

Southport & Formby Clinical Commissioning Group

Integrated Performance Report March 2019

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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			R
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%	80.98%	83.80%	81%			80.43%
		Target	80%	80%	80%	80%	80%	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	R		
		Actual	5.14%	4.67%	4.14%	4.12%	4.20%	4.03%	4.08%	2.57%	2.14%	3.9%	1.52%	2.93%	
		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%	
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	G		
		Actual	92.47%	93.41%	93.31%	93.03%	93.6%	93.36%	93.81%	94.21%	94.02%	93.95%	93.51%	93.04%	
		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%	
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	G	R	
		Actual	0	1	0	1	1	0	2	1	0	0	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	G	
		Actual	0	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	R	G	R	
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%	94.08%	95.58%	95.43%	91.03%	87.59%	92.27%	93.13%	92.95%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	R	R	G	G	R	R	R	R	R	R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%	65%	48.57%	65.85%	80.05%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G	R	G	G	G	G	
		Actual	94.87%	98.73%	97.02%	96.20%	98.53%	90.48%	97.06%	97.02%	93.10%	98.63%	96.67%	100%	96.44%	
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G	R	R	G	G	G	
		Actual	83.33%	100%	100%	100%	100%	91.67%	100%	100%	88.89%	92.86%	100%	100%	96.67%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	R	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93.33%	99.56%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	96.3%	100%	96.15%	94.44%	100%	98.87%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R	G	R	R	R	R	G	R	
		Actual	75%	87.50%	91.43%	70.73%	67.74%	81.08%	88%	75.76%	71.43%	77.78%	72.73%	85.17%	78.45%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R	R	G	G	R	R	R
		Actual	100%	83.33%	100%	100%	100%	100%	80%	66.67%	100%	100%	0%	0%	88.68%
		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	R	R	G
		Actual	100%	92.31%	86.67%	93.33%	94.12%	75%	80%	92.31%	80%	94.44%	71.43%	66.67%	86.28%
		Target	85%	85%	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			25.7		
		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	R	
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%	83.8%	85.66%	84.11 %	87.54%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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	R	
		Actual	3	3	4	3	5	11	3	3	9	19	22	15	100
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8	0.8	2.25	4.8	6.3	4.0	
		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	R	R
		YTD	0	0	0	1	1	1	1	1	2	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	3	5	6	7	10	12	19	21	23	24	27	28	28
		Target	4	7	10	13	16	19	21	25	28	30	33	37	30

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		G	
		Actual	100.00%		100%		100%		100%		98.02%	
		Target	95.00%		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	R	G	
		Actual	100%	66.67%	100%	80%	50%	75%	100%	75%	66.67%	80%	100%	50%	77.08%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G		R		G		G		G	
		Actual	52.01%		48.13%		60%		59.1%		54.06%	
		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	R								
		Actual	3.32%	3.12%	3.04%	3.52%	12.99%								
		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	G								
		Actual	99.4%	98.5%	99.8%	98.8%	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	G								
		Actual	100%	99.7%	100%	100%	99.9%								
		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	G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%	69.8%	76.4%	76.5%	76.23%	71.61%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Helping People to Recover from Episodes of Ill Health or Following Injury															
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	R	R								
		Actual	81.82%	84%	85.19%	84.00%	83.78%								
		Target	100%	100%			100%								
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	R	R								
		Actual	50%	66.67%	66.67%	50%	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	R								
		Actual	100%	40%	57.14%	85.71%	67.65%								
		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 12 (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 31st March 2019.

The full year financial position for the CCG is a surplus of £1m.

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

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

Planned Care

Year to date referrals at month 12 have increased by 4.6% when comparing to the equivalent period in the previous year. Referrals in month 12 have increased to the previous month. This also aligned to a trend identified in the previous year where referrals increased from month 11 to 12 at a similar rate, possibly a consequence of the number of working days within the month increasing. However, referrals during month 12 were above 2017/18 levels and above an average for 2018/19.

The latest information available for e-Referral utilisation is for January 2019, where the CCG reported 81%, a decline on 84% reported in December 2018.

The CCG failed the less than 1% target for Diagnostics in March recording 2.93%, a decline on last month (1.50%). Out of 2,591 patients, 76 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the less than 1% target for Diagnostics in March recording 2.67%, also a decline on last month (1.3%). Out of 3,374 patients, 90 patients waited over 6 weeks, and 14 of these were waiting over 13 weeks, for their diagnostic test.

For referral to treatment, in March 2019, the CCG had 7,678 incomplete pathways, 578 patients more than March 2018 and has failed the year end plan.

The Trust reported 13 cancelled operations in March, the same as the previous month (100 year to date). Of the 13 reported in March, 7 were due to no ward beds, 5 list over-ran and 1 anaesthetist was unavailable.

The CCG and Trust are failing 4 of the 9 cancer measures in month 12 year to date.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 11.6% in February to 15% in March, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has remained the

same as last month and is in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has also remained the same at 1% and is better than the England average of 2%.

Performance at Month 12 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.3m/6.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.5m/7.1%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for March reached 86.77%, which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 87%, therefore the Trust has not achieved their STP target.

The Trust also had 2, 12-hour breaches in March bringing the year to date total to 59 for 2018/19.

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 42.9% in March; just 12 out of 28 patients spent at least 90% of their time on a stroke unit. Unfortunately bed pressures were high throughout March which have continued to have an impact on available stroke beds. In relation to the TIAs the CCG has been informed that Southport & Ormskirk the Trust is on track to provide TIA for April 2019.

The CCG has reported an MSA rate of 4.0, which equates to a total of 15 breaches in March. All 15 breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MRSA in March, therefore the year to date remains at 2 against the zero tolerance threshold and have failed for 2018/19.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to A&E response rates reporting 1.2% in March, a decline on last month and remaining significantly below the England average of 12.2%.

Performance at Month 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8.9m/27.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a reduced overspend of approximately £8m/24.3%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 243 Southport & Formby patients entering treatment in Month 12. This is an increase compared to previous month when 212 patients entered treatment. The access rate for Month 12 was 1.27%; year-end Access rate was 13% and therefore failed to achieve the standard. The year-end Recover rate was 54.2% and the target was achieved for the year which is an improvement on last years' performance.

In quarter 4 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 84% (21/25) for routine and 50% (2/4) for urgent referrals.

Community Health 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.

Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

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

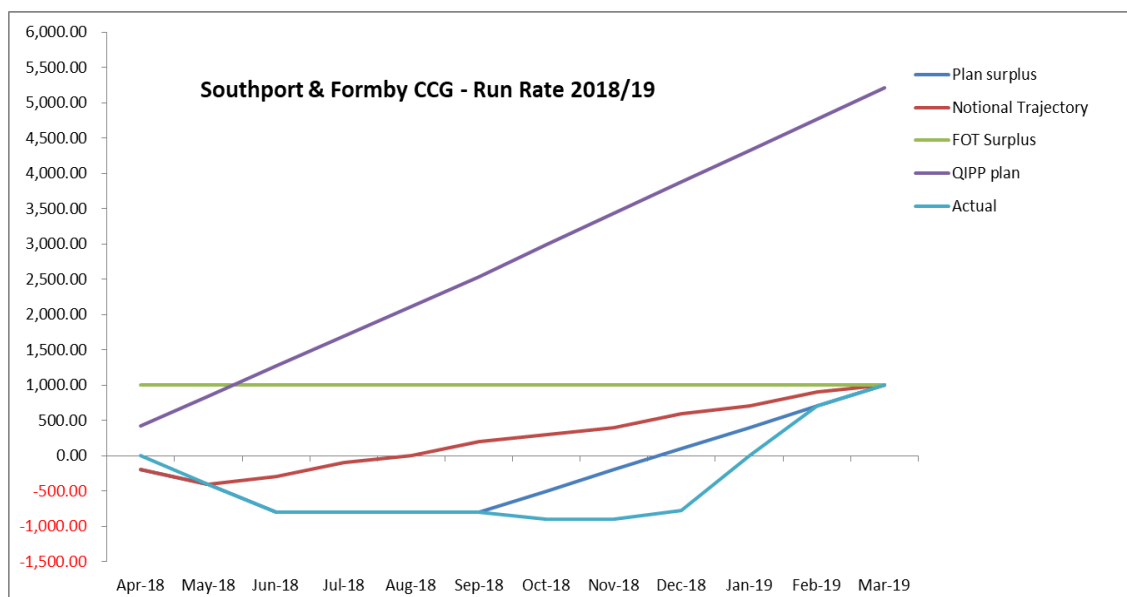
The full year financial position for the CCG is a surplus of £1m. Figure 1 provides a summary of the financial position.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Non NHS Commissioning	24,746	24,746	24,105	(641)
Corporate & Support Services: admin	2,622	2,622	2,418	(204)
Corporate & Support Services: programme	2,444	2,444	2,294	(149)
NHS Commissioned Services	123,591	123,591	127,831	4,241
Independent Sector	5,681	5,681	5,827	146
Primary Care	3,873	3,873	4,071	198
Prescribing	22,390	22,390	22,384	(6)
Total Operating budgets	185,346	185,346	188,930	3,583
Reserves	3,584	3,584	0	(3,584)
In Year Planned (Surplus)/Deficit	1,000	1,000	0	(1,000)
Grand Total (Surplus)/Deficit	189,930	189,930	188,930	(1,000)

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 was delivered. The CCG delivered the agreed financial plan of £1m surplus through detailed review of expenditure, adjustments to the CCG allocation and implementation of agreed mitigating actions.

