

Southport & Formby Clinical Commissioning Group

Integrated Performance Report October 2018

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Summary Performance Dashboard

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%								78.82%
		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%
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
The % of patients waiting 6 weeks or more for a diagnostic test		Actual	5.139%	4.667%	4.14%	4.123%	4.201%	4.028%	4.08%							4.35%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
1291: % of all Incomplete RTT pathways within 18 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
Percentage of Incomplete RTT pathways within 18 weeks of referral		Actual	92.471%	93.409%	93.314%	93.027%	93.597%	93.362%	93.81%							93.29%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G	R						R	
The number of patients waiting at period end for incomplete pathways >52 weeks		Actual	0	1	0	1	1	0	2							5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G							G	
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.		Actual	0	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															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	G	G	G					G	
		Actual	91.389%	93.46%	94.747%	93.211%	93.421%	94.082%	95.58%						93.74%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R	R	G	G					R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%						87.90%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G	R	G					G	
		Actual	94.872%	98.734%	97.015%	96.203%	98.529%	90.476%	97.06%						96.22%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R	G					G	
		Actual	83.333%	100.00%	100.00%	100.00%	100.00%	91.667%	100%						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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%						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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%						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%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R	G					R	
		Actual	75.00%	87.50%	91.429%	70.732%	67.742%	81.081%	88%						80%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R						G	
		Actual	100.00%	83.333%	100.00%	100.00%	100.00%	100.00%	100.00%	80%						95.12%
		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%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R						G	
		Actual	100.00%	92.308%	86.667%	93.333%	94.118%	75.00%	80%							89.42%
		Target	85%	85%	85%	85%	85%	85%	85%	85%						85%

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

Accident & Emergency																
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%							88.33%
		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																
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	3	3	4	3	5	11	3							32
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8							
		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														
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R	R					R
		YTD	0	0	0	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G					G
		YTD	3	5	6	7	10	12	19					19
		Target	4	7	10	13	16	19	21	25	28	31	34	37

Enhancing Quality of Life for People with Long Term Conditions

Mental Health														
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G				G						G	
		Actual	100.00%				96.67%						98.592%	
		Target	95.00%				95.00%				95.00%		95.00%	

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	R	G	G					G	
		Actual	100.00%	66.667%	100.00%	80.00%	50.00%	75.00%	100%						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%

IAPT (Improving Access to Psychological Therapies)

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

2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R										R	
		Actual	3.69%	3.12%											6.45%
		Target	4.20%	4.20%			4.20%			4.20%					4.20%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment, against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G										R	
		Actual	99.4%	98.5%											80%
		Target	75.00%	75.00%			75.00%			75.00%					75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G										R	
		Actual	100%	99.7%											30%
		Target	95.00%	95.00%			95.00%			95.00%					95.00%
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G					G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%						70.05%
		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%
Helping People to Recover from Episodes of Ill Health or Following Injury															
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	G										R	
		Actual	71.429%	100.00%											83.333%
		Target	100%	100%											100%
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	G										R	
		Actual	0%	100%											50%
		Target	95%	95%			95%			95%					95%
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R										R	
		Actual	100%	40%											70%
		Target	92.00%	92.00%			92.00%			92.00%			92.00%		92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 7 (note: time periods of data are different for each source).

Financial position

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

The year to date financial position is a deficit of £0.900m, which represents deterioration against the planned deficit of £0.200m.

As at 30 November, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 30 November 2018 is a deficit of £3.221m. 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 7 are currently up 3% when comparing to the equivalent period in the previous year.

The latest information available for e-Referral utilisation is for September, where the CCG reported 83%, an improvement on August but still failing the 100% target.

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

The CCG had two patients waiting on the incomplete pathway over 52 weeks in October. 1 patient was waiting for treatment in gynaecology at Liverpool Women's Hospital with a TCI date of 19th December 2018. 1 patient was waiting for bariatric surgery at University Hospitals of North Midlands.

For referral to treatment, in October the CCG reported 7,705 incomplete pathways, 879 patients more than October 2017. This is the fourth consecutive time in 2018/19 the CCG has not achieved the target with performance declining.

Southport & Ormskirk reported 15 cancelled operations in October. 5 Ran out of Theatre time, 9 No Ward beds, 1 No ITU Bed.

The CCG are failing 2 of the 9 cancer measures in month 7 year to date. They include 2 week breast symptoms (87.9%) and the 62 days urgent GP referral metric (80%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (87.5%) and 62 days urgent GP referral (80.23%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a slight decline in response rates for inpatients, from 16.9% in September to 15.8% in October. The percentage of patients that would recommend the inpatient service in the Trust has increased from 93% in September to 94% in October but still remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has improved from 3% in September to 2% in October so is now in line with the England average of 2%.

Performance at Month 7 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.1m/5.2%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.3m/6.3%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for October reached 90.12%, which is slightly below the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.8% for October and a slight decline on last month's performance. Therefore the year to date position is still failing at 88.67%.

In October 2018 there was an average response time in Southport and Formby of 8 minutes 33 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 25 minutes against a target of 18 minutes. The CCG also failed both the category 3 90th percentile response and 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 October recording 65.4%, with 17 out of 26 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in October with 6 reportable patients breaching the target. This is the twelfth consecutive month where 0% has been reported.

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

There were 7 new cases of Clostridium Difficile attributed to the CCG in October, bringing the year to date figure to 19 against a plan of 21. Year to date 3 cases were apportioned to an acute trust and 16 to the community. Southport & Ormskirk has reported 0 new cases in October, so the total for the year remains at 6 against a plan of 20.

The CCG had no new cases of MRSA in October, however 1 was reported in July and therefore the CCG has breached the zero tolerance threshold for the year.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.7% in October, a slight improvement on last month but remaining significantly below the England average of 12.8%. The percentage of people who would recommend the service increased from 67% in September to 69% in October, but still below the England average of 87%. The percentage not recommended remains at 23%, still significantly above the England Average of 8%.

Performance at Month 7 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4m/21%.

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 £3.4m/17.7%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 246 Southport & Formby patients entering treatment in Month 7. This is a 32.3% increase compared to previous month when 186 patients entered treatment. The access rate for Month 7 was 1.29% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 59.5% compared to 53.4% 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. A revised activity baseline has been agreed for the purposes of exception reporting to provide assurance to the CCG. The Trust's transformation agenda may have an impact on activity levels, which will need to be monitored and as a result the agreed activity baseline will need further revision in the future.

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

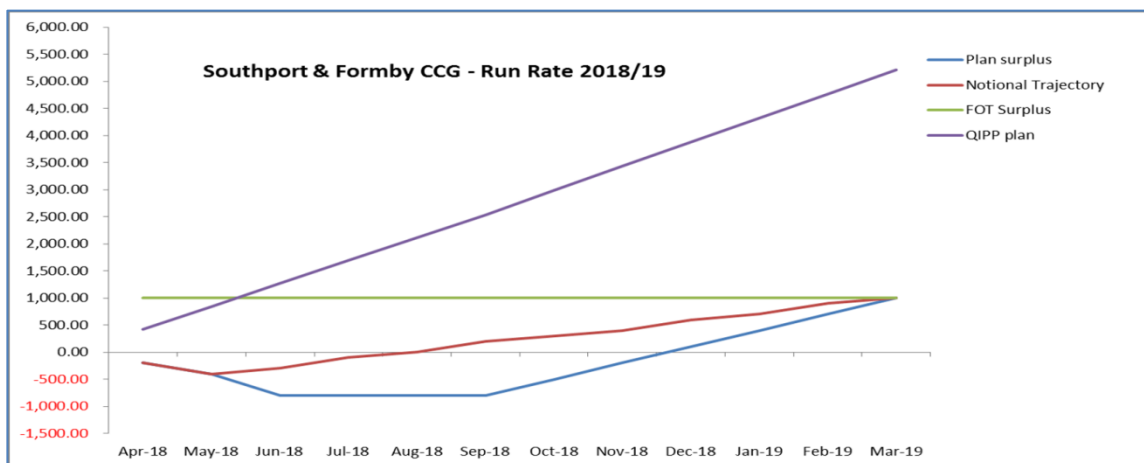
This report focuses on the financial performance for Southport and Formby CCG as at 30 November 2018.

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	24,695	16,193	16,517	324	24,712	17
Corporate & Support Services: admin	2,622	1,696	1,579	(117)	2,472	(150)
Corporate & Support Services: programme	2,836	1,880	1,837	(43)	2,779	(57)
NHS Commissioned Services	124,088	81,469	82,387	918	125,723	1,635
Independent Sector	5,681	3,699	3,918	219	6,029	348
Primary Care	4,029	2,720	2,975	254	4,269	240
Prescribing	22,862	15,064	15,763	699	23,662	800
Total Operating budgets	186,813	122,723	124,976	2,254	189,646	2,834
Reserves	(1,527)	1,554	0	(1,554)	(4,361)	(2,834)
In Year Planned (Surplus)/Deficit	1,000	(200)	0	200	0	(1,000)
Grand Total (Surplus)/Deficit	186,286	124,076	124,976	900	185,286	(1,000)

The year to date financial position is a deficit of £0.900m, which represents deterioration against the planned deficit of £0.200m. 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, the CCG's plan is as follows:-

- 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 8, this will make the delivery of the financial position more challenging in the remainder of the financial year.

As at 30 November, the full year forecast financial position is £1m surplus. This position requires QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 30 November 2018 is a deficit of £3.221m. 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 and in support of the 2019/20 QIPP plan. A paper was taken to the Governing Body development session in December 2018 – (Financial Outlook - December 2018 – March 2020) which included the draft QIPP requirement for 2019/20. This will be taken to the Joint QIPP and Financial Recovery Committee in December 2018 for further discussion.

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 £1.267m.
- This has enabled the CCG to meet its hospital requirements through faster discharge but has had financial impact.
- 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 and other prescribing cost pressures.
- Over performance of £0.344m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.289m 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.
- Cost pressures of £0.153m within Non Contract Activity (NCA's) due to some recent high cost cases and activity increases.

