

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Month 10

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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			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	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%	100%
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R				
		Actual	5.14%	4.67%	4.14%	4.12%	4.20%	4.03%	4.08%	2.57%	2.14%	3.9%				
		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%	
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G				
		Actual	92.47%	93.41%	93.31%	93.03%	93.6%	93.36%	93.81%	94.21%	94.02%	94%				
		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%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G	R	R	G	G			R	
		Actual	0	1	0	1	1	0	2	1	0	0			6	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G	G			G	
		Actual	0	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														
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	G	G	G	G	R	R		G
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%	94.08%	95.58%	95.43%	91.03%	87.59%		93%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R	R	G	G	R	R	R		R
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%	65%		84.72%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G	R	R		G
		Actual	94.87%	98.73%	97.02%	96.20%	98.53%	90.48%	97.06%	97.02%	93.10%	98.63%		96.29%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G	R	R		G
		Actual	83.33%	100%	100%	100%	100%	91.67%	100%	100%	88.89%	92.86%		96.30%
		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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	100%	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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	100%	96.3%	100%	96.15%		99.13%
		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%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R	G	R	R	R		R
		Actual	75%	87.50%	91.43%	70.73%	67.74%	81.08%	88%	75.76%	71.43%	77.78%		78.59%
		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%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R	R	G	G		G	
		Actual	100%	83.33%	100%	100%	100%	100%	100%	80%	66.67%	100%	100%		92.16%
		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%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R	G	R	G		G	
		Actual	100%	92.31%	86.67%	93.33%	94.12%	75%	80%	92.31%	80%	94.44%		89.66%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	

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

Accident & Emergency														
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%	83.8%		87.8%
		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%

Ensuring that People Have a Positive Experience of Care														
EMSA														
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	3	3	4	3	5	11	3	3	9	19		63
		Target	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA	Southport And	RAG	R	R	R	R	R	R	R	R	R		R	

Breach Rate 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	4.8		
		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

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R	R	R	R	R		R
		YTD	0	0	0	1	1	1	1	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G		G
		YTD	3	5	6	7	10	12	19	21	23	28		28
		Target	4	7	10	13	16	19	21	25	28	30	34	37

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G			G				G
		Actual	100.00%			100%			100%				98.02%
		Target	95.00%			95.00%			95.00%				95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	R	G	G	G	G	G		G
		Actual	100%	66.67%	100%	80%	50%	75%	100%	75%	66.67%	80%		79.33%
		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%

IAPT (Improving Access to Psychological Therapies)													
2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	G								G
		Actual	52.01%	48.13%	60%								53.01%
		Target	50.00%	50.00%	50.00%	50.00%							50.00%
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R								R
		Actual	3.32%	3.12%	3.04%								9.49%
		Target	4.20%	4.20%	4.20%	4.20%							16.8%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G								G
		Actual	99.4%	98.5%	99.8%								99.1%
		Target	75.00%	75.00%	75.00%	75.00%							75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G								G
		Actual	100%	99.7%	100%								100%
		Target	95.00%	95.00%	95.00%	95.00%							95.00%
Dementia													
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%	69.8%	76.4%	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%
Helping People to Recover from Episodes of Ill Health or Following Injury													
Children and Young People with Eating Disorders													
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R								R
		Actual	81.82%	84%	85.19%								83.78%
		Target	100%	100%									
2096: The number of completed CYP ED	Southport And	RAG	R	R	R								R

urgent referrals within one week 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%
Wheelchairs							
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R	R		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 10 (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 28th February 2019.

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions to address pressures previously reported to the Committee.

The CCG is on target to deliver the agreed financial plan of £1m surplus in year.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increases the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG is on target to deliver £2.745m savings in 2018/19 which will bring the total QIPP saving to £16.347m over the past three financial years.

The cumulative deficit brought forward from previous years is £10.295m which will reduce to £9.295m if the CCG delivers its current forecast position. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

Planned Care

Year to date referrals at month 10 have increased by 3.6% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were also above 2017/18 levels and were 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 January recording 3.9%, a decline on last month (2.14%). Out of 2,134 patients, 83 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the less than 1% target for Diagnostics in January recording 2.73%, a decline on last month (1.8%).

For referral to treatment, in January 2019, the CCG had 8,365 incomplete pathways, 1,776 patients more than January 2018. This is the seventh consecutive month in 2018/19 the CCG has not achieved the target with performance steadily declining.

Southport & Ormskirk reported 20 cancelled operations in January, an increase on 3 reported for the previous month. Of the 20 reported in January, 12 were due to no ward beds, 2 anaesthetists unavailable, 2 EMG/Trauma, 1 ran out of theatre time, 2 surgeon unavailable and 1 list over ran.

The CCG are failing 2 of the 9 cancer measures in month 10 year to date. They include 2 week breast symptoms (84.72%) and the 62 days urgent GP referral metric (78.59%). Southport & Ormskirk are also failing the 62 days urgent GP referral (78.75%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has again seen a decline in response rates for inpatients, from 12.5% in December to 8.7% in January, the second lowest reported performance reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased further from 95% in December to 94% in January, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased from 1% in December to 2% in February but is still in line with the England average of 2%.

Performance at Month 10 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.5m/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 £1.8m/6.2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January reached 86.53%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.9% for January, although it shows a decline on last month's performance. The year to date position is also currently achieving the STP target at 88.94%.

In January 2019 there was an average response time in Southport and Formby of 8 minutes 49 seconds against a target of 7 minutes for Category 1 incidents, the slowest response time in Merseyside. For Category 2 incidents the average response time was 26 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 failing the stroke target with 80% of patients spending at least 90% of their time on a stroke unit, with 78.6%, a decline on last month. In relation to the TIAs the CCG is awaiting an update for October to January. 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 4.8, which equates to a total of 19 breaches in January. All 19 breaches were at Southport & Ormskirk NHS Trust.

There were 5 new cases of Clostridium Difficile attributed to the CCG in January, bringing the year to date figure to 28 against a plan of 30. Year to date 5 cases were apportioned to an acute trust and 23 to the community. Southport & Ormskirk had no new cases in January; therefore the total for the year remains at 8 against a plan of 29.

The CCG had no new cases of MRSA in January, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.1% in January, a slight improvement on last month but remaining significantly below the England average of 12.2%. The Trusts A&E department has seen a slight increase in the percentage of people who would recommend the service from 70% in December to 74% in January, but remains below the England average of 86%. The percentage not

recommended has decreased slightly to 22% in January, from 23% in December, remaining significantly above the England Average of 8%.

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £7m/25.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £6.1m/22.5%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 203 Southport & Formby patients entering treatment in Month 10. This is a 56.2% increase compared to previous month when 130 patients entered treatment. The access rate for Month 10 was 1.06% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 62% compared to 55.3% 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

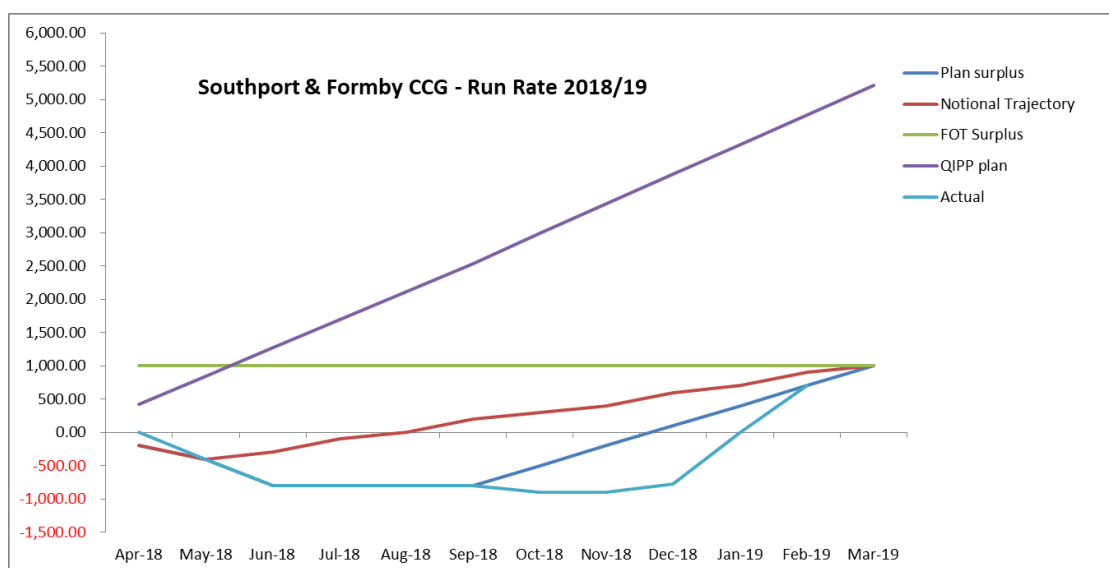
This report focuses on the financial performance for Southport and Formby CCG as at 28 February 2019.

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	24,778	22,677	22,134	(543)	23,982	(796)
Corporate & Support Services: admin	2,622	2,361	2,196	(165)	2,472	(150)
Corporate & Support Services: programme	2,836	2,586	2,528	(58)	2,741	(95)
NHS Commissioned Services	124,081	112,071	115,755	3,684	128,736	4,655
Independent Sector	5,681	5,097	5,359	263	5,959	278
Primary Care	4,097	3,758	4,075	318	4,341	244
Prescribing	22,662	20,912	20,792	(120)	22,835	173
Total Operating budgets	186,756	169,462	172,841	3,379	191,065	4,308
Reserves	1,025	3,379	0	(3,379)	(3,283)	(4,308)
In Year Planned (Surplus)/Deficit	1,000	700	0	(700)	0	(1,000)
Grand Total (Surplus)/Deficit	188,781	173,541	172,841	(700)	187,781	(1,000)

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions to address pressures previously reported to the Committee. 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 was not achieved due to emerging pressures; the actual position was a deficit of £0.778m.
- Q4 plan is to return to a surplus position through delivery of the QIPP plan, mitigating actions and adjustments to the allocation.

The CCG is on target to deliver the agreed financial plan of £1m surplus in year.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increases the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG is on target to deliver £2.745m savings in 2018/19 which will bring the total QIPP saving to £16.347m over the past three financial years.

The QIPP programme has progressed following Governing Body work in January 2019 on the 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 Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue taking account of financial risk across the local health economy. National timescales require contracts to be signed off by both parties by 21st March 2019.

The cumulative deficit brought forward from previous years is £10.295m which will reduce to £9.295m if the CCG delivers its current forecast position. 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 £0.747m.
- Forecast over performance at Southport & Ormskirk Trust of £5.300m for PbR activity which will be offset by the application of appropriate contract sanctions, CQUIN reductions and other mitigations.
- Overspend on other provider contracts mainly in respect of High Cost Drugs and devices.
- Overspend of £0.302m within prescribing due to increased costs mainly in relation to NCSO pressures.
- Over performance of £0.356m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.273m within the Local Quality Contract due to 2017/18 and 2018/19 claims on the main scheme and quarterly activity driven claims being higher than expected.
- Cost pressures of £0.202m 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