CCG Recovery Plan

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

The long term 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. This will be reflected in provider contracts for 2019/20. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue in terms of a collective approach to delivering a system wide financial recovery plan.

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

2018/19 Financial Position

Cost pressures have emerged in the financial year which have been offset by underspends in other areas. The main areas of overspend were 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 £0.880m.
- Over performance at Southport & Ormskirk Trust of £5.300m for PbR activity which is offset by the application of contract sanctions and CQUIN reductions.
- Overspend on other provider contracts mainly in respect of High Cost Drugs and devices.
- Overspend of £0.117m within prescribing due to increased costs mainly in relation to NCSO pressures.
- Over performance of £0.320m at iSight clinic due to activity for Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.274m 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 £0.226m within Non Contract Activity (NCA's) due to recent high cost cases being confirmed as CCG registered patients.

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.

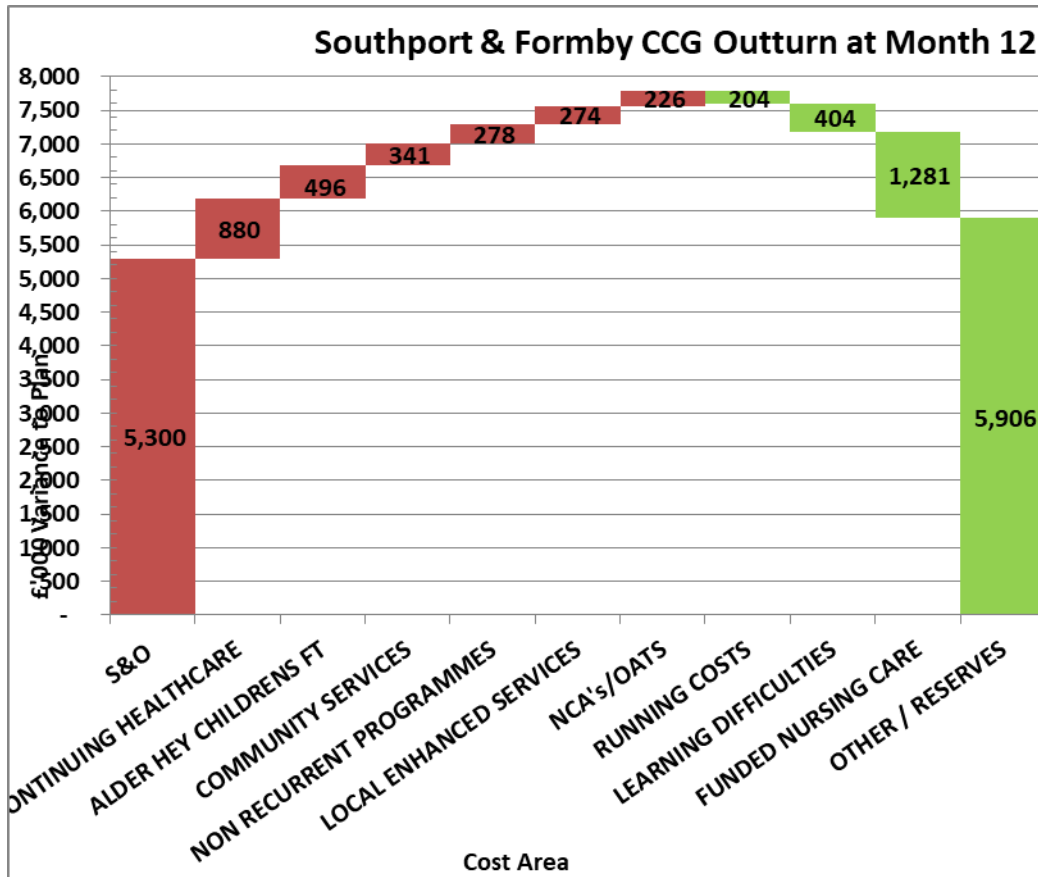
Figure 3 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.745m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.36%
	NHS - Volume YTD > 95%	95.60%
	Non NHS - Value YTD > 95%	96.17%
	Non NHS - Volume YTD > 95%	95.00%

- The CCG has achieved the NHS England control total to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve has been used to support cost pressures which have emerged in year.
- The financial plan was to achieve a £1m surplus position in year. The CCG reported position for the financial year is a Surplus of £1m.
- QIPP delivery is £2.745m for 2018/19 this is now the final figure for this financial year.
- Expenditure on the Running Cost budget is below the allocation by £0.204m for 2018/19
- BPPC targets have been achieved in 2018/19.

2.2 Financial Forecast

Figure 4 – Forecast Outturn



- The CCG financial position for the financial year is a surplus of £1m.
- The main financial pressures during the financial year 2018/19 related to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Overspend 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.
- These pressures were partially offset by application of reserves, underspends in other areas mostly FNC and LD with some variation in Community Services.

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		2.750		2.750
NCSO Adjustment	(1.100)	0.104		1.100	0.104
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)	(0.309)	0.061
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	2.316	(0.396)	1.667	3.912
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	2.930	1.623	2.137	3.584

- 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.

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	1.106
Alder Hey Children's Hospital NHS Foundation Trust	0.123
Liverpool Women's NHS Foundation Trust	(0.087)
Liverpool Heart & Chest NHS Foundation Trust	(0.185)
Royal Liverpool and Broadgreen NHS Trust	0.000
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.037)
Grand Total	0.920

- 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 not protect against pass through costs which are not included in the Acting as One Contract.
- Due to fixed financial contract values, the agreement removes 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 end of the year financial performance for the Acting as One providers shows an over performance expenditure against plan, this would normally represent overspend of £0.920m under usual contract arrangements.

2.5 QIPP

Figure 7 – QIPP Plan and Forecast

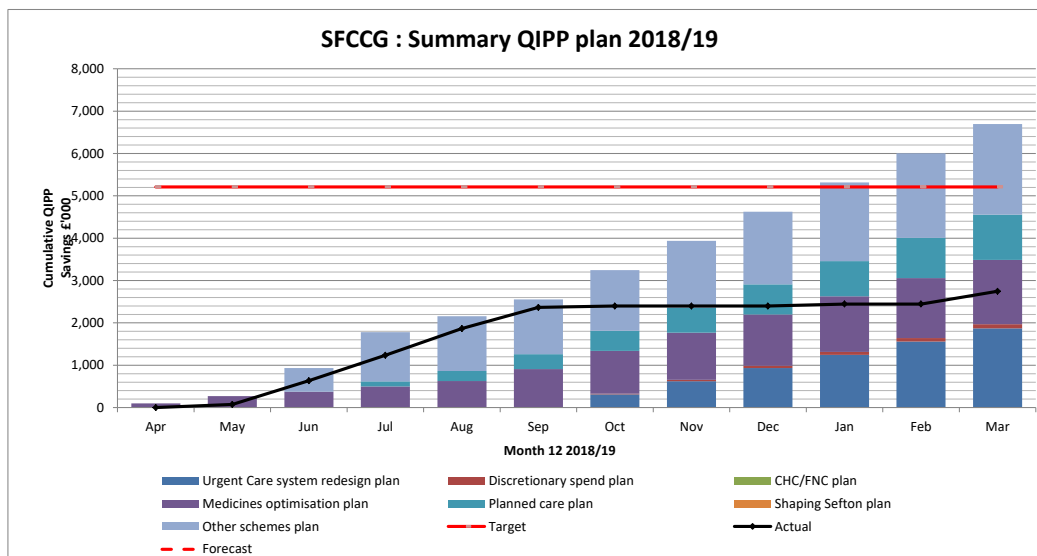


Figure 8 – RAG Rated QIPP Plan

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	364	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	0	100	0	0	100	100
Urgent Care system redesign plan	1,870	0	1,870	0	0	1,870	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,241	2,142	1,592	0	550	2,142
Total QIPP Plan	5,455	1,241	6,696	2,745	0	3,951	6,696
QIPP Delivered 2018/19				(2,745)		0	(2,745)

- The 2018/19 QIPP target was £5.210m.
- QIPP schemes worth £6.696m were identified; however £3.951m of the schemes were identified as high risk.
- The CCG continued to hold challenge and scrutiny sessions with QIPP leads during the year in order to maximise efficiency savings for 2018/19.
- The CCG has delivered £2.745m QIPP savings in respect of prior year technical adjustments and prescribing savings. The remaining £2.465m will be included in the 2019/20 QIPP target.

2.6 Risk

Figure 9 – 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	1.144	1.601	2.745
Other Mitigations	1.053	1.412	2.465
Total Management Action plan	2.197	3.013	5.210
Year End Surplus / (Deficit)	(3.013)	4.013	1.000

- The CCG financial position for 2018/19 is a surplus of £1m.
- The CCG has implemented mitigating actions as agreed with the governing body which have improved the financial position in quarter four resulting in delivery of £1m surplus at the end of 2018/19.
- The underlying position is a deficit of £3.013m and likely to be higher this reflects the non-recurrent mitigations actioned in year to achieve the financial surplus.

