


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	53	0	1,014	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	100	0	100	0	0	100	100
Urgent Care system redesign plan	1,870	0	1,870	0	0	1,870	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,241	2,142	1,592	300	250	2,142
<b>Total QIPP Plan</b>	<b>5,455</b>	<b>1,241</b>	<b>6,696</b>	<b>2,662</b>	<b>300</b>	<b>3,734</b>	<b>6,696</b>
<b>QIPP Delivered 2018/19</b>				<b>(2,397)</b>		<b>0</b>	<b>(2,397)</b>

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £6.696m have been identified; however £4.034m 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 £2.397m QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.6 Risk

Figure 10 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Reserve Budgets			
<b>Management action plan</b>			
QIPP Achieved	0.573	1.824	2.397
Remaining QIPP to be delivered	4.637	(1.824)	2.813
<b>Total Management Action plan</b>	<b>5.210</b>	<b>0.000</b>	<b>5.210</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

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

## 2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	<b>(4.210)</b>	<b>(4.210)</b>	<b>(4.210)</b>
Predicted QIPP achievement	5.210	2.812	2.812
I&E impact	(3.162)	(2.583)	(2.583)
<b>Forecast Surplus / (Deficit)</b>	<b>(2.162)</b>	<b>(3.981)</b>	<b>(3.981)</b>
Further Risk	(0.500)	(2.600)	(5.200)
Management Action Plan	3.662	3.624	3.624
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.957)</b>	<b>(5.557)</b>

- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £2.957m and assumes that QIPP delivery will be £2.812m for the year. Pressures have emerged in year in respect of CHC costs, mental health investment, costs associated with Sefton Transformation Board and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a deficit of £5.557m 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	Quarter 3	Prior Year 2017/18
	M3 £'000	M6 £'000	M7 £'000	M12 £'000
Non-Current Assets	0	31	31	0
Receivables	2,241	2,560	2,669	2,406
Cash	4,687	3,046	4,725	63
Payables & Provisions	(16,042)	(13,893)	(14,774)	(12,162)
Value of Debt > 180 days	1,669	1,729	1,729	672

- Non-Current Assets balance has increased 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 7 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 £185.508m at Month 7. The actual cash utilised at Month 7 was £106.308m which represents 57.31% of the total allocation. The balance of MCD to be utilised over the rest of the year is £79.200m.

## 2.9 Recommendations

The Finance and Resource Committee is asked to receive this report noting that:

- The full year most likely financial position for the CCG is a deficit of £2.957m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 7 is £2.397m 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's year to date financial position is £0.400m from plan due to £0.100m deterioration in month and not being able to deliver the planned improvement of £0.300m. The month 7 financial position is a £0.900m deficit against a planned deficit of £0.500m. As the CCG enters the latter 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

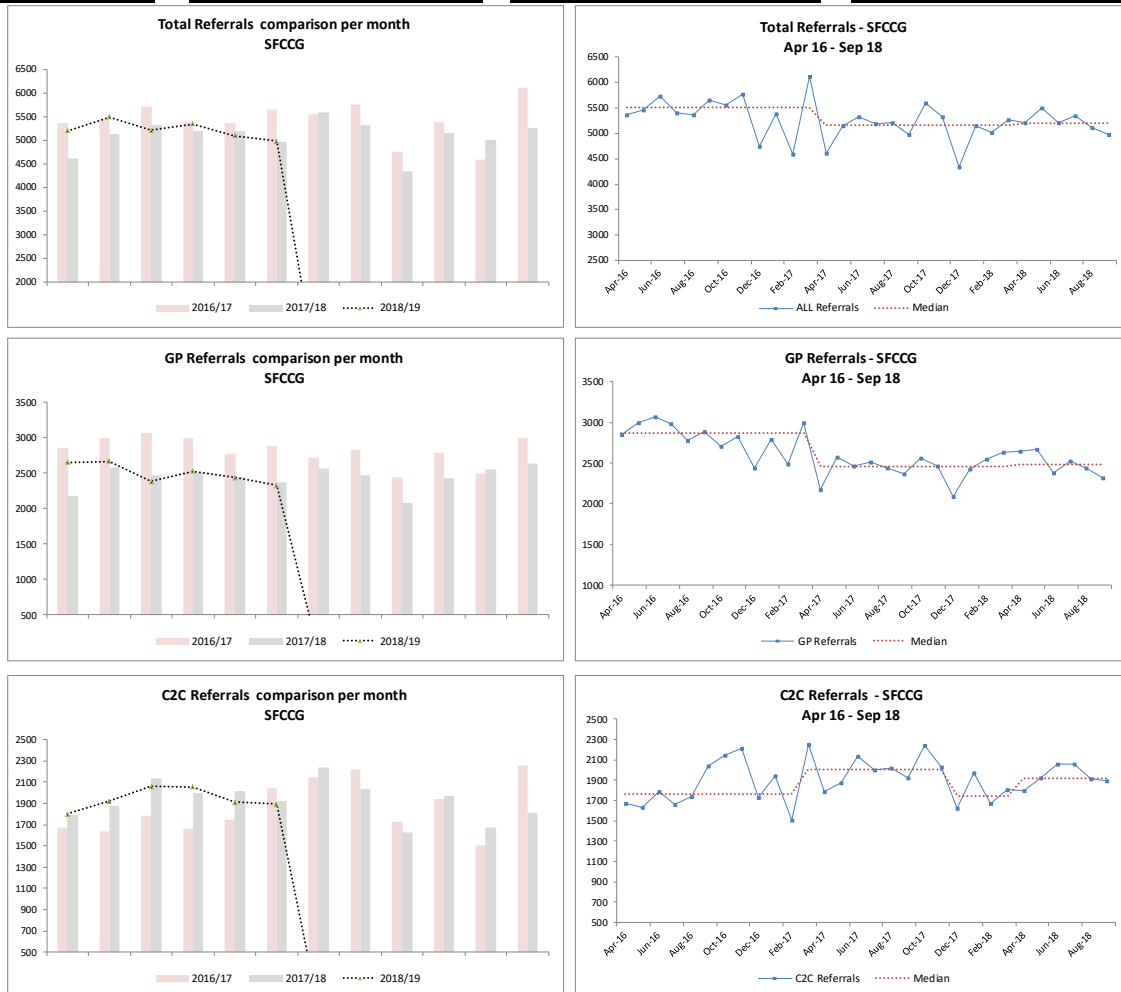


### 3. Planned Care

#### 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	1799	8	0%	4617	5203	586	13%
May	2573	2666	93	4%	1879	1922	43	2%	5145	5498	353	7%
June	2468	2381	-87	-4%	2135	2060	-75	-4%	5332	5215	-117	-2%
July	2513	2529	16	1%	2002	2057	55	3%	5196	5352	156	3%
August	2441	2436	-5	0%	2018	1912	-106	-5%	5209	5107	-102	-2%
September	2367	2323	-44	-2%	1923	1894	-29	-2%	4973	4987	14	0%
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	2498	59	2%	1925	1941	16	1%	5100	5227	128	3%
YTD Total Month 6	14543	14985	442	3%	11748	11644	-104	-1%	30472	31362	890	3%
Annual/FOT	29260	29970	710	2%	23101	23288	187	1%	61194	62724	1530	3%



Year to date referrals at month 6 are currently up 3% when comparing to the equivalent period in the previous year. Monthly trends have shown that total referrals have decreased in Sep-18 to the

lowest monthly total of 2018/19 to date. GP and consultant-to-consultant referrals each decreased in Sep-18.

At provider level, Aintree Hospital is currently seeing a 26% increase in referrals when compared to 2017/18 whereas Southport Hospital is reporting a slight reduction of -0.4%. Other notable increases have occurred at Renacres, Isight and St Helens & Knowsley hospitals. In contrast, Southport & Formby hospital is seeing a slight reduction of -0.4% at month 6 when comparing to 2017/18.

Within individual specialties, General Surgery, General Medicine and Cardiology are reporting a notable increase in referrals during 2018/19 with each linked to referral increases to Southport Hospital. At Aintree Hospital, there have been increases reported across a number of specialties including Breast Surgery, ENT and Maxillo-Facial Surgery with demand linked predominantly to increased GP referrals but also to referrals from a consultant other than in A&E.

GP referrals in 2018/19 to date are 3% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 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.

**Data quality notes:**

Walton Neuro Centre excluded from the above analysis due to data quality issues.

A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

Referral counts at Aintree Hospital in month 6 have also contributed to reduced GP referrals. Aintree have identified an issue related to ERS implementation with some referrals potentially being rejected.

### 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 <b>(CCG)</b>	18/19 - Sept	<1%	4.00%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	<1%	4.00%	↑

**Performance Overview/Issues**

The CCG failed the less than 1% target for Diagnostics in September recording 4%. Out of 2,458 patients, 104 patients were waiting over 6 weeks, and 5 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (46) and CT (19).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in September recording 4%. Out of 3,470 patients, 140 patients waited over 6 weeks, and 4 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (91) and Cystoscopy (15).

**How are the issues being addressed?**

Diagnostics Improvement work streams are Endoscopy, Non-obstetric ultrasound and Cancer 62 Day Target. For Non-obstetric ultrasound, the full time Sonographer is now in post, slight delay in starting and commenced in post on the 10th October. Pending locum Consultant Radiologist commencing. To review in 6 weeks.

**When is performance expected to recover?**

April 2019.

**Who is responsible for this indicator?**

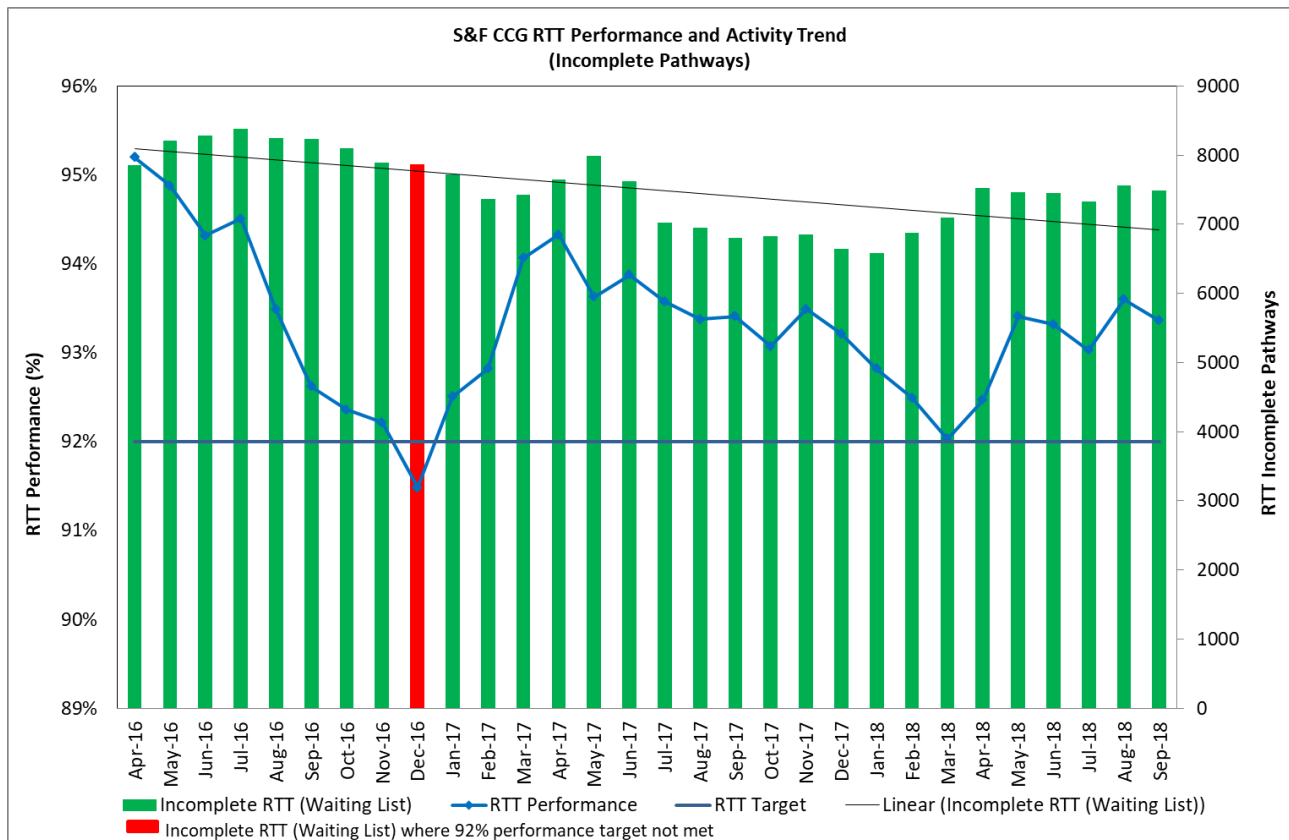
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

**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. <b>(CCG)</b>	18/19 - Sept	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	0	0	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - Sept	92%	93.40%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	92%	95.30%	↓

**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	7,559	7,487						
<b>Difference</b>	<b>-119</b>	<b>-523</b>	<b>-180</b>	<b>308</b>	<b>614</b>	<b>688</b>						

### Performance Overview/Issues

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In September the CCG reported 7,487 incomplete pathways, 688 patients more than September 2017. This is the third consecutive time in 2018/19 the CCG has not achieved the target with performance declining.