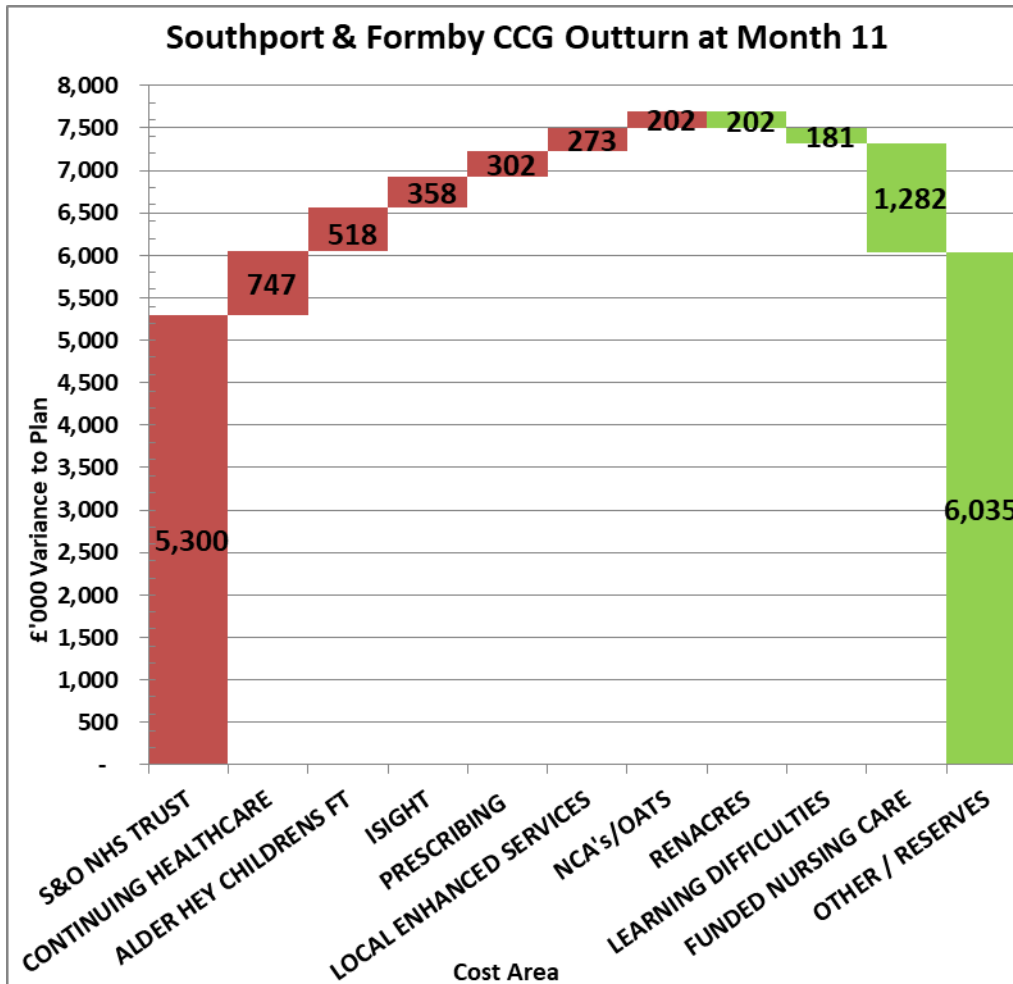
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency	✓
0.5% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.445m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	98.46%
	NHS - Volume YTD > 95%	92.37%
	Non NHS - Value YTD > 95%	95.39%
	Non NHS - Volume YTD > 95%	93.15%

- 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 28 February 2019 for the financial year will achieve this plan.
- The QIPP target for 2018-19 is £5.210m; delivery is £2.445m to date which is £3.561m below the planned delivery at month 11.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.150m.
- BPPC targets have been achieved for by value but by volume they are below the 95% target. This will be reviewed to identify areas of improved performance 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 CCGs outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year after the impact mitigations is a surplus of £1m.
- 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		2.445		2.445
NCSO Adjustment	(1.100)			1.100	0.000
Primary care additional allocation	(0.500)	0.500			0.000
CAT M expenditure reduction	(0.300)	0.300			0.000
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			(0.250)	0.447
Intermediate care	0.500		(0.130)	(0.219)	0.151
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	2.271	(0.391)	(0.533)	1.672
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	2.781	1.323	0.027	1.025

- 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.
- An additional allocation of £0.500m was received in month 11 in respect of the Primary Care allocation as agreed with NHS England.

2.4 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.880
Alder Hey Children's Hospital NHS Foundation Trust	0.116
Liverpool Women's NHS Foundation Trust	(0.087)
Liverpool Heart & Chest NHS Foundation Trust	(0.191)
Royal Liverpool and Broadgreen NHS Trust	0.197
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.018)
Grand Total	0.897

- 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 £0.897m 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

	Likely Case
	SFCCG £m
Opening Contract Value	64.074
Reported YTD (Under) Overspend at M10	6.411
Less : NEL Price increase	(1.450)
: ACU Activity	(0.213)
: CDU Activity	(1.568)
: ACU/DVT Follow up activity	(0.393)
Revised YTD (Under) Overspend at M10	2.787
Extrapolated to M12	3.344
Less : Non-PbR Review	0.000
: Applicable Sanctions	(1.100)
: CQUIN	(0.300)
: Other Adjustment	2.000
Revised Forecast (over) underspend	3.944
Forecast Contract Payment 2018/19	68.018

- The Month 10 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £6.411m 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
 - DVT 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 £68.0m. 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

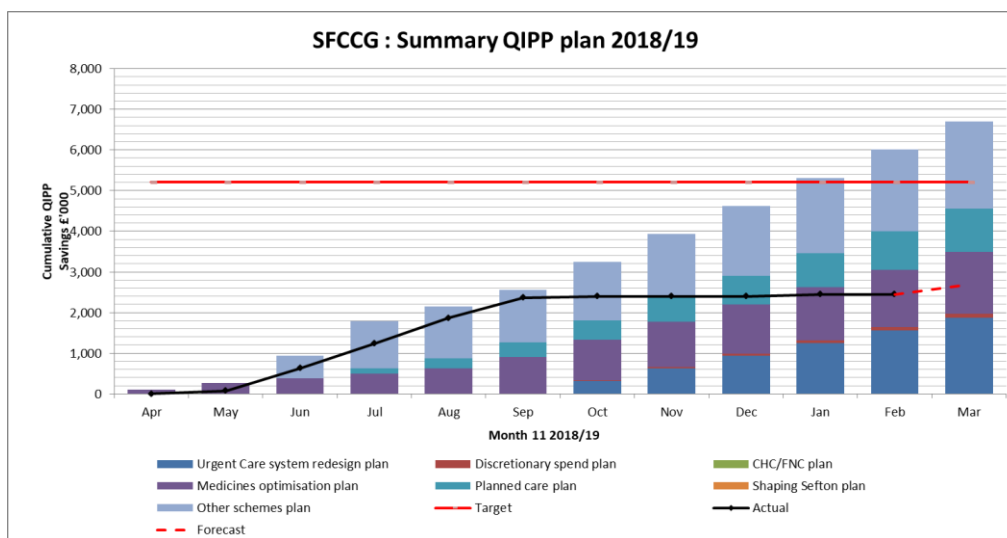


Figure 9 – RAG Rated QIPP Plan

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
Total QIPP Plan	5,455	1,241	6,696	2,745	0	3,999	6,744
QIPP Delivered 2018/19				(2,445)		0	(2,445)

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £6.696m have been identified; however £3.999m of the schemes are rag 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. The full year QIPP achievement is forecast to be £2.745m.

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
Management action plan			
QIPP Achieved	0.621	1.824	2.445
Remaining QIPP to be delivered	4.589	(1.824)	2.765
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

- 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
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	2.745	2.745	2.745
I&E impact	(3.397)	(3.967)	(4.067)
Forecast Surplus / (Deficit)	(4.862)	(5.432)	(5.532)
Further Risk	(2.371)	(2.371)	(2.531)
Management Action Plan	9.103	8.803	8.103
Risk adjusted Surplus / (Deficit)	1.870	1.000	0.040

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCG's year-end outturn.
- The most likely case is a surplus of £1m 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 surplus of £0.040m and assumes further pressures emerging in year in respect of FNC packages and a reduced level of mitigations.

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	M6	M9	M11	M12
	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	1,258	2,406
Cash	4,687	3,046	1,534	2,725	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(16,574)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	38	672

- The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.288m)
- Non-Current Assets balance comprises funding received from NHS England for Primary Care IT. The reduction in balance in month 11 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 11 is £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 £191.237m at Month 11. The actual cash utilised at Month 11 was £167.048m which represents 87.35% of the total allocation. The balance of ACDR to be utilised over the remainder of the year is £24.189m.

2.9 Recommendations

- The CCG is on target to deliver its financial plan of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.
- QIPP delivery at month 11 is £2.445m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. Full year QIPP achievement is expected to be £2.745m against a target of £5.210m.
- The month 11 financial position is a surplus of £0.700m against a planned surplus of £0.700m.
- 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 the CCG statutory financial duty in future years.

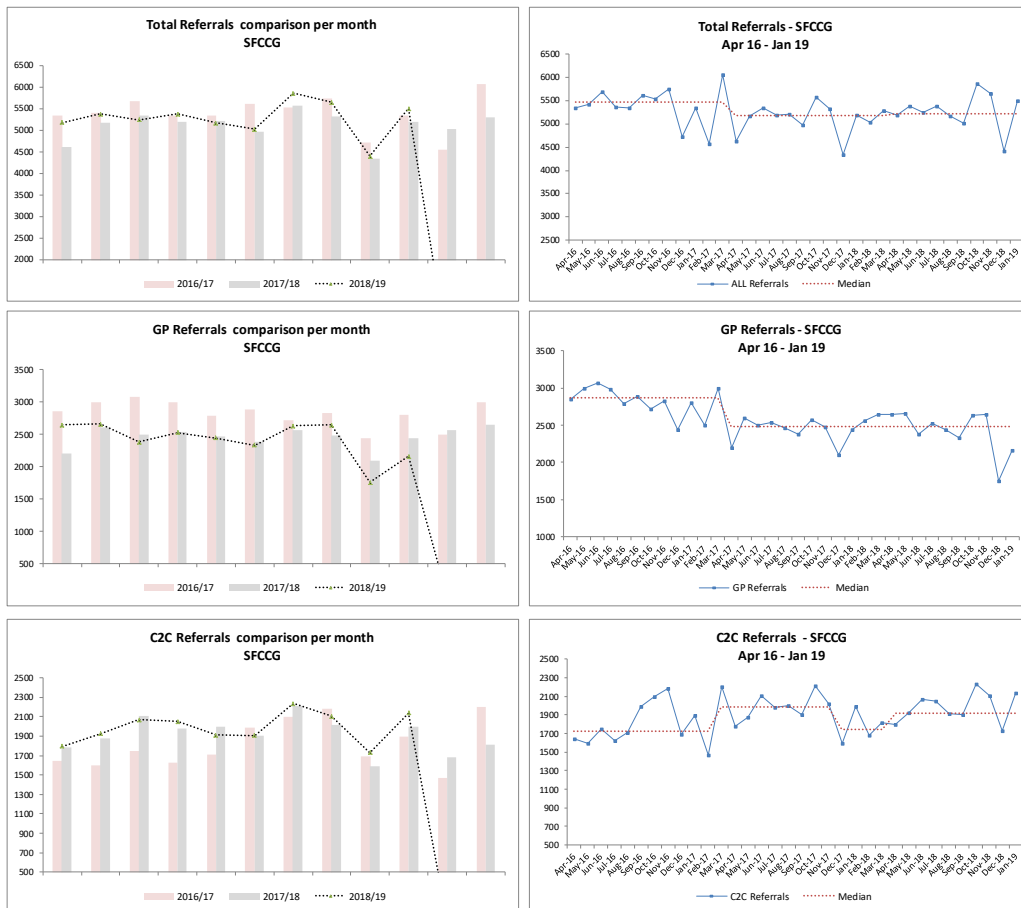
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

3. Planned Care

3.1 Referrals by Source

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	2643	441	20%	1782	1794	12	1%	4628	5190	562	12%
May	2601	2659	58	2%	1876	1924	48	3%	5180	5382	202	4%
June	2500	2379	-121	-5%	2109	2068	-41	-2%	5348	5254	-94	-2%
July	2540	2528	-12	0%	1979	2053	74	4%	5194	5381	187	4%
August	2464	2446	-18	-1%	2001	1912	-89	-4%	5219	5179	-40	-1%
September	2379	2335	-44	-2%	1904	1905	1	0%	4976	5027	51	1%
October	2570	2629	59	2%	2210	2235	25	1%	5577	5864	287	5%
November	2483	2644	161	6%	2017	2105	88	4%	5331	5651	320	6%
December	2099	1754	-345	-16%	1594	1733	139	9%	4340	4410	70	2%
January	2445	2160	-285	-12%	1993	2138	145	7%	5200	5507	307	6%
February	2566				1681				5038			
March	2645				1816				5299			
Monthly Average	2458	2418	-40	-2%	1914	1987	73	4%	5111	5285	174	3%
YTD Total Month 10	24283	24177	-106	0%	19465	19867	402	2%	50993	52845	1852	4%
Annual/FOT	29494	29012	-482	-2%	22962	23840	878	4%	61330	63414	2084	3%

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



Year to date referrals at month 10 have increased by 3.6% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were also above 2017/18 levels and were above a monthly average for 2018/19.

At provider level, referrals to Southport Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 2.2%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres and ISight.

