

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report December 2018

## Contents

1. Executive Summary .....	13
2. Financial Position.....	16
2.1 Summary .....	16
2.2 Financial Forecast.....	19
2.3 CCG Reserves Budget .....	20
2.4 Provider Expenditure Analysis – Acting as One .....	20
2.5 QIPP.....	22
2.6 Risk .....	23
2.7 Risk Adjusted Position .....	23
2.8 Statement of Financial Position.....	24
2.9 Recommendations .....	25
3. Planned Care .....	26
3.1 Referrals by Source .....	26
3.1.1 E-Referral Utilisation Rates.....	27
3.2 Diagnostic Test Waiting Times.....	28
3.3 Referral to Treatment Performance.....	29
3.3.1 Incomplete Pathway Waiting Times .....	31
3.3.2 Long Waiters analysis: Top 5 Providers .....	31
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty.....	32
3.3.4 Provider assurance for long waiters .....	33
3.4 Cancelled Operations .....	33
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.....	33
3.4.2 No urgent operation to be cancelled for a 2nd time .....	34
3.5 Cancer Indicators Performance.....	34
3.5.1 - Two Week Waiting Time Performance.....	34
3.5.2 - 31 Day Cancer Waiting Time Performance .....	35
3.5.3 - 62 Day Cancer Waiting Time Performance .....	36
3.6 Patient Experience of Planned Care .....	37
3.7 Planned Care Activity & Finance, All Providers .....	38
3.7.1 Planned Care Southport and Ormskirk NHS Trust .....	39
3.7.2 Southport & Ormskirk Hospital Key Issues.....	39
3.7.3 Aintree University Hospital NHS Foundation Trust.....	40
3.7.4 Renacres Hospital.....	41
3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust .....	41
3.7.6 iSIGHT Southport.....	42
3.8 Personal Health Budgets .....	43

3.9	Continuing Health Care (CHC).....	44
3.10	Smoking at Time of Delivery (SATOD).....	46
4.	Unplanned Care.....	47
4.1	Accident & Emergency Performance .....	47
4.2	Occupied Bed Days .....	49
4.3	Ambulance Service Performance.....	49
4.4	Unplanned Care Quality Indicators .....	51
4.4.1	Stroke and TIA Performance.....	51
4.4.2	Mixed Sex Accommodation.....	52
4.4.3	Healthcare associated infections (HCAI).....	53
4.4.4	Mortality .....	54
4.5	CCG Serious Incident Management.....	54
4.6	Delayed Transfers of Care .....	56
4.7	Patient Experience of Unplanned Care .....	57
4.8	Unplanned Care Activity & Finance, All Providers .....	57
4.8.1	All Providers.....	57
4.8.2	Southport and Ormskirk Hospital NHS Trust.....	58
4.8.3	Southport & Ormskirk Hospital NHS Trust Key Issues .....	58
4.9	Aintree and University Hospital NHS Foundation Trust .....	59
4.10	Aintree University Hospital NHS Trust Key Issues .....	59
5.	Mental Health.....	60
5.1	Mersey Care NHS Trust Contract .....	60
5.1.1	Key Mental Health Performance Indicators .....	61
5.2	Out of Area Placements (OAP's).....	61
5.2.1	Mental Health Contract Quality Overview.....	62
5.3	Patient Experience of Mental Health Services.....	64
5.4	Improving Access to Psychological Therapies .....	64
5.5	Dementia .....	65
5.6	Improve Access to Children & Young People's Mental Health Services (CYPMH).....	65
5.7	Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services .....	66
5.8	Child and Adolescent Mental Health Services (CAMHS).....	66
5.9	Learning Disability Health Checks.....	68
6.	Community Health .....	69
6.1	Lancashire Care Trust Community Services .....	69
6.1.2	Quality .....	69
6.2	Patient Experience of Community Services.....	69
6.3	Any Qualified Provider – Audiology.....	70

6.4	Percentage of children waiting less than 18 weeks for a wheelchair .....	70
7.	Third Sector Contracts .....	71
8.	Primary Care.....	74
8.1	Extended Access (evening and weekends) at GP services.....	74
8.2	CQC Inspections.....	75
9.	Better Care Fund .....	75
10.	CCG Improvement & Assessment Framework (IAF).....	78
10.1	Background.....	78
11.	NHS England Monthly Activity Monitoring.....	78

## List of Tables and Graphs

Figure 1 – CCG Financial Position	16
Figure 2 – Run Rate 2018/19	16
Figure 3 – Financial Dashboard	18
Figure 4 – Forecast Outturn	19
Figure 5 – Reserves Budget	20
Figure 6 – Acting as One Contract Performance (Year to Date)	20
Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk	21
Figure 8 – QIPP Plan and Forecast	22
Figure 9 – RAG Rated QIPP Plan	22
Figure 10 – CCG Financial Position	23
Figure 11 – Risk Adjusted Position	23
Figure 12 – Summary of working capital	24
Figure 13 - Referrals by Source across all providers for 2017/18 & 2018/19	26
Figure 14 – Southport & Formby CCG E Referral Performance	27
Figure 15 - Diagnostic Test Waiting Time Performance	28
Figure 16- Referral to Treatment Time (RTT) Performance	29
Figure 17 – RTT Performance & Activity Trend	29
Figure 18 – Southport & Formby CCG Total Incomplete Pathways	30
Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	31
Figure 20 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	31
Figure 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	32
Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust	32
Figure 23 – Southport & Formby CCG Provider Assurance for Long Waiters	33
Figure 24 – Southport & Ormskirk Cancelled Operations	33
Figure 25 – Southport & Ormskirk Cancelled Operations for a second time	34
Figure 26 – Two Week Cancer Performance measures	34
Figure 27 – 31 Day Cancer Performance measures	35
Figure 28 – 62 Day Cancer Performance measures	36
Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results	37
Figure 30 - Planned Care - All Providers	38
Figure 31 - Planned Care – Southport and Ormskirk NHS Trust by POD	39
Figure 32 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD	40
Figure 33 – Planned Care – Renacres Hospital by POD	41
Figure 34 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD	41
Figure 35 – Planned Care - iSIGHT Southport by POD	42
Figure 36 - Southport & Formby CCG – 2018/19 PHB Performance	43
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	44
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	45
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	45
Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	46
Figure 41 - Smoking at Time of Delivery (SATOD)	46
Figure 42 - A&E Performance	47
Figure 43 - A&E Performance – 12 hour breaches	47
Figure 44 – Occupied Bed Days, Southport & Ormskirk Hospitals	49
Figure 45 - Ambulance handover time performance	50
Figure 46 - Stroke and TIA performance	51
Figure 47 - Mixed Sex Accommodation breaches	52
Figure 48 - Healthcare associated infections (HCAI)	53
Figure 49 - Hospital Mortality	54

Figure 50 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients	54
Figure 51 - Timescale Performance for Southport and Ormskirk Hospital	55
Figure 52 - Timescale Performance for Lancashire Care Community Trust	55
Figure 53 – Southport & Ormskirk DTOC Monitoring	56
Figure 54 - Southport A&E Friends and Family Test performance	57
Figure 55 - Month 9 Unplanned Care – All Providers	58
Figure 56 - Month 9 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	58
Figure 57 - Month 9 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	59
Figure 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	60
Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge	61
Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups	61
Figure 61 - Figure 16 EIP 2 week waits	61
Figure 62 - OAP Days	61
Figure 63 - MerseyCare Friends and Family Test performance	64
Figure 64 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)	64
Figure 65 - Dementia casefinding	65
Figure 66 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Performance	65
Figure 67 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)	66
Figure 68 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)	66
Figure 69 – CAMHS Referrals	67
Figure 70 – CAMHS Waiting Times Referral to Assessment	67
Figure 71 – CAMHS Waiting Times Referral to Intervention	68
Figure 72 – Learning Disability Health Checks	68
Figure 73 - Lancashire Care Friends and Family Test Performance	69
Figure 74 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)	70
Figure 75 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans	74
Figure 76 – CQC Inspection Table	75
Figure 77 – BCF Metric Performance	76
Figure 78 – BCF High Impact Change Model Assessment	77
Figure 79 – Southport & Formby CCG’s Month 9 Submission to NHS England	79

## Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>E-Referrals</b>															
<a href="#">2142: NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	G	R	R	R	R				R
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%	80.98%	83.80%				80.43%
		Target	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Referral to Treatment (RTT) &amp; Diagnostics</b>															
<a href="#">1828: % of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				
		Actual	5.139%	4.667%	4.14%	4.123%	4.201%	4.028%	4.08%	2.57%	2.14%				
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
<a href="#">1291: % of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G				
		Actual	92.471%	93.409%	93.314%	93.027%	93.597%	93.362%	93.81%	94.21%	94.02%				
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<a href="#">1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G	R	R	G				R
		Actual	0	1	0	1	1	0	2	1	0				6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<a href="#">1983: Urgent Operations cancelled for a 2nd time</a> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R			G	
		Actual	91.389%	93.46%	94.747%	93.211%	93.421%	94.082%	95.58%	95.43%	91.03%				93.62%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	R			R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%				87.19%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R			G	
		Actual	94.872%	98.734%	97.015%	96.203%	98.529%	90.476%	97.06%	97.02%	93.10%				96.01%
		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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G	R			G	
		Actual	83.333%	100.00%	100.00%	100.00%	100.00%	91.667%	100%	100%	88.89%				96.81%
		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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G			G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	100%	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%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G			G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	96.3%	100%				99.51%
		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%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R	G	R	R			R	
		Actual	75.00%	87.50%	91.429%	70.732%	67.742%	81.081%	88%	75.76%	71.43%				78.69%
		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%



<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R	R	G				G	
		Actual	100.00%	83.333%	100.00%	100.00%	100.00%	100.00%	100.00%	80%	66.67%	100%				91.49%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R	G	R				G	
		Actual	100.00%	92.308%	86.667%	93.333%	94.118%	75.00%	80%	92.31%	80%					88.98%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%					85%

#### Personal Health Budgets

<b>2143: Personal health budgets</b> Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R			R			R					R
		Actual	12.8			16.9			19.3					
		Target	67.50			77.10			86.70			96.40		

#### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%					88.39%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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

##### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	3	3	4	3	5	11	3	3	9					44
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA</b>	Southport And	RAG	R	R	R	R	R	R	R	R	R				R	

<b>Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Formby CCG	Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8	0.8	2.25			
		Target	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

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R	R	R	R			R	
		YTD	0	0	0	1	1	1	1	1	2				2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G			G	
		YTD	3	5	6	7	10	12	19	21	23				23
		Target	4	7	10	13	16	19	21	25	28	31	34	37	28

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

#### Mental Health

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> 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					G
		Actual	100.00%			100%			100%					98.02%
		Target	95.00%			95.00%			95.00%			95.00%		95.00%

#### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> 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	G			G	
		Actual	100.00%	66.667%	100.00%	80.00%	50.00%	75.00%	100%	75%	66.67%				76.19%
		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)														
<b>2183: IAPT Recovery Rate (Improving Access to Psychological Therapies)</b> 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								G	
		Actual	52.01%	48.13%	60%								53.01%	
		Target	50.00%	50.00%	50.00%	50.00%							50.00%	
<b>2131: IAPT Access</b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R								R	
		Actual	3.32%	3.12%	3.04%								9.49%	
		Target	4.20%	4.20%	4.20%	4.20%							16.8%	
<b>2253: IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G								G	
		Actual	99.4%	98.5%	99.8%								99.1%	
		Target	75.00%	75.00%	75.00%	75.00%							75.00%	
<b>2254: IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G								G	
		Actual	100%	99.7%	100%								100%	
		Target	95.00%	95.00%	95.00%	95.00%							95.00%	
Dementia														
<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G			G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%	69.8%			70.02%
		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%
Helping People to Recover from Episodes of Ill Health or Following Injury														
Children and Young People with Eating Disorders														
<b>2095: The number of completed CYP ED routine referrals within four weeks</b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R								R	
		Actual	81.82%	84%	85.19%									83.78%
		Target	100%	100%										100%
<b>2096: The number of completed CYP ED</b>	Southport And	RAG	R	R	R								R	

<a href="#">urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Formby CCG	Actual	50%	66.67%	66.67%		62.5%
		Target	95%	95%	95%	95%	95%
<b>Wheelchairs</b>							
<a href="#">2197: Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R	R		R
		Actual	100%	40%	57.14%		55%
		Target	100%	100%	100%	100%	100%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 9 (note: time periods of data are different for each source).

### Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 31 January 2019.

The year to date financial position is breakeven, which represents under delivery against the planned surplus of £0.400m.

As at 31 January 2019, the full year forecast financial position is £1m surplus. This position requires further QIPP savings to be actioned. It is important to recognise that significant risk exists in terms of delivering the CCG's financial plan.

The most likely financial out turn position for the CCG assessed at 31 January 2019 is a deficit of £3.000m before mitigation; this includes the predicted QIPP delivery during the year forecast to be £2.745m. Agreed mitigations of £2.000m and required additional support of £1.000m will reduce this position to breakeven.

### Planned Care

An issue has been identified with month 9 referrals submissions with data for Royal Liverpool & Broadgreen University Hospitals currently unavailable. As a result, the analysis provided relates to a month 8 position.

Year to date referrals at month 8 are currently up 3% when comparing to the equivalent period in the previous year. Referrals in month 8 decreased to the previous month but remained above 2017/18 levels and were also above a monthly average for 2018/19.

The latest information available for e-Referral utilisation is for December, where the CCG reported 84%, an improvement on 81% reported in November but a decline on 86% achieved in October 2018.

The CCG failed the less than 1% target for Diagnostics in December recording 2.14%, a slight improvement on last month (2.6%). Out of 2,103 patients, 45 patients were waiting over 6 weeks, and 6 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the less than 1% target for Diagnostics in December recording 1.8%, a slight decline on last month (1.4%).

For referral to treatment, in December the CCG had 8,490 incomplete pathways, 1,842 patients more than December 2017. This is the sixth consecutive time in 2018/19 the CCG has not achieved the target with performance declining.

Southport & Ormskirk reported 3 cancelled operations in December, 4 less than last month.

The CCG are failing 2 of the 9 cancer measures in month 9 year to date. They include 2 week breast symptoms (87.19%) and the 62 days urgent GP referral metric (78.69%). Southport & Ormskirk are also failing the 62 days urgent GP referral (78.62%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 8.2% in November to 12.5% in December, but this is the second lowest reported performance year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased 98% in November to 95% in December, falling below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 1%, better than the England average of 2%.

Performance at Month 9 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.6m/6.3%.

Personal Health Budgets are under performing year to date with just 24 PHBs in place compared to the plan of 108.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for December reached 89.47%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.1% for December, although it shows a slight decline on last month's performance. The year to date position is also currently achieving the STP target at 89.04%.

In December 2018 there was an average response time in Southport and Formby of 8 minutes 15 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. 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 is now achieving the stroke target with 80% of patients spending at least 90% of their time on a stroke unit. This shows an improvement on last month. In relation to the TIAs the CCG is awaiting an update for November. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

The CCG has reported an MSA rate of 2.6, which equates to a total of 9 breaches in December. All 9 breaches were at Southport & Ormskirk NHS Trust.

There were 2 new cases of Clostridium Difficile attributed to the CCG in December, bringing the year to date figure to 23 against a plan of 27. Year to date 5 cases were apportioned to an acute trust and 18 to the community. Southport & Ormskirk had no new cases in December; therefore the total for the year remains at 8 against a plan of 26.

The CCG had 1 new cases of MRSA in December, bringing the total year to date to 2 against the zero tolerance threshold. The breach in December was a community acquired infection identified by Southport & Ormskirk Trust. The first breach reported in July was also a community acquired infection identified by Southport & Ormskirk Trust.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for A&E reporting 1.7% in October, a slight improvement on last month but remaining significantly below the England average of 12.2%. The Trusts A&E department has again seen a drop in the percentage of people who would recommend the service from 87% in

November to 70% in December, falling below the England average of 86%. The percentage not recommended has increased back to 23% in December, from 11% in November, and is now significantly above the England Average of 8%.

Performance at Month 9 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £5.8m/23.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £5m/20.5%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 131 Southport & Formby patients entering treatment in Month 9. This is a 35.7% decrease compared to previous month when 204 patients entered treatment. The access rate for Month 9 was 0.69% and therefore failed to achieve the standard. The percentage of people moved to recovery decreased with 62.1% compared to 56% in the previous month. This satisfies the monthly target of 50%.