### How are the issues being addressed?

The CCG are working with Southport & Ormskirk Trust to support achievement of the target and a number of plans and actions are in place:

- CCG and Trust weekly Patient Tracking meetings focus on patients likely to pass their RTT
- Waiting List Initiative Clinics
- A number of vacancies are expected to be filled by December.
- Continue to expand Advice and Guidance across all specialities
- S&O have arranged a number of workshops to identify change required to ensure compliance of targets and identify the challenges ahead which may impact on achievement of targets. Stakeholders have been invited to each of the workshops
- Gastroenterology education events to support reduction of inappropriate referrals

The Trust undertakes weekly access meetings where each speciality is discussed and areas of concern highlighted. The CCG forms part of the membership of this meeting and assurances are given and actions are discussed. Going forward the Chief Operating Officer will be chairing to ensure Executive oversight of the operational pressures and patterns that emerge impact on performance and improvement. The meetings form part of our internal validation process along with the constant validation undertaken by the 18 week trackers and clinical teams.

### When is performance expected to recover?

It is expected that the plans above will improve performance to meet the target by March 2019.

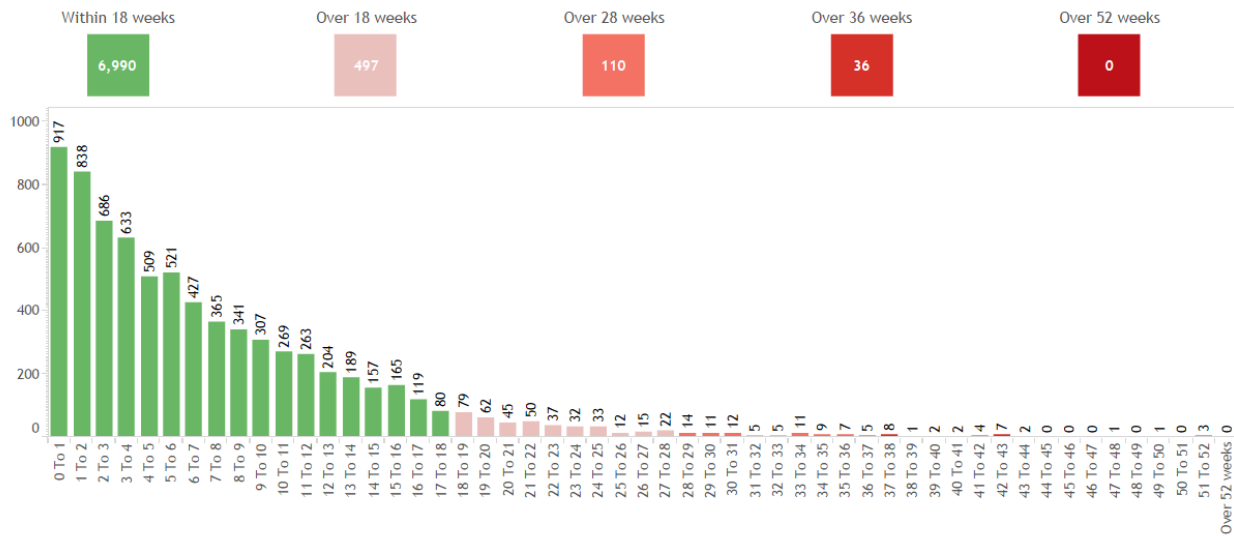
### Who is responsible for this indicator?

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

**Actuals by Week - 2) Incomplete pathways for all patients (unadjusted)**



### 3.3.2 Long Waiters analysis: Top 5 Providers

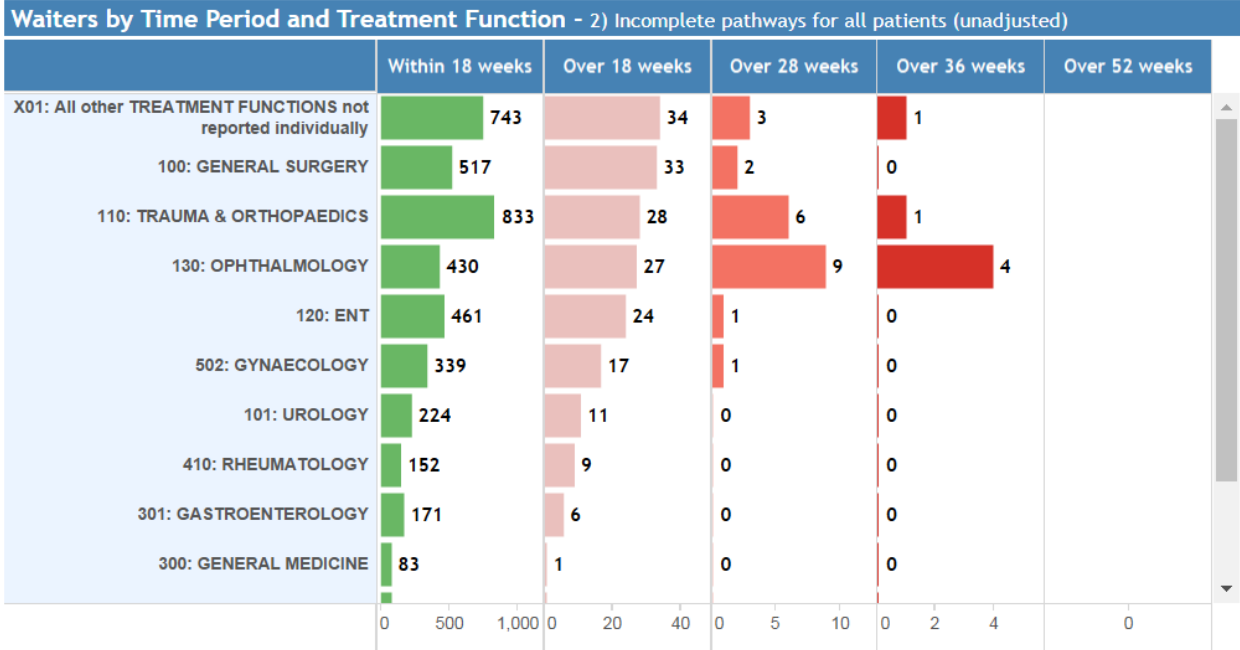
Figure 20 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

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

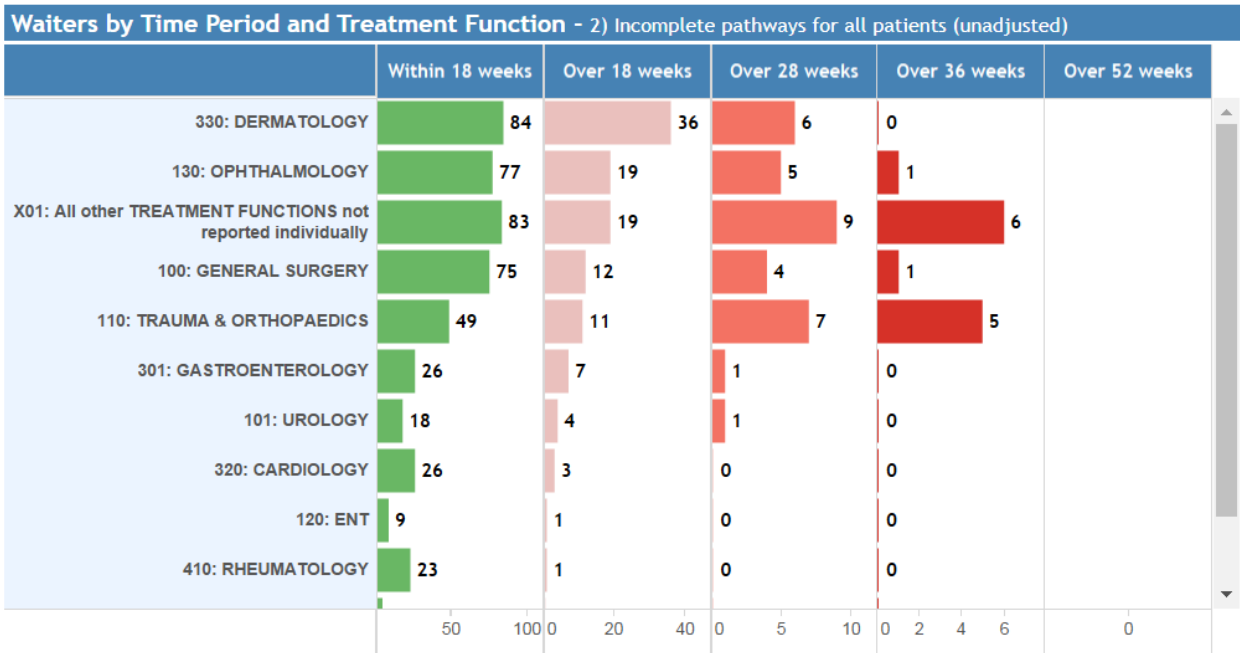
Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	4,364	192	22	6	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	476	113	33	13	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	253	58	12	1	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	482	43	12	6	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	49	20	7	2	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	88	18	6	3	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	183	9	0	0	
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	157	8	3	1	

### 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 CCG	Aintree	Gastroenterology	36 to 42 weeks	All 3 patients were treated in October.
Southport & Formby CCG	Aintree	Thoracic Medicine	41 weeks	Patient awaiting appointment
Southport & Formby CCG	Aintree	General Surgery	36 & 41 weeks	Both patients were treated in October.
Southport & Formby CCG	Alder Hey	other	41 weeks	Patient DNA'd appointment in October - discharged.
Southport & Formby CCG	Lancashire Teaching	General Medicine	43 weeks	Patient seen first appointment 06/09/18 and sent for chest x rays, consultant advised follow up in 4 months' time – follow up appointment booked for 10/01/19. <b>Patient on course to breach 52 weeks</b>
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	37 weeks	TCI 10/12/18
Southport & Formby CCG	Liverpool Womens	Gynaecology	37 to 42 weeks	3 patients waiting
Southport & Formby CCG	Manchester University	Gynaecology	36 weeks	Trust not providing information
Southport & Formby CCG	North Midlands	General Surgery	51 weeks	2 patients; 1 stopped pathway. <b>Trust's unvalidated snapshot as at 24th October indicates that 1 Southport &amp; Formby North Midlands patient is on course to breach 52 weeks on the October monthly submission (no TCI date).</b>
Southport & Formby CCG	Royal Liverpool	T&O	37 to 49 weeks	5 patients; two longest waiting treated. Others awaiting dates due to capacity.
Southport & Formby CCG	Royal Liverpool	Ophthalmology	42 weeks	Pathway stopped
Southport & Formby CCG	Royal Liverpool	General Surgery	42 weeks	No date yet - long waiting list
Southport & Formby CCG	Royal Liverpool	other	37 to 42 weeks	6 patients; 2 have TCI dates, 4 pathways stopped
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36 to 43 weeks	4 patients; awaiting Trust update
Southport & Formby CCG	Southport & Ormskirk	other	37 weeks	Awaiting Trust update
Southport & Formby CCG	Wirral	ENT	41 weeks	Trust no longer providing updates on 40 week waiters
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	51 weeks	Pathway had incorrectly pulled into the month end data. Final submission was resubmitted when the error was realised but the upload failed causing the original submission to be published. Issue has been raised with NHSI regarding a formal resubmission.