Within individual specialties, General Medicine, General Surgery and Gastroenterology are reporting a notable increase in referrals during 2018/19 with each linked to referral increases to Southport Hospital. A coding change at Southport Hospital is also apparent with Paediatric Ophthalmology referrals coded throughout 2018/19, which had not previously been coded at this provider. 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 comparable to the previous year with a small decrease of - 0.4% at month 10. GP referrals to the main hospital provider are currently 1.5% below 2017/18 levels with a notable increase apparent at Aintree Hospital, particularly for Breast Surgery referrals. In the last two monthly periods, GP referrals have been below 2017/18 levels. This may be partly a result of an issue identified with Liverpool Heart & Chest Hospital (see data quality note below).

Consultant-to-consultant referrals are currently 2.1% higher in 2018/19 when comparing to the previous year with increases evident at Southport Hospital and St Helens & Knowsley Hospital. The former has seen increases within a number of specialties including General Medicine, T&O and Cardiology. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

Data quality notes:

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.

An issue has been identified with month 9 and 10 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 138 referrals per month to this provider for Southport & Formby CCG patients at month 8.

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 - Jan	<1%	3.90%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Jan	<1%	1.80%	↑

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in January recording 3.9%, a decline on last month (2.14%). Out of 2,134 patients, 83 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in MRI (21), Cardiology (14), CT (11), Non obstetric ultrasound (10) and colonoscopy (8).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in January recording 2.73%, a decline on last month (1.8%). Out of 2,780 patients, 76 patients waited over 6 weeks, and 4 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Cardiology (21), MRI (17) and non-obstetric ultrasound (14).

The Trust has reported the following issues:

- A high proportion of breaches in January were due to patient choice and staffing issues.
- Unexpected staff sickness in Cardiology has resulted in an increase in breaches.
- On-going lack of capacity in cystoscopy (gynaecology).
- MRI has increased significantly from 634 in December to 747 in January.
- Prioritisation of inpatients over routine due to winter pressures to facilitate discharges.

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 is implementing pathways that should ensure an improvement in diagnostic performance across a number of specialties.

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	Rob Caudwell	Moira Harrison

3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Jan	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Jan	92%	94.00%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Jan	92%	94.80%	↓

Figure 17 – RTT Performance & Activity Trend

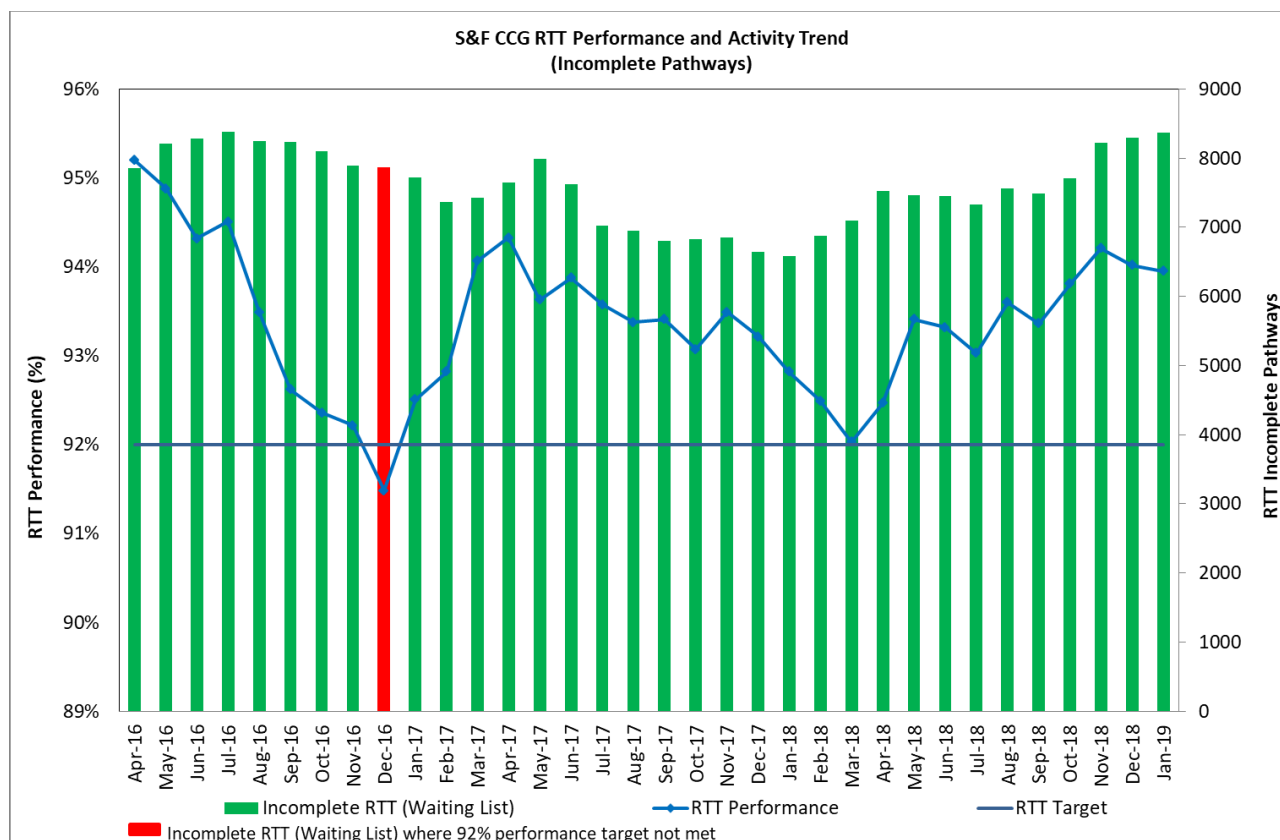


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

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	8,365			8,365
Difference	-119	-523	-180	308	614	688	879	1,368	1,649	1,776			1,265
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	8,365			8,365
Revised Difference	-1	-388	-22	482	806	890	1,096	1,576	1,649	1,776			1,265

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 is now submitting again from December 2018 onwards. In January 2019, the CCG had 8,365 incomplete pathways, 1,776 patients more than January 2018. This is the seventh consecutive month 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 specialities available. By the end of the financial year there will be ten A&G specialties available.
- A Referral Assessment Service (RAS) for Urology and Lung is in place. This is being expanded into Gastroenterology in quarter 1 2019/20.
- An action plan has been developed for Endoscopy which is the main area of concern and will be shared with the CCG. The action plan will support the reduction in waiting lists and bring Gastroenterology within the RTT target.

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.

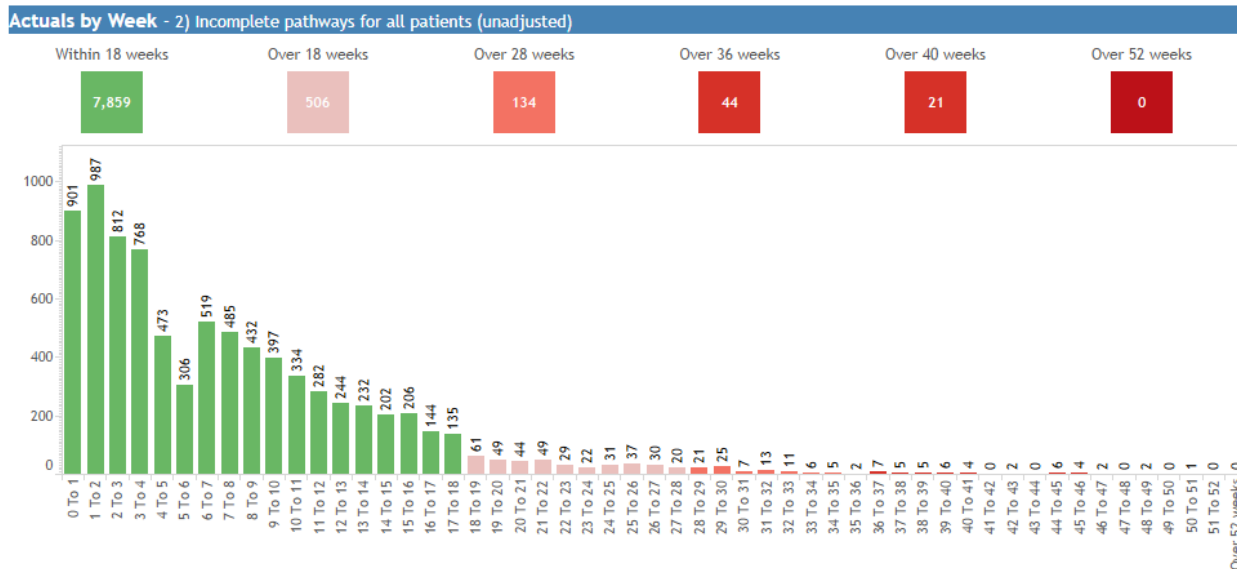
Southport & Ormskirk's waiting list is increasing and therefore is unlikely to achieve the NHS England target of being no higher than that at March 2018. However, the Trust has advised that they aim to continue to achieve the 92% target and reduce waiting lists throughout 2019/20.

Who is responsible for this indicator?