In quarter 3 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 85.19% (23/27) 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 has begun to impact on activity levels for CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

### **Better Care Fund**

A quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

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

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

## 2. Financial Position

### 2.1 Summary

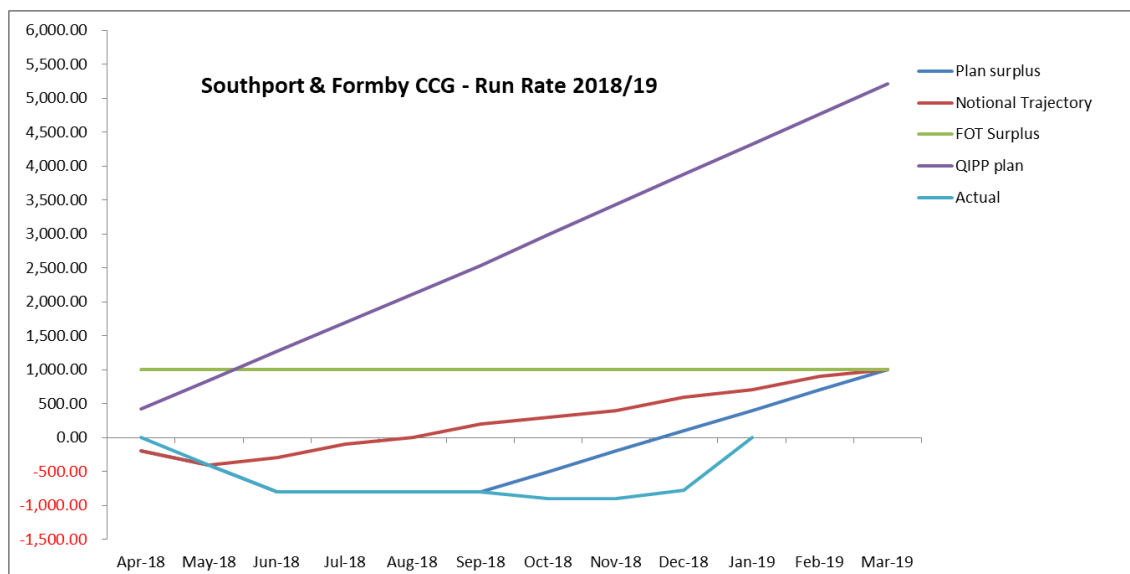
This report focuses on the financial performance for Southport and Formby CCG as at 31 January 2019.

**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	24,879	20,628	20,366	(262)	24,458	(421)
Corporate & Support Services: admin	2,622	2,149	1,997	(152)	2,466	(156)
Corporate & Support Services: programme	2,836	2,350	2,301	(49)	2,769	(67)
NHS Commissioned Services	124,081	101,839	104,892	3,052	128,043	3,962
Independent Sector	5,681	4,630	4,877	246	5,999	318
Primary Care	4,097	3,440	3,730	290	4,421	324
Prescribing	22,662	18,963	19,520	557	23,378	716
<b>Total Operating budgets</b>	<b>186,858</b>	<b>154,000</b>	<b>157,681</b>	<b>3,681</b>	<b>191,533</b>	<b>4,675</b>
Reserves	(1,541)	3,281	0	(3,281)	(6,216)	(4,675)
In Year Planned (Surplus)/Deficit	1,000	400	0	(400)	0	(1,000)
<b>Grand Total (Surplus)/Deficit</b>	<b>186,317</b>	<b>157,681</b>	<b>157,681</b>	<b>(0)</b>	<b>185,317</b>	<b>(1,000)</b>

The year to date financial position is breakeven, which represents under delivery against the planned surplus of £0.400m. 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's plan for 2018/19 is summarised as:

- Q1 reported deficit position



- Q2 maintained the same level of deficit
- Q3 plan was to deliver a surplus of £0.100m which has not been achieved due to emerging pressures; the actual position is a deficit of £0.778m.
- Q4 plan is to return to a surplus position through delivery of the QIPP plan and mitigating actions.

As at 31 January 2019, the full year forecast financial position is £1m surplus. This position requires further QIPP savings to be actioned. It is important to recognise that significant risk exists in terms of delivering the CCG's financial plan.

The most likely financial out turn position for the CCG assessed at 31 January 2019 is a deficit of £3.000m before mitigation; this includes the predicted QIPP delivery during the year forecast to be £2.745m. Agreed mitigations of £2.000m and required additional support of £1.000m will reduce this position to breakeven.

Mitigating actions include an improvement in the forecast expenditure for prescribing and continuing healthcare and anticipated underperformance against the Local Quality Contract. Further actions agreed by the Governing Body will be implemented in the remaining months of the 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 QIPP programme has progressed following Governing Body work in January 2019 on prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy to reflect in provider contracts in the new financial year.

The cumulative deficit brought forward from previous years is £10.295m. 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 to 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 £1.026m.
- Forecast over performance at Southport & Ormskirk Trust of £3.300m for PbR activity, offset by the application of appropriate contract sanctions and CQUIN reductions.
- Overspend of £0.702m within prescribing due to NCSO and other prescribing cost pressures.
- Over performance of £0.331m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.375m 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 £0.170m within Non Contract Activity (NCA's) due to some recent high cost cases being confirmed as CCG residents.

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.

**Figure 3 – Financial Dashboard**

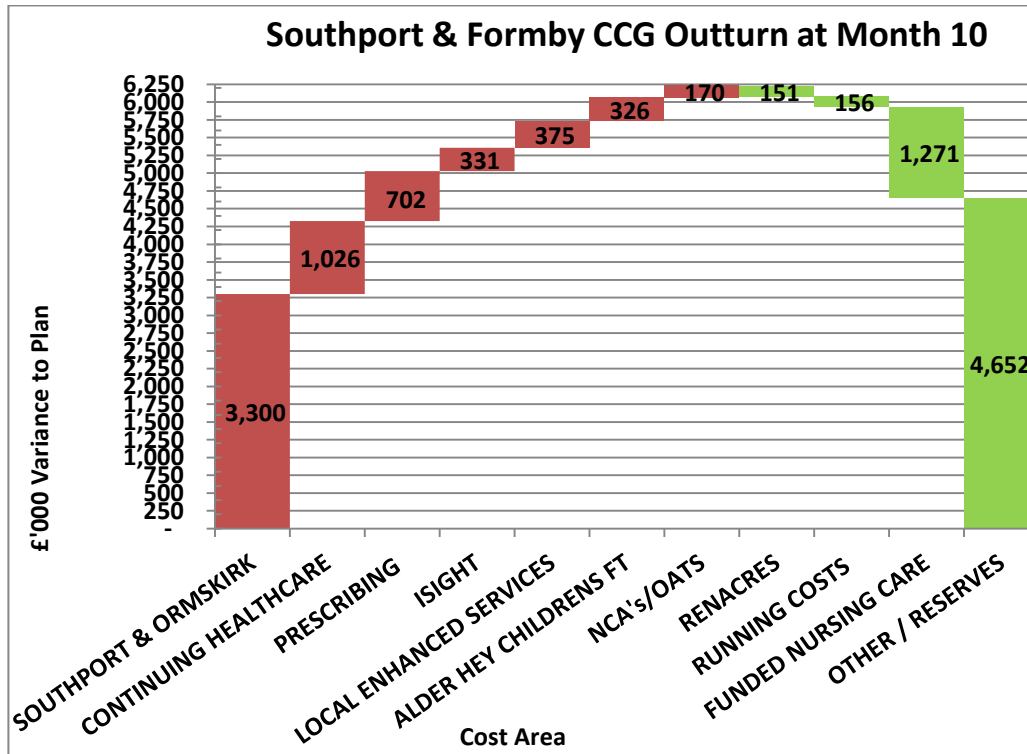
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.5% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	£2.445m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	98.60%
	NHS - Volume YTD > 95%	92.17%
	Non NHS - Value YTD > 95%	95.24%
	Non NHS - Volume YTD > 95%	93.19%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31 December 2018 for the financial year is breakeven.
- The QIPP target for 2018-19 is £5.210m; delivery is £2.445m to date which is £2.871m below the planned delivery at month 10.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.156m.
- 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 prior to year end.

## 2.2 Financial Forecast

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

**Figure 4 – Forecast Outturn**



- The CCG's most likely financial position for the financial year after the impact of additional mitigations and required additional support is **breakeven**.
- 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 Community Services due to Contract variations for Neuro-Development, CAMHS & Dietetics.
- 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)	(0.636)	(0.421)
0.5% Contingency Reserve	0.934				0.934
<b>Total Reserves</b>	<b>(3.106)</b>	<b>0.334</b>	<b>1.032</b>	<b>(0.086)</b>	<b>(1.826)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- A summary of the monthly NCSO costs pressures for the CCG to date is sent to NHS England each month for monitoring purposes.
- The budget also includes an assumption for increased savings relating to CATM prescribing. A transfer has been actioned from the prescribing budget to achieve this in month 10.
- 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. NHS England have confirmed this allocation transfer will take place in Month 11.

## 2.4 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.783</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.098</b>
Liverpool Women's NHS Foundation Trust	<b>(0.058)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.142)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.073</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.027)</b>
<b>Grand Total</b>	<b>0.726</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an overspend of £0.726m 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**

	<b>Best Case</b>	<b>Likely Case</b>	<b>Worst Case</b>
	<b>SFCCG £m</b>	<b>SFCCG £m</b>	<b>SFCCG £m</b>
<b>Opening Contract Value</b>	<b>64.074</b>	<b>64.074</b>	<b>64.074</b>
Reported YTD (Under) Overspend at M8	5.308	5.308	5.308
Less : NEL Price increase	(1.120)	(1.076)	(0.200)
: CDU Activity	(1.207)	(1.207)	(0.500)
: AEC Follow ups price reduction	(0.585)	(0.585)	(0.585)
<b>Revised YTD (Under) Overspend at M8</b>	<b>2.397</b>	<b>2.441</b>	<b>4.023</b>
Extrapolated to M12	3.195	3.254	5.364
Less : Non-PbR Review	(0.300)	0.000	0.000
: Applicable Sanctions	(1.315)	(1.100)	(1.100)
: CQUIN	(0.400)	(0.300)	(0.200)
: Further NEL / Other	0.000	0.000	0.000
Revised Forecast (over) underspend	1.180	1.854	4.064
<b>Forecast Contract Payment 2018/19</b>	<b>65.254</b>	<b>65.928</b>	<b>68.138</b>

- The Month 9 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £5.308m 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.
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £65.9m. Any additional payment above this amount will add further pressures to the CCG's financial position.

## 2.5 QIPP

Figure 8 – QIPP Plan and Forecast

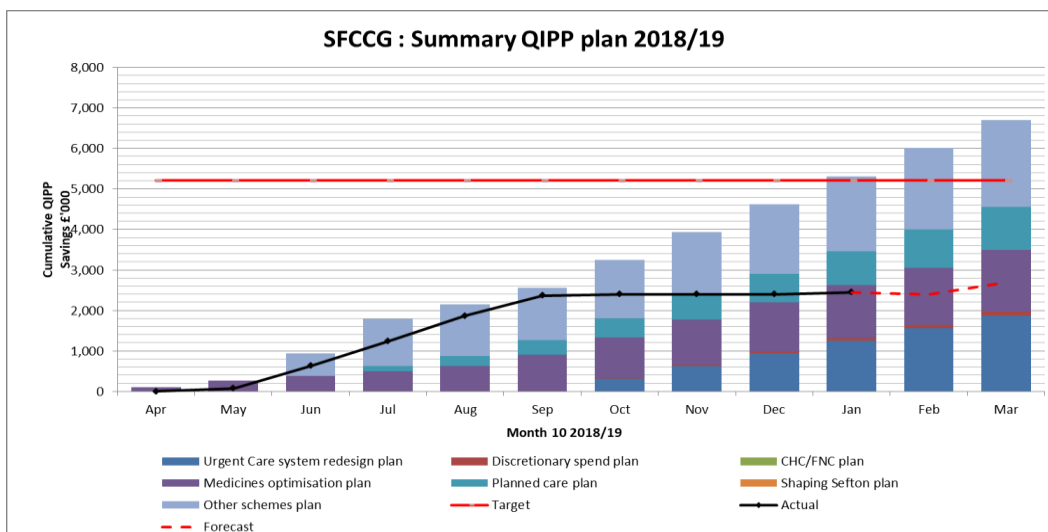


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	0	0	1,067	1,067
Medicines optimisation plan	1,517	0	1,517	1,153	0	412	1,565
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	0	550	2,142
<b>Total QIPP Plan</b>	<b>5,455</b>	<b>1,241</b>	<b>6,696</b>	<b>2,745</b>	<b>0</b>	<b>3,999</b>	<b>6,744</b>
<b>QIPP Delivered 2018/19</b>				<b>(2,445)</b>		<b>0</b>	<b>(2,445)</b>

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £6.696m have been identified; however £3.999m of the schemes are rated red which means that there is a high risk of non-delivery in year.

- To date the CCG has achieved £2.445m QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.6 Risk

**Figure 10 – CCG Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Reserve Budgets			
<b>Management action plan</b>			
QIPP Achieved	0.621	1.824	2.445
Remaining QIPP to be delivered	4.589	(1.824)	2.765
<b>Total Management Action plan</b>	<b>5.210</b>	<b>0.000</b>	<b>5.210</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

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

## 2.7 Risk Adjusted Position

**Figure 11 – Risk Adjusted Position**

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	<b>(4.210)</b>	<b>(4.210)</b>	<b>(4.210)</b>
Predicted QIPP achievement	2.945	2.745	2.697
I&E impact	(4.675)	(4.675)	(4.675)
<b>Forecast Surplus / (Deficit)</b>	<b>(5.940)</b>	<b>(6.140)</b>	<b>(6.188)</b>
Further Risk	0.000	(0.371)	(2.781)
Management Action Plan	6.511	6.511	6.226
<b>Risk adjusted Surplus / (Deficit)</b>	<b>0.571</b>	<b>0.000</b>	<b>(2.743)</b>

- The best case scenario is a surplus of £0.521m. This assumes that QIPP will be delivered in full and current expenditure trends improve.

- The most likely case is a breakeven and assumes that QIPP delivery will be £2.745m for the year. This position incorporates further risks identified in year in relation to acute over performance and the Sefton Transformation Board. These risks are offset by mitigating actions agreed by the Governing Body in December 2018; contract sanctions and reserves including the CCG contingency reserve.
- The worst case scenario is a deficit of £2.743m 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.

## 2.8 Statement of Financial Position

Figure 12 – Summary of working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M10 £'000	M12 £'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	1,994	2,406
Cash	4,687	3,046	1,534	34	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(11,567)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	38	672

- Non-Current Assets balance comprises funding received from NHS England for Primary Care IT. The reduction in balance in month 10 is due to depreciation charge being applied for 2018/19.
- 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 10 has reduced to £0.038m. The remaining balance relates to Southport & Ormskirk for £0.037m which has been formally disputed as part of the NHS month 9 agreement of balances exercise. The CCG finance team and NHS Shared Business Services continue work to resolve issues associated with recovering this balance.
- 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 £188.773m at Month 10. The actual cash utilised at Month 10 was £151.540m which represents 80.28% of the total allocation. The balance of ACDR to be utilised over the remainder of the year is £37.232m.



## 2.9 Recommendations

- The full year most likely financial position for the CCG is a deficit of £3.000m before mitigation. The impact of agreed mitigating actions and required additional support will reduce this position to breakeven. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 10 is £2.445m 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 10 financial position is breakeven against a planned surplus of £0.400m.
- The CCG's commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues 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. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to enable delivery of its statutory financial duties into 2018-19 and in future years.