2.7 Statement of Financial Position

Figure 10 – Summary of working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	M12 £'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	3,957	2,406
Cash	4,687	3,046	1,534	20	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(12,363)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	38	672

- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. Movements in this balance between quarter 3 and quarter 4 relates to depreciation charges.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.038m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust (£0.037m) which has been formally disputed as part of the NHS month 12 agreement of balances exercise. The CCG finance team and NHS Shared Business Services continue work to resolve issues associated with recovering this balance.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.206m). At 31 March 2018 the CCG had a cash balance of £0.020m; therefore the cash target was achieved.

2.8 Recommendations

- The full year financial position for the CCG is a surplus of £1m which is in line with the agreed financial plan.
- QIPP delivery for 2018/19 was £2.745m against a target of £5.210m; the remaining efficiency requirement of £2.465m will be included in the efficiency target for 2019/20.
- The CCG has implemented a number of mitigating actions in year to support underperformance against the QIPP plan.
- 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 for 2019/20 and future years to come, the CCG requires on-going and sustained support from member practices through Business Partnering, supported by Governing Body GP leads to identify and implement QIPP schemes which deliver the required level of savings to meet future financial plans.

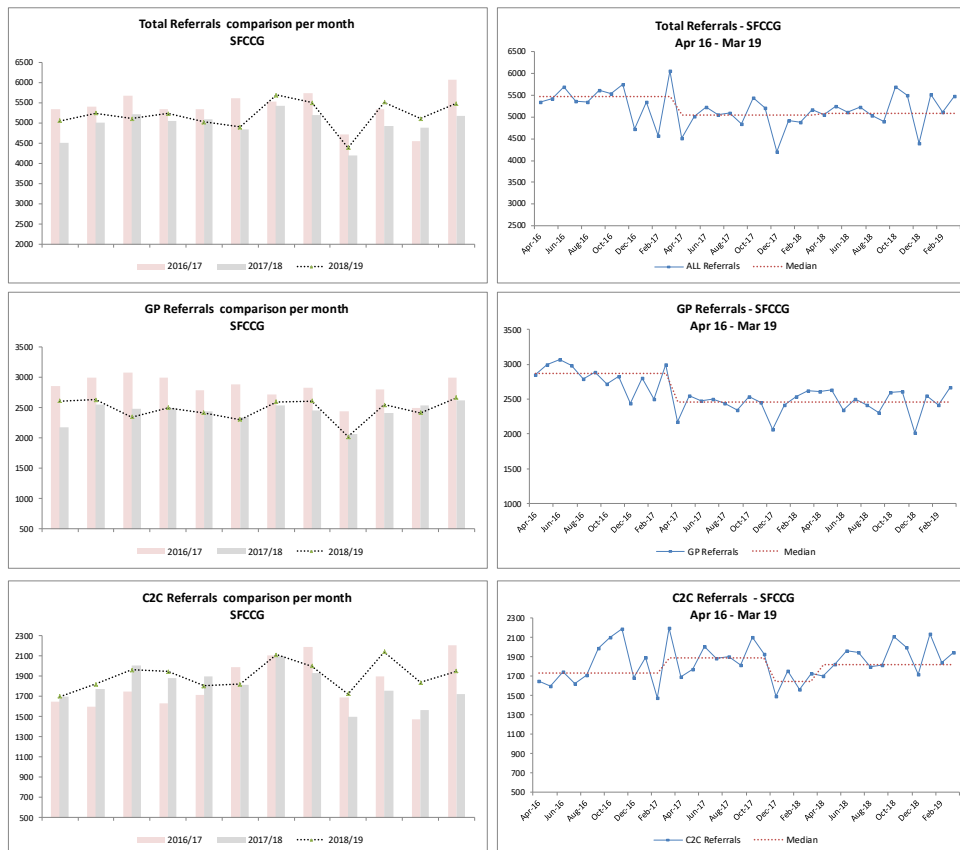
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

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	2175	2614	439	20%	1695	1701	6	0%	4511	5067	556	12%
May	2550	2634	84	3%	1773	1821	48	3%	5025	5253	228	5%
June	2476	2350	-126	-5%	2010	1963	-47	-2%	5224	5116	-108	-2%
July	2500	2499	-1	0%	1885	1945	60	3%	5055	5240	185	4%
August	2437	2414	-23	-1%	1901	1802	-99	-5%	5089	5034	-55	-1%
September	2343	2306	-37	-2%	1815	1819	4	0%	4844	4910	66	1%
October	2544	2596	52	2%	2101	2113	12	1%	5440	5701	261	5%
November	2453	2611	158	6%	1929	1999	70	4%	5213	5510	297	6%
December	2065	2022	-43	-2%	1498	1723	225	15%	4208	4400	192	5%
January	2415	2550	135	6%	1757	2142	385	22%	4931	5522	591	12%
February	2537	2414	-123	-5%	1563	1839	276	18%	4888	5118	230	5%
March	2620	2667	47	2%	1725	1948	223	13%	5181	5487	306	6%
Monthly Average	2426	2473	47	2%	1804	1901	97	5%	4967	5197	229	5%
YTD Total Month 12	29115	29677	562	2%	21652	22815	1163	5%	59609	62358	2749	5%
Annual/FOT	29115	29677	562	2%	21652	22815	1163	5%	59609	62358	2749	5%

Figure 11 - Referrals by Source across all providers for 2017/18 & 2018/19



Data quality notes

An issue has been identified with Liverpool Heart & Chest data unavailable from month 9 of 2018/19 onwards. Therefore, for consistency, Liverpool Heart & Chest data has been removed from 2017/18 data onwards.

- Year to date referrals at month 12 have increased by 4.6% when comparing to 2017/18.
- At provider level, referrals to Southport Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 2.8%. However, there are also noteworthy increases at Renacres and Aintree with the former a result of increased ENT referrals.
- Within individual specialties, General Medicine, General Surgery and Cardiology are reporting a notable increase in referrals in 2018/19 comparing to 2017/18 with each linked to referral increases to Southport Hospital.
- At Aintree Hospital, there have been increases reported across a number of specialties including Breast Surgery, ENT and Ophthalmology with demand linked predominantly to increased GP referrals.
- GP referrals in 2018/19 to date are comparable to the previous year with a small increase of 1.9%.
- GP referrals to the main hospital provider are currently 1.7% below 2017/18 levels. However, an increase has been apparent at Aintree Hospital, particularly for Breast Surgery referrals.
- Routine GP Referrals have had a 3.1% reduction in 2018/19 with urgent and two week wait referrals increasing by 21.1% and 23.7% respectively.
- Consultant-to-consultant referrals are currently 5.4% higher in 2018/19
- Consultant-to-Consultant referral increases are evident at Southport Hospital and Liverpool Women's Hospital. These increases occur within a number of specialties including General Medicine, T&O and Cardiology. Liverpool Women's increases are within Gynaecology.

3.1.1 E-Referral Utilisation Rates

Figure 12 – Southport & Formby CCG E Referral Published Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Jan	100%	81%	↓

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. January 2019 is the latest available data which shows a performance of 81%, a decline on 84% reported last month.

The above data (figure 14) is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used to provide a more accurate picture of CCG utilisation.

Figure 13 – Southport & Formby CCG E Referral Local Performance

Mar-19

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84005	CUMBERLAND HOUSE SURGERY	172	239	72.0%	▼
N84006	CHAPEL LANE SURGERY	112	153	73.2%	▼
N84008	NORWOOD SURGERY	131	178	73.6%	▼
N84012	AINSDALE MEDICAL CENTRE	150	236	63.6%	▼
N84013	CHRISTIANA HARTLEY MEDICAL PRACTICE	84	121	69.4%	▼
N84014	AINSDALE VILLAGE SURGERY	33	42	78.6%	▼
N84017	CHURCHTOWN MEDICAL CENTRE	152	248	61.3%	▼
N84018	THE VILLAGE SURGERY FORMBY	159	224	71.0%	▼
N84021	ST MARKS MEDICAL CENTRE	239	290	82.4%	▼
N84024	GRANGE SURGERY	206	288	71.5%	▼
N84036	FRESHFIELD SURGERY				
N84037	LINCOLN HOUSE SURGERY	23	39	59.0%	▼
N84611	ROE LANE SURGERY	53	88	60.2%	▼
N84613	THE CORNER SURGERY (DR MULLA)	61	99	61.6%	▼
N84614	THE MARSHSIDE SURGERY (DR WAINWRIGHT)	55	72	76.4%	▼
N84617	KEW SURGERY	60	59	101.7%	▲
N84618	THE HOLLIES SURGERY	77	131	58.8%	▼
N84625	THE FAMILY SURGERY	59	85	69.4%	▼
Y02610	TRINITY PRACTICE		38	0.0%	▼
Southport & Formby CCG Total		1826	2630	69.4%	▼

E-Referral Utilisation Coverage*	

Change From Previous Month	
▲	Up
▼	Down
▶	No change

The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. Figure 12 (above) shows an overall performance of 69.4% for Southport & Formby CCG, a decline on last month (92.9%). Trinity Practice will be contacted to ascertain low number of e-RS referrals. This information is available on the intranet to allow practices to review their performance and compare with similar practices.