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

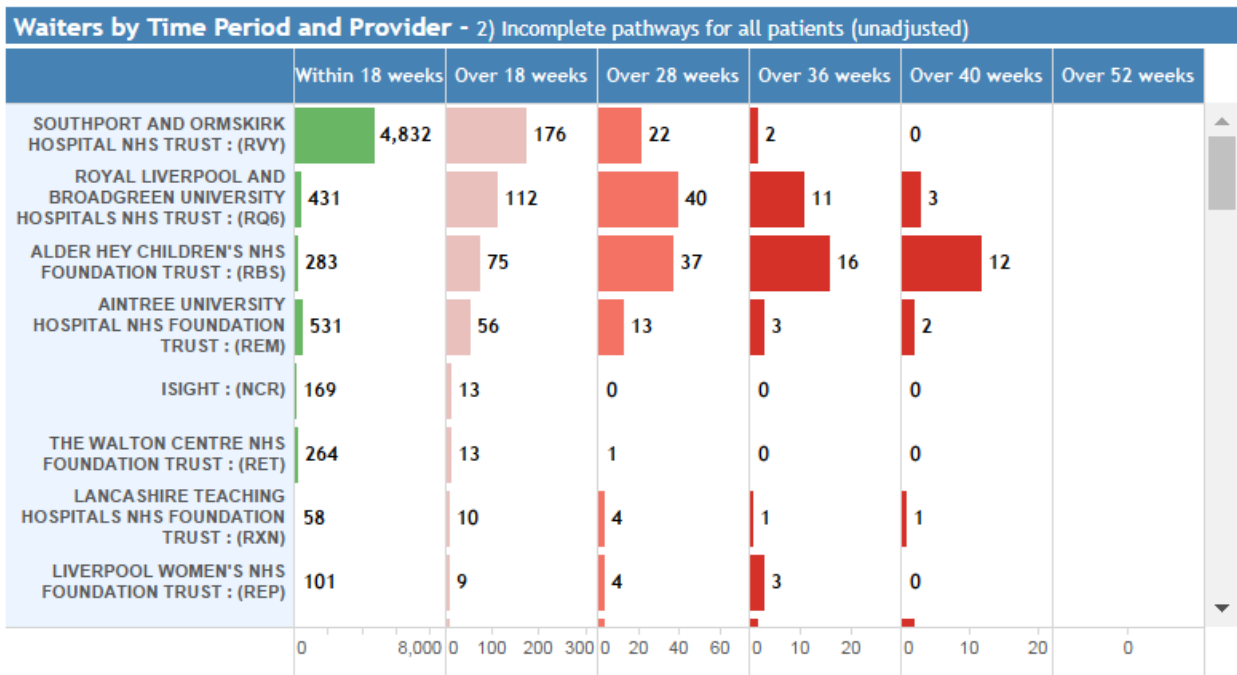
3.3.1 Incomplete Pathway Waiting Times

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

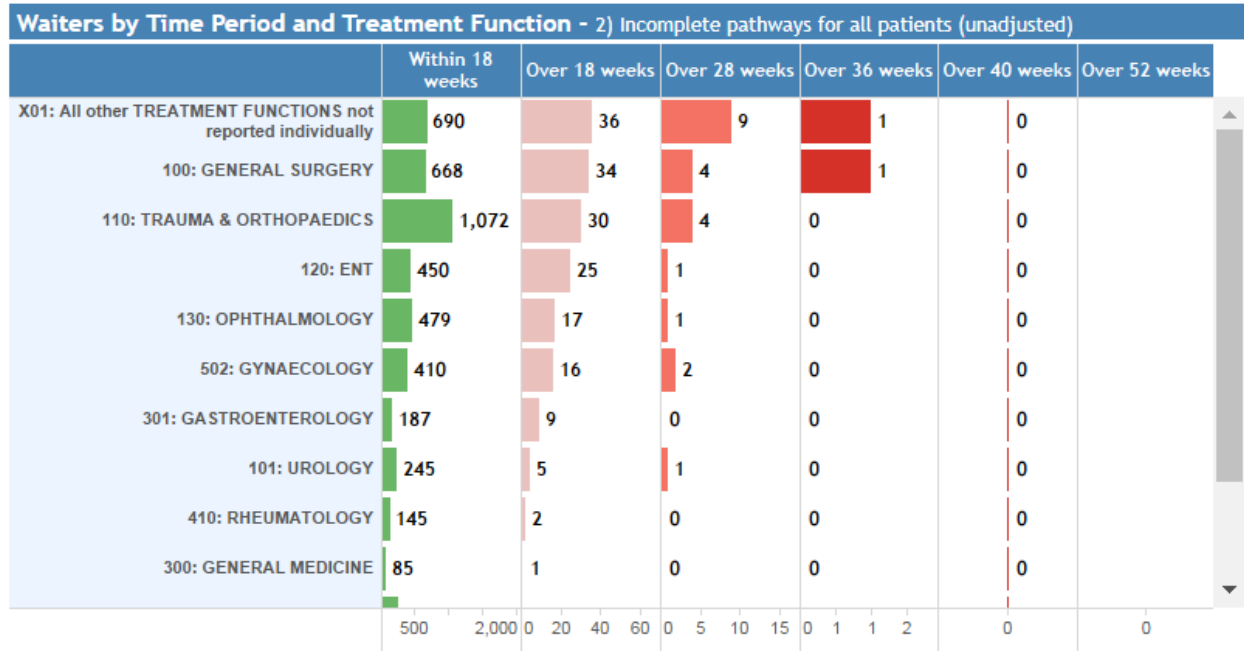
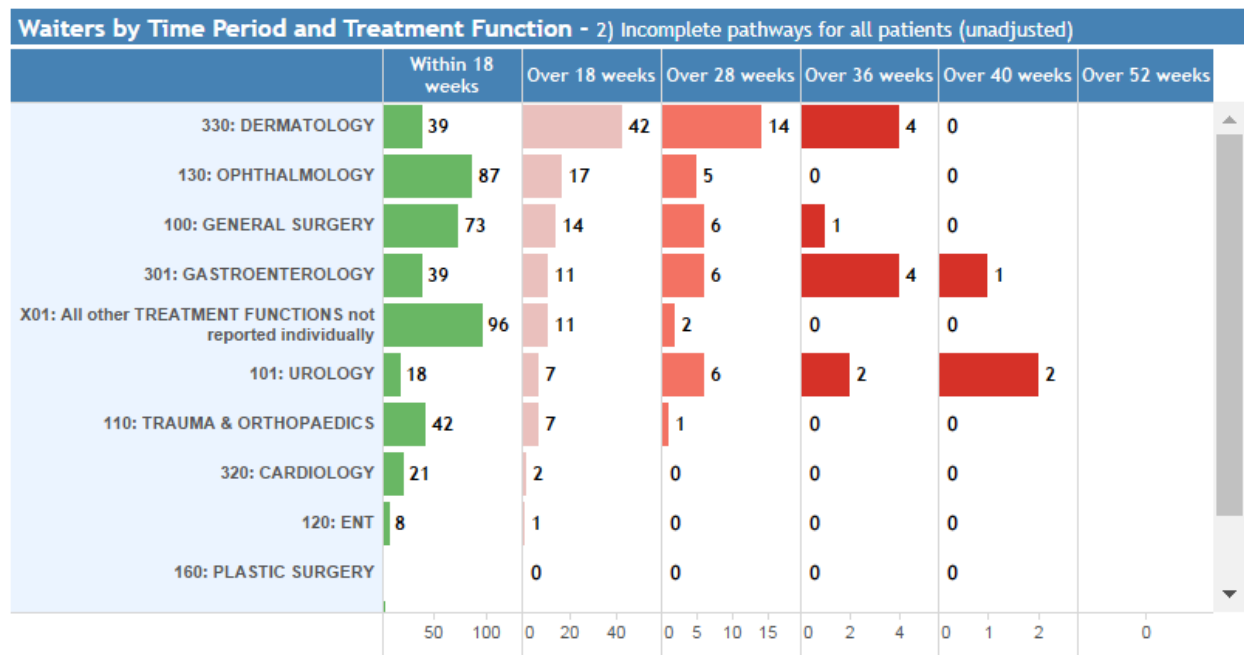


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



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	Aintree	Thoracic Medicine	40 weeks	Patient was seen and treated in February.
Southport & Formby CCG	Aintree	Gastroenterology	40 weeks	Patient was seen and treated in March.
Southport & Formby CCG	Aintree	ENT	36 weeks	Patient was seen and treated in March.
Southport & Formby CCG	Alder Hey	Other	36 to 50 weeks	16 patients; 7 seen and treated & 9 sent to service for action.
Southport & Formby CCG	Birmingham University	Cardiothoracic Surgery	39 weeks	Not been seen yet, awaiting TCI date
Southport & Formby CCG	Lancashire Teaching	Neurology	42 weeks	First Appt 20/03/19
Southport & Formby CCG	Liverpool Womens	Gynaecology	36 to 38 weeks	3 patients; Trust only providing updates on 52 week waiters
Southport & Formby CCG	Manchester University	Plastic Surgery	42 weeks	Trust only providing updates on 52 WW
Southport & Formby CCG	Manchester University	General Surgery	48 weeks	Trust only providing updates on 52 WW
Southport & Formby CCG	Morecambe Bay	Ophthalmology	37 weeks	This patient was seen in clinic on 25/02/19 and listed as a result. Awaiting TCI date
Southport & Formby CCG	Royal Liverpool	Gastroenterology	36 to 45 weeks	4 patients; 3 treated, 1 awaiting TCI date at 36 weeks.
Southport & Formby CCG	Royal Liverpool	Urology	44 & 45 weeks	2 patients; 1 pathway stopped & 1 awaiting TCI date. Long waiting list.
Southport & Formby CCG	Royal Liverpool	Dermatology	36 to 39 weeks	4 patients; 2 treated & 2 TCI dates in March
Southport & Formby CCG	Royal Liverpool	General Surgery	37 weeks	1 patient now treated
Southport & Formby CCG	Southport & Ormskirk	General Surgery	38 weeks	Patient was discharged in February following DNA.
Southport & Formby CCG	Southport & Ormskirk	Other	37 weeks	Patient had procedure in February 2019.
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	38 to 40 weeks	3 patients; Awaiting Trust Update
Southport & Formby CCG	St Helens & Knowsley	General Surgery	36 weeks	1 patient; Awaiting Trust Update

3.4 Cancelled Operations

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

Figure 24 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	18/19 - Jan	0	20	↑

Southport & Ormskirk reported 20 cancelled operations in January, an increase on 3 reported for the previous month. Of the 20 reported in January, 12 were due to no ward beds, 2 anaesthetists unavailable, 2 EMG/Trauma, 1 ran out of theatre time, 2 surgeon unavailable and 1 list over ran.

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 - Jan	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 - Jan	93%	93.00%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	93%	94.60%	↑
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 - Jan	93%	84.72%	↓

Performance Overview/Issues

The CCG failed the 93% target for breast patients in January reporting 65% and year to date with 84.72%. In January, 14 patients out of 40 breached. 13 breaches were at Aintree and 1 at Royal Liverpool, with 10 due to inadequate capacity and 4 due to patient choice to delay. The maximum wait was 38 days and was due to patient choice.

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?

Quarter 1 2019/20.

Who is responsible for this indicator?

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

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Jan	96%	96.29%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	96%	98.27%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Jan	94%	99.13%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Jan	94%	96.30%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	94%	97.22%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Jan	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 28 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - Jan	85% (local target)	89.66%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	18/19 - Jan	85% (local target)	92.77%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Jan	90%	92.16%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	90%	90.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Jan	85%	78.59%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Jan	85%	78.75%	↔

Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in January with 77.78% and year to date with 78.59%. In January, 8 patients out of 36 breached. 3 breaches had a listed reason of 'other'. 3 breaches were due to a complex diagnostic pathway, 1 patient choice and 1 health care provider initiated delay.

The Trust failed the 85% target for urgent GP referrals in January with 79.78% and year to date with 78.75%. In January, the Trust reported the equivalent of 9 breaches out of 44.5 patients. 4 breaches had a listed reason of 'other'. 5 breaches had a complex diagnostic pathway, 1 admin delay, 1 patient choice and 1 health care provider initiated delay.

How are the issues being addressed?

The Trust do not anticipate meeting the 62 day standard in the coming months as they are working to a Cancer Improvement plan which crosses over all specialties within the Trust. They have been successful in a bid for a yearlong Band 7 and project lead to support implementation of the Improvement plan.

When is performance expected to recover?

The Trust hopes to see some sustainable improvement by quarter 2 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 January, Southport & Ormskirk Trust reported 3 patients waiting longer than 104 days within the 62 day standard metric. One was a urological patient with a delay due to a complex diagnostic pathway, one upper GI with listed reason ‘other’ and one haematological with the health care provider initiating the delay. The longest waiting patient was at 157 days.

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%	8.7%		96%	94%		2%	2%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	8.0%		97%	81%		1%	6%	
Q3 - Postnatal Ward	-	-		95%	84%		2%	5%	
Q4 - Postnatal Community Ward	-	-		98%	100%		1%	0%	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has again seen a decline in response rates for inpatients, from 12.5% in December to 8.7% in January, the second lowest reported performance reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has decreased further from 95% in December to 94% in January, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service has increased from 1% in December to 2% in February but is still in line with the England average of 2%.

For maternity services, in relation to ‘Birth’ the response rate has also declined from 21.3% in December to 8% in January, falling below the England average of 21.1%. The percentage who would recommend the service fell from 100% in December to 81% in January, again falling below the England average of 97%. The percentage who would not recommend the service increased from 0% in December to 6% in January, worse than the England average of 1%. The percentage recommended for the postnatal ward fell from 100% in December to 84% in January, below the 95% England average, and percentage not recommended increased from 0% in December to 5% in January, above the England average of 1% (just 19 responses). The postnatal community ward received 7 responses, with 100% recommending the service.

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.5m/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 £1.8m/6.2%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 10 with a variance of £679k/74%. This is closely followed by Southport & Ormskirk with a variance of £576/4% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£219k/-26%).

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	15,176	17,461	2,285	15%	£3,284	£3,435	£151	5%	-£151	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,300	6,774	474	8%	£458	£466	£8	2%	-£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,049	1,373	-676	-33%	£852	£633	-£219	-26%	£219	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,226	1,612	-614	-28%	£516	£419	-£96	-19%	£96	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	13,276	13,860	584	4%	£2,470	£2,403	-£66	-3%	£66	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,133	2,180	47	2%	£643	£592	-£51	-8%	£51	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	41,160	43,260	2,100	5%	£8,223	£7,949	-£274	-3%	£274	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	337	344	7	2%	£70	£82	£12	18%	£0	£12	18%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	60	60	0%	£0	£6	£6	0%	£0	£6	-
FAIRFIELD HOSPITAL	97	76	-21	-22%	£17	£12	-£5	-27%	£0	-£5	-27%
ISIGHT (SOUTHPORT)	4,764	6,058	1,294	27%	£720	£980	£260	36%	£0	£260	36%
Lancashire Teaching Hospital	0	1,076	1,076	0%	£0	£223	£223	0%	£0	£223	-
RENACRES HOSPITAL	10,747	11,696	949	9%	£3,116	£2,971	-£145	-5%	£0	-£145	-5%
Salford Royal NHS FOUNDATION TRUST	0	192	192	0%	£0	£41	£41	0%	£0	£41	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	86,486	88,576	2,090	2%	£15,776	£16,352	£576	4%	£0	£576	4%
SPIRE LIVERPOOL HOSPITAL	340	307	-33	-10%	£91	£122	£31	34%	£0	£31	34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,683	4,721	38	1%	£1,021	£1,017	-£5	0%	£0	-£5	0%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	594	804	210	35%	£146	£168	£22	15%	£0	£22	15%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	357	357	0%	£0	£73	£73	0%	£0	£73	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	295	295	0%	£0	£86	£86	0%	£0	£86	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,597	4,124	1,527	59%	£915	£1,594	£679	74%	£0	£679	74%
ALL REMAINING PROVIDERS TOTAL	110,643	118,686	8,043	7%	£21,873	£23,726	£1,854	8%	£0	£1,854	8%
GRAND TOTAL	151,803	161,946	10,143	7%	£30,095	£31,675	£1,580	5.3%	£274	£1,854	6.2%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,164	9,211	47	1%	£4,644	£4,691	£47	1%
Elective	1,130	1,015	-115	-10%	£2,719	£2,744	£25	1%
Elective Excess BedDays	176	172	-4	-2%	£42	£41	-£1	-3%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	592	969	377	64%	£103	£209	£106	103%
OPFASPCL - Outpatient first attendance single professional consultant led	9,858	10,370	512	5%	£1,697	£1,804	£107	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,367	2,071	704	52%	£117	£220	£103	88%
OPFUPSPCL - Outpatient follow up single professional consultant led	31,041	30,615	-426	-1%	£2,531	£2,516	-£15	-1%
Outpatient Procedure	24,373	25,164	791	3%	£3,142	£3,292	£151	5%
Unbundled Diagnostics	8,784	8,989	205	2%	£782	£835	£54	7%
Grand Total	86,486	88,576	2,090	2%	£15,776	£16,352	£576	4%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