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

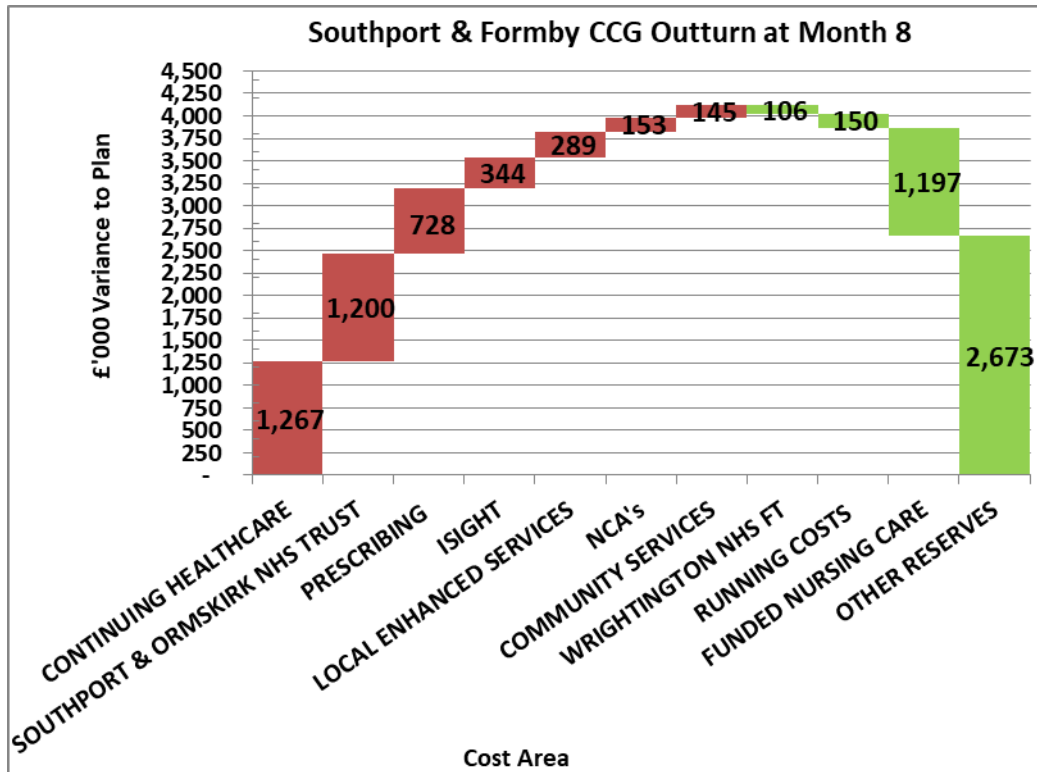
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.397m
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > %	98.70%
		NHS - Volume YTD > 95%	93.57%
		Non NHS -Value YTD > 95	95.23%
		Non NHS - Volume YTD > 95%	93.71%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30 November 2018 for the financial year is a deficit of £3.221m.
- The QIPP target for 2018-19 is £5.210; delivery is £2.397m to date which is £1.539m below the planned delivery at month 8.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.150m.
- BPPC targets have been achieved for by value but by volume they are below the 95% target. This will be reviewed to identify areas of improved 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 a **deficit of £3.221m.**
- 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 and other prescribing cost pressures.
 - Cost pressures within iSight Clinic.
 - Cost pressures within the Local Quality Contract due to part one and quarterly claims being higher cost than expected.
 - Cost pressures within Non Contract Activity (NCA's) due to due to some recent high cost cases and activity increases.
- 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			(0.071)	0.159
Community Services investment	0.697			(0.260)	0.437
Intermediate care	0.500		(0.130)	(0.219)	0.151
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	0.524	(0.634)	(0.337)	(0.122)
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	0.334	1.032	0.213	(1.527)

- 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 is 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	0.613
Alder Hey Children's Hospital NHS Foundation Trust	0.077
Liverpool Women's NHS Foundation Trust	0.006
Liverpool Heart & Chest NHS Foundation Trust	(0.127)
Royal Liverpool and Broadgreen NHS Trust	0.065
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.039)
Grand Total	0.596

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

- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an over spend of £0.596m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PbR related contract had been in place.

Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk

	Best Case	Likely Case	Worst Case
	SFCCG £m	SFCCG £m	SFCCG £m
Opening Contract Value	64.074	64.074	64.074
Reported YTD (Under) Overspend at M7	3.753	3.753	3.753
Less : NEL Price increase	(1.616)	(1.261)	(0.500)
: CDU Activity	(0.356)	(0.356)	(0.356)
: AEC Follow ups	(0.475)	(0.475)	0.000
Revised YTD (Under) Overspend at M7	1.307	1.662	2.898
Extrapolated to M12	2.240	2.849	4.967
Less : Non-PbR Review	(0.300)	(0.200)	(0.150)
: Applicable Sanctions	(2.000)	(1.100)	(1.000)
: CQUIN	(0.300)	(0.300)	(0.200)
: Further NEL / Other	(0.350)	(0.659)	0.073
Revised Forecast (Under) overspend	(0.710)	0.590	3.690
Forecast Contract Payment 2018/19	63.364	64.664	67.764

- The Month 7 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £3.753m 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, the CCG have proposed to accept a revised unit cost of £769 with the provision that there is an agreed service specification which ensures clinically appropriate activity is recorded under this pathway. The impact of this change 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 but if a resolution is not agreed by mid-December, organisations must enter into a mediation process.

2.5 QIPP

Figure 8 – QIPP Plan and Forecast

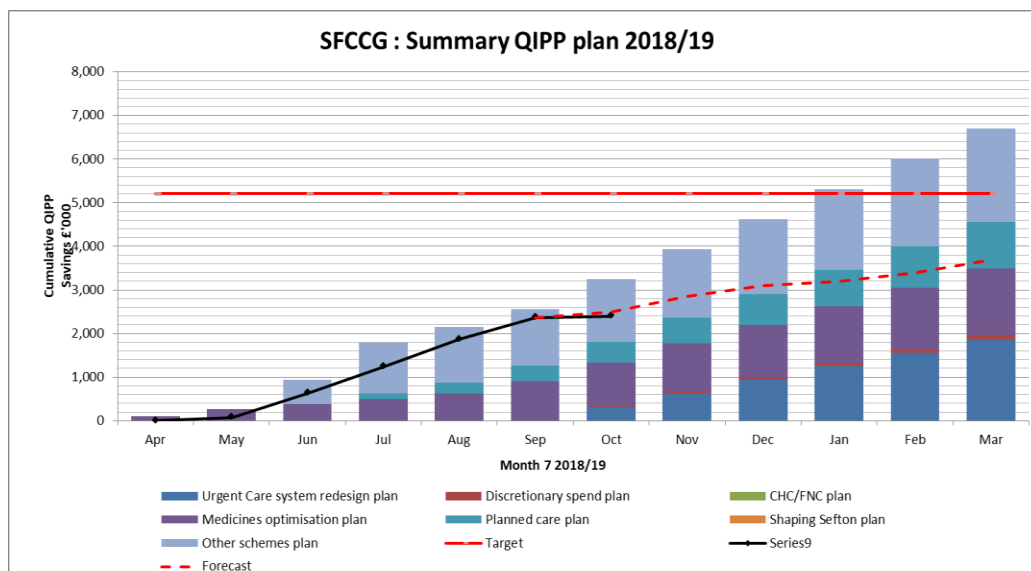


Figure 9 – RAG Rated QIPP Plan

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
Total QIPP Plan	5,455	1,241	6,696	2,662	300	3,734	6,696
QIPP Delivered 2018/19				(2,397)		0	(2,397)

- 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			
Management action plan			
QIPP Achieved	0.573	1.824	2.397
Remaining QIPP to be delivered	4.637	(1.824)	2.813
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

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

2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	5.210	2.812	2.812
I&E impact	(2.764)	(2.689)	(2.689)
Forecast Surplus / (Deficit)	(1.764)	(4.087)	(4.087)
Further Risk	(0.500)	(2.360)	(4.910)
Management Action Plan	3.264	3.226	3.226
Risk adjusted Surplus / (Deficit)	1.000	(3.221)	(5.771)

- 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 £3.221m and assumes that QIPP delivery will be £2.812m for the year. Pressures have emerged in year in respect mental health investment, costs associated with Sefton Transformation Board and acute over performance and mitigations relating to the CCG contingency budget, contract sanctions and other reserves.
- The worst case scenario is a deficit of £5.771m 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	M8 £'000	M12 £'000
Non-Current Assets	0	31	31	31	0
Receivables	2,241	2,560	2,669	400	2,406
Cash	4,687	3,046	4,725	9,660	63
Payables & Provisions	(16,042)	(13,893)	(14,774)	(15,993)	(12,162)
Value of Debt > 180 days	1,669	1,729	1,729	72	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 8 has reduced to £0.072m, due to settlement of significantly aged debt with Southport & Ormskirk NHS Trust. The remaining balance comprises three invoices; Dovehaven Nursing Home (£0.022m), Southport & Ormskirk (£0.037m) and Alternative Futures Group (£0.011m). These debts continue to be chased by the CCG finance team and NHS Shared Business Services.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £185.340m at Month 8. The actual cash utilised at Month 8 was £119.107m which represents 64.26% of the total allocation. The balance of ACDR to be utilised over the rest of the year is £66.233m.

2.9 Recommendations

- The full year most likely financial position for the CCG is a deficit of £3.221m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 8 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 month 8 financial position is a £0.900m deficit against a planned deficit of £0.200m. The year to date financial position is £0.700m from plan due to £0.300m deterioration in month and not being able to deliver the planned improvement of £0.400m. The CCG will need to deliver surpluses in the remaining months to offset this deficit.
- 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.

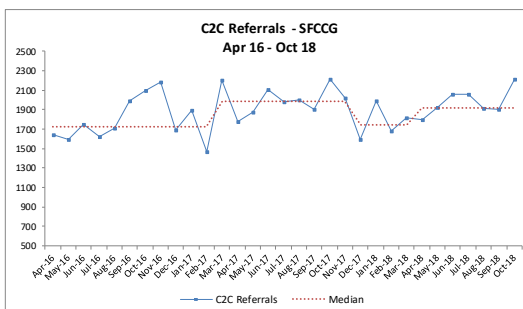
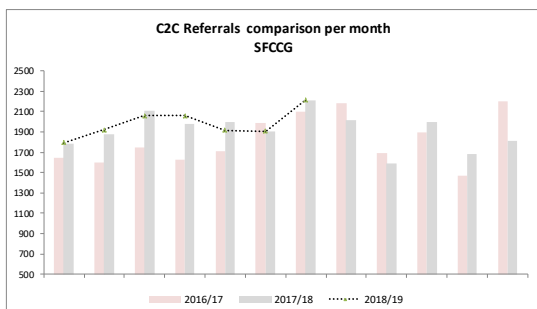
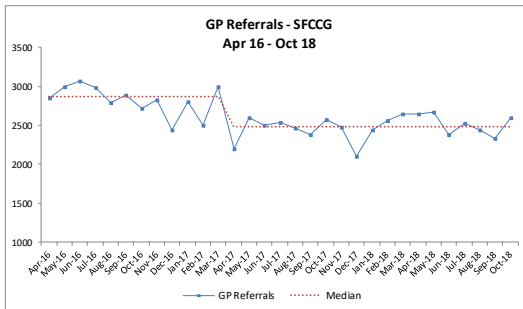
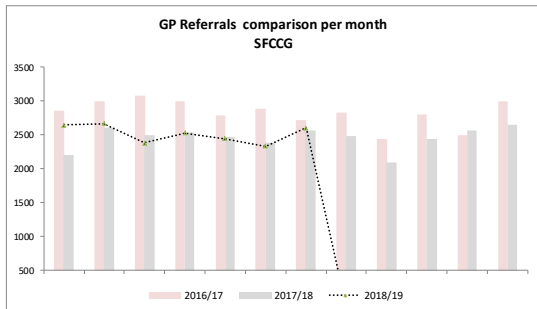
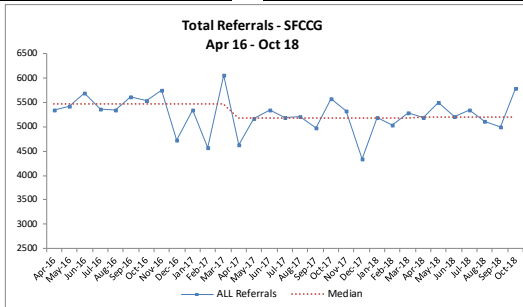
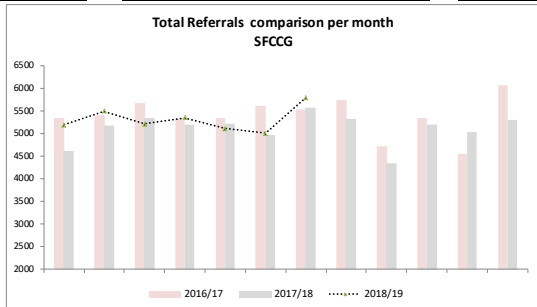
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

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	2202	2649	447	20%	1782	1797	15	1%	4628	5199	571	12%
May	2601	2667	66	3%	1876	1921	45	2%	5180	5498	318	6%
June	2500	2379	-121	-5%	2109	2061	-48	-2%	5348	5215	-133	-2%
July	2540	2530	-10	0%	1979	2058	79	4%	5194	5354	160	3%
August	2464	2441	-23	-1%	2001	1918	-83	-4%	5219	5119	-100	-2%
September	2379	2330	-49	-2%	1904	1907	3	0%	4976	5009	33	1%
October	2570	2602	32	1%	2210	2219	9	0%	5577	5800	223	4%
November	2483				2017				5331			
December	2099				1594				4340			
January	2445				1993				5200			
February	2566				1681				5038			
March	2645				1816				5299			
Monthly Average	2458	2514	56	2%	1914	1983	70	4%	5111	5313	203	4%
YTD Total Month 7	17256	17598	342	2%	13861	13881	20	0%	36122	37194	1072	3%
Annual/FOT	29494	30168	674	2%	22962	23796	834	4%	61330	63761	2431	4%



Year to date referrals at month 7 are currently up 3% when comparing to the equivalent period in the previous year. Monthly trends have shown that total referrals have increased in Oct-18 to the highest levels reported since Mar-17. GP and consultant-to-consultant referrals each increased in Oct-18 with the latter showing a notable increase against the current average.