How are the issues being addressed?

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRs data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.

When is performance expected to recover?

A meeting with relevant CCG staff has been organised (w/c 27th May 2019) to identify actions that require progression by acute trusts that will provide assurance that the data received is robust. Once a series of actions have been formulated, a meeting with providers will be convened to agree actions and timescales for implementation. This will form the basis for a more robust contract management of eRs with acute providers, and the non-payment of activity not referred through eRs.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

3.2 Diagnostic Test Waiting Times

Figure 14 - 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 - Mar	<1%	2.93%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Mar	<1%	2.67%	↑

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in March recording 2.93%, a decline on last month (1.50%). Out of 2,591 patients, 76 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Urodynamics (22), Cardiology (11) and CT (10).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in March recording 2.67%, also a decline on last month (1.3%). Out of 3,374 patients, 90 patients waited over 6 weeks, and 14 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Urodynamics (41), MRI (18) and Non obstetric ultrasound (12).

The Trust has reported the following issues:

- Scopes – the Trust are working to reduce hospital initiated cancellations, which have dropped from 25 cancellations to 5 per month, so an improvement will be seen when capacity improves.
- Urodynamics, staffing issues, now back to full capacity and working through backlog.
- Expect performance to be 2.5% - 3% in May but expect this to drop back to trajectory in June.

There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. In March 7 Southport & Formby CCG patients were waiting over 6 weeks. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who will start in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.

How are the issues being addressed?

Process Mapping sessions have been completed and subsequent Task & Finish Groups have commenced. A list of actions/quick wins have been agreed which will also link in to the work the Trust are doing with Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement.

Actions and corresponding timescales in the Trusts action plan to be reviewed to ensure a robust approach to improving. CCG escalated the request for an action plan via the contract meeting due to on-going poor performance.

When is performance expected to recover?

CCG and Provider trajectories in the Operational plans submitted nationally indicated improvements in 2019/20 but no recovery. Post review of the Trusts action plan collaborative work will ensue to enable recovery with discussions expected at the Joint Quality Committee.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

3.3 Referral to Treatment Performance

Figure 15- 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 - Mar	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Mar	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 - Mar	92%	93.04%	↔
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 - Mar	92%	94.48%	↔

Figure 16 – RTT Performance & Activity Trend

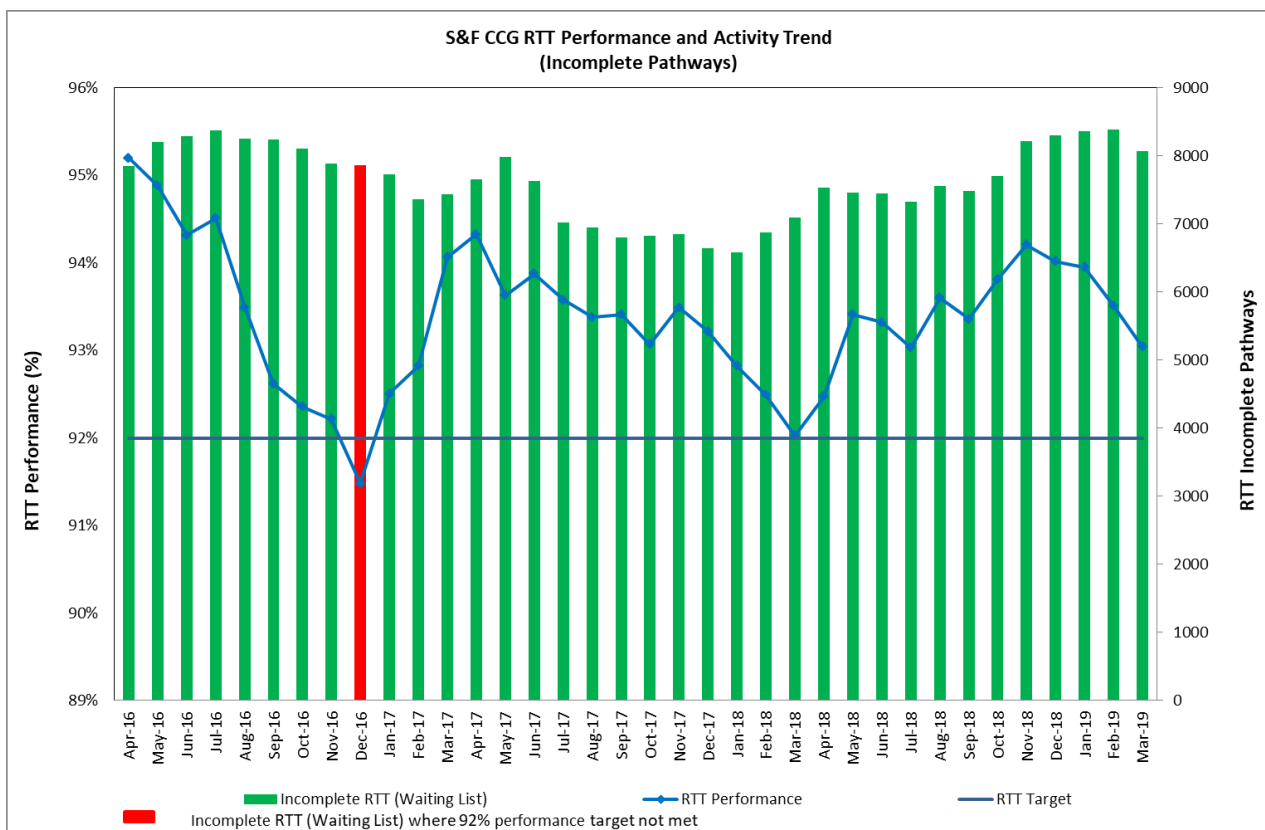


Figure 17 – Southport & Formby CCG Total Incomplete Pathways

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	8,385	8,678	8,678
Difference	-119	-523	-180	308	614	688	879	1,368	1,649	1,776	1,512	1,578	1,578
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	8,385	8,678	8,678
Revised Difference	-1	-388	-22	482	806	890	1,096	1,576	1,649	1,776	1,512	1,578	1,578

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 March 2019, the CCG had 8,678 incomplete pathways, 1,578 patients more than March 2018. This is the ninth consecutive month in 2018/19 the CCG has not achieved the target and have failed the year end plan.

How are the issues being addressed?

The target for 2019/20 has been revised from 7,100 to 7,602 following negotiations with NHS England. This is due to an acknowledgement that the initial baseline was artificially low as a result of low referrals offset by a redesign of the Orthopaedic pathways/services across Southport & Formby CCG. The revised target for 2019/20 is a more achievable target and the following actions will continue in the Trust to support achievement by March 2020.

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.

When is performance expected to recover?