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

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

Outpatient procedures have increased across a number of specialties namely Dermatology, Gynaecology, 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	640	868	228	36%	£399	£627	£228	57%
Elective	353	238	-115	-33%	£810	£507	-£303	-37%
Elective Excess BedDays	89	136	47	53%	£22	£33	£11	49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	122	66	-56	-46%	£25	£15	-£11	-42%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	222	150	-72	-32%	£10	£7	-£3	-29%
OPFASPCL - Outpatient first attendance single professional consultant led	2,418	2,902	484	20%	£420	£498	£78	19%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	138	98	-40	-29%	£13	£10	-£3	-24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	343	781	438	127%	£8	£19	£11	127%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,294	6,428	134	2%	£521	£510	-£11	-2%
Outpatient Procedure	2,241	3,164	923	41%	£331	£445	£114	34%
Unbundled Diagnostics	1,497	1,818	321	21%	£105	£148	£43	41%
Wet AMD	819	812	-7	-1%	£620	£618	-£2	0%
Grand Total	15,176	17,461	2,285	15%	£3,284	£3,435	£151	5%

Aintree performance is showing a £151k/5% variance against plan at month 10. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £228k/57% and £114k/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	1,186	1,250	64	5%	£1,190	£1,101	£-89	-8%
Elective	239	193	-46	-19%	£1,031	£836	£-194	-19%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	2,110	2,156	46	2%	£357	£364	£7	2%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,693	2,858	165	6%	£178	£190	£12	7%
Outpatient Procedure	2,228	1,959	-269	-12%	£252	£305	£54	21%
Unbundled Diagnostics	697	894	197	28%	£62	£74	£12	19%
Physio	1,594	1,348	-246	-15%	£47	£40	£-7	-16%
Outpatient Pre-op	0	1,038	1,038	0%	£0	£61	£61	0%
Grand Total	10,747	11,696	949	9%	£3,116	£2,971	£-145	-5%

Renacres performance is showing a £-145k/-5% variance against plan at month 10. Elective and Day case activity are the highest underperforming areas with variances of £-194k/-19% and £-89k/-8% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs 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	18	29	11	65%	£2	£3	£1	67%
Daycase	145	195	50	35%	£193	£276	£83	43%
Elective	91	174	83	90%	£522	£1,012	£490	94%
Elective Excess BedDays	25	23	-2	-9%	£6	£5	£-1	-15%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	64	110	46	71%	£5	£8	£3	51%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	334	598	264	79%	£45	£84	£39	88%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	94	165	71	76%	£5	£9	£4	67%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	123	406	283	229%	£3	£10	£7	236%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,246	1,692	446	36%	£75	£101	£26	35%
Outpatient Procedure	227	403	176	77%	£31	£54	£23	75%
Unbundled Diagnostics	229	329	100	44%	£28	£32	£4	13%
Grand Total	2,597	4,124	1,527	59%	£915	£1,594	£679	74%

Wrightington, Wigan and Leigh performance is showing a £679k/74% variance against plan at month 10 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. 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	895	1,250	355	40%	£416	£594	£177	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	698	1,068	370	53%	£101	£150	£50	50%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	70	0	-70	-100%	£5	£0	-£5	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,153	2,618	465	22%	£118	£144	£26	22%
Outpatient Procedure	946	1,120	174	18%	£80	£92	£12	15%
Grand Total	4,764	6,058	1,294	27%	£720	£980	£260	36%

iSight performance is showing a £260k/36% variance against plan with over performance evident against a number of PODs. Day case activity is currently £177k/43% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

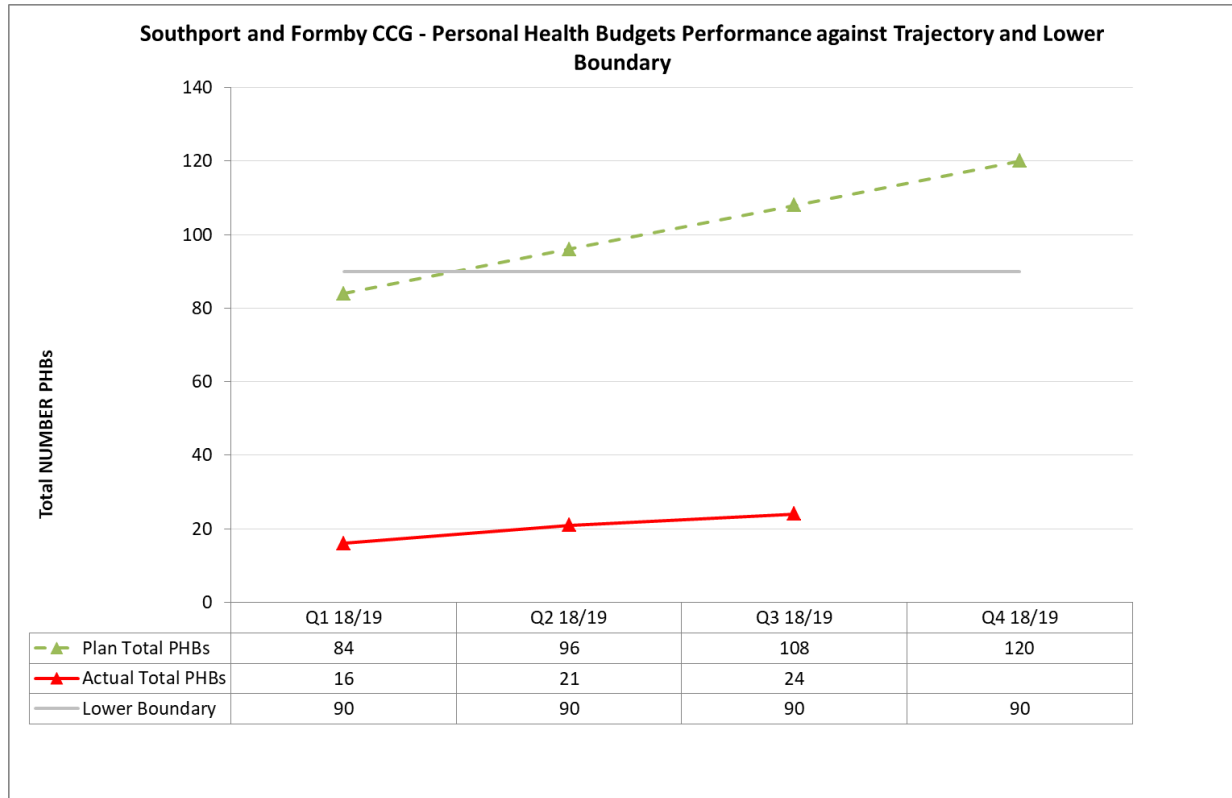
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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 Southport & Formby CCG 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 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