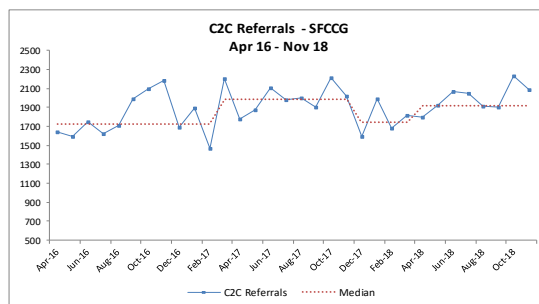
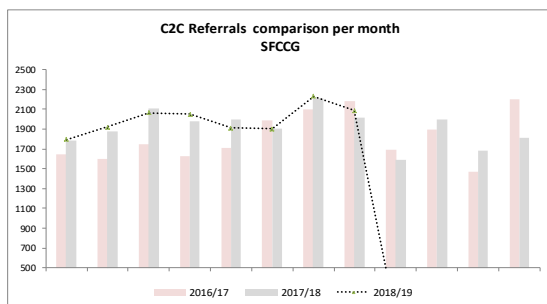
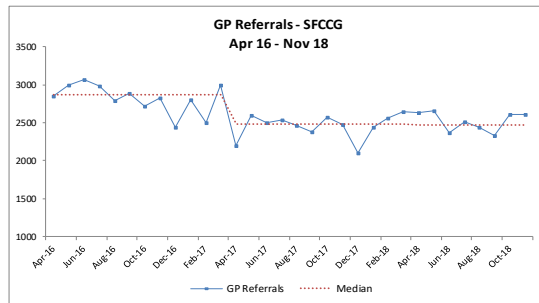
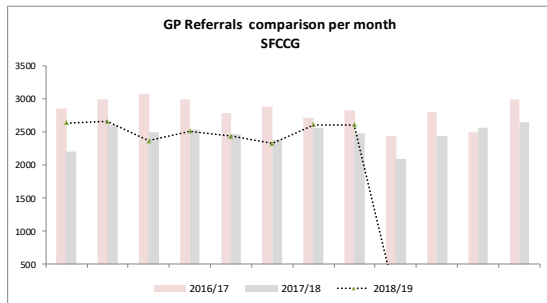
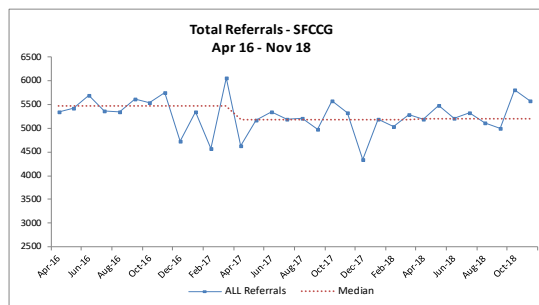
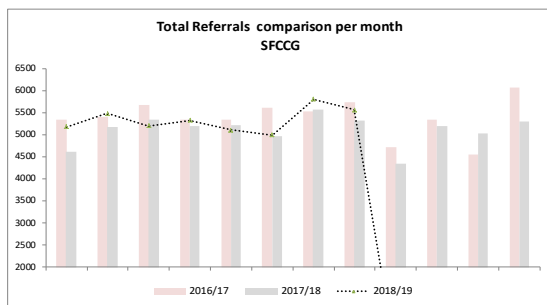
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

### 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	2637	435	20%	1782	1795	13	1%	4628	5186	558	12%
May	2601	2659	58	2%	1876	1922	46	2%	5180	5488	308	6%
June	2500	2370	-130	-5%	2109	2066	-43	-2%	5348	5210	-138	-3%
July	2540	2515	-25	-1%	1979	2053	74	4%	5194	5333	139	3%
August	2464	2440	-24	-1%	2001	1911	-90	-4%	5219	5110	-109	-2%
September	2379	2329	-50	-2%	1904	1904	0	0%	4976	5003	27	1%
October	2570	2612	42	2%	2210	2232	22	1%	5577	5811	234	4%
November	2483	2608	125	5%	2017	2087	70	3%	5331	5573	242	5%
December	2099				1594				4340			
January	2445				1993				5200			
February	2566				1681				5038			
March	2645				1816				5299			
<b>Monthly Average</b>	<b>2458</b>	<b>2522</b>	<b>64</b>	<b>3%</b>	<b>1914</b>	<b>1998</b>	<b>84</b>	<b>4%</b>	<b>5111</b>	<b>5341</b>	<b>230</b>	<b>5%</b>
<b>YTD Total Month 8</b>	<b>19739</b>	<b>20170</b>	<b>431</b>	<b>2%</b>	<b>15878</b>	<b>15970</b>	<b>92</b>	<b>1%</b>	<b>41453</b>	<b>42714</b>	<b>1261</b>	<b>3%</b>
<b>Annual/FOT</b>	<b>29494</b>	<b>30255</b>	<b>761</b>	<b>3%</b>	<b>22962</b>	<b>23955</b>	<b>993</b>	<b>4%</b>	<b>61330</b>	<b>64071</b>	<b>2741</b>	<b>4%</b>



Year to date referrals at month 8 are currently up 3% when comparing to the equivalent period in the previous year. Referrals in month 8 decreased to the previous month but remained above 2017/18 levels and were also above a monthly average for 2018/19.

At provider level, referrals to Southport Hospital are slightly higher when compared to the equivalent period in 2017/18 with an increase of 1%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres, Isight and St Helens & Knowsley Hospital's.

Within individual specialties, General Medicine, Cardiology and General Surgery 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 Ophthalmology 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. GP referrals to the main hospital provider are currently 1% below 2017/18 levels with increases apparent at Aintree Hospital and Renacres Hospital. Consultant-to-consultant referrals are currently 1% higher in 2018/19 when comparing to the previous year with increases evident at St Helens & Knowsley and Liverpool Heart & Chest Hospitals. Consultant-to-consultant referrals at the main hospital provider are comparable to the previous year, which can be attributed to significant decreases within the Physiotherapy specialty. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

#### Data quality notes:

An issue has been identified with month 9 referrals submissions with data for Royal Liverpool & Broadgreen University Hospitals currently unavailable. As a result, the analysis provided relates to a month 8 position.

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

### 3.1.1 E-Referral Utilisation Rates

Figure 14 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Dec	100%	84%	↑

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. December 2018 is the latest available data which shows a performance of 84%, an improvement on 81% reported last month but a decline on 86% achieved in October 2018.

## 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 - Dec	<1%	2.14%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Dec	<1%	1.80%	↑

### Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in December recording 2.14%, a slight improvement on last month (2.6%). Out of 2,103 patients, 45 patients were waiting over 6 weeks, and 6 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in MRI (10), CT (7), non-obstetric ultrasound (7) and colonoscopy (6).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in December recording 1.8%, a slight decline on last month (1.4%). Out of 2,829 patients, 51 patients waited over 6 weeks, and 6 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (16) and cystoscopy (10).

### How are the issues being addressed?

The Trust and the CCG has started a programme of work supported by the PMO to review productivity and utilisation of endoscopy sessions. Process Mapping dates have been agreed for January 2019. The Trust is also working with the Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement. Some of the Treatment Centre management team attend a CMAC event to listen and learn about good practice.

The Trust has reported that a high proportion of breaches in December were due to patient choice. Capacity issues have been reported in Cystoscopy and staff sickness in Urodynamics.

### When is performance expected to recover?

April 2019.

### Who is responsible for this indicator?

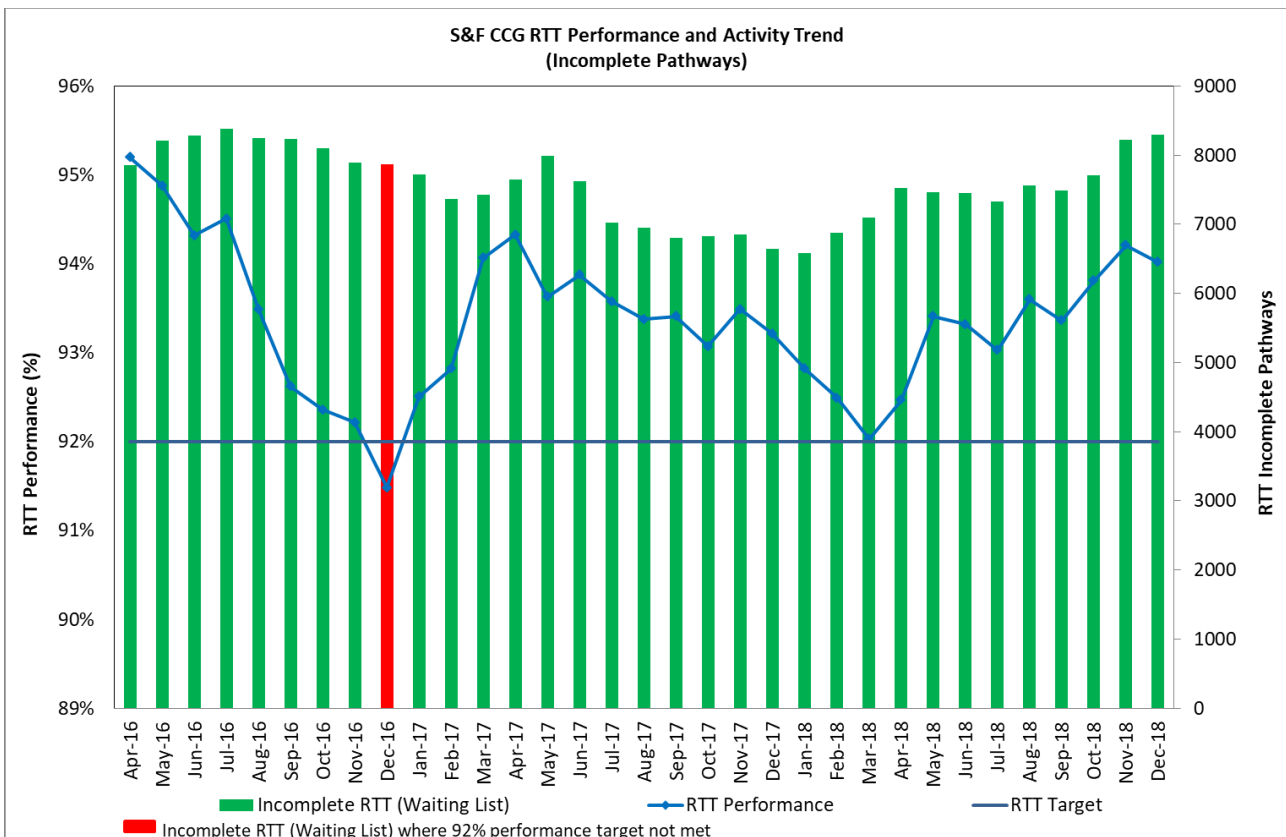
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

### 3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	18/19 - Dec	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - Dec	92%	94.03%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	92%	95.76%	↓

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	Mar v Latest
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	7,100
2018/19	7,531	7,465	7,448	7,328	7,559	7,487	7,705	8,221	8,297				8,297
<b>Difference</b>	<b>-119</b>	<b>-523</b>	<b>-180</b>	<b>308</b>	<b>614</b>	<b>688</b>	<b>879</b>	<b>1,368</b>	<b>1,649</b>				<b>1,197</b>
St Helens 17/18 Actuals	118	135	158	174	192	202	217	208					0
Revised 2018/19 Position	7,649	7,600	7,606	7,502	7,751	7,689	7,922	8,429	8,297				8,297
<b>Revised Difference</b>	<b>-1</b>	<b>-388</b>	<b>-22</b>	<b>482</b>	<b>806</b>	<b>890</b>	<b>1,096</b>	<b>1,576</b>	<b>1,649</b>				<b>1,197</b>

### Performance Overview/Issues

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 18 (above) was revised for those months to include a proxy of Southport & Formby CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust are now submitting again from December 2018 onwards. In December, the CCG had 8,297 incomplete pathways, 1,649 patients more than December 2017. This is the sixth consecutive time in 2018/19 the CCG has not achieved the target with performance steadily declining.

### How are the issues being addressed?

Despite continuing to exceed the 92% referral to treatment target, Southport & Ormskirk's waiting list is increasing. Challenges remain in Community Paediatrics, Vascular Surgery, Optometry and Oral Surgery.

### Trust Actions

- Tracking patients who are likely to fail the RTT target and to reduce long waits
- Continue with waiting List Initiative Clinics
- Continue to roll out A&G across specialities, presently there are seven speciality's available
- A Referral Assessment Service (RAS) for Urology and Lung, the Trust are hoping to expand the number of specialities available via RAS
- An action plan is being developed for Endoscopy which is the main area of concern; this will be shared with the CCG.

The CCG has tried a number of actions to support the target to be met, i.e. education event(s), encouraging better use of Advice and Guidance, EMIS protocols, Local Quality Contract. Work will continue to reduce waiting lists sizes.

### When is performance expected to recover?

The CCG has a waiting list target of 7,100. It is unlikely this will be achieved and is expected to be above the March 2018 target at March 2019.

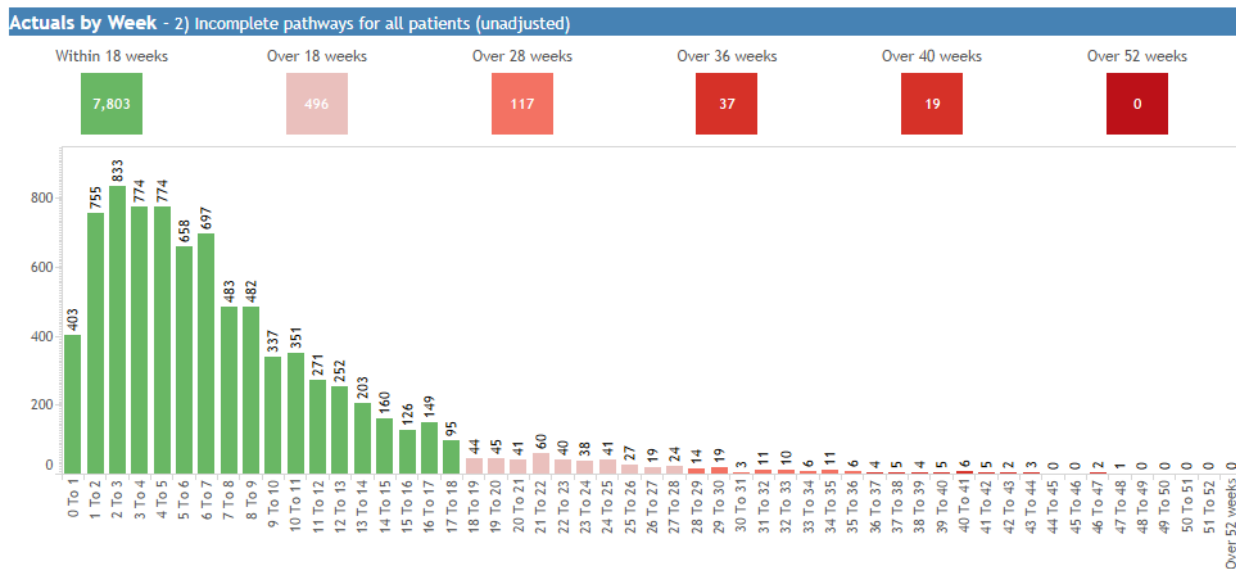
Southport & Ormskirk's waiting list is increasing and therefore is unlikely to achieve the NHS England target of being no higher than that at March 2018. The Trust has advised that they aim to continue to achieve the 92% target during 2019/20.