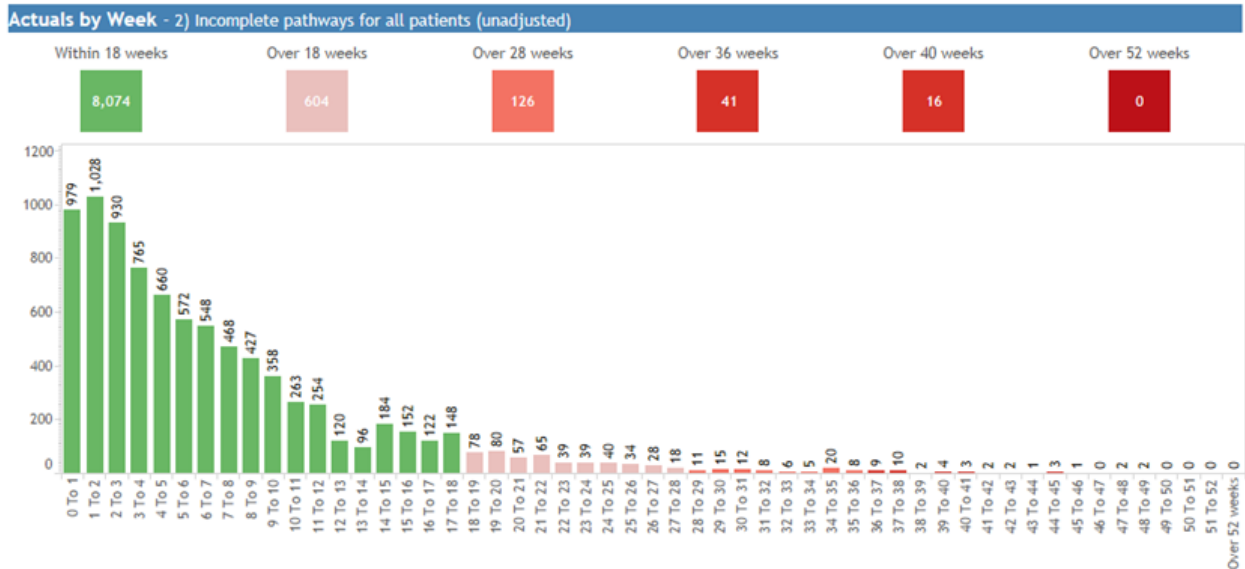
March 2020

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

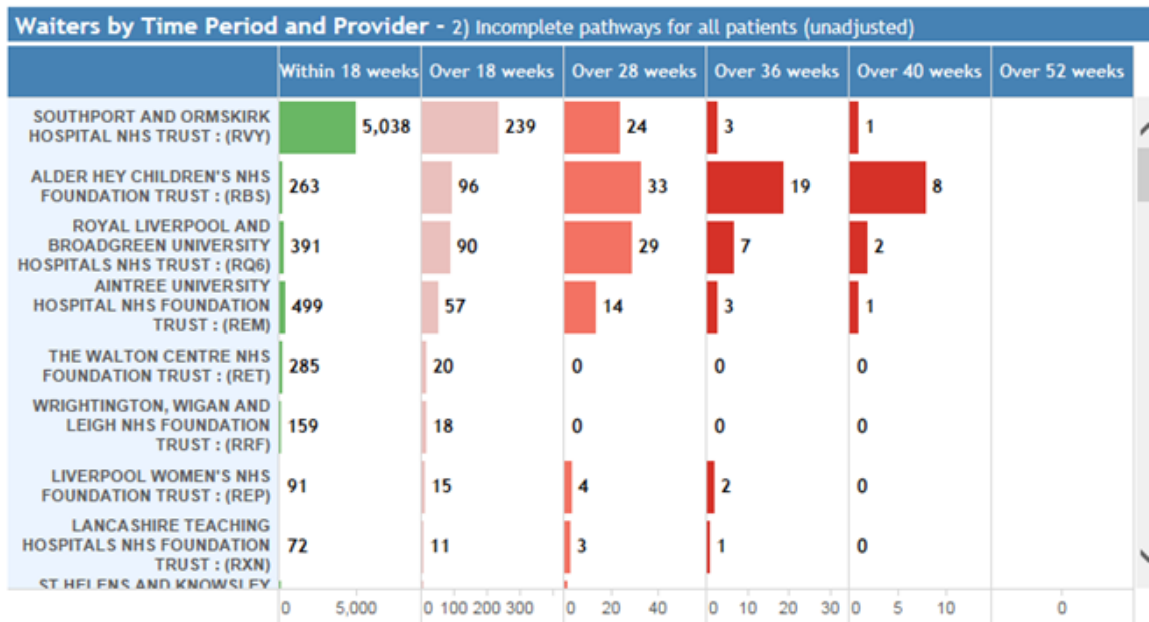
3.3.1 Incomplete Pathway Waiting Times

Figure 18 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - 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 20 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

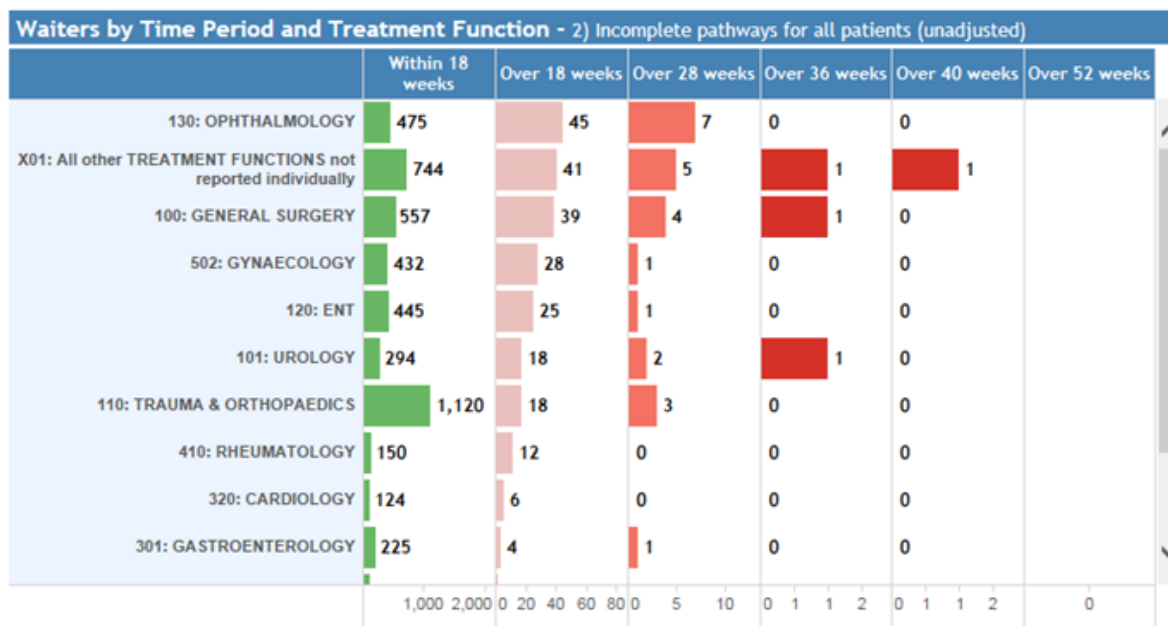
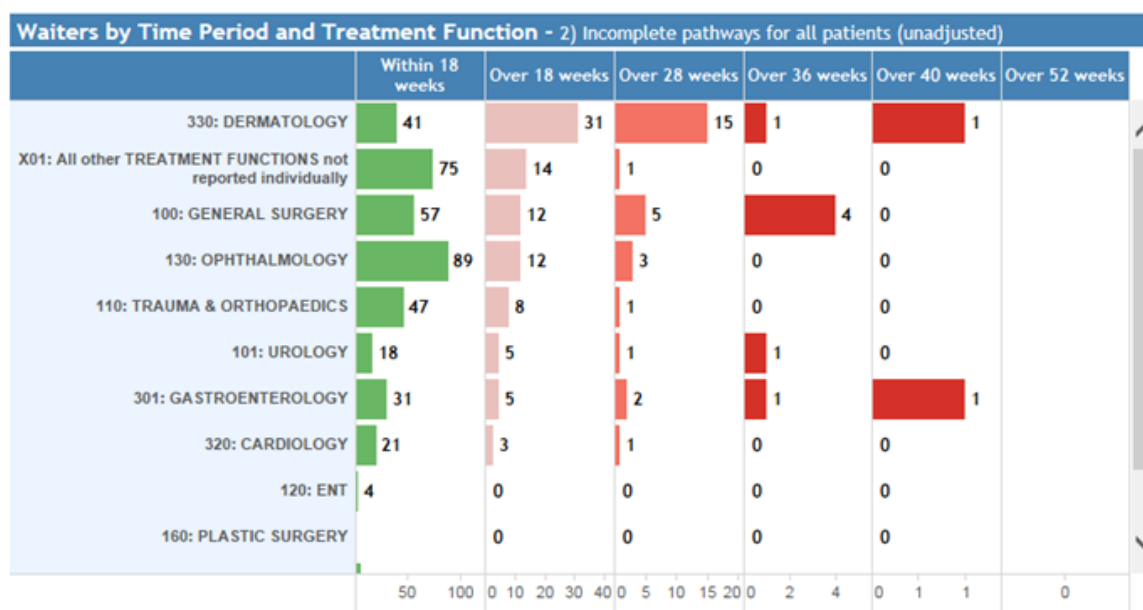


Figure 21 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 22 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band (Weeks)	Details
Southport & Formby CCG	Aintree	Gastroenterology	36 to 41	2 patients; 1 treated, 1 has TCI date
Southport & Formby CCG	Aintree	Thoracic Medicine	37	Treated 8-4-19
Southport & Formby CCG	Alder Hey	Other	36 to 48	19 patients; 2 treated, 3 DNAs or treatment declined, 4 with TCI date & 10 requires TCI date sent to service
Southport & Formby CCG	Derby & Burton	Other	39	1 patient declined previous dates and has TCI date
Southport & Formby CCG	Guys & Thomas	Other	38	
Southport & Formby CCG	Liverpool Womens	Gynaecology	36	2 patients; Trust only providing updates on 52 week waiters
Southport & Formby CCG	Manchester University	Urology	41	<i>Awaiting Trust Update</i>
Southport & Formby CCG	Morecambe Bay	Ophthalmology	45	1 patient: TCI 17th April cancelled Patient referred to another Trust
Southport & Formby CCG	Oxford	Urology	44	Clock stopped
Southport & Formby CCG	Royal Liverpool	Dermatology	42	Pathway stopped due to capacity
Southport & Formby CCG	Royal Liverpool	Gastroenterology	40	1 patient TCI 29/05/2019
Southport & Formby CCG	Royal Liverpool	General Surgery	36 to 39	4 patients: 1 patway stopped, 1 TCI 15/05/2019 and 2 require TCI date
Southport & Formby CCG	Royal Liverpool	Urology	38	TCI 13/06/2019
Southport & Formby CCG	Southport & Ormskirk	other	40	1 patient treated 2-4-2019
Southport & Formby CCG	Southport & Ormskirk	Urology	39	1 patient DNA offered further appointments
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37	1 patient offered date 17-5-19

The CCG had a total of 39 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 39 patients, 9 patients have been treated, 10 have a TCI date, 15 patients need a TCI date and 6 where patients' outcome is unknown.