At provider level, referrals to Southport Hospital are comparable to the equivalent period in 2017/18 with a small increase of 0.2%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres, Isight and St Helens & Knowsley Hospital's.

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 Gastroenterology 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 2% up on the equivalent period in the previous year. Consultant-to-consultant referrals are currently comparable to 2017/18 with a small variance of 20/0.1%. 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.

Aintree Hospital has identified an issue related to ERS implementation with some referrals potentially being rejected on the system at month 6 of 2018/19. This may have contributed to reduced referrals reported at this time.

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 - Sept	100%	83.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. September 2018 is the latest available data which shows a performance of 83%, a slight improvement on 82% reported in August.

3.2 Diagnostic Test Waiting Times

Figure 15 - Diagnostic Test Waiting Time Performance

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

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in October recording 4.1%. Out of 2,302 patients, 97 patients were waiting over 6 weeks, and 3 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (49) and CT (17).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in October recording 4.2%. Out of 2,965 patients, 128 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 (85) and Cystoscopy (17).

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. (CCG)	18/19 - Oct	0	2	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Oct	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Oct	92%	93.80%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Oct	92%	96.00%	↑

Figure 17 – RTT Performance & Activity Trend

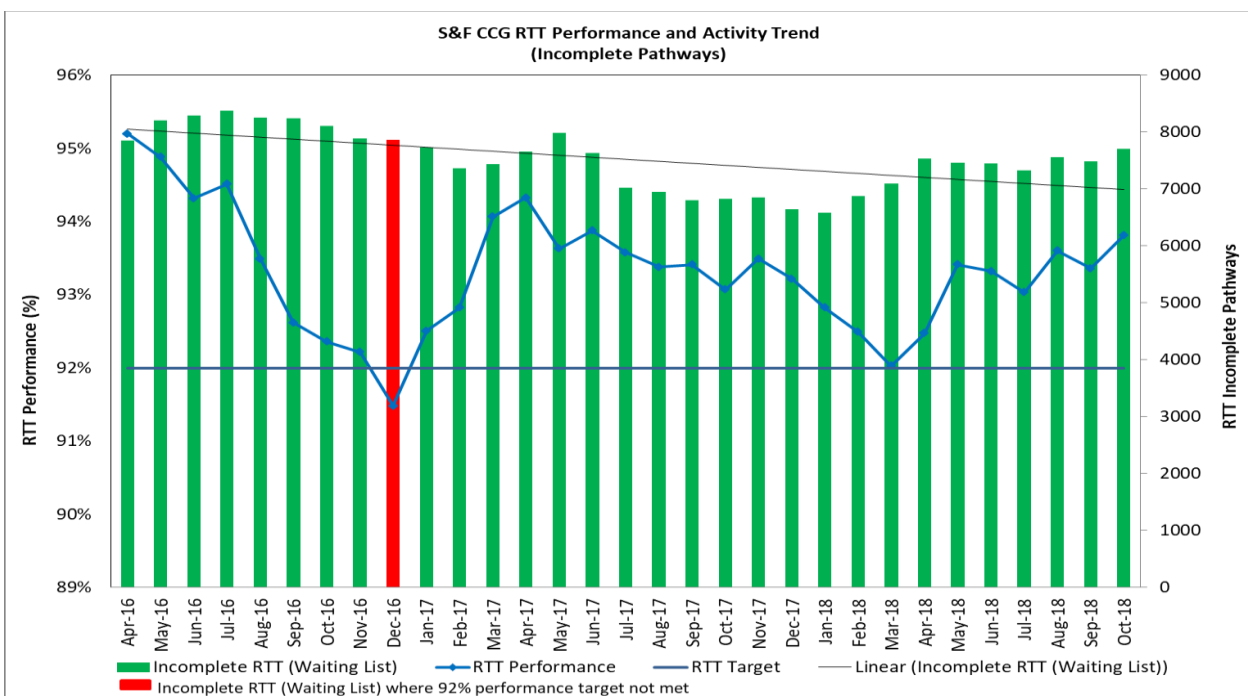


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

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	7,705					
Difference	-119	-523	-180	308	614	688	879					

Performance Overview/Issues

The CCG had two patients waiting on the incomplete pathway over 52 weeks in October. 1 patient was waiting for treatment in gynaecology at Liverpool Women’s Hospital with a TCI date of 19th December 2018. 1 patient was waiting for bariatric surgery at University Hospitals of North Midlands. The Trust’s latest weekly snapshot shows no Southport & Formby CCG breaches, suggesting this patient has now been seen.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In October the CCG reported 7,705 incomplete pathways, 879 patients more than September 2017. This is the fourth consecutive time in 2018/19 the CCG has not achieved the target with performance steadily 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?

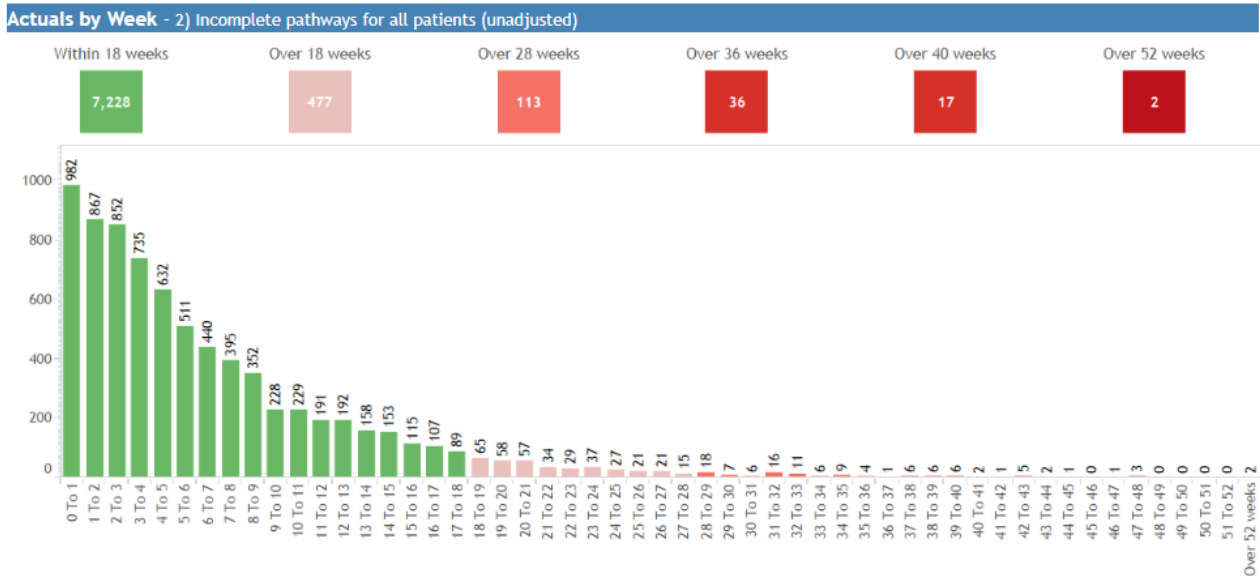
It is expected that the plans above will improve performance to meet the target by March 2019.

Who is responsible for this indicator?

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

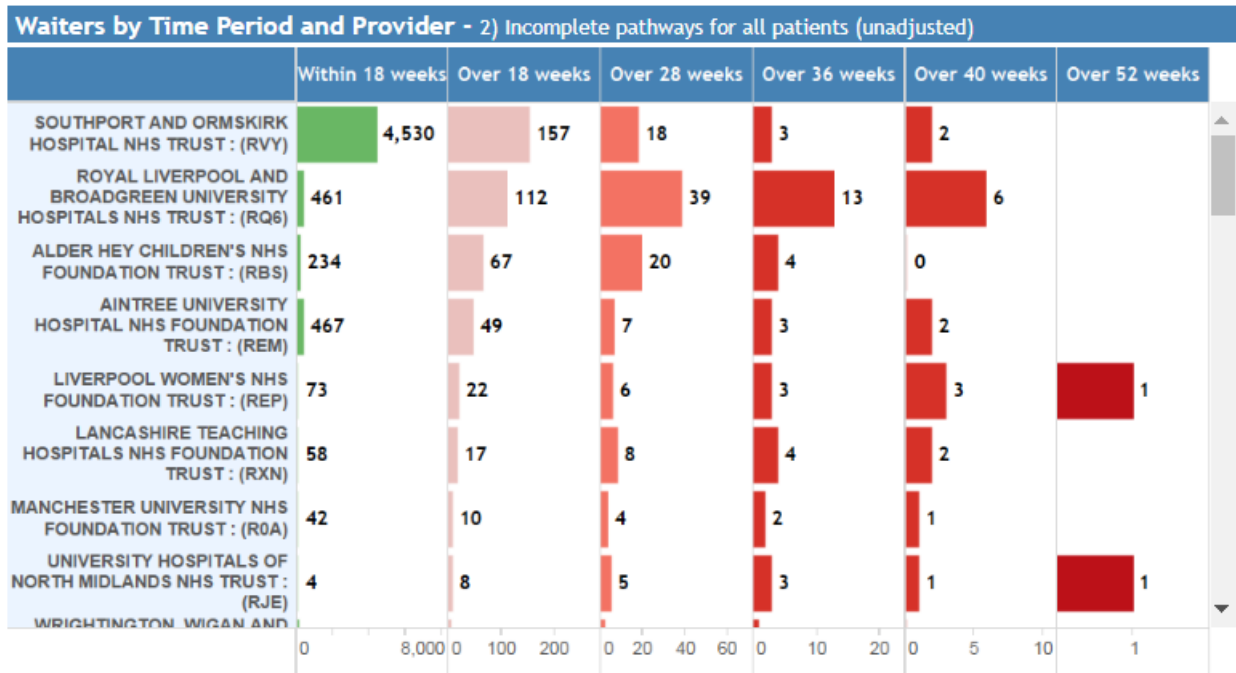
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