### Who is responsible for this indicator?

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

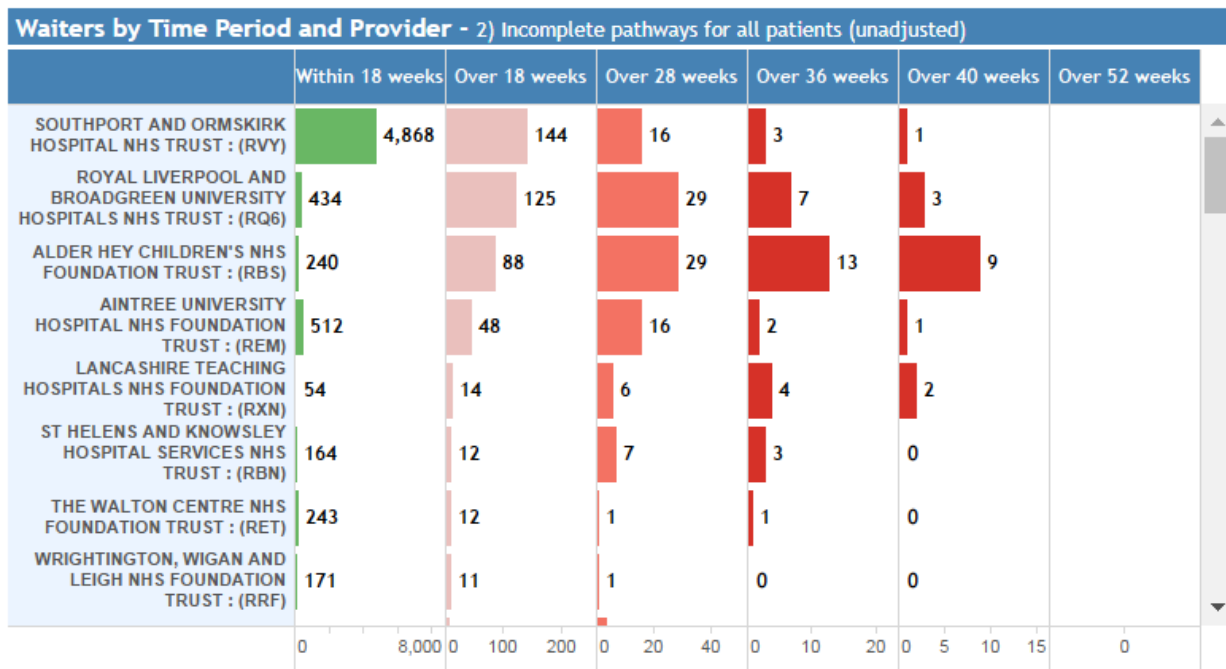
### 3.3.1 Incomplete Pathway Waiting Times

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



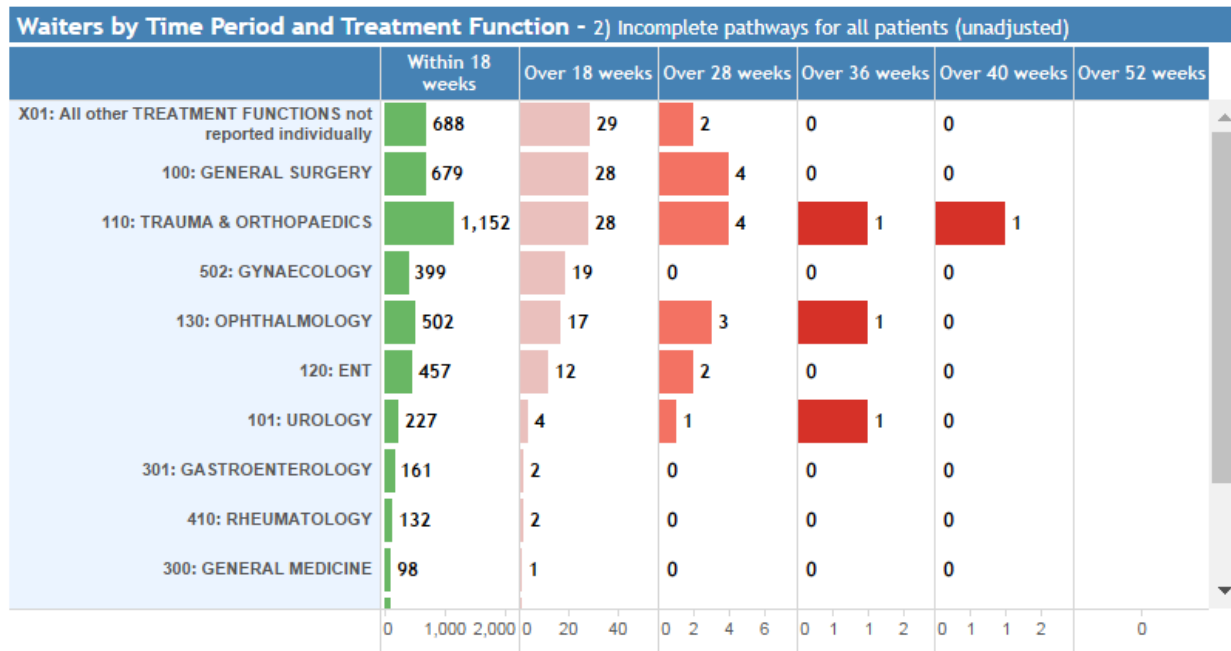
### 3.3.2 Long Waiters analysis: Top 5 Providers

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

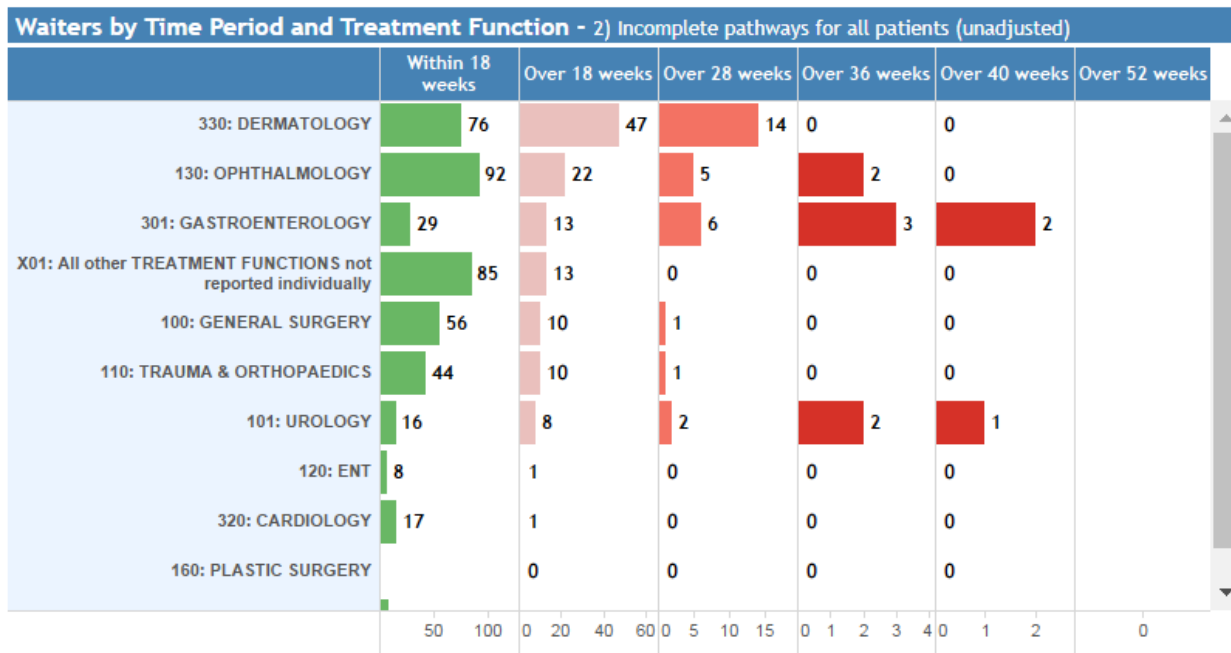


### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

**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	Lancashire Teaching	General Medicine	46 weeks	Treatment started - delay due to outpatient capacity
Southport & Formby CCG	Southport & Ormskirk	T&O	40 weeks	TCI 8-1-19
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	38 weeks	Patient TCI 10-1-19 and treated.
Southport & Formby CCG	Southport & Ormskirk	Urology	36 weeks	Treated 13-12-19.
Southport & Formby CCG	Alder Hey	Other	39 to 46 weeks	13 patients; 3 patients treated, 4 patient have TCI dates, 6 patients needs bringing forward, new dates sent to service - delay due to capacity.
Southport & Formby CCG	Royal Liverpool	Gastroenterology	36 to 42 weeks	3 patients waiting; 2 pathway stopped due to capacity, 1 patient has TCI date of 4-3-19.
Southport & Formby CCG	Royal Liverpool	Ophthalmology	36 to 38 weeks	2 patients waiting both had pathway stopped, delay due to capacity.
Southport & Formby CCG	Royal Liverpool	Urology	39 to 40 weeks	2 patients waiting both had pathway stopped, delay due to capacity.
Southport & Formby CCG	Aintree	Gastroenterology	41 weeks	Patient treated 30-1-19.
Southport & Formby CCG	Aintree	General Surgery	36 weeks	Patient treated 23-1-19.
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	37 weeks	3 patients waiting, awaiting update from the Trust.
Southport & Formby CCG	Lancashire Teaching	Ophthalmology	40 weeks	Treated 16-1-19.
Southport & Formby CCG	Lancashire Teaching	Neurology	37 weeks	Frist appointment 20-3-19.
Southport & Formby CCG	Lancashire Teaching	Other	37 weeks	Patient seen in clinic, treatment started.
Southport & Formby CCG	Manchester University	Gynaecology	47 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Manchester University	General Surgery	43 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Manchester University	Plastic Surgery	38 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Wirral	Gynaecology	43 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Walton	Neurology	38 weeks	Trust contacted awaiting 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 - <b>Southport &amp; Ormskirk</b>	18/19 - Dec	0	3	↑ ↓

Southport & Ormskirk reported 3 cancelled operations in December, an improvement on 7 reported for the previous month.

### 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 - Dec	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 - Dec	93%	93.62%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Dec	93%	94.75%	↑
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 - Dec	93%	87.19%	↓

#### Performance Overview/Issues

The CCG failed the 93% target for breast patients in December reporting 74.07% and year to date with 87.19%. In December, 7 patients out of 27 breached, all due to patient choice. The maximum wait was 47 days.

#### How are the issues being addressed?

The majority of Southport and Formby breast patients are referred to the Aintree service which has suffered capacity constraints over recent months.

Aintree Breast clinic capacity has now been resolved due to two Associate Specialists being upgraded to Locum Consultants. They will have additional clinic capacity in their job plans in 2019, reducing the reliance on WLIs. A GP with Special interest has also been identified to augment capacity and support interface and referral quality aspects.

There has been system wide communication across providers to work collaboratively around breast capacity including re-issuing information to General Practice on the management of symptomatic but not suspected cancer patients. A direct access mammography pathway for breast pain with normal examination has been proposed

#### 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	Sarah McGrath

## 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) <b>(CCG)</b>	18/19 - Dec	96%	96.01%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	96%	98.26%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Dec	94%	99.51%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Dec	94%	96.81%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	94%	96.97%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Dec	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	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) <b>(CCG)</b>	18/19 - Dec	85% (local target)	88.98%	↓
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) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	85% (local target)	92.90%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	18/19 - Dec	90%	91.49%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	90%	90.00%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - Dec	85%	78.69%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Dec	85%	78.62%	↓

#### Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in December with 71.43% and year to date with 78.69%. In December, 8 patients out of 28 breached. 3 breaches had a listed reason of 'other'. 3 breaches were due to health care professional initiating a delay and 2 due to a complex diagnostic pathway.

The Trust failed the 85% target for urgent GP referrals in November with 70.49% and year to date with 79.37%. In November, the Trust reported the equivalent of 9 breaches out of 30.5 patients. 3 breaches had a listed reason of 'other'. 6 breaches were due to the healthcare professional initiating a delay, 1 due to complex diagnostic pathway, 1 diagnosis delayed for medical reasons and 1 inadequate elective capacity.

#### 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. This will be driven through a newly implemented Cancer Improvement Board.

#### When is performance expected to recover?

Quarter 1 2019/20

## Who is responsible for this indicator?

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

### 3.5.4 104+ Day Breaches













The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days.

In December, Southport & Ormskirk Trust reported 4 patients waiting longer than 104 days within the 62 day standard metric. Two were lower gastrointestinal cancers, one haematology and one urology.

The CCG has received root cause analyses for these cases and all have multifactorial reasons for delay including periods of patient unavailability. Common delays relate to long waits to undertake and report biopsies and MRI scans.

## 3.6 Patient Experience of Planned Care

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

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%	12.5%		96%	95%		2%	1%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	21.3%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	100%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA		1%	NA	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 8.2% in November to 12.5% in December, but this is the second lowest reported performance year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased 98% in November to 95% in December, falling below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 1%, better than the England average of 2%.

For maternity services, in relation to 'Birth' the response rate has improved dramatically from 0% in November to 21.3% in December, now in line with the England average of 21.1%. The percentage who would recommend the service was 100% and who would not recommend was 0%. The percentage recommended for the postnatal ward remained at 100% in December and percentage not recommended remained at 0% (just 53 responses). No responses were received for the postnatal community ward.

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPGE) 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 9 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.6m/6.3%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 9 with a variance of £590k/72%. This is closely followed by Southport & Ormskirk with a variance of £571/4% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£182k/-24%).

**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	13,450	15,515	2,065	15%	£2,922	£3,028	£106	4%	-£106	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,612	5,981	369	7%	£408	£415	£7	2%	-£7	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,826	1,235	-591	-32%	£758	£575	-£182	-24%	£182	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,002	1,465	-537	-27%	£464	£380	-£84	-18%	£84	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	11,889	12,427	538	5%	£2,212	£2,173	-£39	-2%	£39	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,908	1,934	26	1%	£575	£520	-£56	-10%	£56	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>36,686</b>	<b>38,557</b>	<b>1,871</b>	<b>5%</b>	<b>£7,339</b>	<b>£7,090</b>	<b>-£249</b>	<b>-3%</b>	<b>£249</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	303	314	11	4%	£63	£77	£15	24%	£0	£15	24%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	53	53	0%	£0	£6	£6	0%	£0	£6	-
FAIRFIELD HOSPITAL	87	74	-13	-15%	£15	£12	-£3	-21%	£0	-£3	-21%
ISIGHT (SOUTHPORT)	4,288	5,252	964	22%	£648	£851	£203	31%	£0	£203	31%
Lancashire Teaching Hospital	0	948	948	0%	£0	£199	£199	0%	£0	£199	-
RENACRES HOSPITAL	9,672	10,458	786	8%	£2,804	£2,703	-£101	-4%	£0	-£101	-4%
Salford Royal NHS FOUNDATION TRUST	0	168	168	0%	£0	£27	£27	0%	£0	£27	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	77,103	79,343	2,240	3%	£14,065	£14,636	£571	4%	£0	£571	4%
SPIRE LIVERPOOL HOSPITAL	304	265	-39	-13%	£82	£113	£31	38%	£0	£31	38%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,178	4,230	52	1%	£916	£904	-£12	-1%	£0	-£12	-1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	531	730	199	37%	£131	£148	£17	13%	£0	£17	13%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	310	310	0%	£0	£65	£65	0%	£0	£65	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	263	263	0%	£0	£79	£79	0%	£0	£79	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,287	3,655	1,368	60%	£818	£1,408	£590	72%	£0	£590	72%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>98,753</b>	<b>106,063</b>	<b>7,310</b>	<b>7%</b>	<b>£19,541</b>	<b>£21,227</b>	<b>£1,686</b>	<b>9%</b>	<b>£0</b>	<b>£1,686</b>	<b>9%</b>
<b>GRAND TOTAL</b>	<b>135,439</b>	<b>144,620</b>	<b>9,181</b>	<b>7%</b>	<b>£26,880</b>	<b>£28,316</b>	<b>£1,437</b>	<b>5.3%</b>	<b>£249</b>	<b>£1,686</b>	<b>6.3%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 31 - Planned Care – Southport and Ormskirk NHS Trust by POD

	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
S&O Hospital Planned Care*								
Daycase	8,170	8,249	79	1%	£4,140	£4,179	£39	1%
Elective	1,008	921	-87	-9%	£2,424	£2,463	£39	2%
Elective Excess BedDays	157	153	-4	-2%	£38	£36	-£1	-3%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	528	875	347	66%	£92	£186	£94	103%
OPFASPCL - Outpatient first attendance single professional consultant led	8,789	9,228	439	5%	£1,513	£1,606	£93	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,219	1,954	735	60%	£104	£205	£101	97%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,673	27,228	-445	-2%	£2,256	£2,237	-£19	-1%
Outpatient Procedure	21,729	22,722	993	5%	£2,801	£2,975	£174	6%
Unbundled Diagnostics	7,831	8,013	182	2%	£697	£747	£50	7%
<b>Grand Total</b>	<b>77,103</b>	<b>79,343</b>	<b>2,240</b>	<b>3%</b>	<b>£14,065</b>	<b>£14,636</b>	<b>£571</b>	<b>4%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

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

The main areas of over performance year to date occurred within the outpatient setting, with both first attendance and procedures increasing. General Surgery, Trauma & Orthopaedics, and Rheumatology are the top three specialties influencing the variance.

Outpatient procedures have increased across a number of specialties namely Gynaecology, Dermatology, Ophthalmology and Urology. A significant decrease is noted in T&O which is in contrast to the increased levels across other outpatient points of delivery for this particular speciality.



### 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	575	760	185	32%	£358	£539	£181	50%
Elective	317	218	-99	-31%	£727	£455	£-272	-37%
Elective Excess BedDays	80	111	31	39%	£20	£27	£7	36%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	108	60	-48	-44%	£22	£13	£-9	-40%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	195	144	-51	-26%	£8	£6	£-2	-23%
OPFASPCL - Outpatient first attendance single professional consultant led	2,139	2,548	409	19%	£371	£436	£66	18%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	122	88	-34	-28%	£11	£9	£-3	-23%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	301	680	379	126%	£7	£16	£9	126%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,559	5,779	220	4%	£459	£459	£0	0%
Outpatient Procedure	1,986	2,810	824	41%	£294	£395	£101	34%
Unbundled Diagnostics	1,341	1,607	266	20%	£94	£134	£40	43%
Wet AMD	727	710	-17	-2%	£550	£539	£-12	-2%
<b>Grand Total</b>	<b>13,450</b>	<b>15,515</b>	<b>2,065</b>	<b>15%</b>	<b>£2,922</b>	<b>£3,028</b>	<b>£106</b>	<b>4%</b>

Aintree performance is showing a £106k/4% variance against plan at month 9. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £181k/50% and £101k/34% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery specialty.