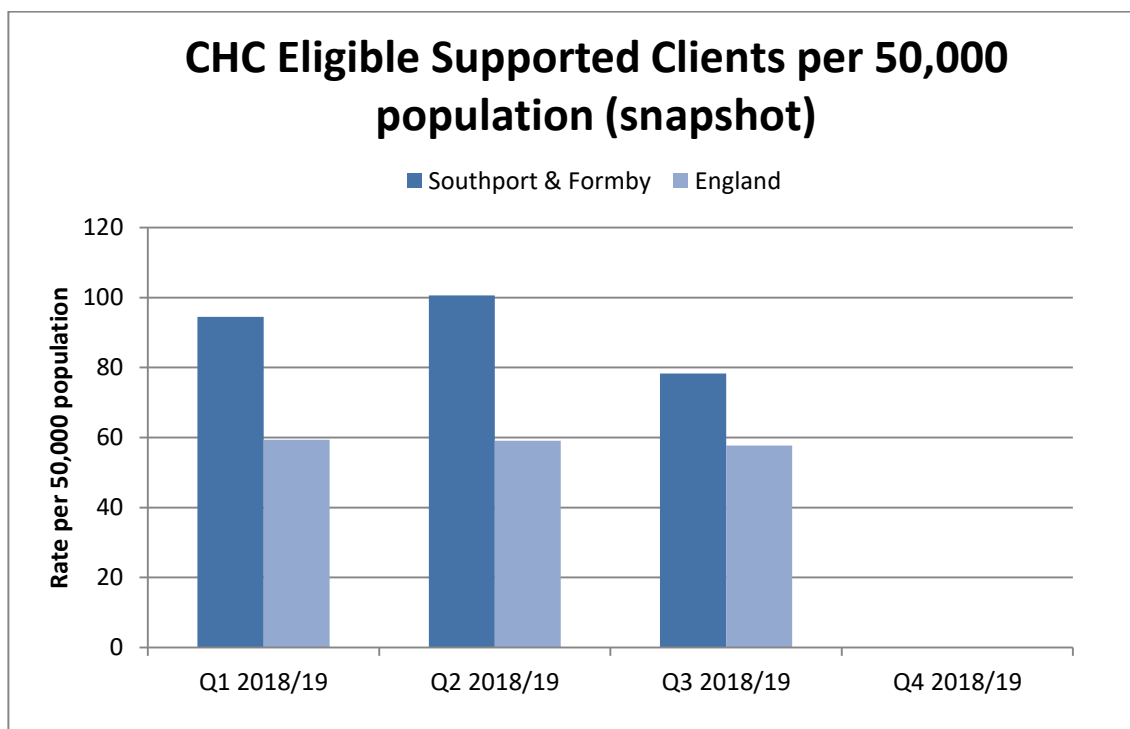


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

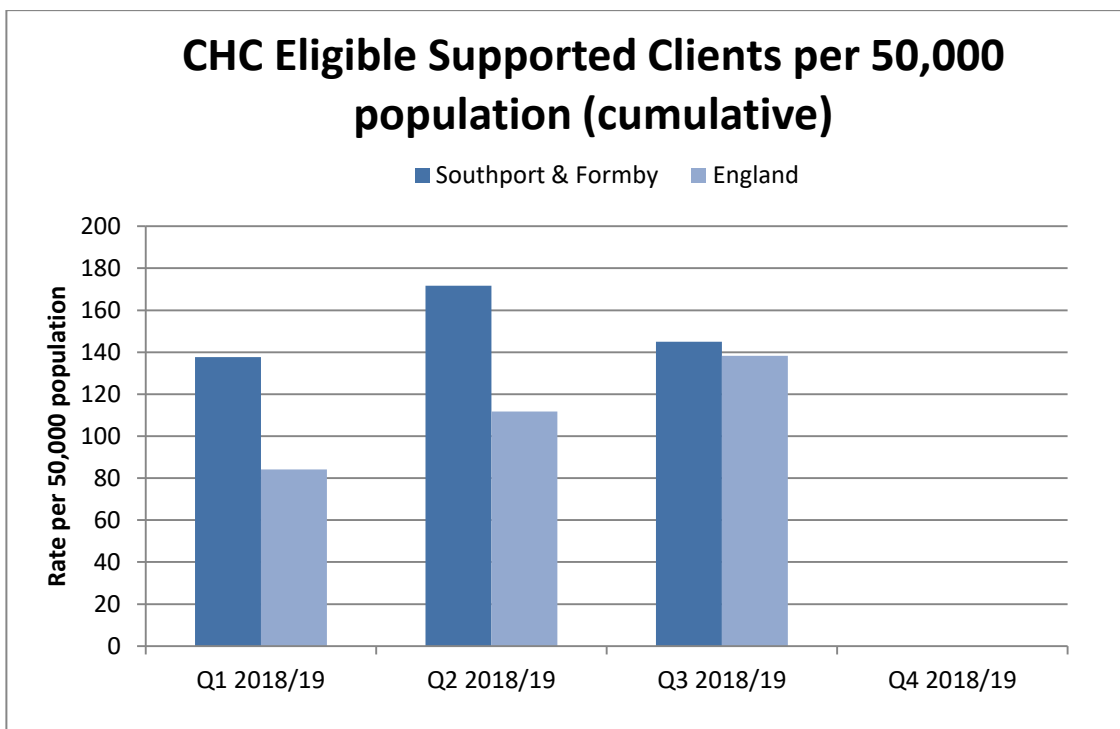


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

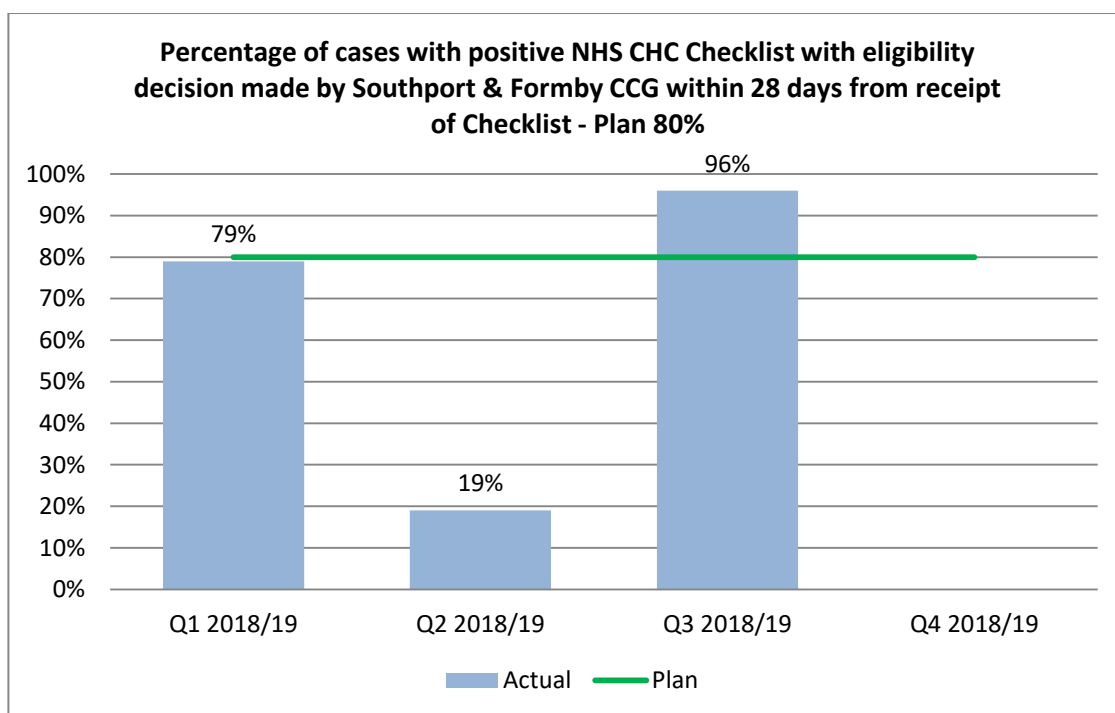
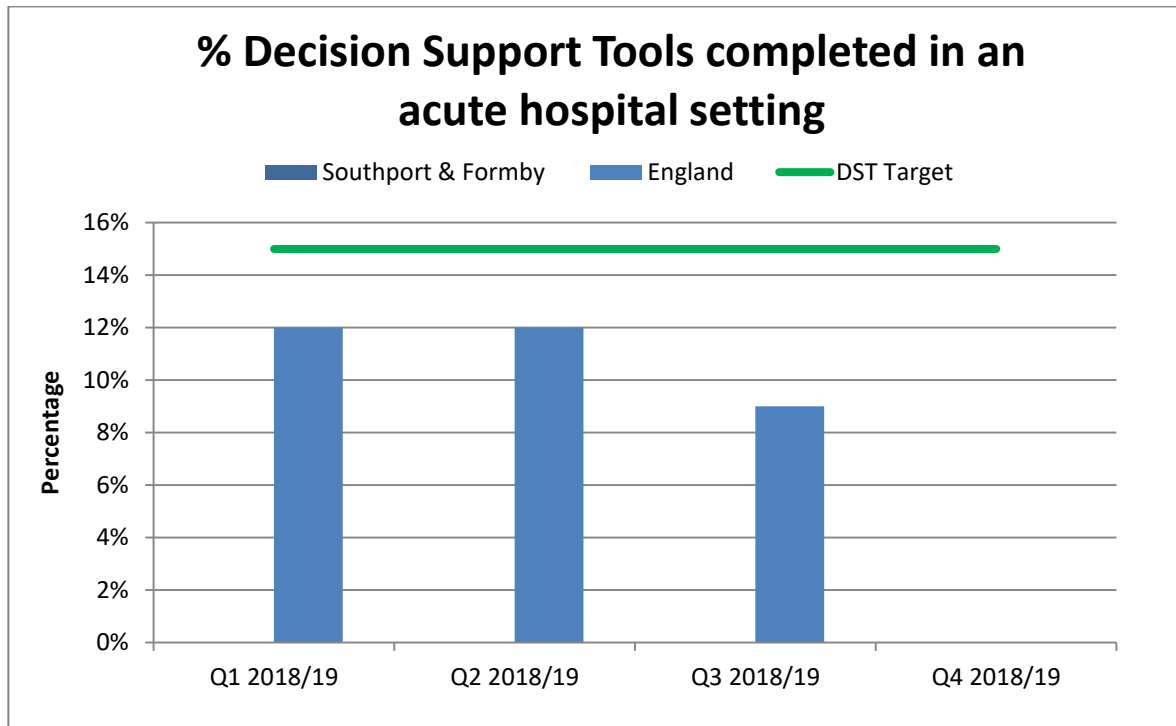


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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) (CCG) All Types	18/19 - Jan	95.00%	87.80%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Jan	95.00%	82.89%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Jan	STP Trajectory Target for Jan 85.9%	88.94%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Jan	95.00%	83.24%	↓

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	88.1%	85.90%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	91.05%	86.53%	88.94%

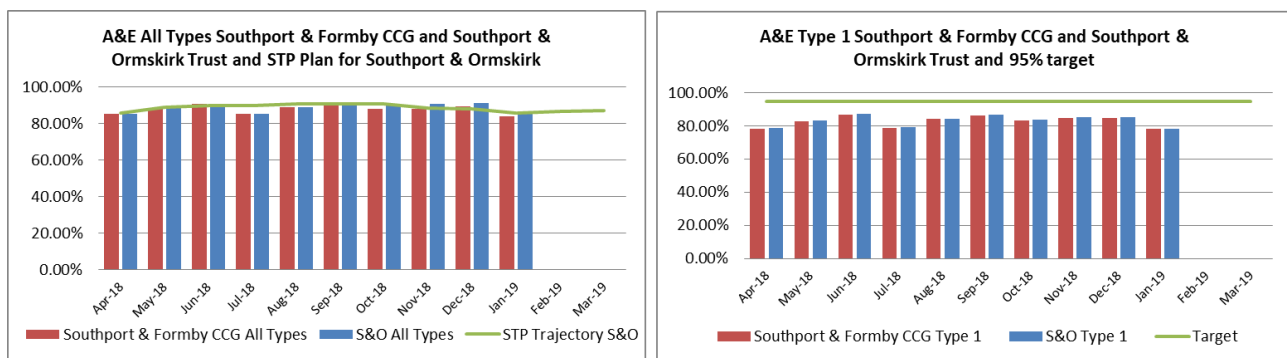


Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Jan	0	30	↑

Performance Overview/Issues

Southport & Ormskirk's performance against the 4-hour target for January reached 86.53%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.9% for January, although it shows a decline on last month's performance. The year to date position is also currently achieving the STP target at 88.94%.

There were 13 12-hour breaches across the month of January, bring the year to date total to 30. 2 of these were due to delays in accessing mental health beds. Timelines have been completed and RCAs are now underway. The other 11 breaches were as a result of bed delays at Southport.

How are the issues being addressed?

The Trust has reported a 4.8% improvement in overall Trust performance compared to January 2018. The Southport site alone saw an increase of 813 patients compared to Jan 2018; of those, an additional 686 patients were classed as majors' category compared to last year, which puts huge pressure on the clinical resources and estate available to meet this increased demand. Performance against the 4-hour standard on the Southport site saw a 14.9% improvement compared to last year, which demonstrates the collective work across the system to address pressures in patient flow and maintain patient safety. 299 fewer patients waited longer than 4-hours in ED compared to Jan 2018 and patients nursed on the corridor reduced from over 1600 in January 2018 to below 400 in 2019. Although there has been some good progress made in recruiting to the agreed ED workforce strategy (with another substantive consultant interview taking place in February along with overwhelming interest in the Physicians Associate posts), challenges remain at middle grade level in developing an expanded Tier 2 workforce. There is another review of ED workforce underway alongside activity levels to consider any further opportunities to support the current rotas, particularly night shifts when patient flow is challenged.

The Trust reported that bed occupancy levels at Southport remain high, coupled with reliance on escalation areas to bridge shortfall in discharges compared to admissions, and on frequent occasions across January a large number of patients were bedded in ED as a result. 9 of the breaches were following bed pressures experienced at weekends. It should be noted that January saw a huge increase in attendances compared to January 2018, which put pressure not only on ED but also the hospital bed base, in addition to some infection control pressures which resulted in bed closures. Significant efforts have been made to improve inpatient flow across the week with MADE reviews, Red to Green, investment in a dedicated Discharge Lounge and an Integrated Discharge Team, a drive for on-going assessments to take place in community beds, alongside enhanced medical staffing models at weekends in medicine. However, the timely release of beds, and aligning discharges and admissions remains a challenge, particularly across weekends. Daily senior medical support continues to in-reach into ED until 9:30pm ensuring that alternative pathways to admission are considered wherever appropriate.

When is performance expected to recover?

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

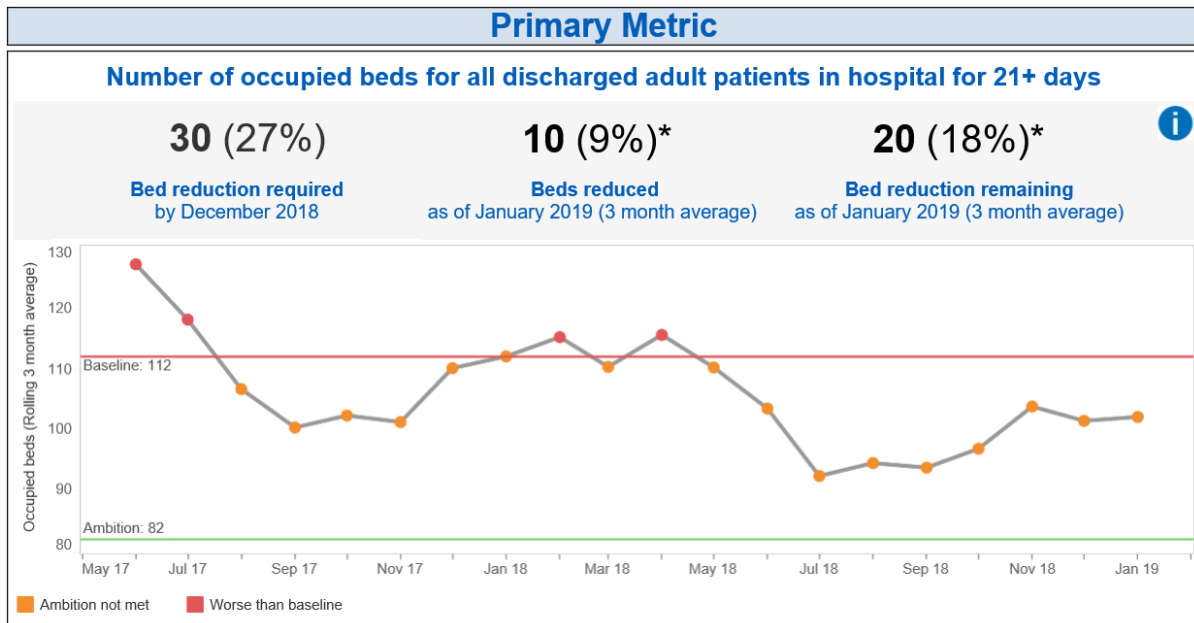
Who is responsible for this indicator?