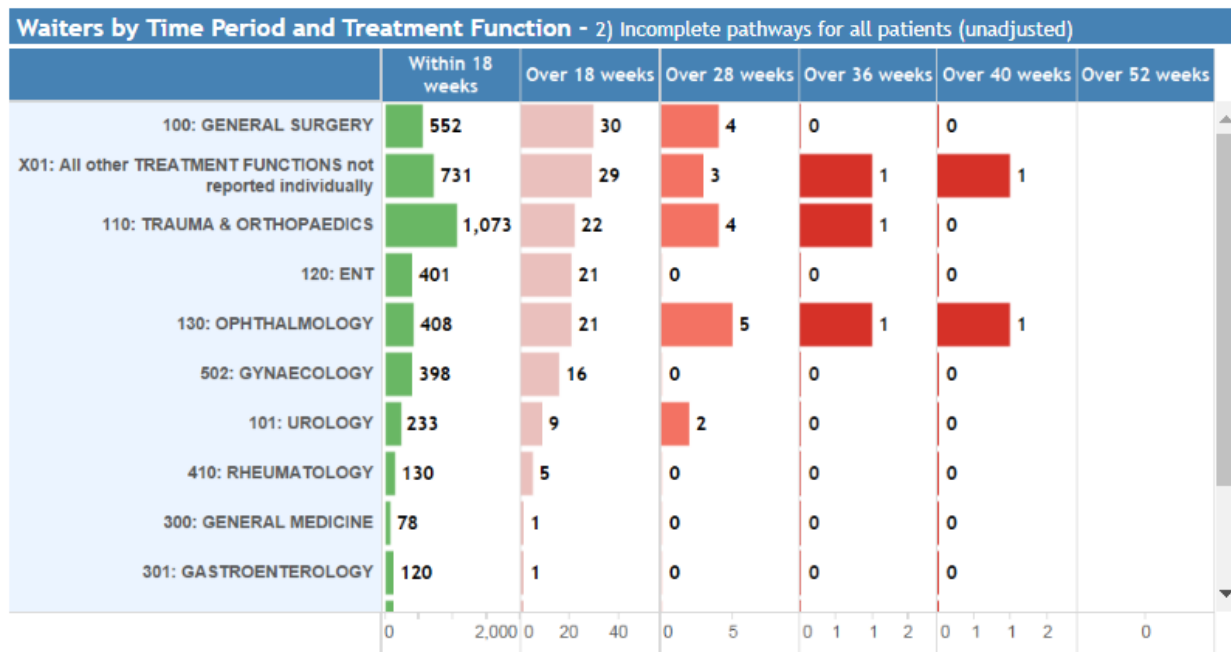
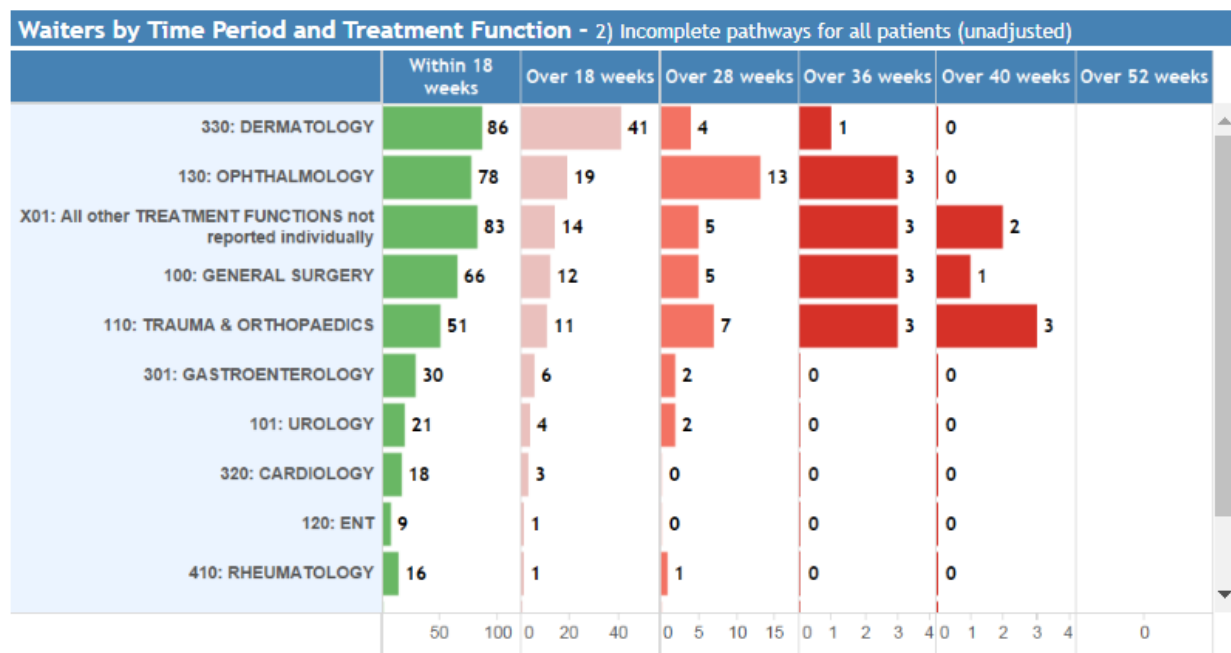


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

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

CCG	Trust	Specialty	Wait Band	Details
Southport & Formby CCG	Aintree	General Surgery	46 weeks	Patient did not attend
Southport & Formby CCG	Aintree	Gastroenterology	38 & 42 weeks	Treated & has TCI date
Southport & Formby CCG	Alder Hey	other	37 to 39 weeks	3 patients had TCI dates in December. 1 patient at 37 weeks waiting on community paediatrics, currently undated.
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	42 weeks	Patient had TCI date 14th December
Southport & Formby CCG	Lancashire Teaching	General Medicine	37 to 40 weeks	All 3 patients treated
Southport & Formby CCG	Liverpool Womens	Gynaecology	52+ weeks	Patient had TCI date 19th December 2018
Southport & Formby CCG	Liverpool Womens	Gynaecology	44 & 47 weeks	2 patients waiting for treatment. No Trust update.
Southport & Formby CCG	Manchester University	Gynaecology	39 & 40 weeks	3 patients waiting for treatment. No Trust update.
Southport & Formby CCG	North Midlands	General Surgery	52+ weeks	The Trust's latest weekly RTT snapshot shows no Southport & Formby CCG patients awaiting treatment, suggesting this patient has now been seen.
Southport & Formby CCG	North Midlands	General Surgery	38 & 39 weeks	2 patients. See comment above
Southport & Formby CCG	Royal Liverpool	General Surgery	38 to 47 weeks	3 patients. Pathways stopped.
Southport & Formby CCG	Royal Liverpool	T&O	42 to 43 weeks	3 patients with no dates. Long waiting list.
Southport & Formby CCG	Royal Liverpool	other	38 to 43 weeks	3 patients - 2 pathways stopped. 1 patient waiting at 41 weeks as at end of October with TCI date of 22nd January 2019. Potential 52 week waiter.
Southport & Formby CCG	Royal Liverpool	ophthalmology	37 weeks	3 patients, pathways stopped. Capacity issues.
Southport & Formby CCG	Royal Liverpool	Dermatology	36 weeks	Patient had TCI date 19th December 2018
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	47 weeks	Awaiting Trust update
Southport & Formby CCG	Southport & Ormskirk	other	42 weeks	Awaiting Trust update
Southport & Formby CCG	Southport & Ormskirk	T&O	38 weeks	Awaiting Trust update
Southport & Formby CCG	Wrightington, Wigan & Leigh	General Surgery	39 weeks	Awaiting Trust update

3.4 Cancelled Operations

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

Figure 24 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	18/19 - Oct	0	15	↑

Southport & Ormskirk reported 15 cancelled operations in October. 5 Ran out of Theatre time, 9 No Ward beds, 1 No ITU Bed.

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

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

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - Oct	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 - Oct	93%	93.74%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	93%	94.61%	↔
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 - Oct	93%	87.90%	↑

Performance Overview/Issues

The CCG achieved the 93% target in October for patients referred urgently with breast symptoms reporting 97.06% but are failing year to date with 87.9% due to breaches earlier in the year. In October just 1 patient out of 34 breached.

How are the issues being addressed?

Recent months have shown a significant improvement in performance, following actions taken relating to demand management, including communications to GPs on management of symptomatic breast disease and the availability of Advice and Guidance from July 2018. The CCG is now achieving the monthly target; therefore year to date performance is expected to improve going forward.

When is performance expected to recover?

January 2019.

Who is responsible for this indicator?

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

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Oct	96%	96.22%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	96%	98.33%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Oct	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Oct	94%	97.14%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	94%	96.15%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Oct	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	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 - Oct	85% (local target)	89.42%	↓
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 - Oct	85% (local target)	92.83%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Oct	90%	95.12%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	90%	87.50%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Oct	85%	80.00%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Oct	85%	80.23%	↑

Performance Overview/Issues

The CCG achieved the 85% target for urgent GP referrals in October with 88% but has failed year to date with 80% mainly due to previous breaches. In October, 3 patients out of 25 breached.

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 reported any breaches 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 achieved the 85% target for urgent GP referrals in October with 90.28% but failed year to date with 80.23%. In October, the Trust reported the equivalent of 3.5 breaches out of 36 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 October Southport & Ormskirk Trust reported 2 patients waiting longer than 104 days within the 62 day standard metric. Both breaches were in urology, 1 had an unknown delay and 1 was due to inadequate elective capacity. The longest waiting patient was at 134 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: Oct-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	24.9%	15.8%		96%	94%		2%	2%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	7.0%		97%	80%		1%	7%	
Q3 - Postnatal Ward	-	-		95%	91%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA		1%	NA	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a slight decline in response rates for inpatients, from 16.9% in September to 15.8% in October. The percentage of patients that would recommend the inpatient service in the Trust has increased from 93% in September to 94% in October but still remains below the England average of 96%. The percentage of people who would not recommend

the inpatient service has improved from 3% in September to 2% in October so is now in line with the England average of 2%.

For maternity services, in relation to 'Birth' the response rate declined from 12% in September to 7% in October, falling even further below the England average of 21.1%. The percentage who would recommend the service has declined significantly from 100% in September to 80% in October below the England average. The percentage who would not recommend has also declined significantly from 0% all year to 7%, above the England average of 1%. The percentage recommended for the postnatal ward has declined from 98% in September to 91% in October.

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 7 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.1m/5.2%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.3m/6.3%.

At individual providers, Southport & Ormskirk and Wrightington, Wigan and Leigh are showing the largest over performance at month 7 with a variance of £493k/4% and £398k/62% against plan respectively. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£156k/-26%) and Renacres Hospital (-£96/-4%).

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	10,534	12,154	1,620	15%	£2,298	£2,392	£94	4%	£94	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,438	4,692	254	6%	£323	£323	£0	0%	£0	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,449	942	-507	-35%	£600	£444	£156	-26%	£156	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,561	1,187	-374	-24%	£364	£316	£47	-13%	£47	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	9,366	9,952	586	6%	£1,742	£1,690	£52	-3%	£52	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,498	1,506	8	1%	£452	£391	£61	-14%	£61	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	28,846	30,433	1,587	6%	£5,779	£5,557	£222	-4%	£222	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	236	251	15	7%	£49	£63	£14	29%	£0	£14	29%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	44	44	0%	£0	£4	£4	0%	£0	£4	-
FAIRFIELD HOSPITAL	68	61	-7	-11%	£12	£10	£2	-15%	£0	£2	-15%
ISIGHT (SOUTHPORT)	3,335	4,156	821	25%	£504	£685	£180	36%	£0	£180	36%
LANCASHIRE TEACHING HOSPITAL	0	750	750	0%	£0	£149	£149	0%	£0	£149	-
RENACRES HOSPITAL	7,523	8,201	678	9%	£2,181	£2,086	£96	-4%	£0	£96	-4%
SALFORD ROYAL NHS FOUNDATION TRUST	0	131	131	0%	£0	£21	£21	0%	£0	£21	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	60,377	61,857	1,480	2%	£11,014	£11,507	£493	4%	£0	£493	4%
SPIRE LIVERPOOL HOSPITAL	239	214	-25	-10%	£64	£84	£19	30%	£0	£19	30%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,266	3,234	-32	-1%	£717	£698	£19	-3%	£0	£19	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	417	566	149	36%	£103	£110	£7	7%	£0	£7	7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	234	234	0%	£0	£48	£48	0%	£0	£48	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	189	189	0%	£0	£64	£64	0%	£0	£64	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,784	2,741	957	54%	£646	£1,043	£398	62%	£0	£398	62%
ALL REMAINING PROVIDERS TOTAL	77,244	82,779	5,535	7%	£15,289	£16,615	£1,326	9%	£0	£1,326	9%
GRAND TOTAL	106,091	113,212	7,121	7%	£21,068	£22,172	£1,104	5.2%	£222	£1,326	6.3%

*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	6,398	6,421	23	0%	£3,242	£3,256	£14	0%
Elective	789	756	-33	-4%	£1,898	£2,010	£111	6%
Elective Excess BedDays	123	147	24	20%	£29	£35	£6	19%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	413	726	313	76%	£72	£150	£78	109%
OPFASPCL - Outpatient first attendance single professional consultant led	6,882	7,064	182	3%	£1,185	£1,226	£41	3%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	954	1,723	769	81%	£82	£176	£94	116%
OPFUPSCL - Outpatient follow up single professional consultant led	21,670	20,667	-1,003	-5%	£1,767	£1,709	£58	-3%
Outpatient Procedure	17,015	18,012	997	6%	£2,193	£2,353	£159	7%
Unbundled Diagnostics	6,132	6,341	209	3%	£546	£593	£47	9%
Grand Total	60,377	61,857	1,480	2%	£11,014	£11,507	£493	4%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

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

Planned care levels have increased and are continuing to show an over-performance against the planned values year to date at month 7. 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, Ophthalmology and Gynaecology amongst others. Key over performing HRGs includes minor skin procedures within Dermatology, diagnostic flexible cystoscopy with Urology, and Retinal Tomography, 19 years and over within Ophthalmology.