### 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 - <b>Southport &amp; Ormskirk</b>	18/19 - Sept	0	1	↑ ↓

Southport & Ormskirk reported 1 cancelled operation in September due to the list over running.

#### 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 - <b>Southport &amp; Ormskirk</b>	18/19 - Sept	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 - Sept	93%	93.38%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Sept	93%	94.62%	↔
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 - Sept	93%	86.45%	↑

#### Performance Overview/Issues

The CCG achieved the target of 93% in September for patients referred urgently with breast symptoms with performance of 95.65% but are failing year to date with 86.45%. In September, out of a total of 23 patients, just 1 breached the target 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

<b>Cancer waits – 31 days</b>	<b>Period</b>	<b>Target</b>	<b>Actual</b>	<b>Trend</b>
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - Sept	96%	96.08%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	96%	97.88%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Sept	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Sept	94%	96.88%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Sept	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Sept	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 - Sept	85% (local target)	91.01%	↓
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 - Sept	85% (local target)	91.04%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Sept	90%	97.22%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Sept	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Sept	85%	78.83%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Sept	85%	78.92%	↓

### Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in September with 81.08% and year to date with a performance of 78.83%. In September, 7 patients out of 37 breached. 2 of these delays did not have a listen reason. Other delays were due to inadequate elective capacity (1), patient choice (1), treatment delayed for medical reasons (1) and health care provider initiated delay to diagnostic test or treatment planning (2).

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 September recording 70.93% and year to date with 78.92%. In September, the Trust reported the equivalent of 12.5 breaches out of 43 patients. 10 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 (3), inadequate elective capacity (1), treatment delayed for medical reasons (1), inadequate outpatient capacity (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?

March 2019.

### 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 September Southport & Ormskirk Trust reported 8 patients waiting longer than 104 days within the 62 day standard metric. Breaches were in urology (4), haematology (1), lung (1), lower GI (1) and other (1). 6 breaches had an unknown delay. Other breaches were due to health care provider initiating delay (1) and inadequate elective capacity (1). The longest waiting patient was a urological patient at 155 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: Sep-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%	16.9%		96%	93%		2%	3%	
Q1 - Antenatal Care	-	-		95%	100%		2%	0%	
Q2 - Birth	20.8%	12.0%		96%	100%		2%	0%	
Q3 - Postnatal Ward	-	-		94%	98%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	100%		1%	0%	

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (\*) to protect against the possible risk of disclosure.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a slight improvement in response rates for inpatients, from 16.4% in August to 16.9% in September. The percentage of patients that would recommend the inpatient service in the Trust has increased from 90% in August to 93% in September but still remains below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 3% in September so is still reporting above the England average of 2%.

For maternity services, in relation to 'Birth' the response rate remained at 12% in September, 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 6 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £870k/4.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1m/5.9%.

At individual providers, Southport & Ormskirk and Wrightington, Wigan and Leigh are showing the largest over performance at month 6 with a variance of £396k/4% and £349k/64% against plan respectively. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£146k/-29%) and Renacres Hospital (-£122/-7%).

**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	8,826	10,249	1,423	16%	£1,921	£2,018	£97	5%	-£97	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,732	4,009	277	7%	£272	£280	£8	3%	-£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,221	793	-428	-35%	£507	£361	-£146	-29%	£146	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,330	992	-338	-25%	£309	£265	-£44	-14%	£44	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7,915	8,359	444	6%	£1,473	£1,424	-£48	-3%	£48	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,274	1,286	12	1%	£384	£343	-£41	-11%	£41	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	24,298	25,688	1,390	6%	£4,866	£4,692	-£174	-4%	£174	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	202	217	15	7%	£42	£60	£18	43%	£0	£18	43%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£4	£4	0%	£0	£4	-
FAIRFIELD HOSPITAL	58	54	-4	-6%	£10	£9	-£1	-11%	£0	-£1	-11%
ISIGHT (SOUTHPORT)	2,859	3,530	671	23%	£432	£571	£139	32%	£0	£139	32%
LANCASHIRE TEACHING HOSPITAL	0	529	529	0%	£0	£95	£95	0%	£0	£95	-
RENACRES HOSPITAL	6,448	6,932	484	8%	£1,870	£1,748	-£122	-7%	£0	-£122	-7%
SALFORD ROYAL NHS FOUNDATION TRUST	0	108	108	0%	£0	£18	£18	0%	£0	£18	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	50,994	51,775	781	2%	£9,302	£9,698	£396	4%	£0	£396	4%
SPIRE LIVERPOOL HOSPITAL	203	180	-23	-11%	£55	£69	£14	26%	£0	£14	26%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,754	2,755	1	0%	£604	£608	£5	1%	£0	£5	1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	355	490	135	38%	£87	£96	£9	10%	£0	£9	10%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	181	181	0%	£0	£34	£34	0%	£0	£34	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	129	129	0%	£0	£40	£40	0%	£0	£40	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,510	2,291	781	52%	£542	£892	£349	64%	£0	£349	64%
ALL REMAINING PROVIDERS TOTAL	65,382	69,361	3,979	6%	£12,943	£13,986	£1,043	8%	£0	£1,043	8%
<b>GRAND TOTAL</b>	<b>89,680</b>	<b>95,049</b>	<b>5,369</b>	<b>6%</b>	<b>£17,809</b>	<b>£18,678</b>	<b>£870</b>	<b>4.9%</b>	<b>£174</b>	<b>£1,043</b>	<b>5.9%</b>

\*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	5,404	5,400	-4	0%	£2,738	£2,738	£0	0%
Elective	666	658	-8	-1%	£1,603	£1,735	£132	8%
Elective Excess BedDays	104	143	39	38%	£25	£34	£9	37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	349	646	297	85%	£61	£132	£71	117%
OPFASPCL - Outpatient first attendance single professional consultant led	5,813	5,762	-51	-1%	£1,001	£999	-£1	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	806	1,571	765	95%	£69	£158	£89	130%
OPFUPSPCL - Outpatient follow up single professional consultant led	18,303	16,978	-1,325	-7%	£1,492	£1,410	-£82	-5%
Outpatient Procedure	14,371	15,157	786	5%	£1,852	£1,980	£128	7%
Unbundled Diagnostics	5,179	5,460	281	5%	£461	£511	£50	11%
<b>Grand Total</b>	<b>50,994</b>	<b>51,775</b>	<b>781</b>	<b>2%</b>	<b>£9,302</b>	<b>£9,698</b>	<b>£396</b>	<b>4%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

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

Planned care levels have increased and are showing an over-performance against the planned values year to date at month 6. 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.

Elective over performance can be attributed in large to small amounts of activity variance within the Trauma & Orthopaedics specialty related to high cost, very major hip and knee procedures.

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	381	489	108	28%	£237	£336	£99	42%
Elective	210	168	-42	-20%	£482	£356	-£126	-26%
Elective Excess BedDays	53	86	33	62%	£13	£21	£8	61%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	70	41	-29	-42%	£15	£9	-£5	-36%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	128	93	-35	-28%	£6	£4	-£1	-26%
OPFASPCL - Outpatient first attendance single professional consultant led	1,400	1,718	318	23%	£242	£295	£52	22%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	80	56	-24	-30%	£7	£6	-£2	-23%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	198	444	246	124%	£5	£11	£6	124%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,646	3,800	154	4%	£301	£302	£1	0%
Outpatient Procedure	1,296	1,866	570	44%	£192	£264	£73	38%
Unbundled Diagnostics	890	1,059	169	19%	£62	£89	£27	43%
Wet AMD	474	429	-45	-9%	£359	£325	-£33	-9%
<b>Grand Total</b>	<b>8,826</b>	<b>10,249</b>	<b>1,423</b>	<b>16%</b>	<b>£1,921</b>	<b>£2,018</b>	<b>£97</b>	<b>5%</b>

Aintree performance is showing a £97k/5% variance against plan at month 6. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £99k/42% and £73k/38% 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 specialty.

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	712	732	20	3%	£714	£641	£74	-10%
Elective	144	110	-33	-23%	£618	£486	£132	-21%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,266	1,290	24	2%	£214	£218	£4	2%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,616	1,638	22	1%	£107	£109	£2	2%
Outpatient Procedure	1,337	1,240	-96	-7%	£151	£193	£42	28%
Unbundled Diagnostics	418	530	112	27%	£37	£43	£6	15%
Physio	956	786	-170	-18%	£28	£23	£5	-18%
Outpatient Pre-op	0	606	606	0%	£0	£36	£36	0%
<b>Grand Total</b>	<b>6,448</b>	<b>6,932</b>	<b>484</b>	<b>8%</b>	<b>£1,870</b>	<b>£1,748</b>	<b>£122</b>	<b>-7%</b>

Renacres performance is showing a -£122k/-7% variance against plan at month 6. Elective and Day case activity are the highest underperforming areas with variances of -£132k/-21% and -£74k/-10% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs with day case underperformance predominantly against major shoulder procedures. 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	11	16	5	51%	£1	£2	£1	52%
Daycase	86	114	28	32%	£115	£163	£48	42%
Elective	54	92	38	69%	£311	£559	£248	80%
Elective Excess BedDays	15	20	5	32%	£4	£5	£1	25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	37	51	14	38%	£3	£4	£1	43%
OPFASPCL - Outpatient first attendance single professional consultant led	192	329	137	71%	£26	£45	£19	73%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	54	104	50	92%	£3	£6	£3	85%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	74	197	123	166%	£2	£5	£3	166%
OPFUPSPCL - Outpatient follow up single professional consultant led	718	972	254	35%	£43	£58	£15	34%
Outpatient Procedure	131	211	80	61%	£18	£28	£10	58%
Unbundled Diagnostics	137	185	48	35%	£17	£18	£1	8%
<b>Grand Total</b>	<b>1,510</b>	<b>2,291</b>	<b>781</b>	<b>52%</b>	<b>£542</b>	<b>£892</b>	<b>£349</b>	<b>64%</b>

Wrightington, Wigan and Leigh performance is showing a £349k/64% variance against plan at month 6 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	537	721	184	34%	£250	£344	£95	38%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	67%	£0	£0	£0	67%
OPFASPCL - Outpatient first attendance single professional consultant led	419	655	236	56%	£60	£91	£31	51%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	42	0	-42	-100%	£3	£0	-£3	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,292	1,507	215	17%	£71	£83	£12	17%
Outpatient Procedure	568	645	77	14%	£48	£53	£5	10%
<b>Grand Total</b>	<b>2,859</b>	<b>3,530</b>	<b>671</b>	<b>23%</b>	<b>£432</b>	<b>£571</b>	<b>£139</b>	<b>32%</b>

iSight performance is showing a £139k/32% variance against plan with over performance evident against a number of PODs. Day case activity is currently £95k/38% 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.