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 23 – 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 - Mar	0	13	↑ ↔

Performance Overview/Issues

Southport & Ormskirk reported 13 cancelled operations in March, the same as the previous month (100 year to date). Of the 13 reported in March, 7 were due to no ward beds, 5 list over-ran and 1 anaesthetist was unavailable.

How are the issues being addressed?

Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.

When is performance expected to recover?

Several requests from commissioning leads to Southport & Ormskirk for assurance regarding high number of cancellations have not been responded to. This has now been escalated to Director Level and the CCG awaits a response.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

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

Figure 24 – 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 - Mar	0	0	↑ ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 25 – 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 - Mar	93%	92.95%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	93%	95.14%	↑
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 - Mar	93%	80.05%	↓

Performance Overview/Issues

The CCG has failed the two week standard year to date with 92.95%. Monthly performance has achieved the 93% target. March has shown a performance of 93.13%, with 40 patients breaching the target out of a total 582 treated. In 2018/19 there were 464 breaches from a total of 6,577 patients seen.

The CCG also failed the 93% target for breast patients in March reporting 65.85% and year to date with 80.05%. March is the fifth consecutive month where the target has not been achieved, with 14 breaches out of a total 41 treated. All breaches were at Aintree with 12 due to inadequate outpatient capacity and 2 due to patient choice. The maximum wait was 28 days and was due to patient choice to delay. In 2018/19 there were 87 breaches from a total of 436 patients seen.

How are the issues being addressed?

Southport and Formby CCG is showing steady rates of total GP referrals over last 12 months but a 8% shift from routine to 2ww. There are similar patterns in South Sefton and Liverpool. Conversion rates are reducing steadily currently 6.4% across all tumour sites which is the same as Cancer Alliance average and still higher than the NICE NG12 indicative threshold of 3%. Mode of presentation, i.e. 2 week wait versus routine referral or urgent methods of presentation, is considered a better marker of improvement than conversion rates.

Cancer referrals and conversion rates from 2 week to 62 day pathways were items discussed at Governing Body development sessions for both CCGs in May. Members are satisfied that greater adherence to NICE guidelines, aimed at earlier detection of cancer, is the dominant factor in the evident reducing conversion rates.

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 increased 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 waiting list initiatives. A GP with Special Interest has also been identified

to augment capacity and support interface and referral quality aspects. However referrals continue to increase with Aintree seeing a 15% increase in breast referrals for both symptomatic and suspected cancer cohorts over the last year especially over the last 3 months.

The cancer yield rate for Sefton CCGs remains close to the Cancer Alliance mean of 5.3% for suspected breast cancer. A piece of work is being undertaken across the system to look at demand and capacity management for breast services. This will include revision of the breast referral form to provide better risk stratification for benign disease and breast pain and promote advice and guidance as an alternative to referral. However it must be acknowledged that this is a highly emotive and litigious area with high public awareness.

The unification of the breast teams across Aintree and Royal Liverpool in advance of formal merger of the providers holds promise to deliver efficiencies and provide consistent levels of access.

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.

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 26 – 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 - Mar	96%	96.67%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	96%	98.45%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Mar	94%	98.87%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Mar	94%	96.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	94%	97.44%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Mar	98%	99.56%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 27 – 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 - Mar	85% (local target)	86.29%	↓
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 - Mar	85% (local target)	91.05%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Mar	90%	88.68%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	90%	78.57%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Mar	85%	78.45%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	85%	78.22%	↔

Performance Overview/Issues

The CCG reported 0% in March against the 90% target for the NHS screening service due to there being no patients. This the year to date performance remains at 88.68% so has failed year to date.

The Trust also had no patients for the screening service in March, year to date performance below target at 78.57%.

The CCG achieved the 85% target for urgent GP referrals in March with 85.71% but are failing year to date with 78.45%. In March, 4 patients out of 28 breached.

The Trust also failed the 85% target for urgent GP referrals in March with 81.16% and year to date with 78.22%. In March, the Trust reported the equivalent of 6.5 breaches out of 34.5 attributable patients. Reasons include complex diagnostic pathways, admin delay, patient choice and other reason.

How are the issues being addressed?

The Trust does not anticipate meeting the 62 day standard in the coming months. They are working to a Cancer Improvement plan which crosses over all specialties within the Trust with the aim of there never being longer than 7 days between interventions on a cancer pathway. Where this standard has been breached, a root cause analysis is undertaken. In a new governance arrangement, tumour sites which are failing to achieve the 7 day standard meet with the Trust's new Medical Director to explore barriers and refresh recovery plans.

When is performance expected to recover?

The Trust aims to demonstrate some sustainable improvement but not complete recovery by quarter 2 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allan	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 March, Southport & Ormskirk Trust reported 5 patients waiting longer than 104 days within the 62 day standard metric. The longest waiting patient waited 165 days for treatment in upper GI, delay due to a complex diagnostic pathway. The remaining 4 patients had delays in upper & lower GI, head & neck and haematology. Delays were due to patient choice, health care provider initiated delays and other unknown reasons. The CCG will receive detailed root cause analyses for these patients within a 60 day timeframe of the breach occurrence.

Action plans driven through these RCAs will be developed through the CCGs’ PQIRP Group.












3.6 Patient Experience of Planned Care

Figure 28 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Mar-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	15.0%		96%	96%		2%	1%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	13.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	100%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	86%		1%	0%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 11.6% in February to 15% in March, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has remained the same as last month and is in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has also remained the same at 1% and is better than the England average of 2%.

For maternity services, in relation to 'Birth' the response rate has decline from 15% in February to 13% in March, and still below the England average of 21.1%. The percentage who would recommend the service increased from 97% in February to 100% in March, in line with the England average of 97%. The percentage who would not recommend the service is at 0% the same as last month and better than the England average of 1%. The percentage recommended for the Community Ward is below the England average (98%) at 86%, not recommending is at 0%.

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 12 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.3m/6.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.5m/7.1%.

At individual providers, Southport & Ormskirk are showing the largest over performance at month 12 with a variance of £992k/5%. This is closely followed by Wrightington, Wigan and Leigh with a variance of £821/75% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£254k/-25%).

Across all providers, Trauma & Orthopaedics is the top over performing speciality for Southport & Formby CCG with a variance of £565k/8% against planned levels at month 12. At individual providers, over performance has been focussed within Wrightington, Wigan and Leigh (£720k/76%) followed by Southport & Ormskirk (£248k/7%). In contrast, a significant underperformance has been reported at Renacres Hospital (-£491/-26%).

Figure 29 - 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	18,314	21,059	2,745	15%	£3,945	£4,185	£240	6%	£240	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7,569	8,280	711	9%	£551	£569	£18	3%	£18	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,462	1,681	-781	-32%	£1,021	£767	£-254	-25%	£254	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,681	1,916	-765	-29%	£618	£519	£-99	-16%	£99	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	15,862	16,427	565	4%	£2,951	£2,866	£-85	-3%	£85	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,552	2,625	73	3%	£769	£697	£-72	-9%	£72	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	49,440	51,988	2,548	5%	£9,855	£9,602	£-253	-3%	£253	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	404	408	4	1%	£84	£98	£14	17%	£0	£14	17%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	70	70	0%	£0	£7	£7	0%	£0	£7	-
FAIRFIELD HOSPITAL	116	83	-33	-28%	£20	£13	£-7	-35%	£0	£-7	-35%
ISIGHT (SOUTHPORT)	5,717	7,122	1,405	25%	£864	£1,163	£298	35%	£0	£298	35%
Lancashire Teaching Hospital	0	1,319	1,319	0%	£0	£277	£277	0%	£0	£277	-
RENACRES HOSPITAL	12,896	14,157	1,261	10%	£3,739	£3,611	£-128	-3%	£0	£-128	-3%
Salford Royal NHS FOUNDATION TRUST	0	246	246	0%	£0	£53	£53	0%	£0	£53	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	103,212	106,859	3,647	4%	£18,827	£19,819	£992	5%	£0	£992	5%
SPIRE LIVERPOOL HOSPITAL	406	373	-33	-8%	£109	£145	£35	32%	£0	£35	32%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	5,616	5,713	97	2%	£1,224	£1,220	£-3	0%	£0	£-3	0%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	711	983	272	38%	£175	£211	£36	20%	£0	£36	20%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	432	432	0%	£0	£89	£89	0%	£0	£89	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	348	348	0%	£0	£90	£90	0%	£0	£90	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3,157	4,944	1,787	57%	£1,095	£1,915	£821	75%	£0	£821	75%
ALL REMAINING PROVIDERS TOTAL	132,235	143,057	10,822	8%	£26,136	£28,709	£2,573	10%	£0	£2,573	10%
GRAND TOTAL	181,674	195,045	13,371	7%	£35,991	£38,312	£2,320	6.4%	£253	£2,573	7.1%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 30 - 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	10,937	11,130	193	2%	£5,542	£5,686	£144	3%
Elective	1,349	1,215	-134	-10%	£3,245	£3,403	£158	5%
Elective Excess BedDays	210	183	-27	-13%	£50	£44	£-7	-13%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	707	1,121	414	59%	£123	£246	£123	100%
OPFASPCL - Outpatient first attendance single professional consultant led	11,765	12,629	864	7%	£2,025	£2,194	£169	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	1,631	2,307	676	41%	£140	£251	£111	80%
OPFUPSCL - Outpatient follow up single professional consultant led	37,044	37,586	542	1%	£3,020	£3,088	£68	2%
Outpatient Procedure	29,086	29,951	865	3%	£3,749	£3,907	£157	4%
Unbundled Diagnostics	10,483	10,737	254	2%	£933	£1,001	£68	7%
Grand Total	103,212	106,859	3,647	4%	£18,827	£19,819	£992	5%

*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.