Elective over performance can be attributed in large to small relatively amounts of activity variance within the General Surgery and Trauma & Orthopaedics specialities related to intestinal procedures and 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	456	592	136	30%	£284	£415	£131	46%
Elective	251	190	-61	-24%	£577	£401	-£176	-31%
Elective Excess BedDays	63	95	32	51%	£16	£23	£8	49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	84	46	-38	-46%	£18	£11	-£7	-40%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	152	116	-36	-24%	£7	£5	-£1	-22%
OPFASPCL - Outpatient first attendance single professional consultant led	1,673	2,029	356	21%	£290	£347	£57	20%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	95	70	-25	-27%	£9	£7	-£2	-20%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	236	532	296	126%	£6	£13	£7	126%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,348	4,478	130	3%	£359	£356	-£3	-1%
Outpatient Procedure	1,554	2,214	660	43%	£230	£312	£82	36%
Unbundled Diagnostics	1,052	1,267	215	20%	£74	£105	£31	42%
Wet AMD	569	525	-44	-8%	£430	£398	-£33	-8%
Grand Total	10,534	12,154	1,620	15%	£2,298	£2,392	£94	4%

Aintree performance is showing a £94k/4% variance against plan at month 7. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £131k/46% and £82k/36% 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	830	858	28	3%	£833	£759	-£74	-9%
Elective	167	133	-34	-21%	£722	£591	-£130	-18%
OPFASPCL - Outpatient first attendance single professional consultant led	1,477	1,531	54	4%	£250	£258	£8	3%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,885	1,945	60	3%	£124	£129	£5	4%
Outpatient Procedure	1,559	1,458	-101	-6%	£176	£228	£52	29%
Unbundled Diagnostics	488	615	127	26%	£44	£50	£7	15%
Physio	1,116	929	-187	-17%	£33	£27	-£6	-17%
Outpatient Pre-op	0	732	732	0%	£0	£43	£43	0%
Grand Total	7,523	8,201	678	9%	£2,181	£2,086	-£96	-4%

Renacres performance is showing a -£96k/-4% variance against plan at month 7. Elective and Day case activity are the highest underperforming areas with variances of -£130k/-18% and -£74k/-9% 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	12	19	7	54%	£1	£2	£1	55%
Daycase	103	125	22	21%	£137	£176	£38	28%
Elective	65	111	46	71%	£371	£663	£292	79%
Elective Excess BedDays	18	20	2	11%	£5	£5	£0	4%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	44	65	21	48%	£3	£5	£1	39%
OPFASPCL - Outpatient first attendance single professional consultant led	227	401	174	76%	£31	£55	£25	80%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	64	120	56	87%	£4	£7	£3	80%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	86	240	154	178%	£2	£6	£4	178%
OPFUPSPCL - Outpatient follow up single professional consultant led	849	1,157	308	36%	£51	£69	£18	34%
Outpatient Procedure	155	258	103	66%	£21	£34	£13	62%
Unbundled Diagnostics	160	225	65	40%	£19	£22	£3	14%
Grand Total	1,784	2,741	957	54%	£646	£1,043	£398	62%

Wrightington, Wigan and Leigh performance is showing a £398k/62% variance against plan at month 7 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	627	874	247	39%	£291	£420	£129	44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	43%	£0	£0	£0	43%
OPFASPCL - Outpatient first attendance single professional consultant led	489	751	262	54%	£70	£105	£34	49%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	49	0	-49	-100%	£3	£0	-£3	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,507	1,780	273	18%	£83	£98	£15	18%
Outpatient Procedure	662	749	87	13%	£56	£61	£5	9%
Grand Total	3,335	4,156	821	25%	£504	£685	£180	36%

iSight performance is showing a £180k/36% variance against plan with over performance evident against a number of PODs. Day case activity is currently £129k/44% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

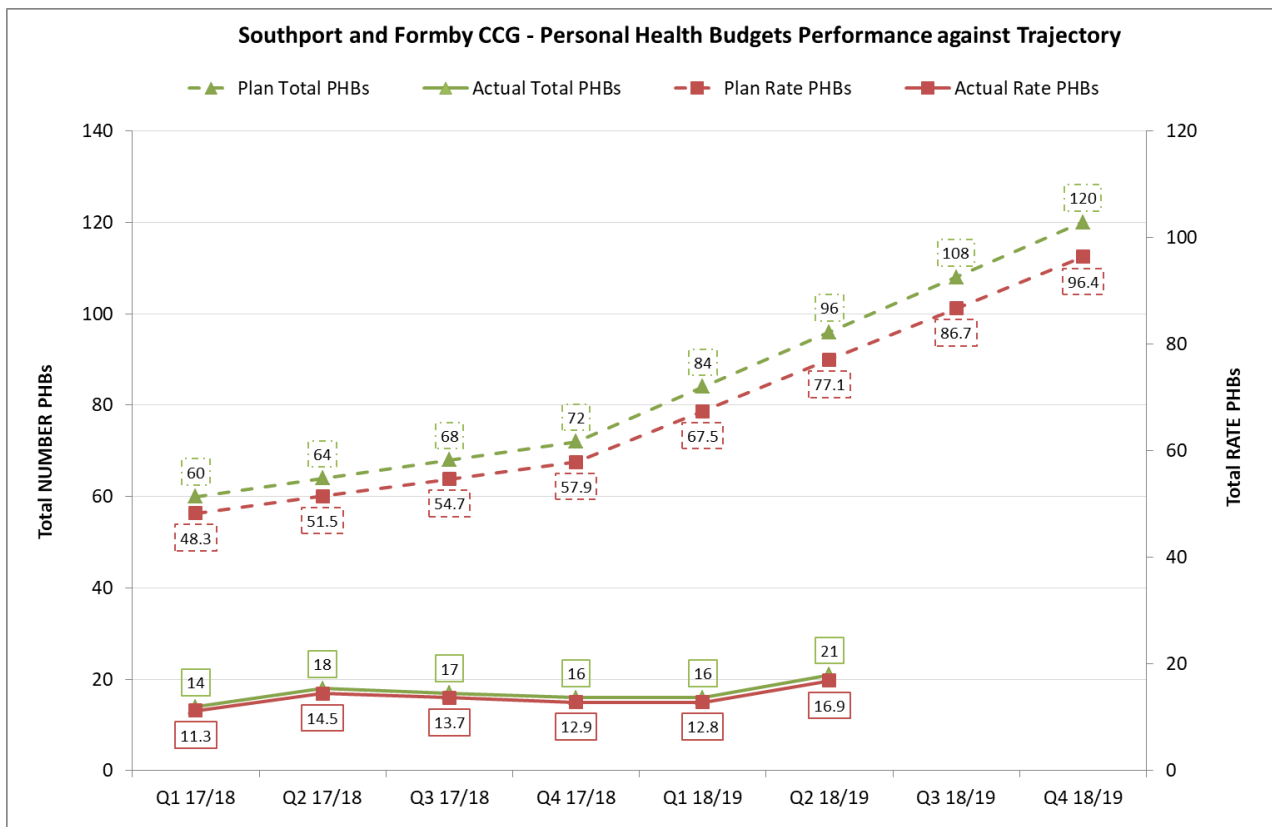
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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