The over performance within outpatient procedures is primarily within Ophthalmology and 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	1,067	1,114	47	4%	£1,071	£993	£-78	-7%
Elective	215	176	-39	-18%	£928	£783	£-144	-16%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,899	1,932	33	2%	£321	£326	£5	1%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,424	2,542	118	5%	£160	£169	£9	6%
Outpatient Procedure	2,005	1,776	-229	-11%	£226	£276	£50	22%
Unbundled Diagnostics	627	801	174	28%	£56	£66	£10	18%
Physio	1,435	1,179	-256	-18%	£42	£35	£-8	-18%
Outpatient Pre-op	0	938	938	0%	£0	£55	£55	0%
<b>Grand Total</b>	<b>9,672</b>	<b>10,458</b>	<b>786</b>	<b>8%</b>	<b>£2,804</b>	<b>£2,703</b>	<b>£-101</b>	<b>-4%</b>

Renacres performance is showing a £-101k/-4% variance against plan at month 9. Elective and Day case activity are the highest underperforming areas with variances of £-144k/-16% and £-78k/-7% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs 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	16	23	7	45%	£2	£2	£1	47%
Daycase	130	176	46	36%	£173	£244	£70	41%
Elective	82	152	70	85%	£468	£893	£424	91%
Elective Excess BedDays	23	23	0	1%	£6	£5	£0	-5%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	56	96	40	71%	£4	£7	£2	55%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	292	532	240	82%	£39	£75	£36	90%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	82	150	68	83%	£5	£8	£4	73%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	111	352	241	217%	£3	£9	£6	224%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,090	1,507	417	38%	£66	£90	£24	37%
Outpatient Procedure	199	349	150	75%	£27	£47	£20	72%
Unbundled Diagnostics	206	295	89	43%	£25	£28	£3	14%
<b>Grand Total</b>	<b>2,287</b>	<b>3,655</b>	<b>1,368</b>	<b>60%</b>	<b>£818</b>	<b>£1,408</b>	<b>£590</b>	<b>72%</b>

Wrightington, Wigan and Leigh performance is showing a £590k/72% variance against plan at month 9 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	806	1,085	279	35%	£375	£517	£143	38%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	11%	£0	£0	£0	11%
OPFASPCL - Outpatient first attendance single professional consultant led	628	930	302	48%	£90	£131	£40	44%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	63	0	-63	-100%	£4	£0	-£4	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,938	2,291	353	18%	£106	£126	£19	18%
Outpatient Procedure	851	944	93	11%	£72	£77	£5	7%
<b>Grand Total</b>	<b>4,288</b>	<b>5,252</b>	<b>964</b>	<b>22%</b>	<b>£648</b>	<b>£851</b>	<b>£203</b>	<b>31%</b>

iSight performance is showing a £203k/36% variance against plan with over performance evident against a number of PODs. Day case activity is currently £143k/43% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

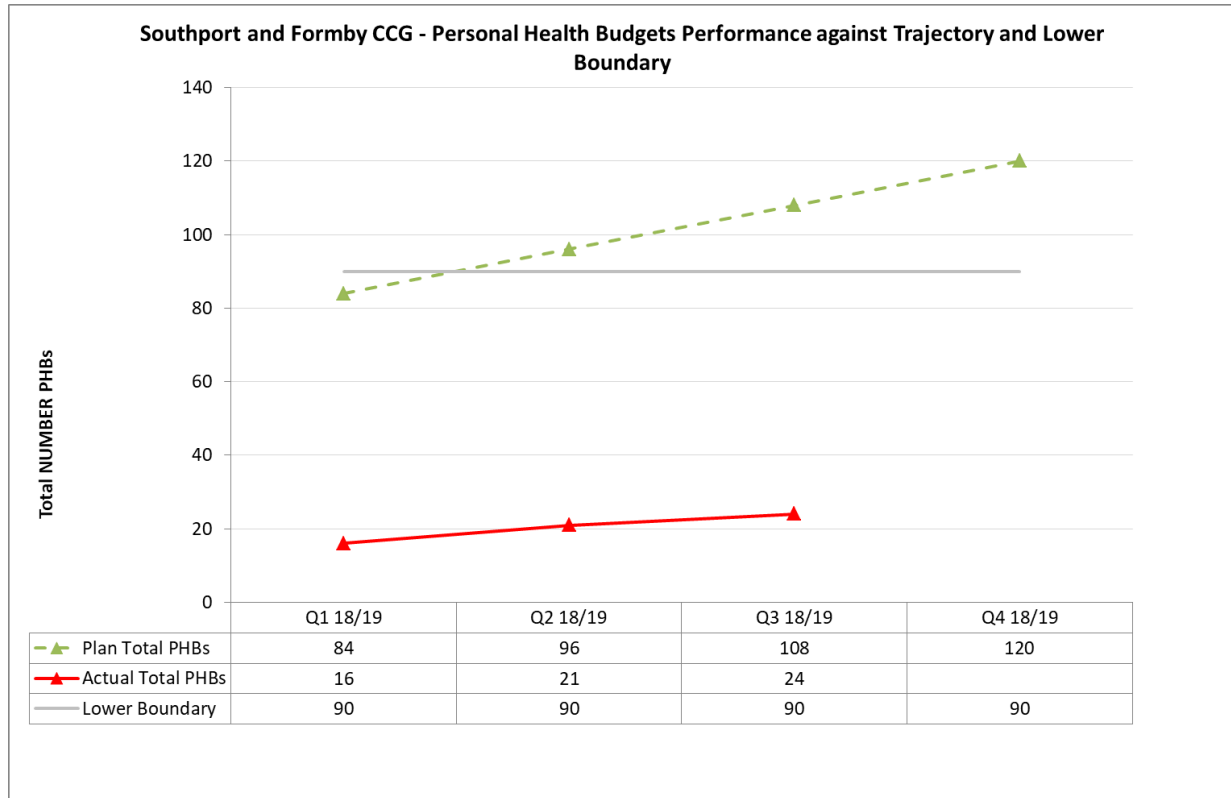
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have 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 3 2018/19 a total of 3 new PHBs were reported, bringing the year to date total to 24 against a plan of 108. This equates to a rate of 19.3 per 100,000 population compared to the plan of 86.7. This is under the trajectory set by NHS England, who have confirmed the lower boundary of 80 would be acceptable in terms of aspirations.

#### How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3rd party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget. Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.
- **Wheelchairs:** The CCG has identified a commissioning support lead from March 2019 to further progress the developments for specialist wheelchair PHBs.
- **Children Complex Care:** NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- **End of Life Fast-track:** The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens

Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.

- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

**When is performance expected to recover?**

End of Q3 2019/20.

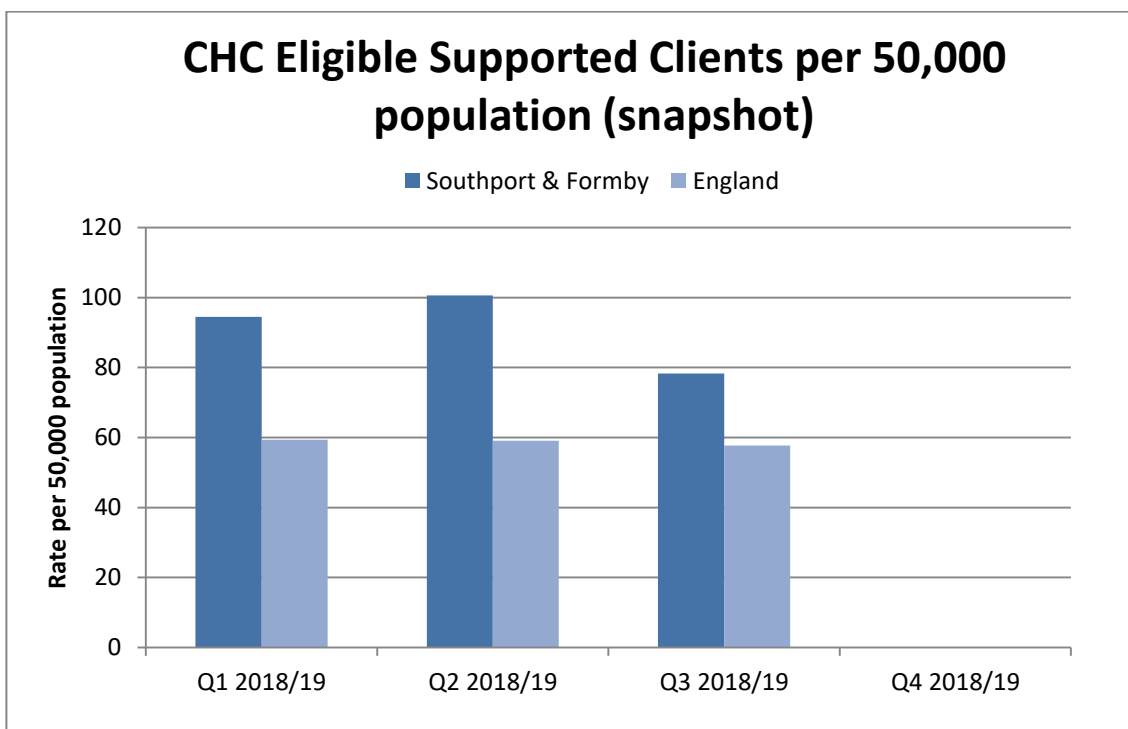
**Who is responsible for this indicator?**

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

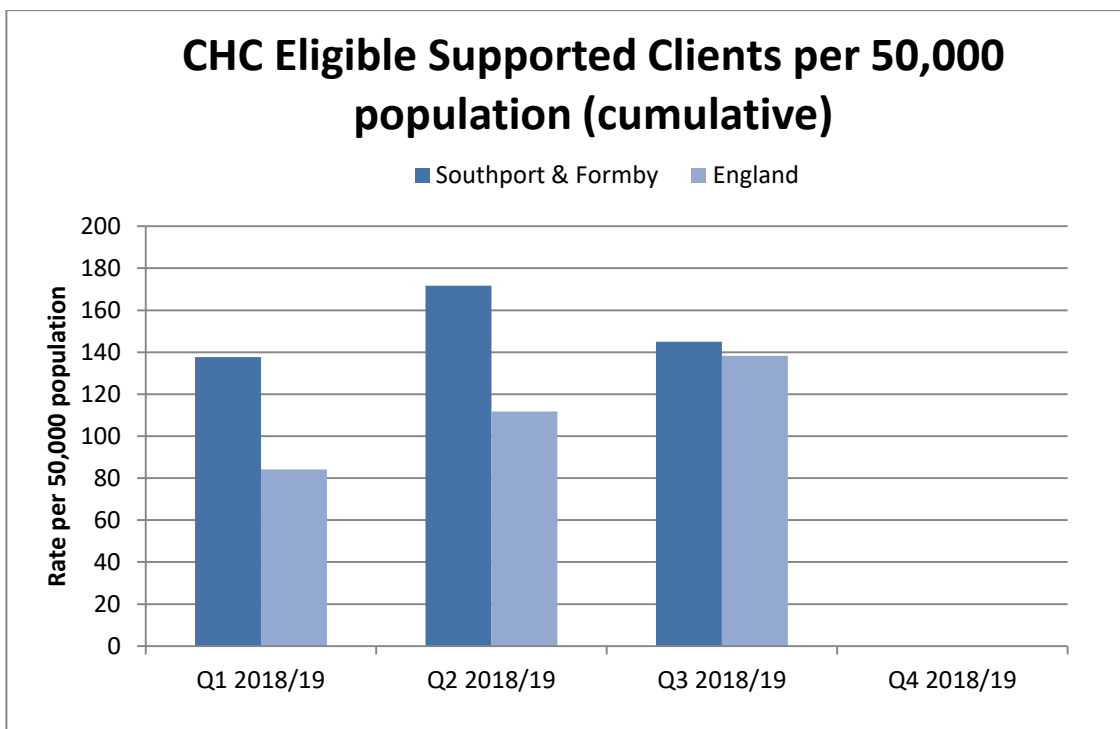
**3.9 Continuing Health Care (CHC)**

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.

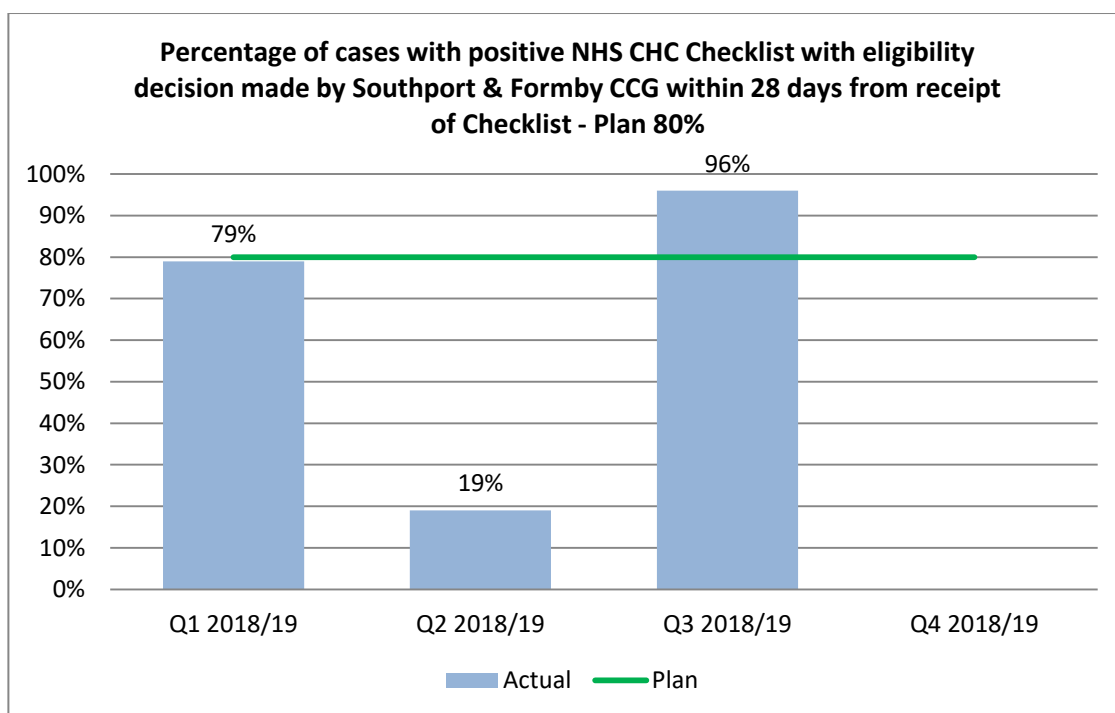
**Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



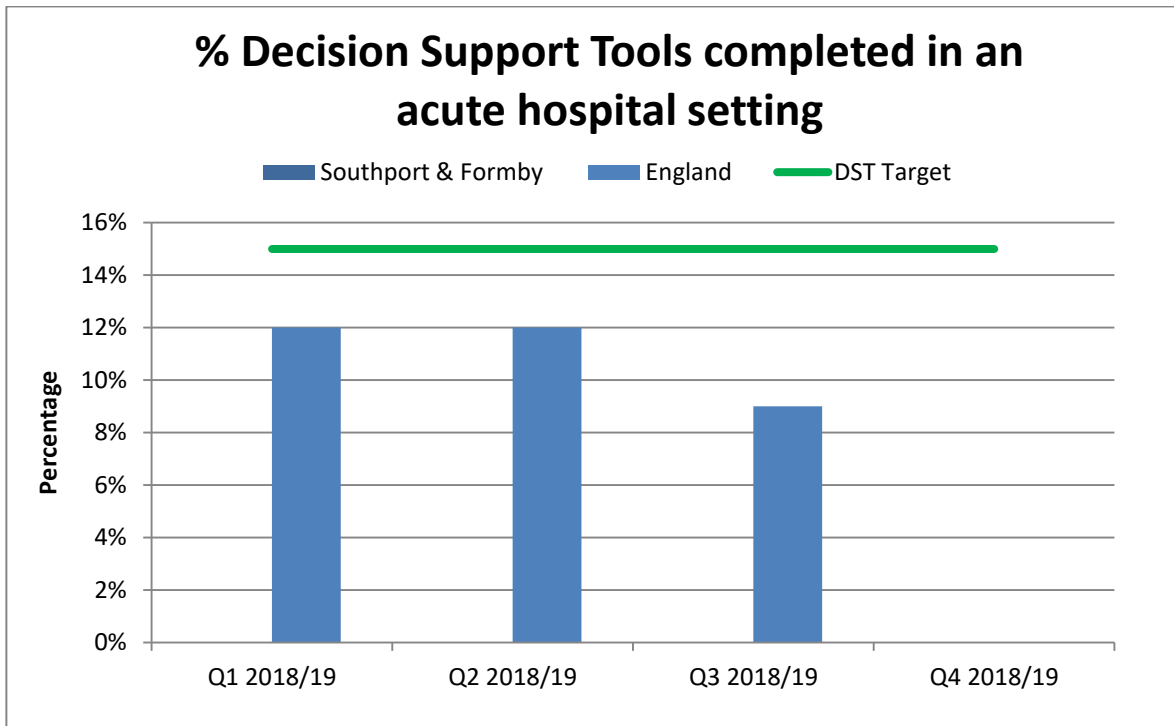
**Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**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**