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 January 2019 (rolling 3 months) shows 102 occupied beds (a reduction of just 10 beds). This shows no change in the number of 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 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In January 2019 there was an average response time in Southport and Formby of 8 minutes 49 seconds against a target of 7 minutes for Category 1 incidents, the slowest response time in Merseyside. For Category 2 incidents the average response time was 26 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) - Southport & Ormskirk	18/19 - Jan	0	181	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Jan	0	69	↑

Performance Overview/Issues

In January, Southport and Ormskirk reported 181 handovers between 30 and 60 minutes, an increase on last month when 126 was reported. Handovers longer than 60 minutes also saw an increase with 69 in January compared to 26 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 whilst ambulance handovers completed within 15 minutes fell to 45% compared to the previous month, compared to January 2018, this was a 13% improvement. January 2019 saw an additional 813 patients, 130 of who arrived by ambulance. Ambulance 'delays over 60 minutes' continues to show improvements and care delivered on the corridor reduced significantly compared to January 2019. However pressures continue to be experienced as a result of exit blocks from ED (due to bed pressures, results of surges, or staffing shortfalls), which lead to delays in timely transfer of patients from the ambulance cubicles into assessment space. The Trust continues to work with NWS to identify further areas for improvement.

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 continued positive progress (incorporating ambulance handover times) against targets by March 2019.

Who is responsible for this indicator?

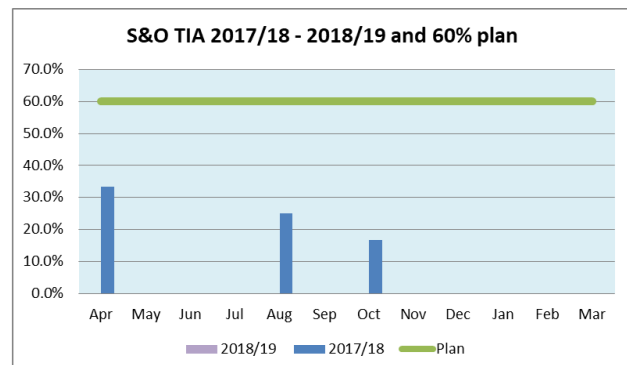
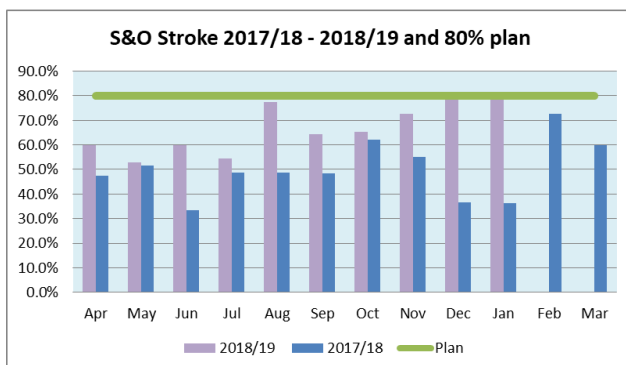
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

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 (Southport & Ormskirk)	18/19 - Jan	80%	78.6%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Oct	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 78.6% in January; 22 out of 28 patients spent at least 90% of their time on a stroke unit.

In relation to the TIAs the CCG is awaiting an update from Southport & Ormskirk. 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 have been unable to submit TIA figures recently due to problems collecting key information on the referral and clinic outcome forms for TIA and problems with the data collection spread sheet in being used to collate the figures. However the Trust would like to provide the following re-assurances regarding the service:

- 3 designated TIA Consultant led clinics per week minimum of 4 slots per clinic
- Flexible/ad hoc clinics set up to accommodate time critical patients if necessary
- TIA referrals are triaged by Consultant to assess clinical urgency of patient and appointments made in-line with this assessment

A task & finish group has been set up to review the current process for recording the outcomes of TIA referrals and the following immediate actions have been agreed:

- Existing clinic outcome form to be revised to ensure all necessary information is recorded
- Working with EPR team for the form to become electronic on Medway
- Redeveloping the data collection spread sheet used to collate the figures in the interim to make it more robust to incomplete data and better at highlighting problems
- Audit to be undertaken on sample of patients over period while Trust has not been reporting performance

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 - Jan	0.00	4.80	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Jan	0.00	5.90	↑

Performance Overview/Issues

The CCG has reported an MSA rate of 4.8, which equates to a total of 19 breaches in January. All 19 breaches were at Southport & Ormskirk NHS Trust.

In January the Trust had 31 mixed sex accommodation breaches (a rate of 5.9) and has therefore breached the zero tolerance threshold. Of the 31 breaches, 19 were for Southport & Formby CCG, 10 for West Lancashire CCG and 2 for Chorley & South Ribble CCG.

How are the issues being addressed?

January saw a significant rise in DSSA breaches. In total there were 31 patients. Trust actions are:

- 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.
- 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 - Jan	30	28	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Jan	29	8	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Jan	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Jan	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Jan	90	121	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Jan	No Plan	187	↑

Performance Overview/Issues

There were 5 new cases of Clostridium Difficile attributed to the CCG in January, bringing the year to date figure to 28 against a plan of 30. Year to date 5 cases were apportioned to an acute trust and 23 to the community. Southport & Ormskirk had no new cases in January; therefore the total for the year remains at 8 against a plan of 29.

The CCG had no new cases of MRSA in January, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

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 January, 20 new cases were reported (121 YTD), against a YTD target of 90. Southport & Ormskirk reported 28 cases in January (187 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 - Jan	100	113.80	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Apr 18 to Jun 18	100	115.50	↓

In January, Southport & Ormskirk Trust has reported HSMR 12 Month Rolling Total to September 2018. HSMR is improving sequentially. The current HSMR of 113.8 is the best figure since the commission of the Reducing Avoidable Mortality project and is the lowest single figure on the reported data since April 2017. This represents an improved position on the comparator period in 2017. This improved position is due to multiple factors improved through the individual work streams.

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

There has been progress made with regards to the areas remaining open on the CCGs serious incident improvement programme action plan. The CCG have planned a provider action planning learning session which is due to take place at the end of March 2019 and CCG staff members are scheduled to undertake RCA training in May 2019. Once completed, the action plan will be reviewed for closure to be considered.

There are 69 incidents open on StEIS (up from 66 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 (M10)	SIs Reported (YTD)	Closed SIs (M10)	Closed SIs (YTD)	Open SIs (M10)	SIs Open >100 Days (M10)
Southport and Ormskirk Hospital	5	54	2	64	42	22
Lancashire Care	1	8	0	2	9	7
Southport & Formby CCG	0	2	0	0	2	0
Mersey Care Trust	2	14	3	11	10	3
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	0	2	0	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Womens	0	0	0	0	1	1
North West Boroughs	0	1	0	1	0	0
North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Spire Healthcare	0	1	0	1	0	0
Total	8	82	5	82	69	38

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	21	33	27	27	56	5	4	5	42

*N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

Following the issuing of a Contract Performance Breach Notice in January 2019, the trust has put in place an SI improvement plan which has been agreed by the CCG.

The CCG will continue to monitor performance and improvements have been noted in relation to the number of outstanding breached RCA's. 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 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	6	2	2	6	-	8	1	5	0	2

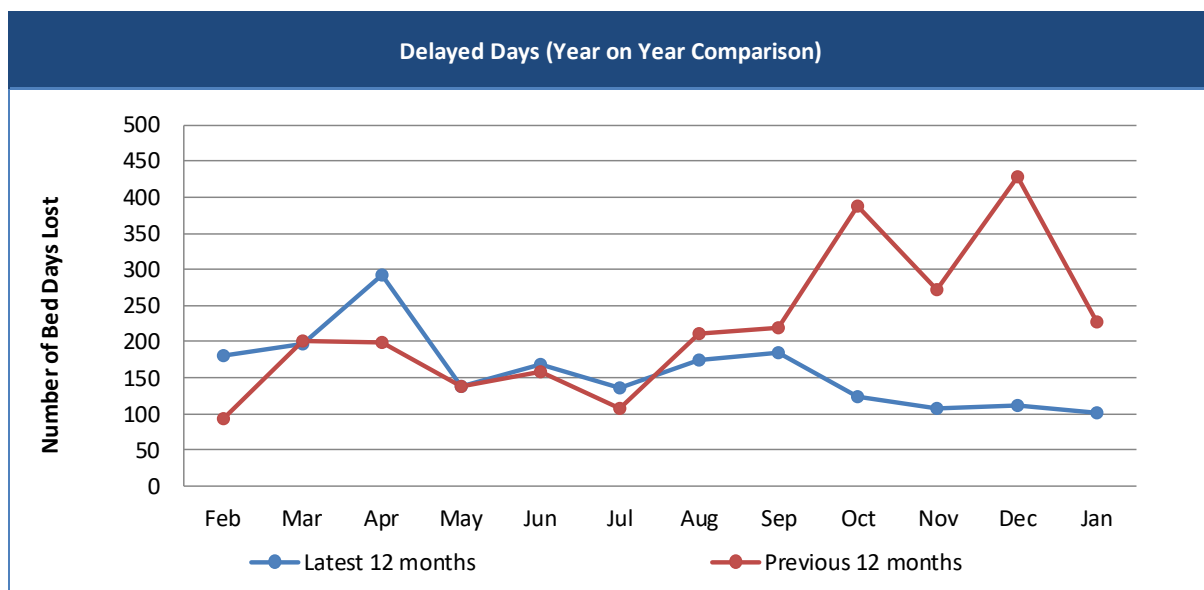
*N.B. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The trust had undertaken a Pressure Ulcer Thematic Review (covering 6 Pressure Ulcer SIs). This was reviewed by the CCG at SIRG and further assurances were requested in order to support closure. The feedback has since been re-submitted, reviewed and closure has been agreed. The CCG will continue to monitor the aggregated Pressure Ulcer action plan via the provider contract meetings.

4.6 Delayed Transfers of Care

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

Figure 53 – Southport & Ormskirk DTOC Monitoring



DTCO Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-19	Dec-18	Jan-18
Total	102	111	227
NHS	98.0%	100.0%	98.2%
Social Care	2.0%	0.0%	1.8%
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 (Jan-19)




SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	2.0%
Community Equipment Adapt	7.8%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	5.9%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	83.3%
Public Funding	0.0%
Residential Home	1.0%
Other	0.0%

Total delayed transfers of care (DTCO) reported in January 2019 was 102, a significant decrease compared to January 2018 with 227. Delays due to NHS have remained static at 98%, with those due to social care remaining at 2%. The majority of delay reasons in January 2019 were due to patient family choice.

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%	2.1%		86%	74%		8%	22%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.1% in January, a slight improvement on last month but remaining significantly below the England average of 12.2%.