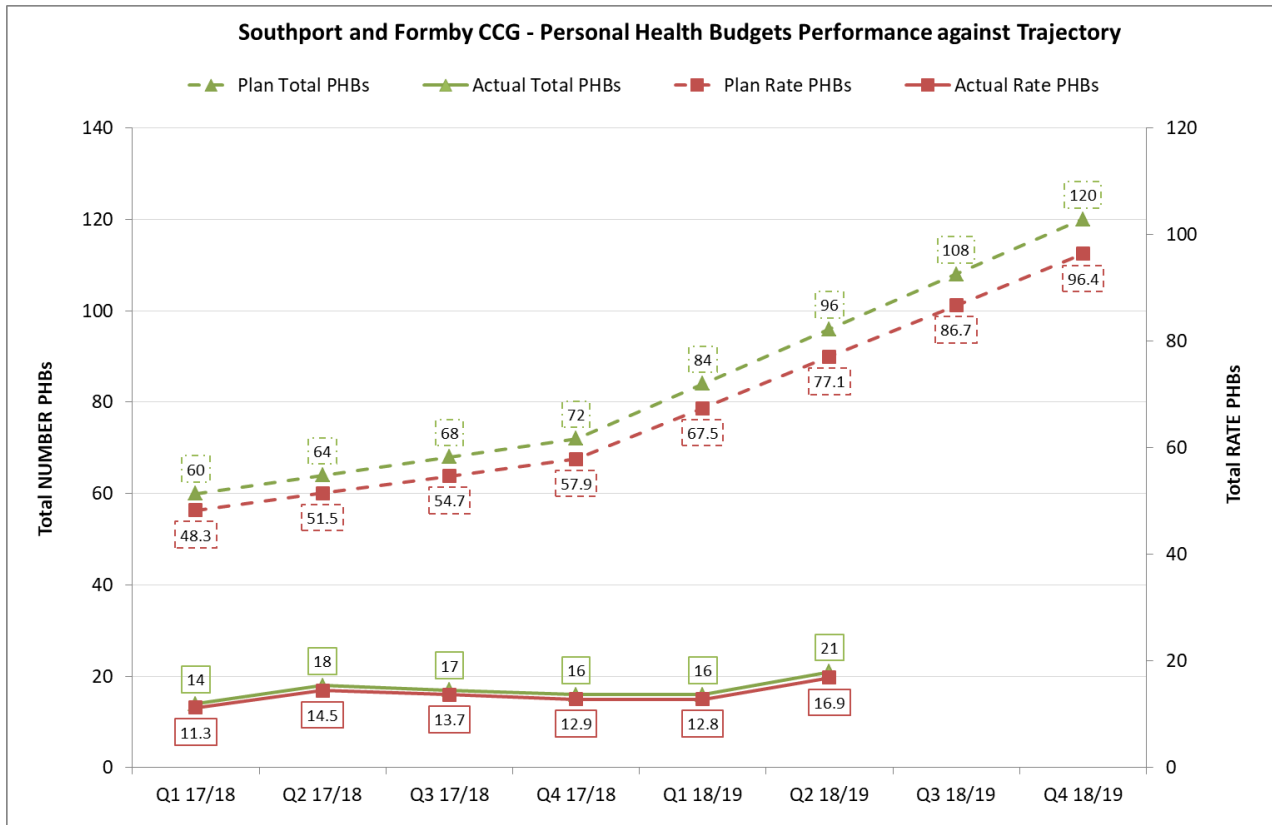
iSight have also undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first

quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

There is an over performance for AMD; however reports on AMD across providers indicate that activity is reducing at RLBUH and Aintree for Southport & Formby patients. Referrals for cataract surgery indicate that the majority of S&F patients are opting to be treated by iSIGHT.

### 3.8 Personal Health Budgets

Figure 36 - Southport & Formby CCG – 2018/19 PHB Performance



#### Performance Overview/Issues

In quarter 2 2018/19 a total of 5 new PHBs were reported, bringing the year to date total to 21 against a plan of 96. This equates to a rate of 16.86 per 100,000 population compared to the plan of 77.09. This is under the trajectory set by NHS England. A briefing paper was submitted to SMT in September 2018.

#### How are the issues being addressed?

- Adults CHC: PHBs for adults receiving CHC will be a default position from April 2019. Discussions are taking place with Provider contracts teams in terms of the details with the service specifications to deliver against this element. Task and Finish Group is underway to support process mapping with all key stakeholders which reports into the CHC Programme Board as a sub-group of the Joint Quality Committee.
- Wheelchairs: Progress on specialist wheelchair PHBs is currently on hold awaiting the outcome of the CCGs work prioritisation.
- Children Complex Care: Mentor CCG is yet to be confirmed by NHS England
- End of Life Fastrack: The case for change has been reviewed internally prior to submission to QIPP; there are some aspects that need further clarification from a commissioning perspective. A revised proposal is being considered by Queens Court Hospice.

- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved.

**When is performance expected to recover?**

End of Q1 2019/20.

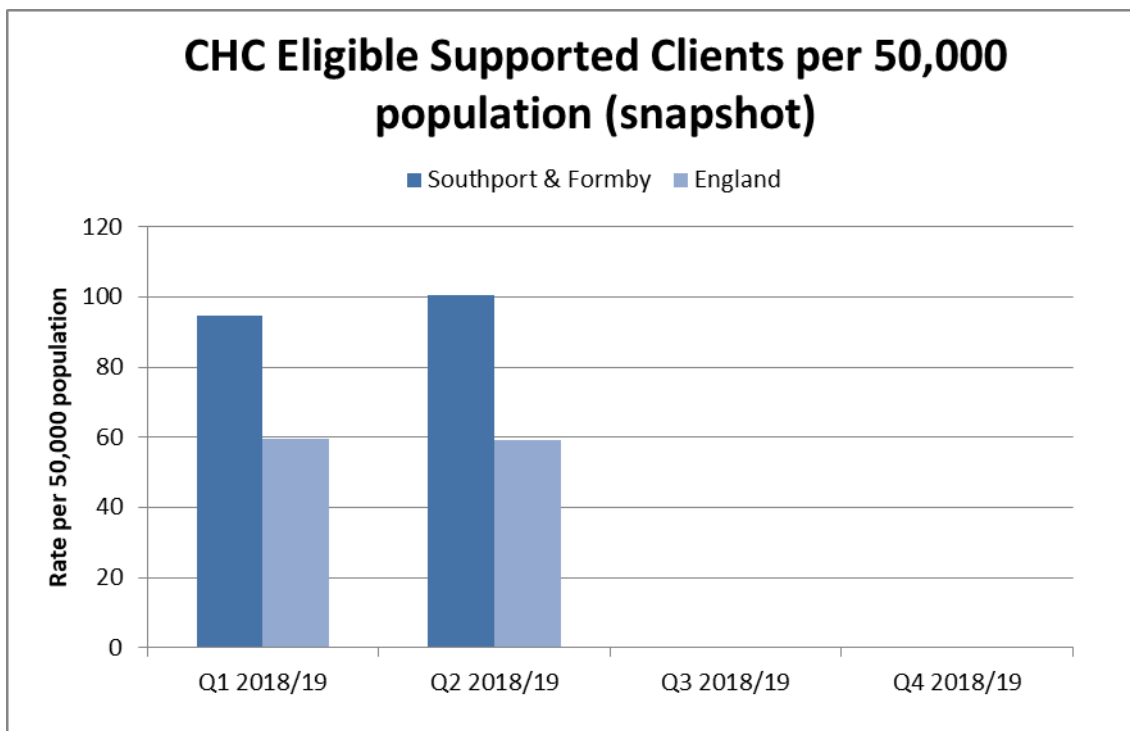
**Who is responsible for this indicator?**

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

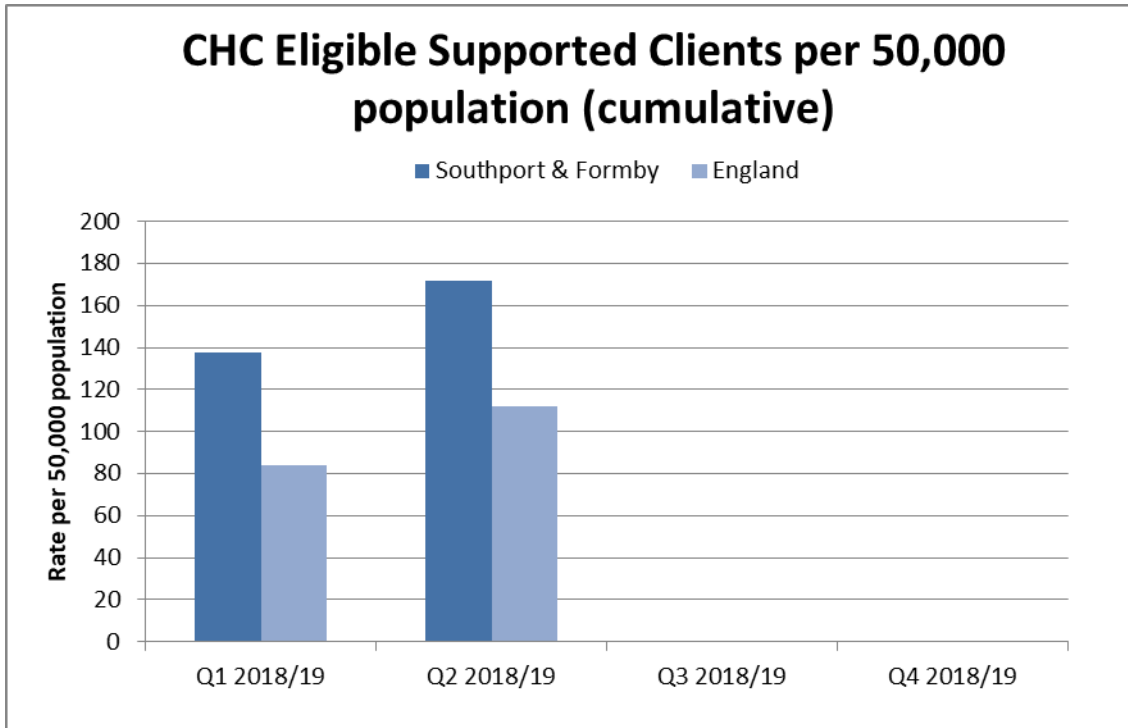
**3.9 Continuing Health Care (CHC)**

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.