Over performance is evident against the majority of planned care points of delivery. General Surgery and Trauma & Orthopaedics are the top specialties influencing the variance within planned care, particularly electives and outpatient first appointments. Further analysis has established that Trauma & Orthopaedic consultant-to-consultant referrals are increasing at the Trust in 2018/19. In contrast, there has been a decrease in GP referrals to this speciality.

Outpatient procedures have increased across a number of specialties namely Dermatology, Ophthalmology, Gynaecology, and Urology. At HRG level, minor skin procedures accounts for the majority of increased costs against plan. 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.

The Trust has started to implement specific work around GIRFT and theatre utilisation which is likely to increase elective activity and also reduce waiting lists over the next year.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 31 - 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	761	1,050	289	38%	£474	£747	£273	58%
Elective	420	287	-133	-32%	£963	£641	-£322	-33%
Elective Excess BedDays	106	141	35	33%	£26	£34	£8	29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	147	82	-65	-44%	£31	£18	-£12	-41%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	270	174	-96	-35%	£12	£8	-£4	-32%
OPFASPCL - Outpatient first attendance single professional consultant led	2,924	3,553	629	22%	£508	£611	£103	20%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	167	120	-47	-28%	£16	£12	-£4	-24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	418	928	510	122%	£10	£22	£12	122%
OPFUPSPCL - Outpatient follow up single professional consultant led	7,623	7,720	97	1%	£633	£614	-£19	-3%
Outpatient Procedure	2,705	3,835	1,130	42%	£400	£540	£140	35%
Unbundled Diagnostics	1,786	2,169	383	21%	£125	£175	£50	40%
Wet AMD	988	1,000	12	1%	£748	£763	£15	2%
Grand Total	18,314	21,059	2,745	15%	£3,945	£4,185	£240	6%

Aintree performance is showing a £240k/6% variance against plan at month 12. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £273k/58% and £140k/35% 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 speciality.

The over performance within outpatient procedures is primarily within Ophthalmology and mainly a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support Assessment' within Respiratory Medicine has also seen activity exceed planned levels in all months in 2018/19 to date.

Despite the indicative overspend at Aintree; there is no financial impact of this to the CCG due to the Acting as One block contract arrangement.

3.7.4 Renacres Hospital

Figure 32 – 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	1,423	1,529	106	7%	£1,428	£1,342	£87	-6%
Elective	287	241	-46	-16%	£1,237	£1,019	£218	-18%
OPFASPCL - Outpatient first attendance single professional consultant led	2,532	2,637	105	4%	£428	£444	£16	4%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,232	3,447	215	7%	£213	£229	£16	7%
Outpatient Procedure	2,673	2,342	-331	-12%	£302	£364	£62	21%
Unbundled Diagnostics	836	1,110	274	33%	£75	£93	£18	25%
Physio	1,913	1,608	-305	-16%	£56	£47	£9	-16%
Outpatient Pre-op	0	1,243	1,243	0%	£0	£73	£73	0%
Grand Total	12,896	14,157	1,261	10%	£3,739	£3,611	£128	-3%

Renacres performance is showing a -£128k/-3% variance against plan at month 12. Day case and Elective activity are the highest underperforming areas with variances of -£218k/-18% and -£87k/-6% against plan respectively. Reduced Trauma & Orthopaedic 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 Criteria Based Clinical Treatments (CBCT) policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

Although Trauma & Orthopaedics is the key speciality influencing underperformance at Renacres, it should be noted that this provider is also reporting a £167k/86% over performance within the ENT speciality. Outpatient procedures and day cases account for the majority of this over performance with 'Diagnostic, Laryngoscopy or Pharyngoscopy, 19 years and over' currently £86k/245% above plan at month 12. GP referrals to the ENT speciality have increased by 92% in 2018/19 when comparing to the previous year.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 33 – 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	21	34	13	61%	£2	£4	£1	63%
Daycase	172	233	61	35%	£230	£332	£103	45%
Elective	109	207	98	90%	£621	£1,218	£597	96%
Elective Excess BedDays	30	23	-7	-24%	£8	£5	-£2	-28%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	79	129	50	64%	£6	£9	£3	41%
OPFASPCL - Outpatient first attendance single professional consultant led	408	704	296	73%	£55	£99	£44	80%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	115	187	72	63%	£7	£10	£4	56%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	148	492	344	232%	£4	£12	£8	238%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,523	2,047	524	34%	£92	£122	£30	33%
Outpatient Procedure	278	500	222	80%	£38	£67	£29	77%
Unbundled Diagnostics	275	388	113	41%	£33	£37	£4	11%
Grand Total	3,157	4,944	1,787	57%	£1,095	£1,915	£821	75%

Wrightington, Wigan and Leigh performance is showing a £821k/75% variance against plan at month 12 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip/knee 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 34 – 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	1,074	1,482	408	38%	£499	£707	£207	42%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	-17%	£0	£0	£0	-17%
OPFASPCL - Outpatient first attendance single professional consultant led	838	1,293	455	54%	£121	£183	£62	52%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	84	0	-84	-100%	£6	£0	-£6	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,584	3,082	498	19%	£142	£169	£27	19%
Outpatient Procedure	1,135	1,263	128	11%	£96	£104	£7	8%
Grand Total	5,717	7,122	1,405	25%	£864	£1,163	£298	35%

iSight performance is showing a £298k/35% variance against plan with over performance predominantly within the day case point of delivery. Day case activity is currently £207k/42% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance. Outpatient first appointments are also £62k/52% above plan with further analysis

suggesting that referrals have increased to iSight in 2018/19. The majority of this increase is attributed to referrals from an optometrist with GP referrals decreasing in 2018/19 when compared to the previous year.

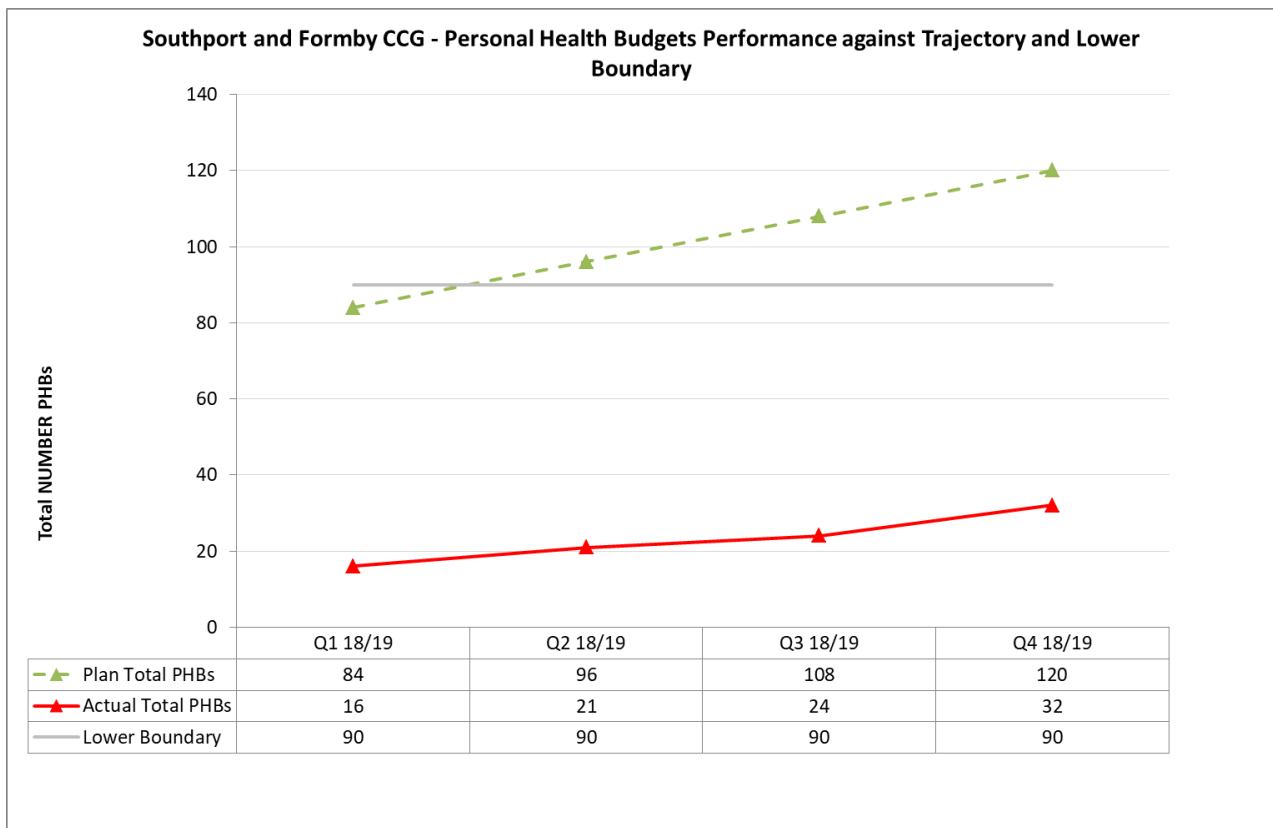
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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 2019/20. Progress is to be monitored via a contractual DQIP and during Contract Review meetings.