The Trusts A&E department has seen a slight increase in the percentage of people who would recommend the service from 70% in December to 74% in January, but remains below the England average of 86%. The percentage not recommended has decreased slightly to 22% in January, from 23% in December, remaining 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 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £7m/25.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £6.1m/22.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £5.9m/24% against plan at month 10. Aintree Hospital are also seeing an over performance of £678k/84%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 55 - Month 10 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	1,323	2,510	1,187	90%	£803	£1,481	£678	84%	£678	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	746	767	21	3%	£314	£298	£15	-5%	£15	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	123	111	-12	-10%	£430	£483	£53	12%	£53	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	242	237	-5	-2%	£349	£363	£13	4%	£13	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,387	988	-399	-29%	£719	£807	£87	12%	£87	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	5	2	47%	£34	£46	£11	33%	£11	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,824	4,618	794	21%	£2,650	£3,477	£827	31%	£827	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98	91	-7	-7%	£36	£45	£8	22%	£0	£8	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	38	38	0%	£0	£10	£10	0%	£0	£10	-
LANCASHIRE TEACHING HOSPITAL	0	173	173	0%	£0	£83	£83	0%	£0	£83	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	39	39	0%	£0	£30	£30	0%	£0	£30	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	48,343	52,900	4,557	9%	£24,525	£30,437	£5,913	24%	£0	£5,913	24%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	435	515	80	18%	£216	£245	£30	14%	£0	£30	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	62	48	-14	-22%	£69	£124	£55	80%	£0	£55	80%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	34	34	0%	£0	£13	£13	0%	£0	£13	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	71	71	0%	£0	£31	£31	0%	£0	£31	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	68	62	-6	-9%	£39	£52	£13	34%	£0	£13	34%
ALL REMAINING PROVIDERS TOTAL	49,007	53,971	4,964	10%	£24,885	£31,071	£6,186	25%	£4	£6,186	25%
GRAND TOTAL	52,831	58,589	5,758	11%	£27,535	£34,548	£7,013	25.5%	£827	£6,186	22.5%

*PBR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 10 Unplanned Care – Southport and Ormskirk Hospital 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 Unplanned Care								
A and E	32,371	34,802	2,431	8%	£4,654	£5,005	£351	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	8,648	11,222	2,574	30%	£15,694	£21,282	£5,587	36%
NELNE - Non Elective Non-Emergency	1,017	975	-42	-4%	£2,267	£1,993	£-275	-12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	101	354	253	249%	£29	£9	£-20	-70%
NELST - Non Elective Short Stay	912	1,852	940	103%	£641	£1,281	£641	100%
NELXBD - Non Elective Excess Bed Day	5,293	3,695	-1,598	-30%	£1,239	£868	£-371	-30%
Grand Total	48,343	52,900	4,557	9%	£24,525	£30,437	£5,913	24%

*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 10 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 10 Unplanned Care – Aintree University Hospital NHS Foundation 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
Aintree University Hospital Urgent Care PODS								
AandE	773	1,280	507	66%	£105	£184	£79	75%
NEL - Non Elective	325	670	345	106%	£574	£1,063	£489	85%
NELNE - Non Elective Non-Emergency	19	22	3	18%	£56	£62	£6	11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	38	38	0%	£0	£9	£9	0%
NELST - Non Elective Short Stay	41	100	59	142%	£29	£67	£38	132%
NELXBD - Non Elective Excess Bed Day	165	400	235	143%	£39	£96	£57	145%
Grand Total	1,323	2,510	1,187	90%	£803	£1,481	£678	84%

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 £678k/84% is mainly driven by a £489k/85% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Accident & Emergency and Geriatric Medicine. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite 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 M10	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M10
0 Variance	29	38	-9	-13
1 Com Prob Low Sev	30	5	25	29
2 Prob Low Sev/Need	32	13	19	28
3 Non Psychotic Mod	72	64	8	-4
4 Non Psychotic Sev	173	212	-39	-39
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	21	22	-1	-3
7 Endur Non Psychot	129	131	-2	-14
8 Non Psychot Chaot	87	70	17	9
10 1st Ep Psychosis	83	75	8	17
11 Ongo Rec Psychos	215	210	5	7
12 Ongo/Rec Psych	209	246	-37	-32
13 Ong/Rec Psys High	90	106	-16	-13
14 Psychotic Crisis	16	11	5	1
15 Sev Psychot Cris	3	4	-1	-3
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	21	25	-4	-1
18 Cog Impairment	119	159	-40	-87
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	471	482	-11	-107
20 Cognitive Impairment or Dementia Complicated (High Need)	239	370	-131	-110
21 Cognitive Impairment or Dementia (High Physical or Engagement)	152	159	-7	52
97	868	98	770	664
98		156		
Total	3133	2714	575	405

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	Jan-19
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%	100%
Cumulative Quarter				100%	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	Jan-19
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%	No Patients
Cumulative Quarter				100%	100%	100%	100%	100%	85.7%	90.0%	N/A

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	Jan-19
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%	80.0%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%	77.8%	80.0%

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
	Oct 18 to Dec 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 10 a performance of 30.77% (4/13) was reported for Southport & Formby CCG patients, which is an improvement from the 22.22% reported in Month 9.

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.

The Trust are working to address the above and explore alternative interventions to increase resources/capacity including the development of 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 Quarter 3 2018/19 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 Quarter 3 2018/19 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 39.4%. The actions agreed aim to achieve the target by the end of Quarter 1 2019/20.

Communication KPIs

The following performance relates to Quarter 3 2018/19:

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 50.0% (5/10). There is a Recovery Plan in place to address the improvement of this KPI. The focus of this is to introduce the e-discharge electronic process.
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 80.0% (8/10). There is a recovery plan in place to address the improvement of this KPI. This will focus on introducing the e-discharge electronic process.
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 12.7% (9/71). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 12.7% (9/71). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.

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.

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%	3.6%		90%	88%		3%	3%	

The Trust's response rate for mental health services for January has shown an improvement from 2.8% in December to 3.6% in January and is now above the England average of 3.4%. The percentage who would recommend the service has declined to 88% falling below the England average of 90%.

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	225	184	186	247	204	130	203			2,014
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%	0.68%	1.06%			10.5%
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%	55.3%	62.0%			53.6%
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%	100.0%			99.2%
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%	100.0%			100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	163	140	162	100	118	112	147	78	95			1,282
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	3			42
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	57			665
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%	85.1%	86.1%	76.6%			87.5%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 203 Southport & Formby patients entering treatment in Month 10. This is a 56.2% increase compared to previous month when 130 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 4 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 10 was 1.06% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 62.0% compared to 55.3% in the previous month. This satisfies the monthly target of 50% the 5th consecutive month.

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	Jan-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540	1687
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8	2208.8
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%	76.4%
Target	66.7%	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	115	151		450	560
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%	6.1%	8.0%		24.0%	29.8%

Quarter 3 performance shows the CCG not achieving the 8% target, with just 115 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 6.1%.

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)

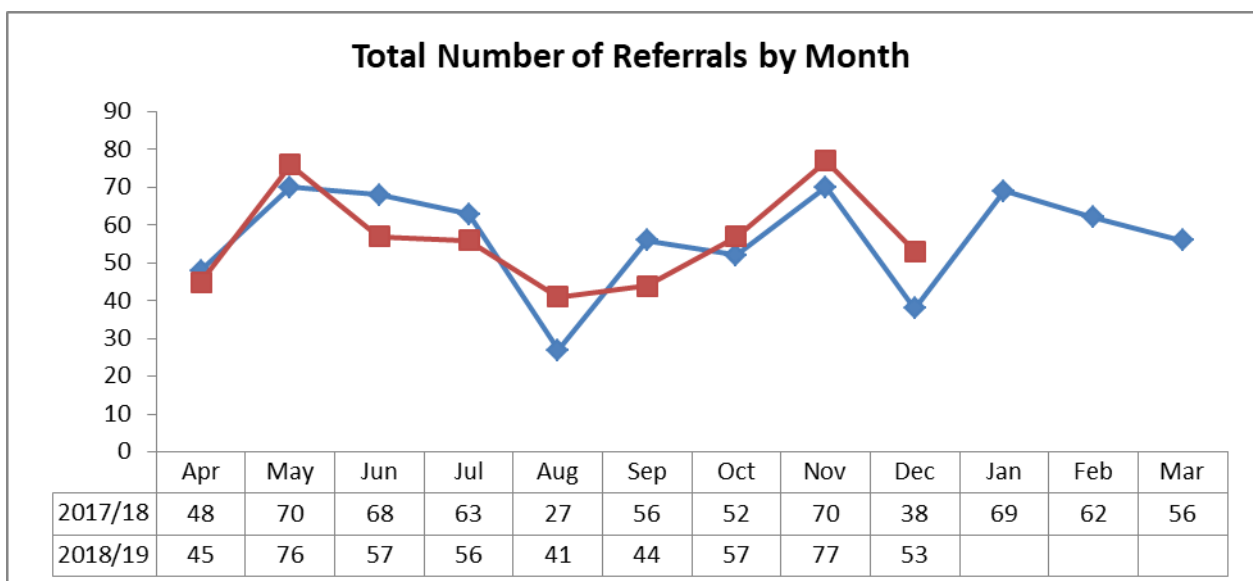
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3
%	100.00%	50.00%	100.00%	66.67%	100.00%	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%
Total	81	100%

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%	
Total	81	100%	100%

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

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
Plan	754	118	15.6%
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 Therapies, 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


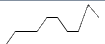
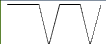
The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. In terms of improving the quality of reporting, 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%	0.9%		96%	99%		2%	1%	

Lancashire Care is reporting a response rate of 0.9% in January against an England average of 3.3%, a slight improvement in performance but remaining significantly below average.

6.3 Any Qualified Provider – Audiology

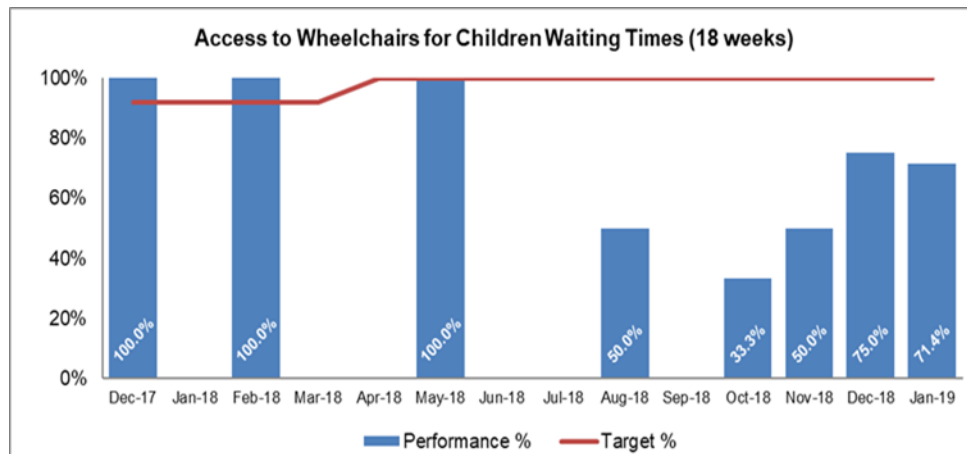
Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March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

- The role of band 3 rehabilitation assistant is due to go out for advert and is a new role to increase capacity
- Administrator now monitoring weekly activity and reporting to service manager and deputy head of operations
- 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. There is a delay in finalising the SOPs due to a decrease in clinical staffing to support winter pressures and the delay will continue as staffing has now decreased again due to what is likely to be long term sickness. The current timescale will require extending until end of March 2019. Work continues to progress. 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 May 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 Corner Surgery was inspected on 11th March achieving an overall rating of 'Good'. 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	11 December 2017	Good	Good	Good	Good	Good	Good
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	11 March 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017*	Good	Good	Good	Good	Good	Good

*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 10 performance and narrative detailed in the table below.

Figure 79 – Southport & Formby CCG’s Month 10 Submission to NHS England

Jan-19	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,568	2,588	0.8%	An increase in GP referrals occurred in month 10 as expected due to seasonal trends. GP referrals in the previous month had seen a significant reduction due to the extended holiday period. GP referrals in month 10 were in line with planned levels. 'Other' referrals remain high against the plan and increased in month 10. 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	2,181	2,637	20.9%	
Total (in month)	4,749	5,225	10.0%	
Variance against Plan YTD	46,140	48,104	4.3%	
Year on Year YTD Growth			6.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,822	3,792	-0.8%	Variances against plan year to date are showing total outpatients (first attendances and follow ups) are within the 2% tolerance against planned levels. Appointments in month were also aligned to planned levels. Local monitoring has established that First and follow up appointments have increased in month 10 aligning to seasonal trends. Outpatient appointments in the previous month 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	8,872	8,819	-0.6%	
Total Outpatient attendances (in month)	12,694	12,611	-0.7%	
Variance against Plan YTD	119,867	119,908	0.0%	
Year on Year YTD Growth			3.4%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,369	1,568	14.5%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends, increasing in month 10 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	229	203	-11.4%	
Total Elective spells (in month)	1,598	1,771	10.8%	
Variance against Plan YTD	16,470	16,584	0.7%	
Year on Year YTD Growth			0.9%	
Urgent & Emergency Care				
Type 1	3,411	4,023	17.9%	Local A&E monitoring has shown that the CCGs A&E activity has increased to the highest levels of the last three years. YTD levels remain high and performance at the main hospital provider has decreased to 86.5%, the first month to have seen performance drop below 90% since Jul-18. CCG urgent care leads and the 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			10.4%	
All types (in month)	3,805	4,609	21.1%	
Variance against Plan YTD	40,076	43,798	9.3%	
Year on Year YTD Growth			11.3%	
Total Non Elective spells (in month)	1,168	1,838	57.4%	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 in excess of 500 admissions a month since May-18. Excluding this newly included CDU activity, the CCG would be below planned levels YTD.
Variance against Plan YTD	12,259	16,109	31.4%	
Year on Year YTD Growth			34.3%	