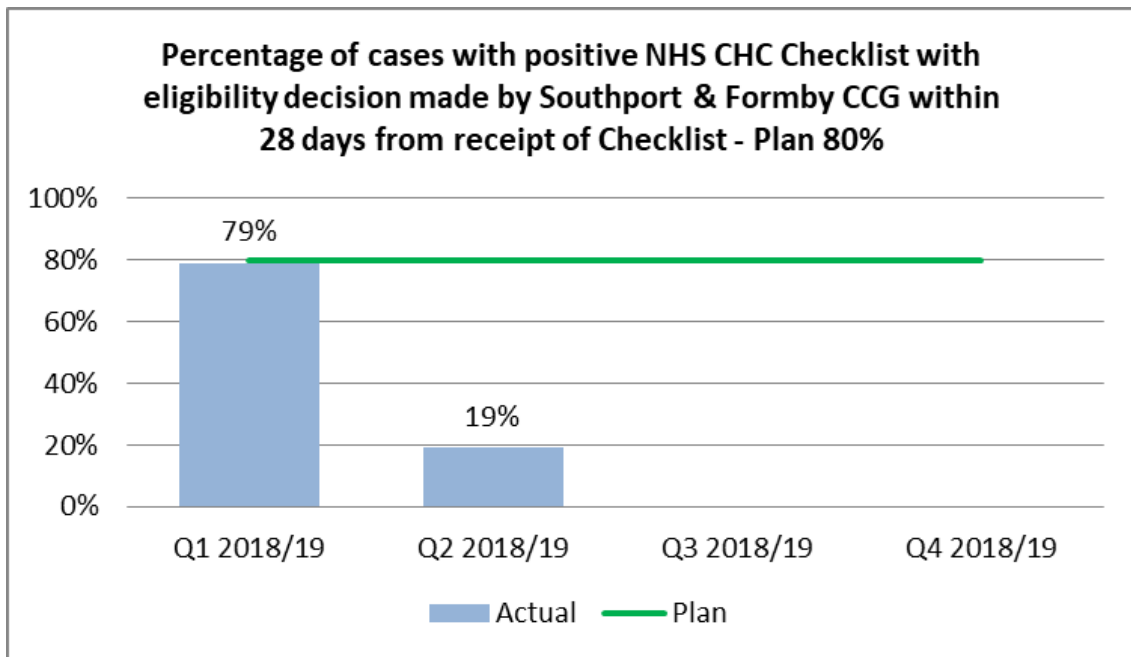
**Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



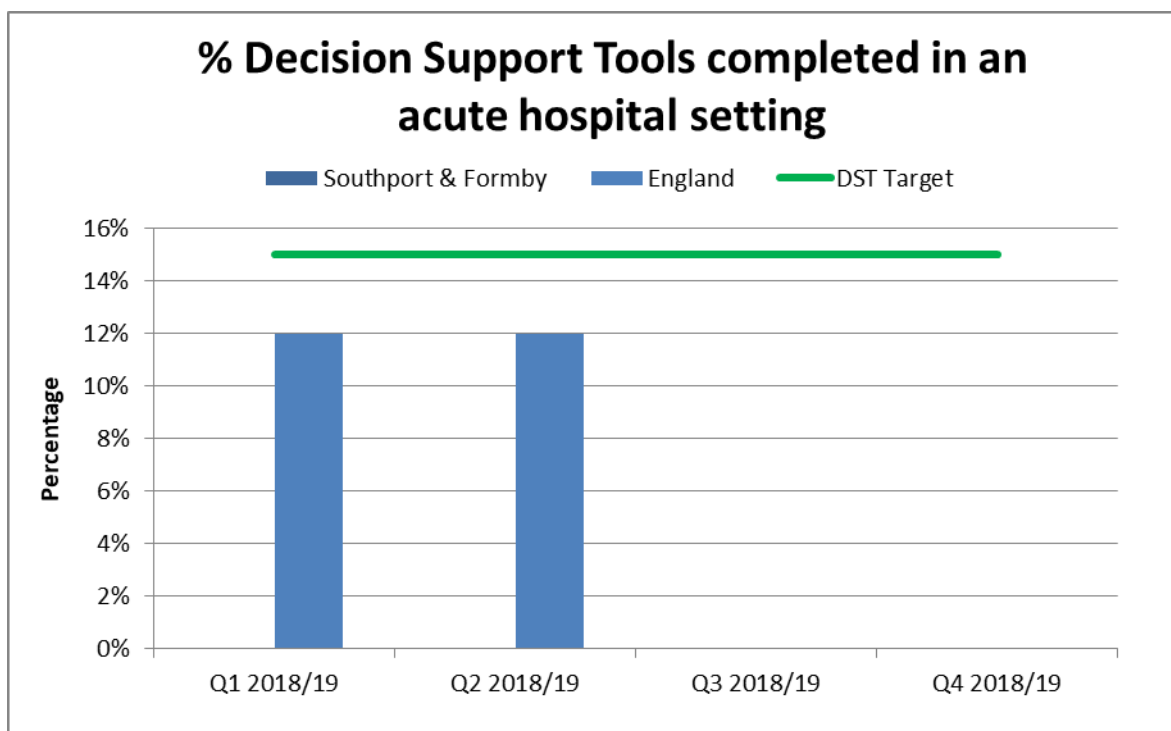
**Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**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

Performance for the CHC eligibility decisions within 28 days dropped significantly from 79% in quarter 1 to 19% in quarter 2.

#### How are the issues being addressed?

This is a data input error; the actual figure is 81%. The CCG has referred back to CSU who confirmed the error and plans to ensure the mistake does not happen again. This has been confirmed with NHSE who have accepted this as a data error so the CCG is meeting its planned trajectory.

#### When is performance expected to recover?

Quarter 3 2018/19

#### 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)

## Quarter 2

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	232	463	926
Number of women known to be smokers at the time of delivery	15	39	78
Number of women known not to be smokers at the time of delivery	217	424	848
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%	10.4%

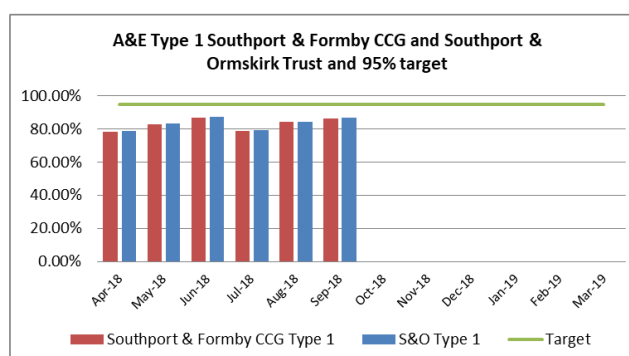
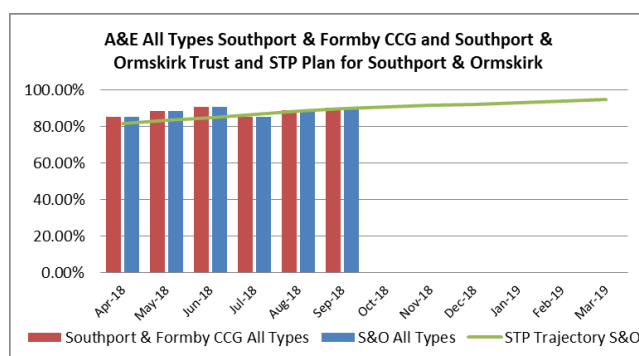
## 4. Unplanned Care

### 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 - Sept	95.00%	88.28%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Sept	95.00%	82.95%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Sept	STF Trajectory Target for Sept 90%	88.37%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Sept	95.00%	83.35%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	86.8%	88.5%	90%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	88.37%



## Performance Overview/Issues

Southport & Ormskirk's performance against the 4-hour target for September reached 90.48%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 90% for September and an improvement on last month's performance. However the year to date position is still failing at 88.28%.

**How are the issues being addressed?**

The Trust has reported that September saw some improvement against the 4-hour standard. Notable improvement was seen in performance on the Southport site. Performance was 81% in comparison to 67.1% the previous year. This was despite an 11.5% increase in attendances compared to September 2017 (an additional 523 patients; 450 of which were major's category). The conversion rate for patients admitted via A&E was 30.71% compared to 34.04% for the previous year, as clinical teams continue to drive alternative pathways to admission. The emergency department (ED) estates work due for completion by Christmas 2018 will provide much needed clinical space. The approval to expand the acute physician team to develop a 7 day ambulatory service will further support ED flow.

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 - <b>Southport &amp; Ormskirk (cumulative)</b>	18/19 - Sept	0	7	↑

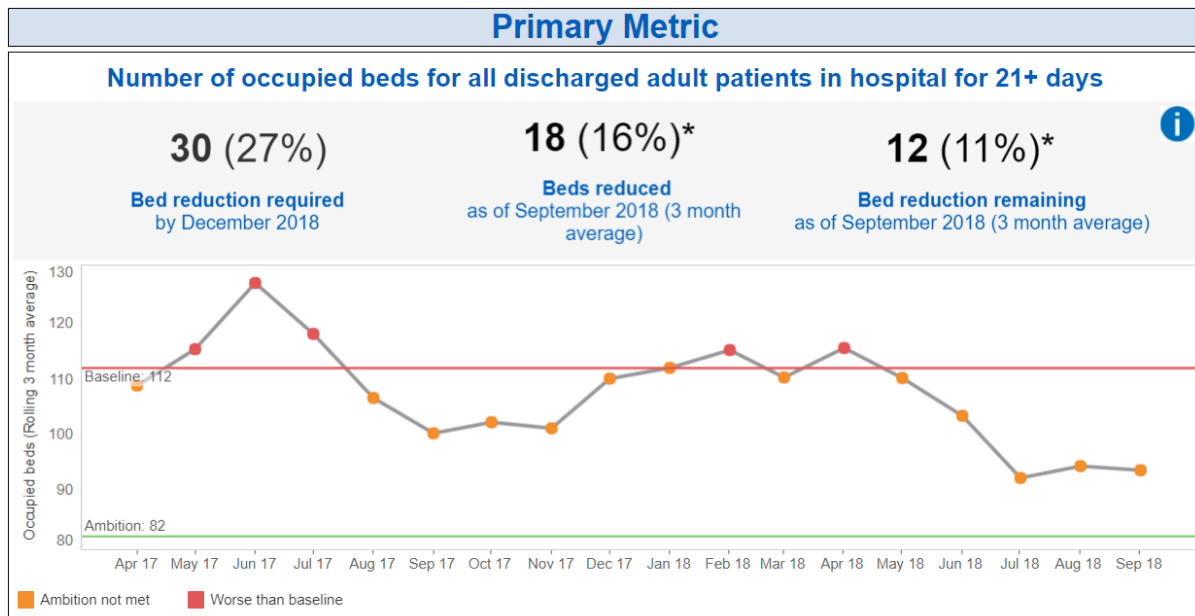
Southport & Ormskirk reported 1 12-hour breach in September, bringing the year to date total to 7. So far this year 1 has been reported in April, 1 in June, 4 in July and 1 in September.

The CCG has requested the timelines on the 12 hour breaches (sent to NHSE) to be forwarded to the CCG to review and feedback to the Trust.

**4.2 Occupied Bed Days**

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.

**Figure 44 – Occupied Bed Days, Southport & Ormskirk Hospitals**



Data Source: NHS Improvement – Long Stays Dashboard

The Trust’s target is to reduce total occupied beds by 30 (27%) by December 2018; therefore the target is 82 or less. This target is yet to be achieved as current reporting for September 2018 (rolling 3 months) shows 94 occupied beds (a reduction of just 18 beds). However recent reporting is encouraging with occupied beds having reported amber since May, and remaining fairly stable.

### 4.3 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In September 2018 there was an average response time in Southport and Formby of 8 minutes 44 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes against a target of 18 minutes. The CCG also failed the category 3 90th percentile response time target but achieved category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Figure 45 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - Sept	0	136	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - Sept	0	35	↓

#### Performance Overview/Issues

In September, Southport and Ormskirk reported 136 handovers taking between 30 and 60 minutes, a further decrease on last month when 164 was reported. Handovers longer than 60



minutes also saw a decrease with 35 in September compared to 43 in the previous month. The Trust has breached these zero tolerance thresholds every month but recent performance has shown significant improvements.

#### How are the issues being addressed?

Achievement against this indicator remains a challenge. Whilst performance against this target remains significantly below target, performance for September 2018 was the highest performance seen for over 18 months. September saw over 500 additional patients; however this increase was with patients who self-presented, rather than brought in by ambulance. The ED estates work will provide dedicated cubicle capacity for ambulance and triage capacity; this phase of work is expected to be available by the end of October 2018. The ED team continues to work with NWAS.