**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 3

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	237	700	933
Number of women known to be smokers at the time of delivery	29	68	91
Number of women known not to be smokers at the time of delivery	208	632	843
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	12.2%	9.7%	9.7%

## 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) <b>(CCG) All Types</b>	18/19 - Dec	95.00%	88.39%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	18/19 - Dec	95.00%	83.44%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) All Types</b>	18/19 - Dec	STP Trajectory Target for Dec 88.1%	89.04%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) Type 1</b>	18/19 - Dec	95.00%	83.83%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	88.1%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	89.47%	89.04%

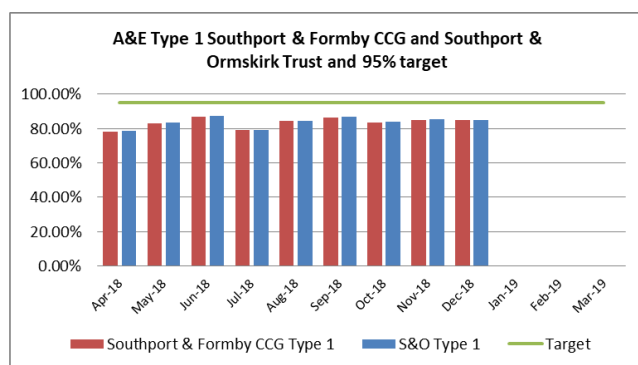
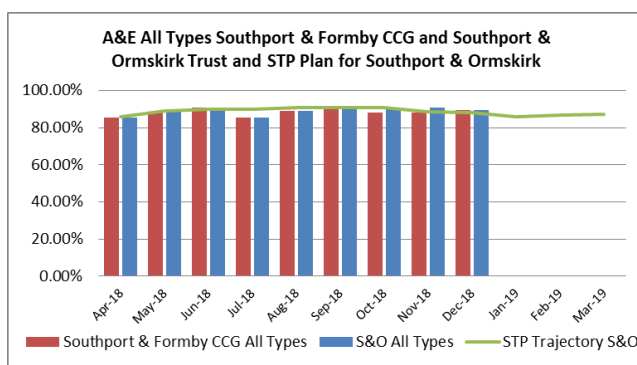


Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - <b>Southport &amp; Ormskirk (cumulative)</b>	18/19 - Dec	0	17	↑

#### Performance Overview/Issues

Southport & Ormskirk's performance against the 4-hour target for December reached 89.47%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.1% for December, although it shows a slight decline on last month's performance. The year to date position is also currently achieving the STP target at 89.04%.

There was 1 reportable 12-hour breach for the month of December. This was a West Lancashire CCG patient who required a mental health admission to a CAMHS bed. A mental health stakeholder group has been established to meet on a monthly basis, and will review incidents and trends to enable lessons to be learned. This is the first occasion of a patient requiring CAMHS intervention. The patient remained in A&E as the only suitable location within the Trust to support them until a bed was identified.

**How are the issues being addressed?**

The Trust has reported that it was the highest performer in relation to its peers in November. (Source: Model Hospital). December saw an increase of 13.4% attendances (614 patients) with an overall increase of 650 majors patients compared to last year. 79.29% attendances were majors category in December 2018 compared to 75.21% in December 2017. Despite this rise, the conversion rate from ED attendance to admission dropped from 32.94% last year to 30.42% this year. Performance against the 4-hour standard on the Southport site on its own saw a 26% improvement compared to December 2017. This equated to 920 less patients spending longer than 4-hours in A&E compared to last year.

As a result of improvements in flow, NWSAS handover times also saw improvements enabling NWSAS to respond to patients in the community quicker. Care provided on the corridor did fluctuate during the month, however was significantly improved compared to last year. The new waiting room and additional 2 clinical assessment rooms opened just before Christmas providing additional space for our patients. Difficulties continue to be experienced in maintaining ED flow particularly during periods of surges, blockages in inpatient areas and the knock on effect of delays in creating assessment capacity in the assessment areas. ED continues to develop its workforce model with a further substantive consultant interview scheduled during Feb 2019, and positive interest in the latest round of Physicians Associate recruitment. Difficulties continue in attracting Middle Grade Doctors and there are some gaps in the junior tier of the rota for the February 2019 rotation that have only been disclosed to the CBU in the last week.

Actions

- Creating additional capacity in both internal and community bed base
- Protection of assessment areas
- SAFER & Red to Green on 6 ward areas
- MADE reviews throughout January
- Long stay Tuesday reviews
- Additional senior clinical and managerial presence secured 24/7 for improved command and control function.

Bed pressures compounded further in January by infection control/side room issues. Timelines and RCA's have now been submitted on a timely basis identifying review of IPC policy and procedures for risk assessment and prioritisation of patients requiring isolation and demonstrating satisfactorily that patient safety, privacy and dignity was maintained.

**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?**

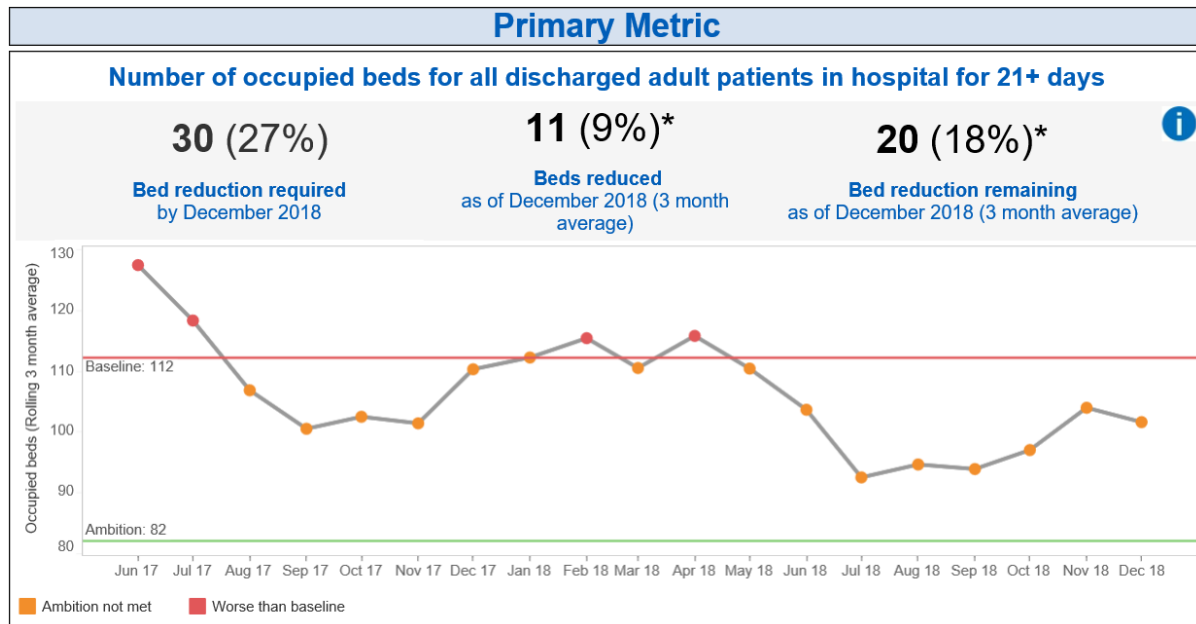
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester



## 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 December 2018 (rolling 3 months) shows 102 occupied beds (a reduction of just 11 beds). This shows a decrease of 2 occupied beds compared to last month.

## 4.3 Ambulance Service Performance

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

In December 2018 there was an average response time in Southport and Formby of 8 minutes 15 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

**Figure 45 - Ambulance handover time performance**

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - Dec	0	126	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - Dec	0	26	↓

### Performance Overview/Issues

In December, Southport and Ormskirk reported 126 handovers between 30 and 60 minutes, an increase on last month when 118 was reported. Handovers longer than 60 minutes also saw an increase with 26 in November compared to 18 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?

The Trust has reported that for the second month running, over half of patients brought in by ambulance were handed over within 15 minutes of arrival. This was against a backdrop of an additional 614 attendances compared to December 2017. The ED estates works has provided additional clinical space to support reducing ambulance handover times. There are still difficulties experienced during periods of surges, and blockages in patient flow. ED continues to work with NWS to drive further improvements, ensuring that recorded timestamps on NWS data match ED's clinical records.

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.

### Who is responsible for this indicator?

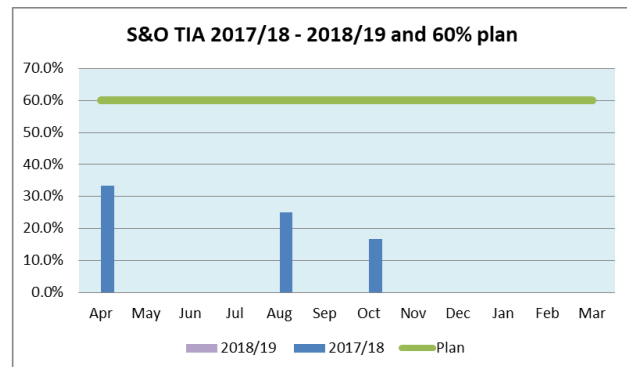
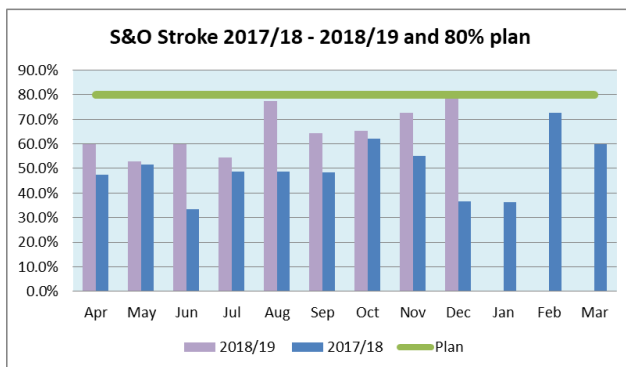
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 46 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	18/19 - Dec	80%	80.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	18/19 - Oct	60%	0.00%	↔



#### Performance Overview/Issues

In relation to the TIAs the CCG is awaiting an update from Southport & Ormskirk for November and December. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

#### How are the issues being addressed?

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 - Dec	0.00	2.60	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Dec	0.00	3.10	↑

### Performance Overview/Issues

The CCG has reported an MSA rate of 2.6, which equates to a total of 9 breaches in December. All 9 breaches were at Southport & Ormskirk NHS Trust.

In December the Trust had 15 mixed sex accommodation breaches (a rate of 3.1) and has therefore breached the zero tolerance threshold. Of the 15 breaches, 9 were for Southport & Formby CCG, 1 for East Lancashire CCG and 2 for East Berkshire CCG.

### How are the issues being addressed?

The Trust has reported that breaches were significantly higher in December than the previous two months. Increased focus and surveillance continues 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 estates 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 - Dec	27	23	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Dec	26	8	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Dec	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Dec	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Dec	82	101	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Dec	No Plan	159	↑

#### Performance Overview/Issues

There were 2 new cases of Clostridium Difficile attributed to the CCG in December, bringing the year to date figure to 23 against a plan of 27. Year to date 5 cases were apportioned to an acute trust and 18 to the community. Southport & Ormskirk had no new cases in December; therefore the total for the year remains at 8 against a plan of 26.

The CCG had 1 new cases of MRSA in December, bringing the total year to date to 2 against the zero tolerance threshold. The breach in December was community acquired, identified by Southport & Ormskirk, with no lessons learnt or issues directly or indirectly contributing to the MRSA when the case was subject to a local infection review panel. The first breach reported in July was a community acquired infection, also 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 December, 16 new cases were reported (101 YTD), against a YTD target of 82. Southport & Ormskirk reported 22 cases in December (159 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. NW Mersey GNBSI Steering Group is leading on a piece of work regarding E. Coli reduction and working with Local Authority colleagues to strengthen public health messages.

#### When is performance expected to recover?

Quarter 4 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 - Dec	100	115.70	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Apr 18 to Jun 18	100	115.50	↓

In December, Southport & Ormskirk Trust has reported HSMR 12 Month Rolling Total to August 2018. HSMR continues to steadily reduce and was 115.7 in August. This is the lowest figure since November 2017. This is believed to be due to improved coding of palliative care, better recording of patient comorbidity, and potentially improvements in the quality of clinical care.

SHMI Quarter 1 2018/19 - SHMI decreased from 118 in Q4 2017/18 to 115.46 in Q1 2019/20 and is lower than June 2017 which was 117.39.

#### 4.5 CCG Serious Incident Management

Three areas remain open on the CCGs serious incident improvement programme action plan. All actions are in progress and are RAG rated amber with expectation for closure at the end of April 2019.

There are 66 incidents open on StEIS (down from 72 last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves 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 (M9)	SIs Reported (YTD)	Closed SIs (M9)	Closed SIs (YTD)	Open SIs (M9)	SIs Open >100 Days (M9)
Southport and Ormskirk Hospital	3	49	4	62	39	21
Lancashire Care	0	7	1	2	8	7
Southport & Formby CCG	1	2	0	0	2	0
Mersey Care Trust	1	12	2	8	11	5
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	1	2	0	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Womens	0	0	0	1	1	1
North West Boroughs	0	1	1	1	0	0

North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Central Manchester Hospital	0	0	0	0	0	0
Spire Healthcare	0	1	1	1	0	0
Ramsay Healthcare	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>74</b>	<b>10</b>	<b>78</b>	<b>66</b>	<b>39</b>

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

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
S&O	17	32	22	27	53	4	4	5	40

\*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.

Following a number of escalation letters and failure to submit the outstanding RCAs by the mutually agreed date of 31 December 2018, the trust was issued with a Contract Performance Notice for Breach of National Serious Incident Framework.

The CCG subsequently met with the trust in February 2019 and noted improvements with the reduction of the number of outstanding breached RCA's as well as the Trust SI Improvement Plan put in place by the trust to address the issues impacting the SI process. The Trusts Assistant Director of Governance and CCGs Programme Manager for Quality and Risk will continue to meet on a monthly basis to review the progress on the Trusts action plan and timelines for submission of RCA's

The CCG are awaiting a formal response to following the contract breach meeting letter which would reflect the Trust SI Improvement Plan and action plan with clear milestones to support compliance by the end of November 2019. The action plan will be submitted to the CCQRM for oversight and on-going monitoring, however the majority of the work to be undertaken outside of the CCQRM.

**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	5	2	1	6*	-	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.

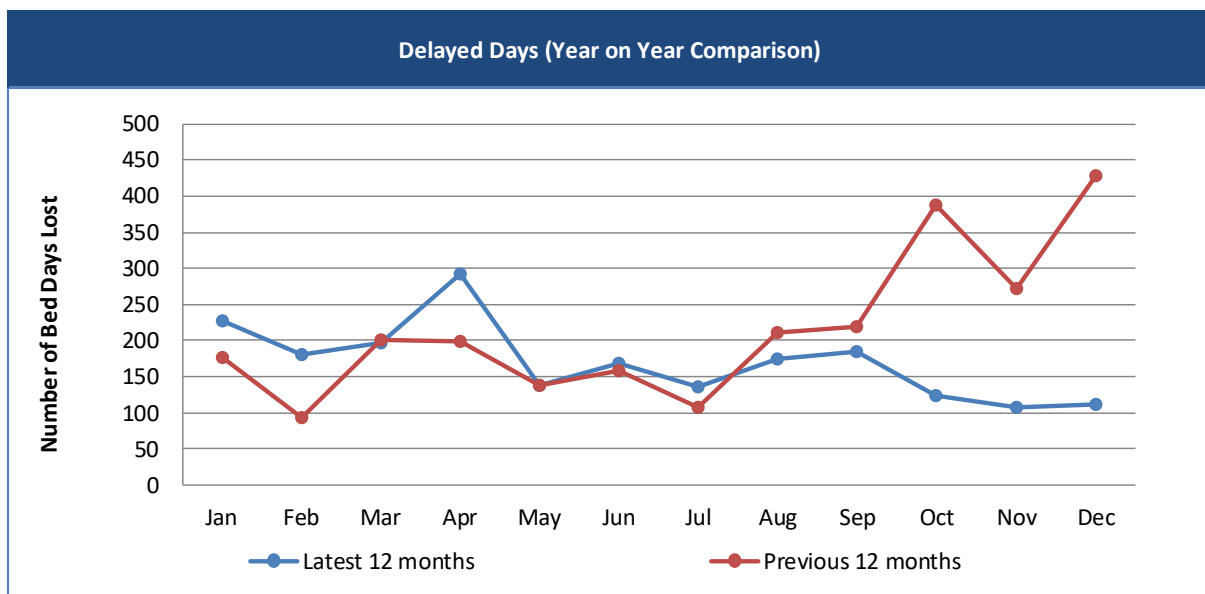


There are currently 6 SIs that remain open On StEIS. They all relate to the aggregated Pressure Ulcer Report carried out by the Trust. The CCG have reviewed the report and have requested further assurances from the provider.