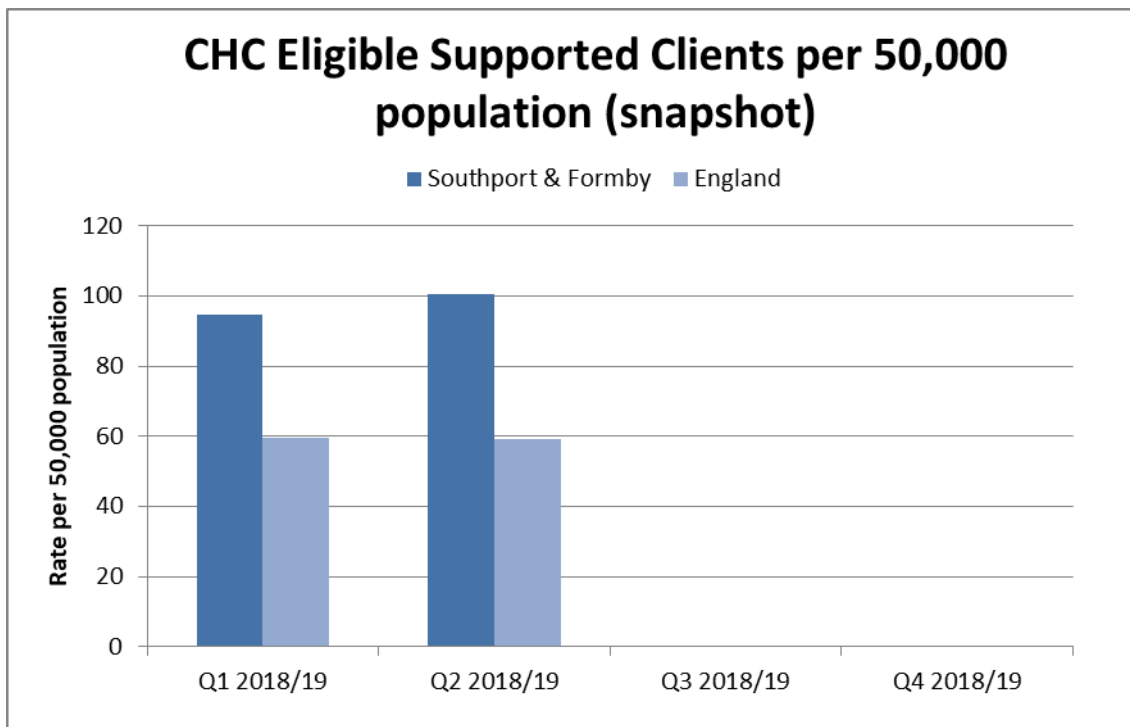


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

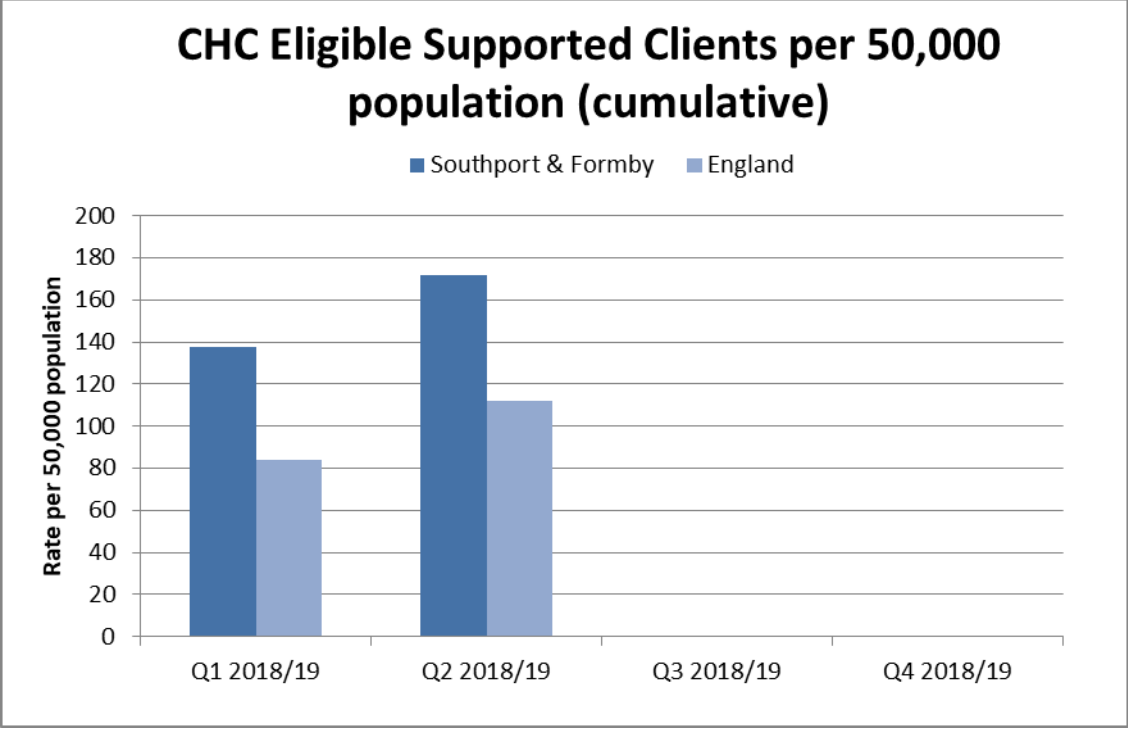


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

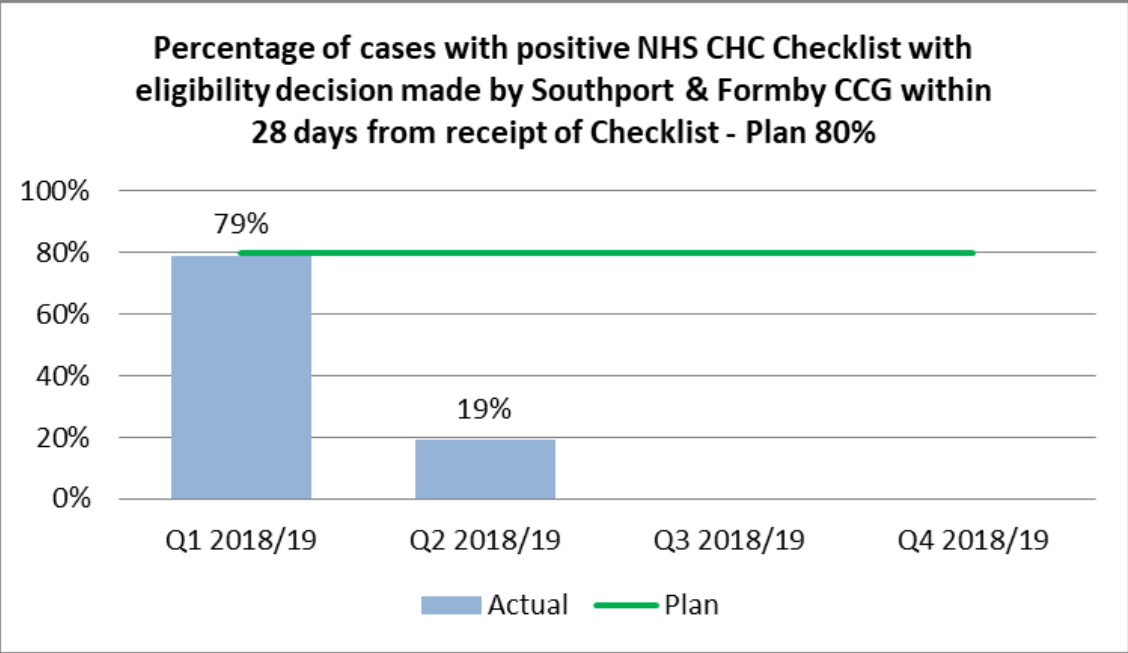
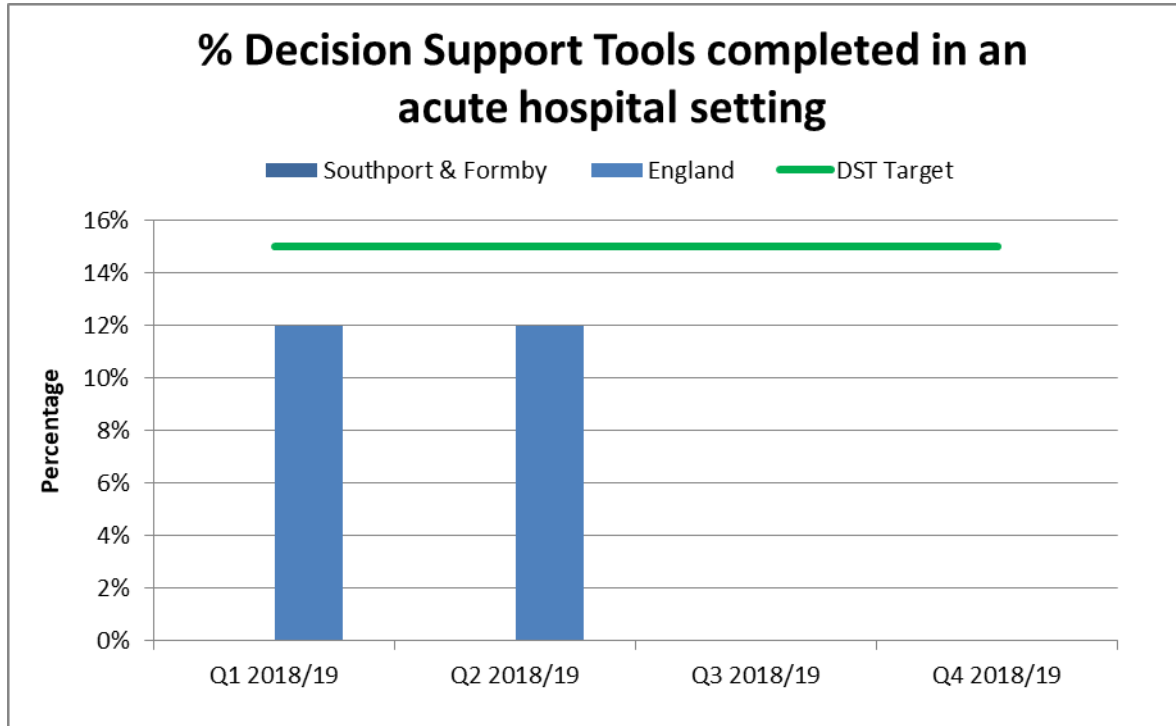


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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%

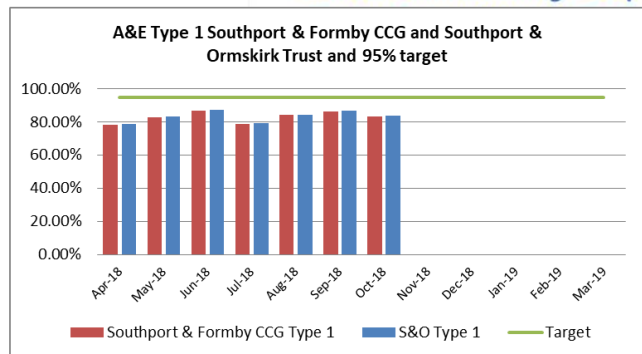
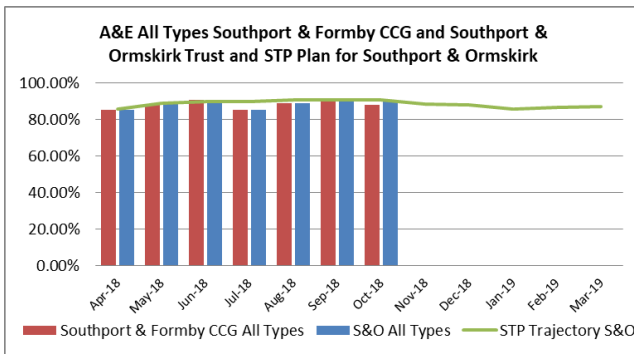
4. Unplanned Care

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 - Oct	95.00%	88.24%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Oct	95.00%	83.05%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Oct	STF Trajectory Target for Oct 90.8%	88.67%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Oct	95.00%	83.42%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	88.67%



Performance Overview/Issues

Southport & Ormskirk’s performance against the 4-hour target for October reached 90.12%, which is slightly below the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.8% for October and a slight decline on last month’s performance. Therefore the year to date position is still failing at 88.67%.

How are the issues being addressed?

The Trust has reported that performance in the Southport alone improved from 67.1% in October 2017 to 81% in October 2018. This was against a backdrop of 523 additional attendances (11.5% increase), the majority of which were majors category, and restricted clinical space available whilst the rebuild is underway. Admissions via the emergency department (ED) were 4% lower than October 2017. The business case for the expansion of Ambulatory Care has been approved and recruitment is underway to develop the service to stream appropriate patients away from ED. Collaboration is also underway with primary care pursue the use of GPs in ED.

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

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

When is performance expected to recover?

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

Who is responsible for this indicator?

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

Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Oct	0	11	↑

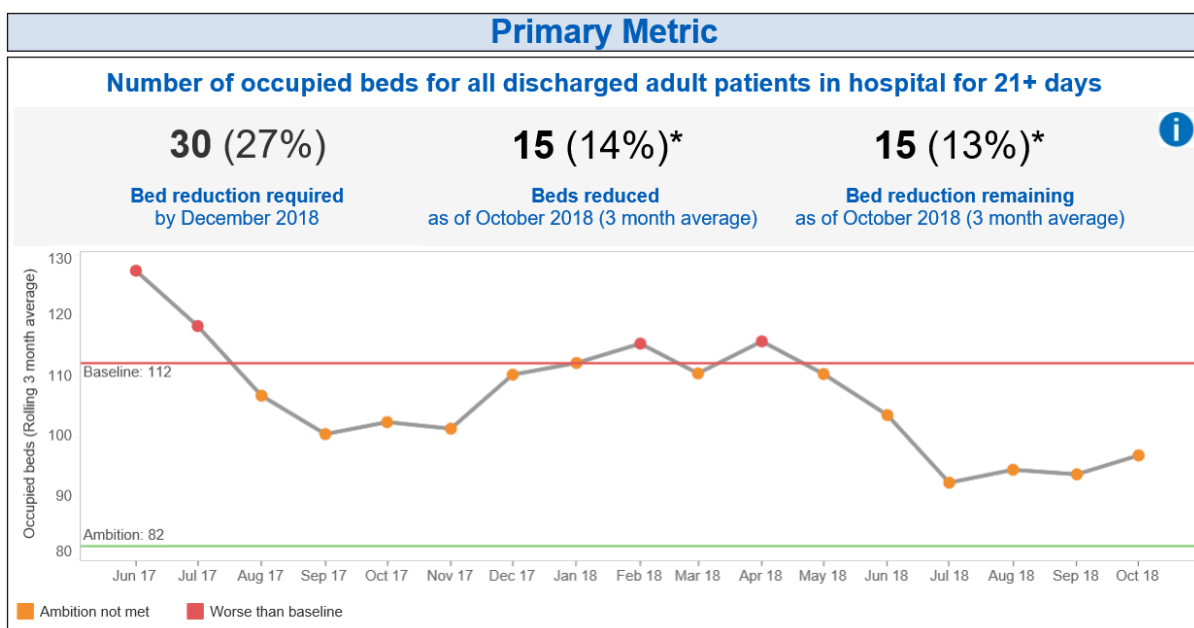
Southport & Ormskirk reported 4 12-hour breaches in October, bringing the year to date total to 11. So far this year 1 has been reported in April, 1 in June, 4 in July, 1 in September and 4 in October.