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

#### When is performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. Information is being sought from other ambulance services across the country to ensure that feedback is presented within the context of comparative data.

#### Who is responsible for this indicator?

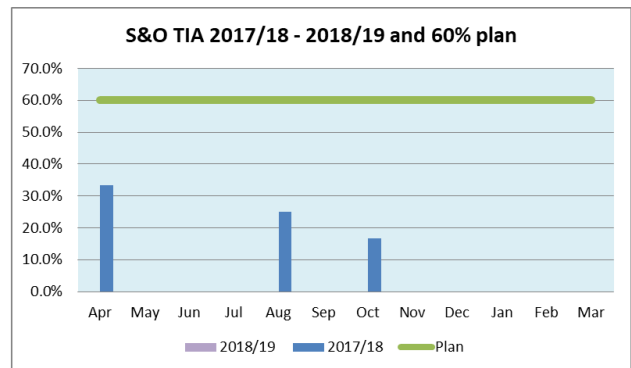
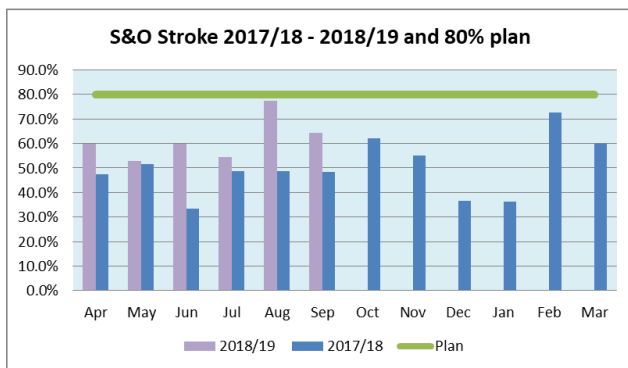
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 46 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	18/19 - Sept	80%	64.30%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	18/19 - Sept	60%	0.00%	↔



### Performance Overview/Issues

Southport & Ormskirk failed the stroke target in September recording 64.3%, with 9 out of 14 patients spending 90% of their time on a stroke unit.

In relation to the TIAs 0% compliance was reported again in September with 3 reportable patients breaching the target. This is the eleventh consecutive month where 0% has been reported.

### How are the issues being addressed?

The Trust has stated that stroke performance is partly due to a data quality issue. The timeframe for 'lockdown' of data has been revised to enable timely and accurate reports. TIA performance continues to be reported as failing target. A&E figures are currently not included and will be added in for future reports. A data quality audit of current data is underway.

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

## 4.4.2 Mixed Sex Accommodation

Figure 47 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Sept	0.00	3.10	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Sept	0.00	2.50	↑

### Performance Overview/Issues

The CCG has reported an MSA rate of 3.1, which equates to a total of 11 breaches in September. All 11 breaches were at Southport & Ormskirk NHS Trust.

In September the Trust had 12 mixed sex accommodation breaches (a rate of 2.5) and has therefore breached the zero tolerance threshold. Of the 12 breaches, 11 were for Southport & Formby CCG and 1 for West Lancashire CCG.

### How are the issues being addressed?

The Trust has reported that DSSA breaches occur when a patient is deemed fit to be transferred out of critical care into an acute bed within the hospital. With the consistent demand for acute inpatient beds this compliance is regularly breached.

### 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

## 4.4.3 Healthcare associated infections (HCAI)

Figure 48 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Sept	18	12	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Sept	18	6	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Sept	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Sept	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Sept	57	64	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Sept	No Plan	108	↑

### Performance Overview/Issues

There were 2 new cases of Clostridium Difficile attributed to the CCG in September, bringing the year to date figure to 12 against a plan of 18. Year to date 3 cases were apportioned to an acute trust and 9 to the community. Southport & Ormskirk has reported 0 new cases in September, so the total for the year remains at 6 against a plan of 18.

Southport & Ormskirk Trust is complaint in September 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 September, 10 new cases were reported (64 YTD), against a YTD target of 57. Southport & Ormskirk reported 16 cases in September (108 YTD). There are no targets for Trusts at present.

### 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

## 4.4.4 Mortality

Figure 49 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Sept	100	119.20	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	118.00	↑

The HSMR for May 2018 was slightly down on the previous month and is the second consecutive reduction in a row. This is in line with a decline in the crude death rate (from 30.37 per 1,000 discharges in April to 28.98 in May). The diagnostic areas attributable for the decline in May were: renal failure, pneumonia and Urinary tract infections.

The SHMI for rolling 12 month period for Quarter 4 is 118. This ratio has been calculated from a total of 1,381 actual deaths over an expected figure of 1,170. Although higher than last quarter this was expected given the high crude death rate already reported in this period. It should be noted that this rate is actually lower than the comparable period last year and the underlying data demonstrates an actual reduction in observed deaths in the period (1,381 vs. 1,392).

## 4.5 CCG Serious Incident Management

Confirmation has been received by NHS E C&M that the response to the draft report and action plan has now been signed off, with an update requested in February 2019. MIAA audit is in progress with Joint Quality Committee (JQC) expected to receive the final report and actions in January 2019.

There are 3 areas that remain amber on the CCGs SI improvement plan with clear actions being taken. The action plan will continue to be monitored by the JQC on a monthly basis until all actions have been closed down.

There are 67 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.

**Figure 50 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients**

Trust	Sis Reported (M6)	Sis Reported (YTD)	Closed Sis (M6)	Closed Sis (YTD)	Open Sis (M6)	Sis Open >100 Days (M6)
Southport and Ormskirk Hospital	1	34	14	45	41	20
Lancashire Care	0	6	0	1	8	6
Southport & Formby CCG	0	0	0	0	0	0
Mersey Care Trust	1	6	1	4	9	5
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	0	0	2	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Women's Hospital	0	0	0	1	1	1
North West Boroughs	0	1	0	1	1	0
North West Ambulance Service	0	0	0	0	1	1
<b>Total</b>	<b>2</b>	<b>49</b>	<b>15</b>	<b>52</b>	<b>67</b>	<b>37</b>

**Figure 51 - Timescale Performance for Southport and Ormskirk Hospital**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
S&O	11	23	6	28	-	39	0	1	2	36

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 continues to be discussed at CCQRM and at S&O Improvement Board.

The Trust has undertaken a Serious Incident Aggregated Review which will be presented at CCQRM in November 2018.

The Trust reported clinical staffs have increasing confidence in the process that is starting to have an impact. Staff had become more engaged whilst the focus on root causes is providing internal assurance around duty of candour, openness and transparency.

**Figure 52 - Timescale Performance for Lancashire Care Community Trust**

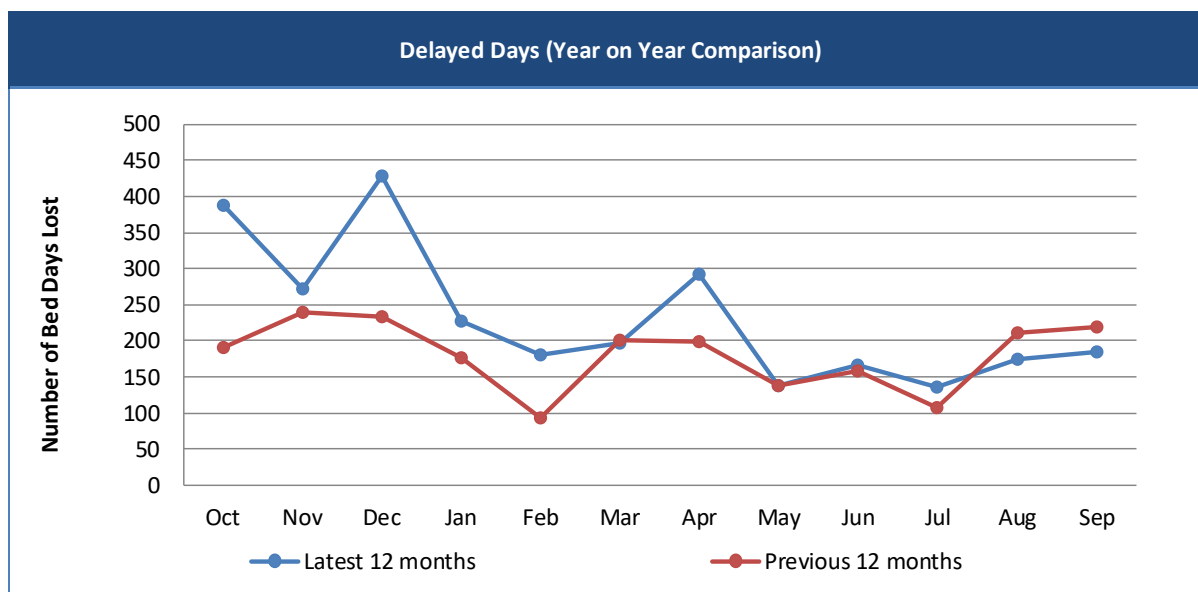
PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
Lancashire Care	4	2	0	6	-	0	0	0	0	0

In relation to the pressure ulcers reported by Lancashire Care, the trust has now submitted the aggregated review which has been reviewed at Southport & Formby SIRG in November 2018. Further assurances have been requested from the trust which will be brought back to SIRG for review.

#### 4.6 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.

**Figure 53 – Southport & Ormskirk DTOC Monitoring**



### DTCO Key Stats

	This month	Last month	Last year
<b>Delayed Days</b>	<b>Sep-18</b>	<b>Aug-18</b>	<b>Sep-17</b>
Total	184	175	220
NHS	100.0%	96.0%	100.0%
Social Care	0.0%	4.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

### Reasons for Delayed Transfer % of Bed Day Delays (Sep-18)

#### SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.0%
Community Equipment Adapt	0.5%
Completion Assessment	14.1%
Disputes	0.0%
Further Non-Acute NHS	3.3%
Housing	0.0%
Nursing Home	6.0%
Patient Family Choice	76.1%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTCO) reported in September was 1843, a decrease compared to September 2017 with 220. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in September 2018 were due to patient family choice and completion assessments.

## 4.7 Patient Experience of Unplanned Care

Figure 54 - Southport A&E Friends and Family Test performance

**Friends and Family Response Rates and Scores**

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Sep-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%	1.5%		87%	67%		8%	23%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.5% in September, a decline on last month and remaining significantly 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 79% in August to 67% in September, falling further below the England average of 87%. The percentage not recommended has also declined from 13% to 23%, rising above the England Average of 8%.