### 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
<b>Delayed Days</b>	<b>Dec-18</b>	<b>Nov-18</b>	<b>Dec-17</b>
Total	111	107	429
NHS	100.0%	100.0%	99.1%
Social Care	0.0%	0.0%	0.9%
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 (Dec-18)




#### SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.0%
Community Equipment Adapt	9.9%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	27.9%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	51.4%
Public Funding	0.0%
Residential Home	10.8%
Other	0.0%

Total delayed transfers of care (DTOC) reported in December was 111, a significant decrease compared to December 2017 with 429. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in December 2018 were due to patient family choice and further non-acute NHS.

## 4.7 Patient Experience of Unplanned Care

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

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%		86%	70%		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 12.2%.

The Trusts A&E department has again seen a drop in the percentage of people who would recommend the service from 87% in November to 70% in December, falling below the England average of 86%. The percentage not recommended has increased back to 23% in December, from 11% in November, and is now 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 9 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £5.8m/23.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £5m/20.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £4.8m/22% against plan at month 9. Aintree Hospital are also seeing an over performance of £631k/88%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

**Figure 55 - Month 9 Unplanned Care – All Providers**

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
Aintree University Hospital NHS Foundation Trust	1,189	2,299	1,110	93%	£720	£1,351	£631	88%	£631	£0	0.0%
Alder Hey Children's NHS Foundation Trust	670	669	-1	0%	£281	£269	£12	-4%	£12	£0	0.0%
Liverpool Heart and Chest Hospital NHS Foundation Trust	109	101	-8	-7%	£381	£444	£63	16%	£63	£0	0.0%
Liverpool Women's NHS Foundation Trust	217	217	0	0%	£314	£338	£23	7%	£23	£0	0.0%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	1,246	914	-332	-27%	£646	£761	£115	18%	£115	£0	0.0%
Walton Centre NHS Foundation Trust	3	4	1	30%	£31	£41	£10	33%	£10	£0	0.0%
<b>Acting as One Providers Total</b>	<b>3,435</b>	<b>4,204</b>	<b>769</b>	<b>22%</b>	<b>£2,374</b>	<b>£3,204</b>	<b>£830</b>	<b>35%</b>	<b>£830</b>	<b>£0</b>	<b>0%</b>
Central Manchester University Hospitals NHS Foundation Trust	88	84	-4	-5%	£33	£41	£9	26%	£0	£9	-
Countess of Chester Hospital NHS Foundation Trust	0	29	29	0%	£0	£8	£8	0%	£0	£8	-
Lancashire Teaching Hospital	0	157	157	0%	£0	£58	£58	0%	£0	£58	-
Salford Royal NHS Foundation Trust	0	32	32	0%	£0	£27	£27	0%	£0	£27	-
*Southport and Ormskirk Hospital NHS Trust	43,593	46,983	3,390	8%	£22,032	£26,856	£4,824	22%	£0	£4,824	22%
St Helens and Knowsley Hospitals NHS Trust	392	464	72	18%	£193	£228	£35	18%	£0	£35	18%
The Clatterbridge Cancer Centre NHS Foundation Trust	55	47	-8	-15%	£62	£118	£56	90%	£0	£56	90%
University Hospital of South Manchester NHS Foundation Trust	0	30	30	0%	£0	£12	£12	0%	£0	£12	-
Wirral University Teaching Hospital NHS Foundation Trust	0	61	61	0%	£0	£26	£26	0%	£0	£26	-
Wrightington, Wigan and Leigh NHS Foundation Trust	61	57	-4	-7%	£35	£50	£15	42%	£0	£15	42%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>44,191</b>	<b>47,944</b>	<b>3,753</b>	<b>8%</b>	<b>£22,355</b>	<b>£27,425</b>	<b>£5,070</b>	<b>23%</b>	<b>£4</b>	<b>£5,070</b>	<b>23%</b>
<b>GRAND TOTAL</b>	<b>47,626</b>	<b>52,148</b>	<b>4,522</b>	<b>9%</b>	<b>£24,730</b>	<b>£30,629</b>	<b>£5,899</b>	<b>23.9%</b>	<b>£830</b>	<b>£5,070</b>	<b>20.5%</b>

\*PbR only

## 4.8.2 Southport and Ormskirk Hospital NHS Trust

**Figure 56 - Month 9 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	29,270	31,082	1,812	6%	£4,209	£4,449	£240	6%
NEL/NELSD - Non Elective/Non Elective IP Same Day	7,752	9,907	2,155	28%	£14,068	£18,673	£4,605	33%
NELNE - Non Elective Non-Emergency	917	867	-50	-5%	£2,045	£1,779	£-266	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	91	23	-68	-75%	£26	£8	£-18	-70%
NELST - Non Elective Short Stay	818	1,639	821	100%	£574	£1,134	£560	98%
NELXBD - Non Elective Excess Bed Day	4,745	3,465	-1,280	-27%	£1,111	£813	£-298	-27%
<b>Grand Total</b>	<b>43,593</b>	<b>46,983</b>	<b>3,390</b>	<b>8%</b>	<b>£22,032</b>	<b>£26,856</b>	<b>£4,824</b>	<b>22%</b>

\*PbR only

## 4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

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

Over performance related to emergency admissions continues to be seen within month 9 with the majority due to changes made by the trust linked to pathway coding and activity flow. Activity

linked to the Ambulatory Care Unit are now included in the NEL and NELSD position which had previously been recorded under GPAU. Also included are Clinical Decision Unit activity levels which are currently driving a national tariff for short stay admissions. The CDU activity has been disputed with the Trust due to the lack of notice given and an impact assessment of the activity and costing changes.

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

**Figure 57 - Month 9 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	696	1,153	457	66%	£95	£165	£70	74%
NEL - <i>Non Elective</i>	291	606	315	108%	£515	£969	£455	88%
NELNE - <i>Non Elective Non-Emergency</i>	17	20	3	19%	£50	£55	£5	10%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	38	38	0%	£0	£9	£9	0%
NELST - <i>Non Elective Short Stay</i>	37	87	50	135%	£26	£58	£32	125%
NELXBD - <i>Non Elective Excess Bed Day</i>	148	395	247	167%	£35	£95	£60	171%
<b>Grand Total</b>	<b>1,189</b>	<b>2,299</b>	<b>1,110</b>	<b>93%</b>	<b>£720</b>	<b>£1,351</b>	<b>£631</b>	<b>88%</b>

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

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

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £631k/88% is mainly driven by a £455k/88% 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

NHS Southport and Formby CCG	Case load 2018/19 M9	2018/19 Plan	Variance from Plan	Variance from Case load 2017/18 M9
0 Variance	29	38	-9	-13
1 Com Prob Low Sev	29	5	24	28
2 Prob Low Sev/Need	31	13	18	27
3 Non Psychotic Mod	67	64	3	-9
4 Non Psychotic Sev	174	212	-38	-38
5 Non Psychot V Sev	53	41	12	16
6 Non Psychotic Dis	21	22	-1	-3
7 Endur Non Psychot	132	131	1	-11
8 Non Psychot Chaot	89	70	19	11
10 1st Ep Psychosis	83	75	8	17
11 Ongo Rec Psychos	214	210	4	6
12 Ongo/Rec Psych	218	246	-28	-23
13 Ong/Rec Psyc High	90	106	-16	-13
14 Psychotic Crisis	15	11	4	0
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	23	25	-2	1
18 Cog Impairment	123	159	-36	-83
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	478	482	-4	-100
20 Cognitive Impairment or Dementia Complicated (High Need)	257	370	-113	-92
21 Cognitive Impairment or Dementia (High Physical or Engagement)	165	159	6	65
Cluster 97	849	98	751	645
Cluster 98		156		
<b>Total</b>	<b>3,162</b>	<b>2,714</b>	<b>604</b>	<b>434</b>

## 5.1.1 Key Mental Health Performance Indicators

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

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-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%	100%	100%
Rolling Quarter				100%	100%	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	Nov-18	Dec-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%	50.0%	100%
Rolling Quarter				100%	100%	100%	100%	100%	85.7%	90.0%

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

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-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%	100%	66.7%
Rolling Quarter				80%	80%	71%	73.3%	100%	100%	77.8%

## 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
	Aug 18 to Oct 18	0
	Sep 18 to Nov 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 under take CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust 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.

### Eating Disorder Service

Treatment commencing within 18 weeks of referrals (Target 95%): Throughout 2018/19, Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In Month 9 a performance of 22.22% (2/9) was reported for Southport & Formby CCG patients.

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The Trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

Patients with a score of 2 or more to receive an appropriate care plan – MUST Tool (Target 100%): In Month 9 a performance of 50% (2/4) was reported for Southport & Formby CCG patients.

Since moving to Rio in June 2018 the Trust's Dietetic team lead and Business Intelligence team have continued to analyse MUST data reports and have carried out deep dives to identify the reasons for reported breaches in collaboration with the ward teams. The Trust is working to adapt the reports and ensure accuracy. The breaches from these reports are sent out on a twice weekly basis to ward managers. The Dietetic lead is working in partnership with the RiO team to adapt the observation form where MUST is reported from. This will ensure the forms are user friendly to aid compliance in completion. The Dietetic team provide MUST training at Local induction and to the wards on an ad-hoc basis. There are a portion of the current breaches which are patient refusals or where the patient is too mentally unwell to obtain height and weight therefore this

prevents MUST from being calculated. Wards will now inform dietetic team of the patients who they are unable to obtain the MUST score after 3 attempts.

Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation by CCG (Target 70%): In Month 9 a performance of 26.81% (100/373) was reported for Southport & Formby CCG patients.

An improvement plan has been agreed and a refresher training programme is in place this is demonstrated in overall Trust improvement from Quarter 2 (30.7%) to Quarter 3 Q39.4%. The actions agreed aim to achieve the target by the end of Quarter 1 2019.

### **Communication KPIs**

No data for Quarter 3. The Trust has reported that via RiO data is now flowing and the KPIs are now within the audit process. These will be reported on and updated by Month 10. On review they include a high percentage of manual interventions via reporting from free text and the audit process.

### **Outpatient Appointments and DNA rates**

Since the introduction of RiO there has also been an issue whereby appointments that have been booked in have not all been 'outcomed' (as in, classified whether the appointment was attended or did not attend) as a result, this has seen a drop in activity and has a wider impact on some of the local KPIs and also the SLA report which the CCGs receive separately. It is important to note that although the 'un-outcomed' cases will impact on activity they do not affect the clinical entries of the patient record which has been completed.

There were 7,649 'un-outcomed' appointments as of October 2018 before a solution was implemented that originally utilised a focussed clerical resource to rectify the issue but on review this only captured a small amount of the errors and would take longer than envisaged. To date, the level of un-outcomed appointment is at 4,882; this is a reduction of 2,767 appointments. The estimated completion date to clear the backlog is still within the current financial year. This process is on-going and monitored weekly within the Trust's safety huddle.

### **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 CCGs the Trust was required to provide shadow data for Month 5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For Month 6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust reported in November 2018 that there are still some instances in which KPIs are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPIs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. There has been extensive work undertaken within the Trust's Business Intelligence team in relation to the rollout of the RiO system, however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified and the trust is working to remedy these issues. Commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

The Commissioners has held a series of meetings in January and February 2019 with the Trust to review KPIs for inclusion in the 2019/20 contract and to ensure that the KPIs identified by the CCGs are reflected in Trust Board reports going forward.






## 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

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%	2.8%		89%	89%		4%	3%	

The Trust's response rate for mental health services for December has shown a further decline from 3% to 2.8% in December, falling below the England average of 3.4%.

## 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	204	131				1,813
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%	1.07%	0.69%				9.5%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	52.3%	49.7%	54.4%	45.9%	45.5%	53.4%	60.0%	62.1%	56.0%				53.0%
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%	99.3%	100%				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%	100%	99%	100%	100%	100%	100%	100%				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	162	100	118	112	147	77				1,186
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	7	2				39
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	87	42				608
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%	84.8%	83.0%				88.4%



### Performance Overview/Issues

Cheshire & Wirral Partnership reported 131 Southport & Formby patients entering treatment in Month 9. This is a 35.7% decrease compared to previous month when 204 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 9 was 0.69% and therefore failed to achieve the standard.

The percentage of people moved to recovery decreased with 62.1% compared to 56.0% 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	Nov-18	Dec-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%	69.9%	69.6%	69.7%	69.8%
Target	66.7%	66.7%	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
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	23
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5	27
%	100.00%	81.82%	100.00%	84.00%	100.00%	85.19%

In quarter 3, out of 27 routine referrals to children and young people's eating disorder service, 23 were seen within 4 weeks recording 85.19% 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)**

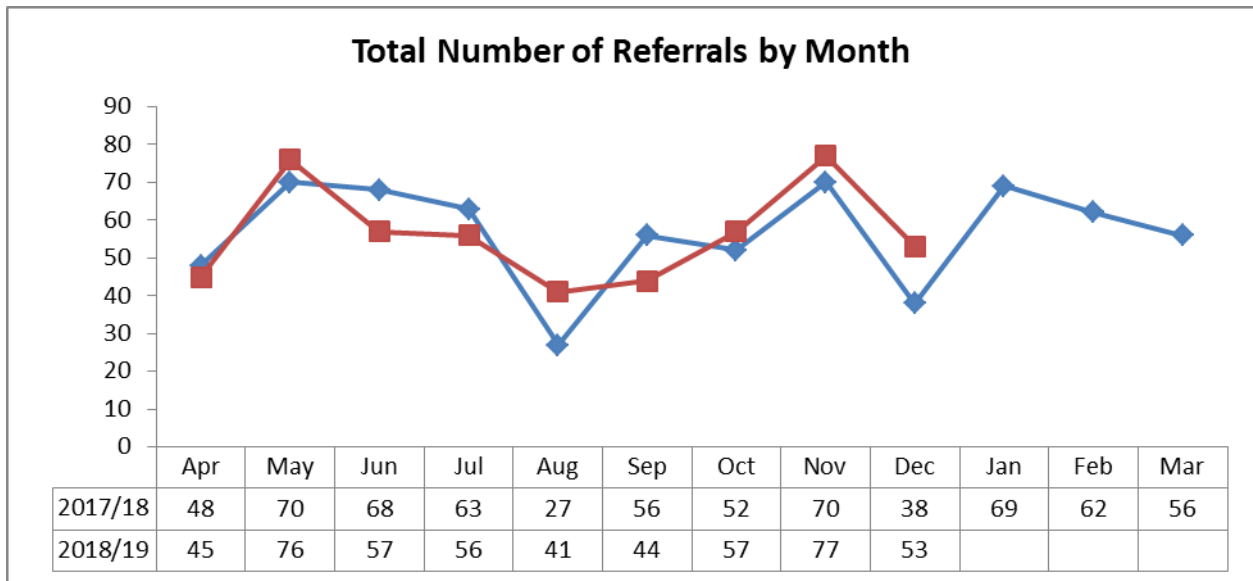
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3
%	100.00%	50.00%	100.00%	66.67%	100.00%	66.67%

In quarter 3, 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.

## 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 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during October to December 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 3 2018/19 there were a total of 187 referrals made to CAMHS from Southport and Formby CCG patients. As with South Sefton CCG patients, there was an upward trend as of August which declined in December.