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 October 2018 (rolling 3 months) shows 97 occupied beds (a reduction of just 15 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 (NWS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In October 2018 there was an average response time in Southport and Formby of 8 minutes 33 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 25 minutes against a target of 18 minutes. The CCG also failed both the category 3 90th percentile response and 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) - Southport & Ormskirk	18/19 - Oct	0	201	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Oct	0	59	↑

Performance Overview/Issues

In October, Southport and Ormskirk reported 201 handovers taking between 30 and 60 minutes, an increase on last month when 136 was reported. Handovers longer than 60 minutes also saw an increase with 59 in October compared to 35 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?

October was a significantly challenging month in terms of high attendances, pressures in inpatient flow, along with the temporary reductions in clinical space whilst the refurbishment of ED was underway. Disappointingly only 41.45% of patients were handed over within 15 minutes of arrival in ED. The department saw an increase of 523 patients across the month of October; this increase was in patients who self-presented as opposed to brought in by ambulance. Phase 3 of the rebuild opened on 5 November with 4 dedicated ambulance bays, in addition to an ambulance triage room and extended triage capacity for walk in patients. The Ambulance handover screen has been moved to the front of the department and there is a drive to ensure that accurate handover time is captured. The remainder of the rebuild is due for completion by Christmas 2018. We continue to work with NWS considering 'fit to sit' where appropriate, acknowledging the patient demographics compared to other areas.

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

When is performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. Information is still awaited 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?

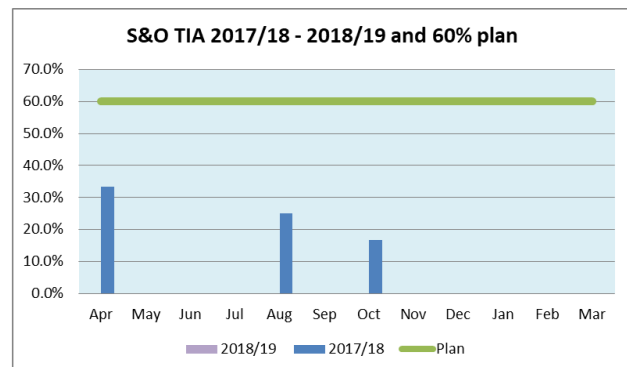
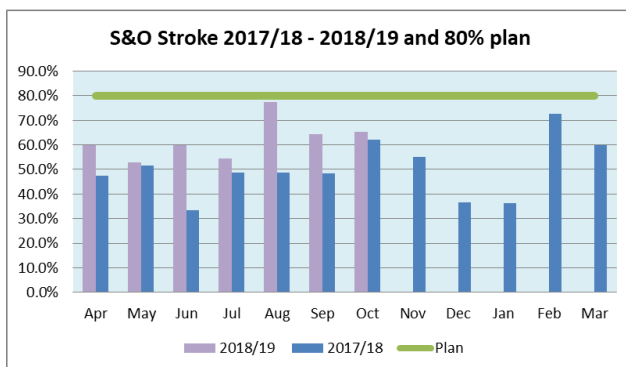
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

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 (Southport & Ormskirk)	18/19 - Oct	80%	65.40%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Oct	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk failed the stroke target in October recording 65.4%, with 17 out of 26 patients spending 90% of their time on a stroke unit.

In relation to the TIAs 0% compliance was reported again in October with 6 reportable patients breaching the target. This is the twelfth consecutive month where 0% has been reported.

How are the issues being addressed?

The Trust has stated that previous stroke under performance was partly due to a data quality issue. A data quality audit of current data has taken place as well as ward 7B now being included as a stroke ward. The Trust has stated this shows an improvement in performance.

The Trust has stated that a data quality exercise is also underway to validate TIA data.

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 - Oct	0.00	0.80	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Oct	0.00	0.80	↓

Performance Overview/Issues

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

In October the Trust had 4 mixed sex accommodation breaches (a rate of 0.8) and has therefore breached the zero tolerance threshold. Of the 4 breaches, 3 were for Southport & Formby CCG and 1 for West Lancashire CCG.

How are the issues being addressed?

The Trust has reported that whilst they failed to achieve the target in October, DSSA breaches are the lowest since April 2017 with 4 patients. This is significantly lower than in previous months. Increased focus and surveillance is now in place at the daily bed management meeting which ensures a discipline is put in place to step patients down within the required timeframe. In addition, the operational leadership team is assessing estate to determine any opportunities to redesign to support performance improvement.

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 - Oct	21	19	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Oct	20	6	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Oct	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Oct	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Oct	65	81	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Oct	No Plan	129	↑

Performance Overview/Issues

There were 7 new cases of Clostridium Difficile attributed to the CCG in October, bringing the year to date figure to 19 against a plan of 21. Year to date 3 cases were apportioned to an acute trust and 16 to the community. Southport & Ormskirk has reported 0 new cases in October, so the total for the year remains at 6 against a plan of 20.

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

The CCG had no new cases of MRSA in October, 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 October, 17 new cases were reported (81 YTD), against a YTD target of 65. Southport & Ormskirk reported 21 cases in October (129 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 - Oct	100	117.70	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	118.00	↑

Southport & Ormskirk Trust has reported the following for HSMR 12 Month Rolling Total to June 2018. HSMR is currently reducing, while we cannot be certain, we believe that this is due to improved coding of palliative care, better recording of patient comorbidity through the coding review process and potentially improvements in the quality of clinical care. Without further breakdown of observed versus expected it is difficult to be certain.

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

The MIAA Serious Incident (SI) Review has now been completed with the final report being received highlighting there is 'substantial assurance' in relation to the CCGs SI process. Substantial assurance indicates that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The 3 moderate recommendations have been incorporated into the overarching action plan which continues to be monitored at the Joint Quality Committee

There are 75 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 (M7)	Sis Reported (YTD)	Closed Sis (M7)	Closed Sis (YTD)	Open Sis (M7)	Sis Open >100 Days (M7)
Southport and Ormskirk Hospital	10	44	5	50	46	19
Lancashire Care	0	6	0	1	8	6
Mersey Care Trust	3	9	1	5	11	4
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	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
Spire Healthcare	1	1	0	0	1	0
Total	15	64	6	58	75	35

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	13	31	14	30	-	44	2	2	2	38

*N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.

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 with a recovery plan yet to be received. The Trust has confirmed that all overdue RCAs will be received by 31st December 2018.

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

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	6	0	-	7	0	6	0	1

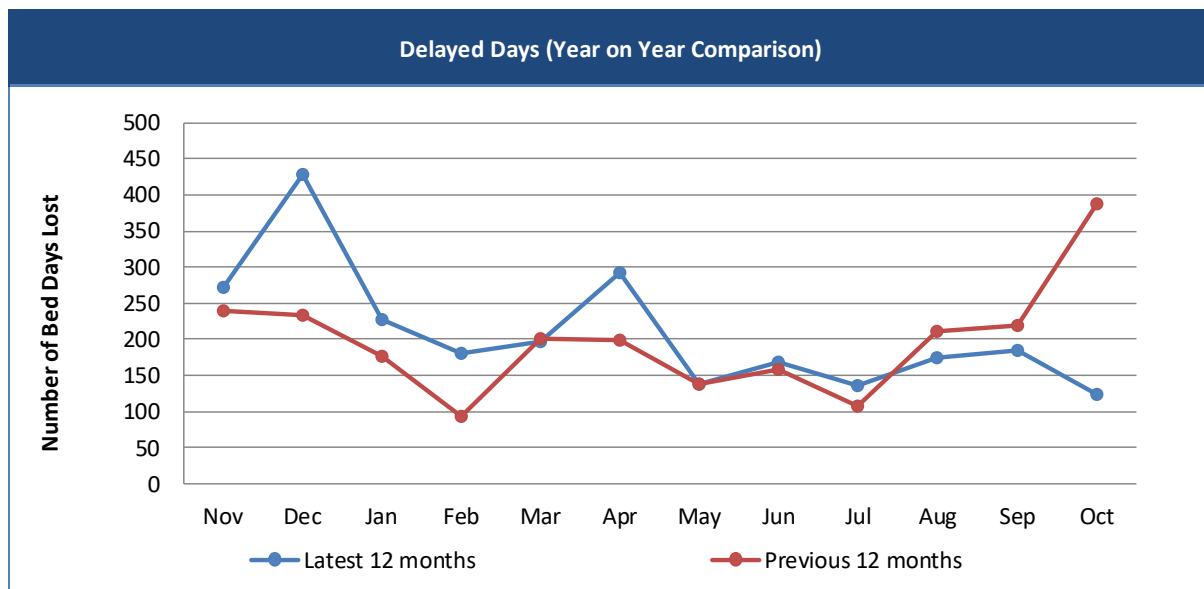
*N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.

In relation to the pressure ulcers reported by Lancashire Care, the trust have 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



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Oct-18	Sep-18	Oct-17
Total	124	184	388
NHS	100.0%	100.0%	99.0%
Social Care	0.0%	0.0%	1.0%
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 (Oct-18)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.0%
Community Equipment Adapt	0.8%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	0.0%
Housing	6.5%
Nursing Home	0.0%
Patient Family Choice	82.3%
Public Funding	0.0%
Residential Home	10.5%
Other	0.0%

Total delayed transfers of care (DTC) reported in October was 124, a decrease compared to October 2017 with 388. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in October 2018 were due to patient family choice.




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: Oct-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	12.2%	1.7%		87%	69%		8%	23%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.7% in October, a slight improvement on last month but remaining significantly below the England average of 12.8%.