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

## 4.8 Unplanned Care Activity & Finance, All Providers

### 4.8.1 All Providers

Performance at Month 6 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £3.2m/19.9%. 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 £2.7m/16.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.5m/18% against plan at month 6. Aintree Hospital are also seeing an over performance of £375k/78% although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

### Figure 55 - Month 6 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	798	1,304	506	63%	£481	£857	£375	78%	£-375	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	435	446	11	2%	£184	£196	£12	6%	£-12	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	74	70	-4	-5%	£255	£306	£51	20%	£-51	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	146	136	-10	-7%	£210	£202	£-8	-4%	£8	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	829	610	-219	-26%	£430	£500	£70	16%	£-70	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	3	1	47%	£21	£29	£8	41%	£-8	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>2,284</b>	<b>2,569</b>	<b>285</b>	<b>12%</b>	<b>£1,581</b>	<b>£2,089</b>	<b>£508</b>	<b>32%</b>	<b>£-508</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	59	54	-5	-8%	£22	£32	£10	44%	£0	£10	-
COUNTNESS 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	19	19	0%	£0	£10	£10	0%	£0	£10	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	28,848	30,680	1,832	6%	£14,548	£17,100	£2,552	18%	£0	£2,552	18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	260	317	57	22%	£128	£165	£37	28%	£0	£37	28%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	37	33	-4	-10%	£41	£91	£50	120%	£0	£50	120%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	21	21	0%	£0	£9	£9	0%	£0	£9	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	41	41	0%	£0	£19	£19	0%	£0	£19	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	41	36	-5	-13%	£23	£34	£11	45%	£0	£11	45%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>29,245</b>	<b>31,315</b>	<b>2,070</b>	<b>7%</b>	<b>£14,763</b>	<b>£17,505</b>	<b>£2,742</b>	<b>19%</b>	<b>£4</b>	<b>£2,742</b>	<b>19%</b>
<b>GRAND TOTAL</b>	<b>31,529</b>	<b>33,884</b>	<b>2,355</b>	<b>7%</b>	<b>£16,344</b>	<b>£19,595</b>	<b>£3,250</b>	<b>19.9%</b>	<b>£-508</b>	<b>£2,742</b>	<b>16.8%</b>

\*PbR only

## 4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 6 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	19,412	20,374	962	5%	£2,791	£2,876	£85	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	5,097	6,119	1,022	20%	£9,249	£11,720	£2,470	27%
NELNE - Non Elective Non-Emergency	620	594	-26	-4%	£1,382	£1,194	£-188	-14%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	62	12	-50	-81%	£18	£4	£-14	-77%
NELST - Non Elective Short Stay	538	1,013	475	88%	£378	£705	£328	87%
NELXBD - Non Elective Excess Bed Day	3,120	2,568	-552	-18%	£730	£601	£-129	-18%
<b>Grand Total</b>	<b>28,848</b>	<b>30,680</b>	<b>1,832</b>	<b>6%</b>	<b>£14,548</b>	<b>£17,100</b>	<b>£2,552</b>	<b>18%</b>

\*PbR only

## 4.8.3 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.

## 4.9 Aintree and University Hospital NHS Foundation Trust

**Figure 57 - Month 6 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	469	770	301	64%	£64	£111	£47	74%
NEL - <i>Non Elective</i>	194	393	199	102%	£344	£657	£313	91%
NELNE - <i>Non Elective Non-Emergency</i>	11	10	-1	-11%	£33	£32	-£2	-5%
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>	25	61	36	147%	£17	£40	£23	133%
NELXBD - <i>Non Elective Excess Bed Day</i>	99	64	-35	-35%	£24	£16	-£7	-31%
<b>Grand Total</b>	<b>798</b>	<b>1,304</b>	<b>506</b>	<b>63%</b>	<b>£481</b>	<b>£857</b>	<b>£375</b>	<b>78%</b>

## 4.10 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 the majority of unplanned care PODs at Aintree, the total over spend of £375k/78% is mainly driven by a £313k/91% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Geriatric Medicine and Clinical Haematology. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite the indicative overspend reported at this Trust; 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 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity**

	Caseload 2018/19 M6	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M6
0 Variance	30	38	-8	-12
1 Com Prob Low Sev	30	5	25	29
2 Prob Low Sev/Need	27	13	14	23
3 Non Psychotic Mod	68	64	4	-8
4 Non Psychotic Sev	183	212	-29	-29
5 Non Psychot V Sev	55	41	14	18
6 Non Psychotic Dis	25	22	3	1
7 Endur Non Psychot	138	131	7	-5
8 Non Psychot Chaot	97	70	27	19
10 1st Ep Psychosis	86	75	11	20
11 Ongo Rec Psychos	203	210	-7	-5
12 Ongo/Rec Psych	224	246	-22	-17
13 Ong/Rec Psyc High	102	106	-4	-1
14 Psychotic Crisis	14	11	3	-1
15 Sev Psychot Cris	3	4	-1	-3
16 Dual Diagnosis	21	17	4	8
17 Psy & Affect Dis	24	25	-1	2
18 Cog Impairment	124	159	-35	-82
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	450	482	-32	-128
20 Cognitive Impairment or Dementia Complicated (High Need)	305	370	-65	-44
21 Cognitive Impairment or Dementia (High Physical or Engagement)	184	159	25	84
Cluster 97	783	98	685	579
Cluster 98		156		
<b>Total</b>	<b>3176</b>	<b>2714</b>	<b>618</b>	<b>448</b>

### 5.1.1 Key Mental Health Performance Indicators

Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	No Patients
Rolling Quarter				100%	100%	100%	100%

**Figure 61 - Figure 16 EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-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)	53%	100%	66.7%	100.0%	80.0%	50.0%	75.0%
Rolling Quarter				80%	80%	71%	73.3%

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

**Figure 62 - 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
	Jun 18 to Aug 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 in October 2018 involving commissioners, this will enable CCGs to shape the future operational requirements including access and the management of risk.

In September 2018 there were no mental related 12 hour breaches reported at Southport District General Hospital however 3 breaches have been reported in October (of whom one was a West Lancashire CCG patient) and RCAs have been completed. The Emergent Care Intensive Support Team (ECIST) visited the Southport site on 8th / 9th November to undertake a mental health themed review and feedback is expected shortly.

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 20th 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 current adult ADHD service is operating at above commissioned capacity and in consequence wait times are on average 2 years duration. This situation is further exacerbated by the decision by Alder Hey to serve notice on commissioner that they will no longer prescribe to ADHD medication of patients aged 18+ on their caseloads and in consequence the prescribing responsibility for these patients need to transfer to adult services from April 2019. There are 56 young adults on the combined Sefton CCGs' footprint aged over 18 who are continuing to be followed up in Paediatric services.

A business case is currently being developed to increase capacity within the Adult ADHD service.

### **RiO and KPIs**

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the trust and Clinical Commissioning Group's (CCGs), the Trust was required to provide shadow data for M5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For M6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust has reported in M6 that there are still some instances in which KPI are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPIs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by narrative. This issue was discussed

at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance by January 2018.

In regards to KPI 63 Outpatient Communication being sent within 10 days the Trust is working to produce a template to enable clinical letters containing a synopsis to be sent to GP instead of the current practice of sending lengthy clinic letters which has contributed to delays.

### 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. The Safeguarding team are currently validating Q2 information but 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.



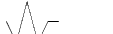
## 5.3 Patient Experience of Mental Health Services

**Figure 63 - Merseycare Friends and Family Test performance**

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Sep-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%	3.2%		90%	89%		4%	3%	

Mersey Care is reporting below the England average of 90% for the percentage of patients who recommended the service with 89% in September, a further decline on last month.

## 5.4 Improving Access to Psychological Therapies

**Figure 64 - 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	220	197	226	185	186							1,232
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%	1.15%	1.03%	1.18%	0.97%	0.97%							6.4%
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	52.3%	49.7%	54.4%	45.6%	45.9%	54.9%							50.4%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%	99.3%	97.6%	98.9%	98.3%							98.9%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%	100.0%	100.0%	99.4%	100.0%	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	163	140	163	99	115							847
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	12	6	4	3	1	2							28
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	45	62							413
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	89.9%	89.4%	90.9%	89.9%	89.8%	88.8%							89.8%

## Performance Overview/Issues

Cheshire & Wirral Partnership reported 186 Southport & Formby patients entering treatment in Month 6. This is comparable to the previous month when 185 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 6 was 0.97% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 54.9% compared to 45.9% in the previous month. This satisfies the monthly target of 50%.

### How are the issues being addressed?

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 65 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.7%</b>	<b>70.0%</b>	<b>70.3%</b>	<b>70.5%</b>	<b>69.8%</b>	<b>69.9%</b>
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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

Figure 66 - 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
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>8.0%</b>	<b>17.8%</b>	<b>8.0%</b>		<b>8.0%</b>		<b>8.0%</b>		<b>8.0%</b>	<b>17.8%</b>

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

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

Figure 67 - 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	21	5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5		3	
%	100.00%	81.82%	100.00%	84.00%	100.00%	-	100.00%	-



In quarter 2, out of 25 routine referrals to children and young people’s eating disorder service, 21 were seen within 4 weeks recording 84% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

**Figure 68 - 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		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2		2	
%	100.00%	50.00%	100.00%	66.67%	100.00%	-	100.00%	-

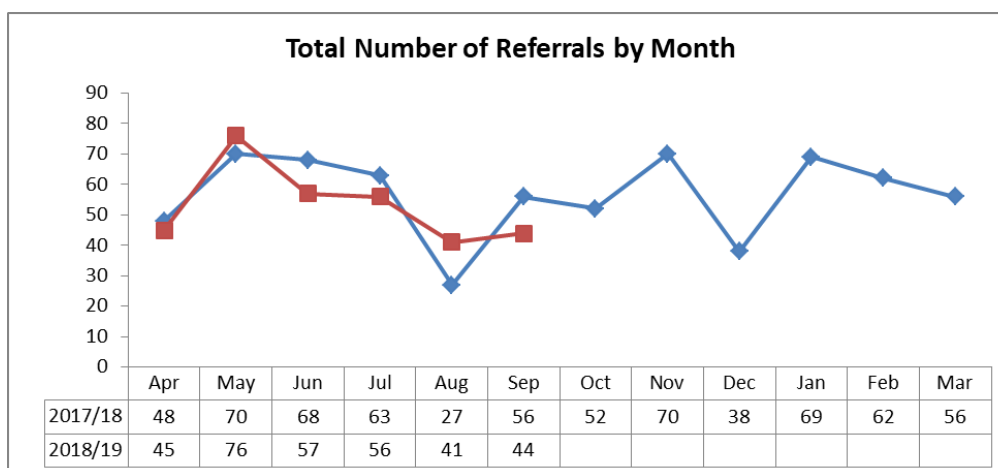
In quarter 2, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment and the Trust is working to develop a proposal as to how it envisages the Eating Disorder service being developed.

## 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 2 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during July to September 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 69 – CAMHS Referrals**



Throughout quarter 2 2018/19 there were a total of 141 referrals made to CAMHS from Southport and Formby CCG patients. As with South Sefton CCG patients, there was a decline in the number of referrals in August which remained low (44) in September.

The remaining tables within this section will focus on only those 57 Referrals that have been accepted and allocated.

**Figure 70 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	29	50.9%
2-4 Weeks	4	7.0%
4- 6 Weeks	5	8.8%
6-8 weeks	10	17.5%
8-10 Weeks	5	8.8%
Over 10 Weeks	2	3.5%
(blank)	2	3.5%
<b>Total</b>	<b>57</b>	<b>100%</b>

Of those referrals during July to September 2018 that have been allocated and an assessment taken place, 50.9% (29) waited between 0 and 2 weeks for the assessment. All allocated referrals waited 11 weeks or less from point of referral to an assessment being made.

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 71 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	9	15.8%	39.1%
2-4 Weeks	5	8.8%	21.7%
4- 6 Weeks	3	5.3%	13.0%
6-8 weeks	2	3.5%	8.7%
8- 10 weeks	1	1.8%	4.3%
10-12 Weeks	3	5.3%	13.0%
(blank)	34	59.6%	
<b>Total</b>	<b>57</b>	<b>100%</b>	<b>100%</b>

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

59.6% (34) 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 34 referrals were discounted, that would mean 39.1% (9) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their first intervention within 12 weeks.

## 5.9 Learning Disability Health Checks

Figure 72 – Learning Disability Health Checks

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Q1	98	64	65.3%
Q2	76	43	56.6%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target is 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 2 the total performance for the CCG was 56.6%, above the planned 15.6%. However just 76 are registered compared to the plan of 754, with just 43 being checked against a plan of 118.