The remaining tables within this section will focus on only those 81 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	36	44.4%
2-4 Weeks	7	8.6%
4- 6 Weeks	7	8.6%
6-8 weeks	21	25.9%
8-10 Weeks	7	8.6%
Over 10 Weeks	2	2.5%
(blank)	1	1.2%
<b>Total</b>	<b>81</b>	<b>100%</b>

Of those Referrals during October to December 2018/19 that have been allocated and an assessment taken place, 44.4% (36) waited between 0 and 2 weeks for the assessment. All allocated referrals waited 10 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	8	9.9%	21.1%
2-4 Weeks	8	9.9%	21.1%
4- 6 Weeks	4	4.9%	10.5%
6-8 weeks	6	7.4%	15.8%
8- 10 weeks	6	7.4%	15.8%
10-12 Weeks	2	2.5%	5.3%
Over 12 Weeks	4	4.9%	10.5%
(blank)	43	53.1%	
<b>Total</b>	<b>81</b>	<b>100%</b>	<b>100%</b>

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

53.1% (43) 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 43 referrals were discounted, that would mean 42.1% (16) of referrals waited 4 weeks or less from referral to intervention. Collectively 89.5% of 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
<b>Plan</b>	<b>754</b>	<b>118</b>	<b>15.6%</b>
Q1	98	64	65.3%
Q2	76	43	56.6%
Q3	119	83	69.7%

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 3 the total performance for the CCG was 69.7%, above the planned 15.6%. However just 119 are registered compared to the plan of 754, with just 83 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 has begun to impact on activity levels for CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

#### 6.1.2 Quality

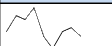
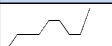

The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. In terms of improving the quality of reporting, 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**

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%	0.6%		95%	100%		2%	0%	

Lancashire Care is reporting a response rate of 0.6% in December against an England average of 3.3%, a slight decline in performance, remaining significantly below average.

### 6.3 Any Qualified Provider – Audiology

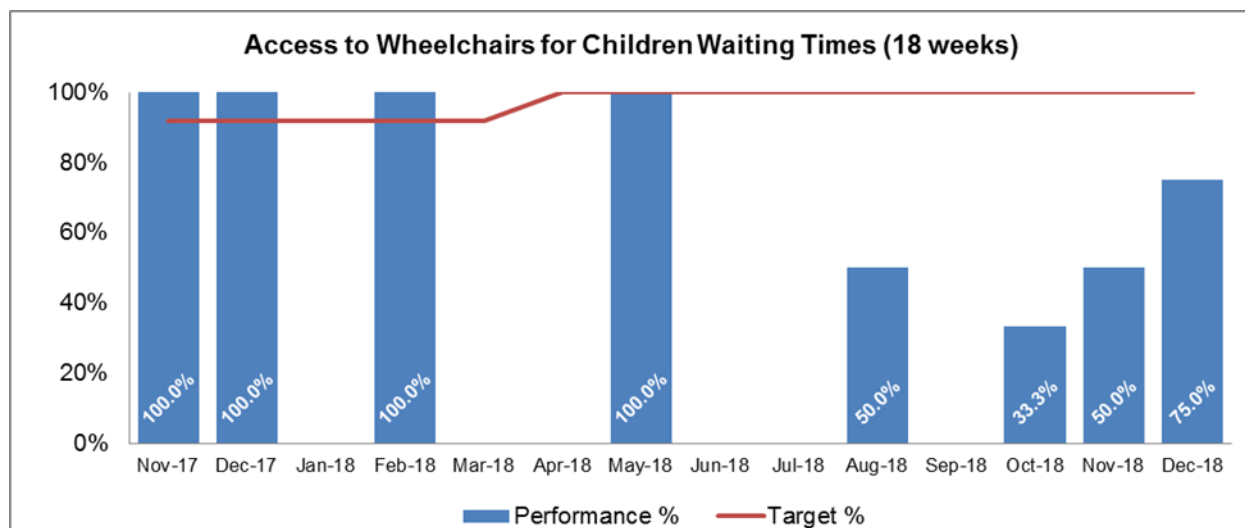
Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March 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
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	8
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	14
%	100.00%	100.00%	100.00%	40.00%	100.00%	57.14%

Lancashire Care has reported just 8 patients out of 14 receiving equipment within 18 weeks for quarter 3, a performance of 57.14%. This is an improvement on Q2 but still significantly below target.



#### Trust Actions

- Out to recruit for additional assistant hours to increase capacity
- PPQ administrator now monitoring weekly activity and reporting to service manager
- Subcontracts are being reviewed with Ross Care to ensure assurance around delivery of equipment timescales
- Service reviewing SOP to include more robust timescales and escalation, expected by end of January 2019. Further work to be done on stop clocks against national guidance



- Task and finish group meets weekly to monitor activity and long waits. Deputy Head of operations now supporting service by attendance at the meeting.

## **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 3 2018-19 Report has been circulated to relevant commissioning leads. Providers continue to report that individual service user issues (and their accompanying needs) are increasing 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 Q3 264 service users engaged with the service. 27 cases were closed and 41 referrals received. All referred clients were assessed within 14 days of initial referral and received plans detailing Reablement outcomes, whilst 102 care plan reviews took place within 6 weeks of service commencement. GP's, local NHS Trusts and Community Mental Health Teams accounted for 15% of referrals. Volunteer recruitment also continues apace.

### Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q3 (1 in South Sefton and 7 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. Moving forward the Society has a further two new surgeries lined up. During Q3 58 new referrals were received with 46% via the local health economy and 77 cases were closed. The Side-by-Side service continues to progress well. Four new volunteers have been recruited and will be matched with service users during the next quarter to enable them to enjoying a range of activities, conversations and social events. Dementia Community Support conducted 62 Individual Needs Assessments. The Dementia Peer Support Group ran 10 Singing for the Brain, 5 Active & Involved and 10 Reading sessions, plus 11 Memory Cafes.

### Citizens Advice Sefton

The Bureau provides advice sessions to in-patients at Clock View Hospital, Walton. During Q3 31 new referrals were received. 55% were from Mental Health Professionals or GPs with 32% Self/Carers and 13% from other sources. 81% of new referrals had mental health problems, 10% long-term health conditions 6% another disability (or type not given), and 3% multiple impairments. 73% of enquiries were for general benefits and tax credits, 26% other benefits and 1% travel and transport issues. 58% of service users were Female, 39% Male and 3% Other. During Q3 17 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase; or following a revision/appeal; or money put back into payments) financial outcomes totalled £213,583.

### Crosby Housing and Reablement Team (CHART)

During Q3 the service received 64 new referrals, with the main source being Mersey Care NHS Foundation Trust 91%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care and floating support staff. Case outcomes during the period included accommodating 15 service users and supporting a further 17 people to stay in their current residence. The service helped 2 people avoid hospital admission (and enabled 10 patients to be discharged). It prevented 15 people from becoming homeless; moved 8 into more supported accommodation; assisted 1 person move into independent accommodation; and 1 into accommodation with the same level of support.

### Expect Limited

Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% 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 Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered

### Imagine independence

During Q3 Imagine Independence carried forward 35 existing cases. A further 109 were referred to the service via IAPT and 23 cases were closed during the period. Of the new referrals 51% were female and 49% male. All completed personal profiles and commenced job searches. A total of 29 service users attended job interviews; 14 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 56 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 27%, employment courses attended 7%, commenced job search 27%, job interviews attended 22%, employment engagement meetings attended by service 2% and service contact with employers 14% (with 1% requiring interpretation services).

### 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 Q3 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 70 people accessing the service. Referral routes included GP practices, mental health professionals, self/carer and solicitors. The vast majority of clients were drawn from either Litherland 49% or Netherton & Orrell 39% electoral wards as well as Birkdale 9% and Harrington 3%. 52% of clients were female and 48% male, with an ethnicity of White British. An example of work undertaken during Q3 included working with a service user with complex development trauma.

### Parenting 2000

During Q3 the service received 18 adult and 114 child referrals. A total of 74 service users accessed counselling for the first time. Of the 725 appointments available during this period a total of 660 were booked and 519 were actually used. There were 89 cancellations whilst 52 did not attend their scheduled appointment. 59% of service users were female and 41% male. Referral sources during Q3 comprised GP practice and recommendations to service users 34%, Sefton MBC 2%, CAMHS and Alder Hey 14%, Other health professionals 2%, Self/Carer/Parent 26%, Other VCFSE 8%, Schools 12%, Social Workers 1% and unknown 1%.

### Sefton Advocacy

During Q3 228 existing cases were brought forward. A total of 133 new referrals were received. 22 referrals were signposted to more appropriate support, whilst 8 comprised general enquiry /information-only queries. 84 cases were closed, the reasons being Cases completed 73%, Advocacy not wanted 2%, Service user deceased 1% and Unable to contact service user 24%. During Q3 there were a total of 2,080 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included Options explained to service user 20%, Representations made 16%, Information supplied 21%, Client empowerment 13%, Signposted 6% and Support 24%. During Q3 these case outputs resulted in financial outcomes worth a total of £467,927 being achieved.



### Sefton Carers Centre

October saw the highest number of carers supported and Carers Assessments completed or closed this financial year. Outstanding ICT issues relating to the training suite have been a key focus along with delivering the National Carers Rights Day in Sefton. Following the successful roll out of the GPs Carers Charter in the Crosby locality, the scheme has now been rolled out to all practices in Sefton. During the period 160 new carers were registered (21 are Parent Carers). 250 Care Needs Assessments were completed or closed. £208k of additional or maintained annual income was secured, plus £19k back payments. 136 information and guidance contacts were made. 6 new volunteers were recruited during the quarter, 100 hours of sitting service provided, whilst volunteer value at the Centre equated to £14k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 67% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 91 carers, 30 Emergency Cards issued (for peace of mind) and 38 carers signposted to additional support. The Centre made a total of 58 home visits, received 1,440 telephone contacts and delivered 131 counselling appointments.

### Sefton Council for Voluntary Service

During Q3 the BME Community Development Worker received 15 new referrals and a total of 62 BME/Migrant people were supported. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, finance, debt immigration and benefits. Every Child Matters (ECM) Forum meetings are currently under review and a consultation is due to be circulated to all providers. During Q3 the ECM Forum shared 10 articles via ECM bulletins, contributed to 1 strategic plan and input to 5 wider consultations. Training delivered during the period comprised Safeguarding Good Governance course and Safeguarding Children course. Health and Wellbeing Trainers saw 156 new referrals during Q3 with service users helped to address accommodation needs 15%, social exclusion 32%, health issues (including smoking and weight loss) 10%, financial problems 14%, family and relationships issues 6%, drug and alcohol problems 2% and attitude/confidence building 21%. The Reablement/Signposting service had 73 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 420 whilst there were 2,532 distinct users of the online service directory. Areas of support included health-related issues 9%, social inclusion 37%, money matters 5%, everyday living/food 16%, volunteering/employment/training 1%, risk management 8%, transport/travel 5% and other 19%.

### 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 Q3 there were 618 new referrals. 171 assessments were completed and 22 are pending further action; 83 were already active in the service; 79 were placed on the waiting list; 6 were referred to a partner agency and 7 recorded under the Other category; and 16 were found to be not within SWACA's remit. 232 were closed due to support being refused. 191 women and 63 children received support during the quarter. The refuge accommodated 6 women along with 4 children. 92% were female service users and 8% male. Referrals came from various sources, with the top three being Legal (Police - Family Crisis Intervention Unit) 43%, Children & Young People's Services 25% and Self 17%.

### 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. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby. Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and

emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. 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. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

### Swan Women’s Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During December 69 women were part-way through their 12 allocated counselling sessions whilst 6 have exceeded twelve weeks and are continuing. There were 48 new referrals for Counselling. The main referral sources were GP referral 20%, Self-referral/Carer 55%, Mersey Care NHS Trust 7% and Other Professionals 12%. Of the counselling sessions available during this period 73% were booked and used, 22% 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. 1 referral was made to the Outreach Service (with 27 people supported and 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 11 new referrals were received during the period with 97 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. This information is published bi-annually by NHS England. The next publication is expected in March 2019.

## 8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. The Family Surgery was inspected on 13<sup>th</sup> November with the report yet to be published. All the results are listed below:

**Figure 76 – CQC Inspection Table**

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	19 July 2018	Good	Requires Improvement	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017*	Good	Good	Good	Good	Good	Good

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

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

## 9. Better Care Fund

A quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. 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 Q3 BCF performance is as follows:

**Figure 77 – BCF Metric Performance**

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement,	Development of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
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	Review of reablement service ongoing. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers care. There are weekly calls between partners, MDT flying

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

						Narrative
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	This Chg is in already established for SFCCG area and work in place to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this is being implemented through the ICRAS programme and the discharge lanes system. Work is monitored through ICRAS through to the North Mersey A&E subgroup. On track for established by end Q4.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established	Currently established in Southport and Formby in S&O and system working well to progress to mature. In Aintree the Medworxx system is in development to be used in conjunction with SAFER and discharge lanes approach. On track to be established by March 19.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Making good progress towards mature in South Sefton - robust ICRAS development in place which is supporting Newton Europe work plans on Decision Making around Aintree. E.g daily MDT flying squads with engagement from all providers resulting in improved flow. Also good progress in Southport towards mature with effective MDTs working well and with good progress on complex discharges.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established	Progress in hand with opportunities to work towards development of jointly funded pathway. Financial modelling to be undertaken. Integrated working on short stay enablement beds with model of care now in place.
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established	Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review impact alongside social work activity at weekend to move to more mature assesment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established	Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being developed. Domiciliary Care Trusted assessor established across Sefton footprint.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established	The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments - this will facilitate it being fully established by end of Q4
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established	Many key components in place such as Telehealth, Care Home Matrons ( south Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system.

## **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 9 performance and narrative detailed in the table below.

**Figure 79 – Southport & Formby CCG’s Month 9 Submission to NHS England**

December Month 09 2018	Month 09 Plan	Month 09 Actual	Month 09 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2313	2010	-13.10%	A significant decrease in GP referrals occurred in month 9. This appears to be part of a North Mersey trend with the extended holiday period likely to have had at least some impact. 'Other' referrals remain high against the plan but decreased in month 9. The referral patterns identified in 1819 are 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. Discussions regarding referrals are raised at the information sub group with the provider and CCG agreeing to further analyse current variances by speciality.
Other	2080	2144	3.08%	
<b>Total (in month)</b>	<b>4393</b>	<b>4154</b>	<b>-5.44%</b>	
Variance against Plan YTD	41391	42879	3.59%	
Year on Year YTD Growth			5.10%	
Year on Year 3 month growth				
Year on Year 12 month growth				
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3503	3068	-12.42%	Variances against plan year to date are showing total outpatient attendances are within the 2% tolerance against planned levels. However, local monitoring has established that First and follow up appointments have decreased in month 9 aligning to seasonal trends. However, each saw a significant decrease in line with reduced referral numbers - again believed to have been at least partially impacted by the extended holiday period.
Follow Up	8222	7095	-13.71%	
<b>Total Outpatient attendances (in month)</b>	<b>11725</b>	<b>10163</b>	<b>-13.32%</b>	Discussions had previously taken place at the information sub group and established that an increase in OPFUP appointments in the Ophthalmology speciality is in response to clearing a backlog of patients. This work has taken place throughout Oct/Nov 18 and the CCG expects FUP appointments to decrease in coming months with month 9 data appearing to confirm this.
Variance against Plan YTD	107173	107297	0.12%	
Year on Year YTD Growth			3.20%	
Year on Year 3 month growth				
Year on Year 12 month growth				
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1295	1306	0.85%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends, decreasing in month 9 as expected. The YTD position for total electives is within the 2% threshold. The CCGs main provider continues to work to increase their Elective offering.
Elective Ordinary spells	215	167	-22.33%	
<b>Total Elective spells (in month)</b>	<b>1510</b>	<b>1473</b>	<b>-2.45%</b>	
Variance against Plan YTD	14872	14813	-0.40%	
Year on Year YTD Growth			-9.90%	
Year on Year 3 month growth				
<b>Urgent &amp; Emergency Care</b>				
Type 1	3667	3771	2.84%	Local A&E monitoring has shown that the CCGs A&E activity has remained at a consistent level to the previous month. However, YTD levels remain high but performance at the main hospital provider has improved slightly to 91.0%. The CCG and main hospital provider continue to work together to understand the increase in attendances and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase.
Year on Year YTD			9.00%	
<b>All types (in month)</b>	<b>4091</b>	<b>4325</b>	<b>5.72%</b>	The CCGs main provider has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging 504 admissions a month since May-18. Excluding this newly included CDU activity the CCG would be below planned levels both YTD and in month.
Variance against Plan YTD	36271	39189	8.04%	
Year on Year YTD Growth			10.30%	
Year on Year 3 month growth	0	0	10.80%	
Year on Year 12 month growth	0	0	8.70%	
<b>Total Non Elective spells (in month)</b>	<b>1275</b>	<b>1762</b>	<b>38.20%</b>	
Variance against Plan YTD	11091	14271	28.67%	
Year on Year YTD Growth			32.40%	
Year on Year 3 month growth				
Year on Year 12 month growth				