The Trusts A&E department has seen a slight improvement in the percentage of people who would recommend the service from 67% in September to 69% in October, but still below the England average of 87%. The percentage not recommended remains at 23%, still significantly 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 7 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4m/21%. 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 £3.4m/17.7%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £3.1m/19% against plan at month 7. Aintree Hospital are also seeing an over performance of £478k/85%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 55 - Month 7 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	931	1,625	694	75%	£562	£1,040	£478	85%	£-478	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	510	515	5	1%	£213	£215	£1	1%	£-1	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	87	81	-6	-7%	£300	£350	£49	16%	£-49	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	170	172	2	1%	£245	£281	£36	15%	£-36	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	970	725	-245	-25%	£503	£575	£72	14%	£-72	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	3	1	26%	£24	£29	£5	21%	£-5	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	2,669	3,121	452	17%	£1,848	£2,490	£642	35%	£-642	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69	69	0	0%	£26	£34	£9	35%	£0	£9	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	16	16	0%	£0	£2	£2	0%	£0	£2	-
LANCASHIRE TEACHING HOSPITAL	0	126	126	0%	£0	£49	£49	0%	£0	£49	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	23	23	0%	£0	£17	£17	0%	£0	£17	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	33,815	35,957	2,142	6%	£17,113	£20,281	£3,168	19%	£0	£3,168	19%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	306	375	69	23%	£151	£191	£40	27%	£0	£40	27%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	43	45	2	5%	£48	£110	£61	127%	£0	£61	127%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	27	27	0%	£0	£13	£13	0%	£0	£13	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	47	47	0%	£0	£21	£21	0%	£0	£21	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	48	46	-2	-5%	£27	£47	£20	72%	£0	£20	72%
ALL REMAINING PROVIDERS TOTAL	34,280	36,731	2,451	7%	£17,365	£20,765	£3,400	20%	£4	£3,400	20%
GRAND TOTAL	36,950	39,852	2,902	8%	£19,212	£23,254	£4,042	21.0%	£-642	£3,400	17.7%

*PbR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 7 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	22,696	23,955	1,259	6%	£3,263	£3,415	£152	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	6,009	7,360	1,351	22%	£10,905	£13,979	£3,075	28%
NELNE - Non Elective Non-Emergency	726	675	-51	-7%	£1,619	£1,381	£-237	-15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	72	12	-60	-83%	£21	£4	£-17	-80%
NELST - Non Elective Short Stay	634	1,249	615	97%	£445	£867	£422	95%
NELXBD - Non Elective Excess Bed Day	3,678	2,706	-972	-26%	£861	£634	£-227	-26%
Grand Total	33,815	35,957	2,142	6%	£17,113	£20,281	£3,168	19%

*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 7 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	547	916	369	67%	£75	£131	£57	76%
NEL - Non Elective	227	466	239	105%	£401	£782	£381	95%
NELNE - Non Elective Non-Emergency	13	12	-1	-8%	£39	£41	£2	5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	11	11	0%	£0	£2	£2	0%
NELST - Non Elective Short Stay	29	71	42	149%	£20	£47	£27	134%
NELXBD - Non Elective Excess Bed Day	115	149	34	30%	£27	£36	£9	33%
Grand Total	931	1,625	694	75%	£562	£1,040	£478	85%

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 £478k/85% is mainly driven by a £381k/95% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Geriatric Medicine and Accident & Emergency. 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 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	28	38	-10	-14
1 Com Prob Low Sev	28	5	23	27
2 Prob Low Sev/Need	29	13	16	25
3 Non Psychotic Mod	67	64	3	-9
4 Non Psychotic Sev	181	212	-31	-31
5 Non Psychot V Sev	53	41	12	16
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	136	131	5	-7
8 Non Psychot Chaot	97	70	27	19
10 1st Ep Psychosis	83	75	8	17
11 Ongo Rec Psychos	209	210	-1	1
12 Ongo/Rec Psych	224	246	-22	-17
13 Ong/Rec Psys High	101	106	-5	-2
14 Psychotic Crisis	14	11	3	-1
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	23	25	-2	1
18 Cog Impairment	117	159	-42	-89
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	476	482	-6	-102
20 Cognitive Impairment or Dementia Complicated (High Need)	293	370	-77	-56
21 Cognitive Impairment or Dementia (High Physical or Engagement)	176	159	17	76
Cluster 97	790	98	692	586
Cluster 98		156		
Total	3171	2714	613	443

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	Oct-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%	100%
Rolling Quarter				100%	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	Oct-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	100%
Rolling Quarter				100%	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	Oct-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%	100%
Rolling Quarter				80%	80%	71%	73.3%	100%

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
Q2 2018/19	Jul 18 to Sep 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.

The Trust has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since November 2017.

In October 2018 there were 3 mental (1X Lancashire Care FT) related 12 hour breaches reported at Southport District General Hospital (DGH) and RCAs will be completed. The Emergent Care Intensive Support Team (ECIST) visited the Southport site on 8th / 9th November 2018 to undertake a mental health themed review and as part of their feedback an action plan is being developed aimed at improving co-operation between Mersey Care, Lancashire Care and Southport DGH including a planned deep dive to understand delays in the mental health pathway with:

- Section 12 availability
- Access to beds
- Transport

Work is also required with Mersey Care and Southport DGH to ensure that that both organisations are able to agree the escalation timelines in for mental health patients who present to A&E and in particular those patients for whom a bed may be required under the 1983 Mental Health Act but which required an Mental Health Act Assessment to be undertaken.

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 was presented by the Trust to the LMC in November 2018 and it is proposed to pilot the discharge pathway in Bootle and Central Southport localities within Sefton.

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.

Eating Disorder waits

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In M7 no data against this KPI was submitted at CCG level but a Trust catchment figure of 39.33% was reported.

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.

The service continues to struggle with the higher referral rates of referrals. Short term funding has been arranged for maternity cover and in addition a trainee clinical psychologist in placement would apply for a fixed term post is currently being re-advertised as the Trust were unsuccessful in recruiting when initially advertised.

The service lead is working with HR colleagues to support a member of staff to return to work with a phased return to work package at the end of this month. Although the staff member will be working with a reduced workload for the interim, it will help to alleviate the current pressure within the system.

Adult ADHD

The current adult ADHD service is operating at above commissioned capacity with 284 patients on the caseload against an original cap of 180 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 commissioners 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/CAMHS services.

As part of phased approach a business case is being developed with phase 1 being a proposal to increase capacity in the adult service to enable Alder Hey patients to transition across. The CQC review of health services for Children Looked After and Safeguarding in Sefton also identified capacity issues in the Adult ADHD service as having an impact on transition and this will prevent people not having their ADHD being effectively managed and leaving their needs unmet. The business case is expected to the Clinical QIPP Advisory Group on 8th January 2019 for recommendation.

RiO and KPIs Reporting

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 November 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 KPs 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 a 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 in Quarter 4. A meeting is being arranged with the Trust's newly appointed strategic contracts lead in January 2019 to discuss the commissioners' expectations with KPI and activity reporting.







Safeguarding

The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. 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: Oct-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	3.4%	3.5%		90%	91%		3%	2%	
Community Health	3.3%	1.4%		96%	99%		2%	0%	

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	246						1,478
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%	1.29%						7.7%
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%	53.4%	59.5%						51.3%
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%	100.0%						99.0%
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%	100.0%						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	118	113						963
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	2						30
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	66						479
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%	88.8%						89.6%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 246 Southport & Formby patients entering treatment in Month 7. This is a 32.3% increase compared to previous month when 186 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 3 at 4.2% which equates to 1.4% per month. The access rate for Month 7 was 1.29% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 59.5% compared to 53.4% 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	Oct-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%	69.9%	69.6%
Target	66.7%	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 Performance

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	110	150		150		150	445
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	17.8%	8.0%	5.9%	8.0%		8.0%		8.0%	23.7%

Quarter 2 performance shows the CCG not achieving the 8% target, with just 110 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 5.9%.

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%	-

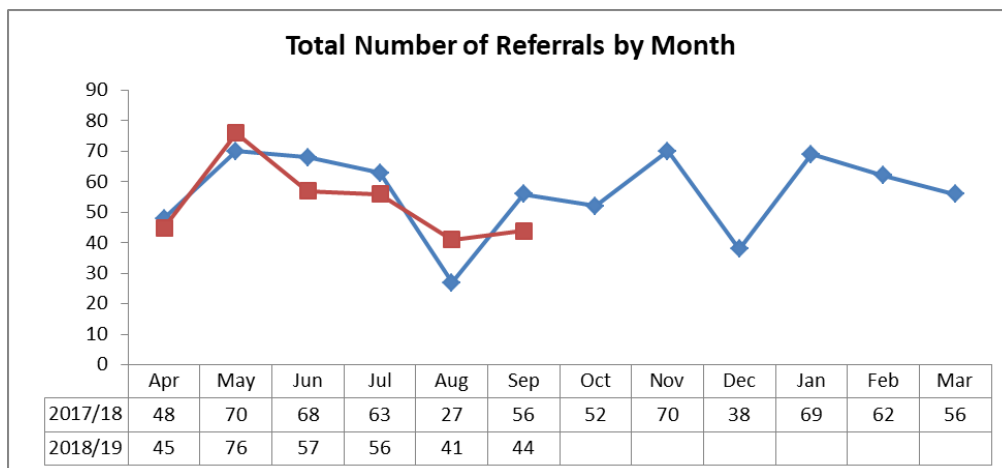
In quarter 2, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

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%
Total	57	100%

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%	
Total	57	100%	100%

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

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 a deep dive with the service leads and teams. A revised activity baseline has been agreed to use as an activity monitoring tool for the purposes of exception reporting to provide assurance to the CCG. The Trust has informed the CCG of their transformation agenda which may have an impact on activity levels. This will need to be monitored and as a result the agreed activity baseline will need further revision in the future.

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: Oct-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	3.3%	0.7%		96%	98%		2%	1%	

Lancashire Care is reporting a response rate of 0.7% in October against an England average of 3.3%, a slight improvement in performance from 0.3% reported in September.

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 13th 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
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	19 July 2018	Good	Requires Improvement	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017*	Good	Good	Good	Good	Good	Good

*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 7 performance and narrative detailed in the table below.

Figure 79 – Southport & Formby CCG’s Month 7 Submission to NHS England

	Month 07 Plan	Month 07 Actual	Month 07 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,597	2,702	4.0%	<p>GP referrals increased in month 7 against seasonal trends and were above a monthly average with increases evident at the main hospital provider across a number of specialities including Gynae, Ophthalmology, Clinical Physiology and Respiratory Medicine. However, the baseline for average referral numbers has remained flat and referrals in month were not outside of the statistical norm. 'Other' referrals remain high against the plan and increased in month 7. This is due in large 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. Discussions regarding referrals are raised at the information sub group with the provider and CCG agreeing to further analyse current variances by speciality.</p>
Other	2,232	2,659	19.1%	
Total (in month)	4,829	5,361	11.0%	
Variance against Plan YTD	32,273	33,635	4.2%	
Year on Year YTD Growth			4.3%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,801	4,148	9.1%	<p>Local monitoring has established that both first and follow up appointments have increased in month 7. Analysis has established that activity in month is not outside of the statistical norm, the current baseline for average referrals remains flat and YTD levels are within the 2% threshold. However, increases in OPFA have been evident at the main hospital provider across a number of specialities including Gynae, Ophthalmology, Clinical Physiology and ENT during month 7. Follow up appointments within Ophthalmology has also increased at the main hospital provider. Further analysis will be required to determine the nature of this increase.</p>
Follow Up	8,439	9,406	11.5%	
Total Outpatient attendances (in month)	12,240	13,554	10.7%	
Variance against Plan YTD	83,929	83,551	-0.5%	
Year on Year YTD Growth			1.7%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,458	1,576	8.1%	<p>Variation against plan has been identified at month 7 within both Day Case and Ordinary spells with activity increasing but not outside of the statistical norm, particularly within electives where the activity variance against plan in month is minimal. The baseline for both points of delivery has remained flat and day cases continue to follow a similar trend to 1718 activity trends. The YTD position is within the 2% threshold. 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.</p>
Elective Ordinary spells	271	230	-15.1%	
Total Elective spells (in month)	1,729	1,806	4.5%	
Variance against Plan YTD	11,640	11,500	-1.2%	
Year on Year YTD Growth			-0.6%	
Urgent & Emergency Care				
Type 1	3,728	3,208	-13.9%	<p>Local A&E monitoring has shown that the CCGs A&E activity has decreased in month 7. However, YTD levels remain high. Performance at the main hospital provider has remained steady at approx. 90%. The CCG and main hospital 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.</p>
Year on Year YTD			4.9%	
All types (in month)	4,159	3,740	-10.1%	
Variance against Plan YTD	28,206	29,776	5.6%	<p>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.</p>
Year on Year YTD Growth			7.1%	
Total Non Elective spells (in month)	1,226	1,789	45.9%	
Variance against Plan YTD	8,607	10,737	24.7%	
Year on Year YTD Growth			26.6%	