## 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 included reviews of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. Discussions are now on-going to agree new baselines, more detailed activity reporting and exception narrative to provide assurance to the CCG.

#### 6.1.2 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

The LCFT 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).

Formal concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services.

There have been a number of LCFT quality site visits which have been well received by front line staff.

## 6.2 Patient Experience of Community Services

**Figure 73 - Lancashire Care Friends and Family Test Performance**

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: **Sep-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%	0.3%		95%	99%		2%	1%	

Lancashire Care is reporting a response rate of 0.3% in September against an England average of 4.1%, a decline in performance from 0.6% reported in August.

## 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 74 - 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	2	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	5	10		10	
%	100.00%	100.00%	100.00%	40.00%	100.00%	#DIV/0!	100.00%	#DIV/0!

Lancashire Care has reported just 2 patients out of 5 receiving equipment within 18 weeks for quarter 2, a performance of 40%.

## 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 2 2018-

19 Report has been circulated to relevant commissioning leads. Referrals to some services have increased during Q2, whilst others remained more stable. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on staffing and resources.

#### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q2 260 service users engaged with the service. 25 cases were closed and 55 referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 96 care plan reviews took place within 6 weeks of service commencement. A particularly pleasing aspect is that GP referrals in Q2 increased by 11% compared to Q1. Age Concern staff attended a locality meeting during the period and are scheduled to address a further meeting in Q3.

#### Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q2 (6 in South Sefton and 3 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. 8 practices were actively engaged with during the period and a further 7 will be visited during the next 3 months. The Society received 75 new referrals. For the second quarter running more were received via the local health economy than self/carer referrals. 110 cases were closed. The Side-by-Side service presently has 20 people matched with volunteers enjoying a range of activities, conversations and social events. Dementia Community Support conducted 72 Individual Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 5 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes. Over four days at the annual road show in Southport Flower Show 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

#### Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 51 new referrals were received. 51% were from Mental Health Professionals or GPs (a 22% increase on Q1) with 43% Self/Carers and 6% from other sources. 63% of new referrals had mental health problems, 17% another disability (or type not given), 14% a long-term health conditions and 6% multiple impairments. 83% of enquiries were for general benefits, with others comprising Universal Credit, debt, health and community care, housing, legal, relationships and family, travel and transport issues. 53% of service users were Female, 45% Male and 2% other. During Q2 50 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase following a revision, appeal or money put back into payments) financial outcomes totalled £346,533.

#### Crosby Housing and Reablement Team (CHART)

During Q2 the service received 63 new referrals, with the main source being Mersey Care NHS Foundation Trust 69%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices, self-referrals and floating support staff. Case outcomes during the period included accommodating 33 service users and supporting a further 32 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 15 patients to be discharged). It prevented 20 people from becoming homeless; moved 3 into less supported accommodation (and 8 into more); assisted 17 move into independent accommodation; and 8 into accommodation with the same level of support.

#### Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 78% of new referrals were received from Mersey Care NHS Trust whilst 22% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post Traumatic Stress Disorder etc. During Q2 there were 1,759 drop-in contacts (Monday to Friday). A total of

2,103 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, together with outreach support.

### Imagine independence

During Q2 Imagine Independence carried forward 37 existing cases. A further 121 were referred to the service via IAPT and 50 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 40 service users attended job interviews; 22 managed to secure paid work for 16+ hours per week; and a further 2 secured paid work for less than 16 hours per week. The service supported 53 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 23%, employment courses attended 8%, commenced job search 23%, job interviews attended 29%, employment engagement meetings attended by service 1% and service contact with employers 16%.

### Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q2 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 60 people accessing the service. Referral routes included GP practices and mental health professionals. The vast majority of clients were drawn from either Litherland (51%) or Netherton & Orrell (41%) electoral wards as well as Birkdale (4%), Harrington (4%) and Manor (2%). 54% of clients were female and 46% male, with an ethnicity of White British. Examples of work undertaken during Q2 included working with a client to tackle issues relating to domestic violence, his own troubled past and the effect on his children; and helping a client forced to leave work due to her poor mental health, anxiety and depression.

### Parenting 2000

During Q2 the service received 14 adult and 107 child referrals. A total of 128 service users accessed counselling for the first time. Of the 912 appointments available during this period a total of 855 were booked and 635 were actually used. There were 103 cancellations whilst 117 did not attend their scheduled appointment. The top five referral sources during Q2 were Self/Carer/Parent 30%, GP recommendations 22%, Hospital 17% GP 8% and Other VCFSE 6%.

### Sefton Advocacy

During Q2 248 existing cases were brought forward. A total of 131 new referrals were received and of these 17% were signposted to more appropriate support, whilst 5% comprised general enquiry /information-only queries. 79 cases were closed, the reasons being Cases completed 59%, Advocacy not wanted 22%, Advocacy not appropriate 1%, Service user deceased 4% and Unable to contact service user 14%. During Q2 there were a total of 1,826 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 24%, Representations made 17%, Information supplied 20%, Client empowerment 16%, Signposting 10% and Support 13%. During Q2 these case outputs resulted in financial outcomes worth a total of £232,010 being achieved.

### Sefton Carers Centre

The Satisfaction Impact Survey revealed 65% of service users were 'extremely satisfied'. ICT systems implemented during Q2 will aid efficiency and security. The Centre is supporting Sefton MBC's Carers Strategy refresh. The Council is also considering Parent Carers, Carer Assessment arrangements, whilst Sefton Carers is reviewing Parent Carers support groups. Practices in Crosby are presently piloting the GP Carers Charter. The Centre reported tribunal cases are increasing whilst Universal Credit roll out means maintaining carers' income levels is now a key priority. During the period 259 new carers were registered (37 are Parent Carers). 263 Child Needs Assessments were completed or closed. £229k of additional or maintained annual income was

secured, plus £34k back payments. 264 information and guidance contacts were made. 2 new volunteers were recruited to the (non-personal care) sitting service (that enables carers to have a short break). 140 hours of sitting service was provided with a volunteer value of £22k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 91% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 80 carers, 45 Emergency Cards issued (for peace of mind) and 57 carers signposted to additional support.

#### Sefton Council for Voluntary Service

During Q2 the BME Community Development Worker supported 14 new referrals and 53 existing service users. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, benefits, finance, debt and general health. During the period Children, Young People and Families (CYPF) facilitated 3 network/forum meetings that had 24 attendees. The CYPF lead now has responsibility for management of VCFSE capacity building, volunteer co-ordination and collaborative working with Sefton MBC and the Clinical Commissioning Groups. Plans contributed to include the green paper on health and social care. Health and Wellbeing Trainers saw 181 new referrals during Q2 with service users helped to address social exclusion, attitude/confidence issues, financial problems, accommodation needs, health issues (including smoking and weight loss), drug and alcohol problems and family and relationships issues. Total client contacts numbered 758. The Reablement/ Signposting service had 113 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 400 whilst there were 2,336 distinct users of the online service directory. Key areas of support included social inclusion 31%, everyday living/food 13%, health-related issues 8% and risk management 6%.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q2 there were 624 new referrals. 172 assessments were completed and 84 are pending further action; 67 were already active in the service; 72 were placed on the waiting list; 8 were referred to a partner agency and 15 recorded under the Other category; 5 were found to be not within SWACA's remit and 4 subsequently moved out of the area; 188 were closed due to support being refused and a further 7 closed as SWACA was unable to contact the service user. There are currently 166 women and 75 children in receipt of support. During the period the refuge accommodated 2 women along with 3 children for 7 weeks. 91% were female service users and 9% male. Referrals came from various sources, with the top three being the police 41%, self-referrals 19% and CYPS Safeguarding Children 15%. Other sources included Adult Social Care, Children's Centres, family and friends.

#### Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 79 referrals in South Sefton and 77 in Southport & Formby. Working age stroke survivors and carers figures were 29% and 16% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 179 stroke survivors were discharged. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 130 volunteering hours were worked across Sefton during Q2 that equates to £1,691.00. The Association also

assists with applications for grant payments/benefits, securing 9 recovery grants totalling £2,549.35.

### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 65 women were part-way through their 12 allocated counselling sessions whilst 10 have exceeded twelve weeks and are continuing. There were 78 new referrals for Counselling. The main referral sources were GP referral 38%, Self-referral/Carer 36%, Mersey Care NHS Trust 7% and Social Workers 5%. Of the counselling sessions available during this period 66% were booked and used, 29% were cancelled by the client and just 5% were recorded as Did Not Attend. 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. 2 referrals were made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 5 new referrals were received during the period with 96 attendances in total.

## 8. Primary Care

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

**Figure 75 - 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 hour's 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. The Family Surgery was inspected on 13<sup>th</sup> November with the report yet to be published. All the results are listed below:



**Figure 76 – CQC Inspection Table**

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	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

*\*inspection made 13/11/2018 awaiting report to be published*

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

## 9. Better Care Fund

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Q2 BCF performance is as follows:

**Figure 77 – BCF Metric Performance**

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not 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	Not on track to meet target
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target

**Figure 78 – BCF High Impact Change Model Assessment**

		Maturity Assessment				
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Established
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	Plans in place	Plans in place	Established
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 6 performance and narrative detailed in the table below.

**Figure 79 – Southport & Formby CCG’s Month 6 Submission to NHS England**

September 2018 Month 06	Month 06 Plan	Month 06 Actual	Month 06 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,609	2,316	-11.2%	GP referrals decreased in month 6 against seasonal trends and were slightly below a monthly average with decreases evident at the main hospital provider. However, referral numbers were not outside of the statistical norm. Referral counts at Aintree Hospital in month 6 have also contributed to reduced GP referrals. AUH have identified an issue related to the paper switch off with some referrals potentially being rejected. '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	2,133	2,292	7.5%	
<b>Total (in month)</b>	<b>4,742</b>	<b>4,608</b>	<b>-2.8%</b>	
Variance against Plan YTD	27,444	28,274	3.0%	
Year on Year YTD Growth			4.6%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3,910	3,619	-7.4%	Despite OPFA and OPFUP being below planned levels in month, trends have shown that each are within statistical thresholds. Local monitoring has YTD OPFA 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 6 at the CCGs main hospital provider. OPFUP increased slightly in month 6 as expected. 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	8,695	7,944	-8.6%	
<b>Total Outpatient attendances (in month)</b>	<b>12,605</b>	<b>11,563</b>	<b>-8.3%</b>	
Variance against Plan YTD	71,689	70,078	-2.2%	
Year on Year YTD Growth			2.2%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,437	1,320	-8.1%	Variation against plan has been identified at month 6 within both Day Case and Ordinary spells with activity decreasing but not outside of the statistical norm, particularly within electives where the activity variance against plan in month is minimal. Day Cases also followed a similar trend to 1718 activity trends. 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	242	205	-15.3%	
<b>Total Elective spells (in month)</b>	<b>1,679</b>	<b>1,525</b>	<b>-9.2%</b>	
Variance against Plan YTD	9,911	9,698	-2.1%	
Year on Year YTD Growth			-1.4%	
<b>Urgent &amp; Emergency Care</b>				
<b>Type 1</b>	<b>3,667</b>	<b>3,770</b>	<b>2.8%</b>	The CCGs A&E activity remains high in month 6, which aligns to trends identified in previous months. Performance at the main hospital provider has improved to approx. 90%. 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			7.8%	
<b>All types (in month)</b>	<b>4,091</b>	<b>4,374</b>	<b>6.9%</b>	
Variance against Plan YTD	24,047	26,043	8.3%	
Year on Year YTD Growth			10.1%	
<b>Total Non Elective spells (in month)</b>	<b>1,206</b>	<b>1,625</b>	<b>34.7%</b>	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	7,381	8,952	21.3%	
Year on Year YTD Growth			22.8%	