There is an over performance for Cataract, AMD and YAG lasers at iSight; however market share analysis of Ophthalmology indicates that activity is reducing at other Acute Providers. Referrals for cataract surgery also indicate that the majority of Southport & Formby CCG patients are opting to be treated by iSight.

3.8 Personal Health Budgets

Figure 35 - Southport & Formby CCG – 2018/19 PHB Performance



Performance Overview/Issues

In quarter 4 2018/19 a total of 8 new PHBs were reported, bringing the year to date total to 32 against a plan of 120. This equates to a rate of 25.7 per 100,000 population compared to the plan

of 96.36. 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 and Children CHC: Following on from the initial proposal submitted by Sefton Carers to deliver a pilot delivering a support and advice service an implementation group has been established. The group is currently developing a service specification; SLA; PHB Agreement and other key documents; and is working through processes and issues around implementation, monitoring and evaluation of the pilot. Any challenge around procurement will be highlighted to the Senior Management Team. Additional resource has been allocated (Commissioning Support Officer).
- Wheelchairs: The CCG is looking to progress this with key stakeholders in Q2. Additional resource has been allocated (Commissioning Support Officer).
- 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. Additional resource has been allocated (Commissioning Support Officer).
- End of Life Fast-track: The CCG looked to pilot a PHCB for EOL Fast Track Patients, as advised by NHSE. We had a potential provider interested, but we were advised this was potentially a conflict of interest and there had been a change in the governance surrounding PHCB.
- 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 36 - 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

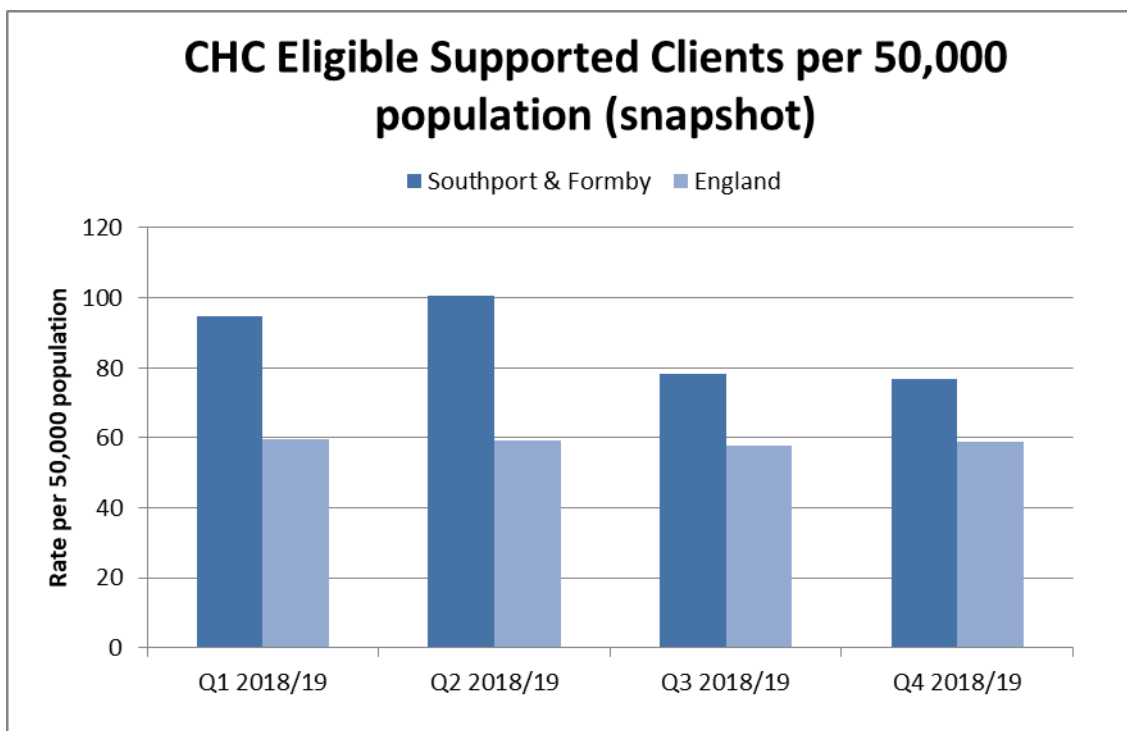


Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

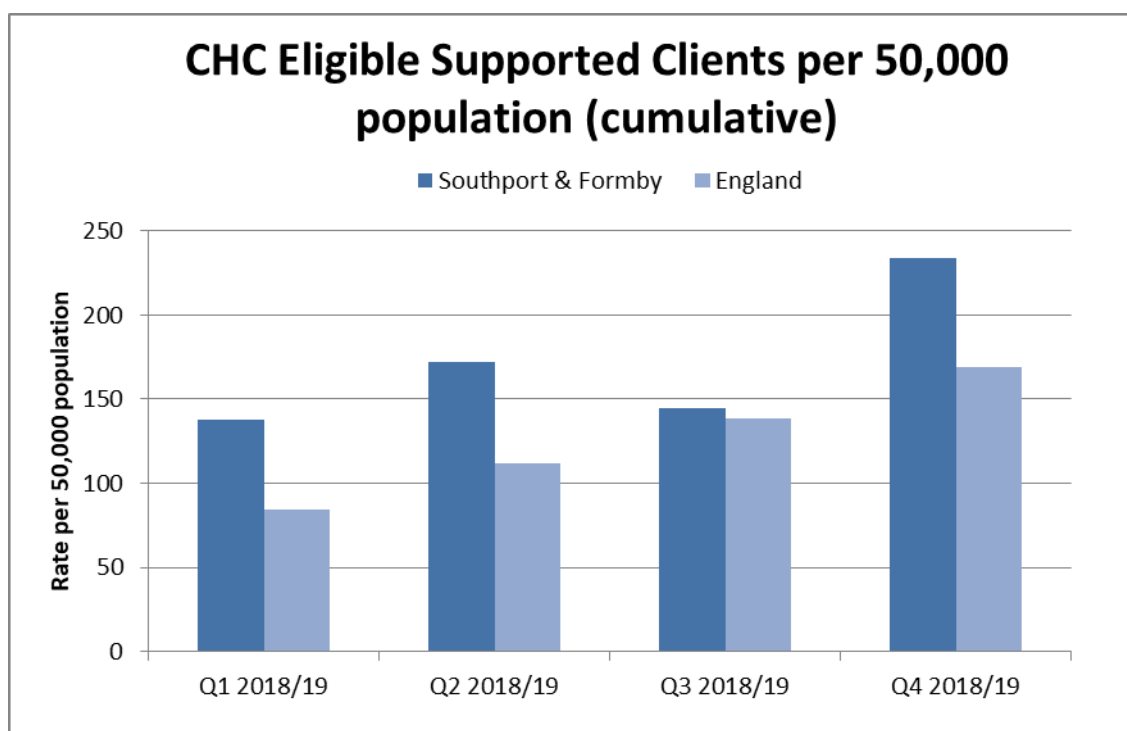


Figure 38 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

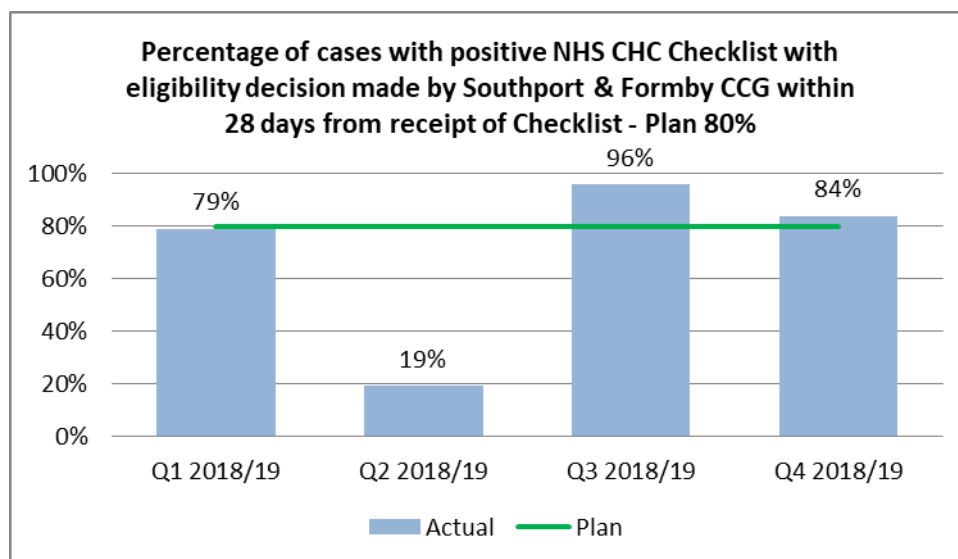
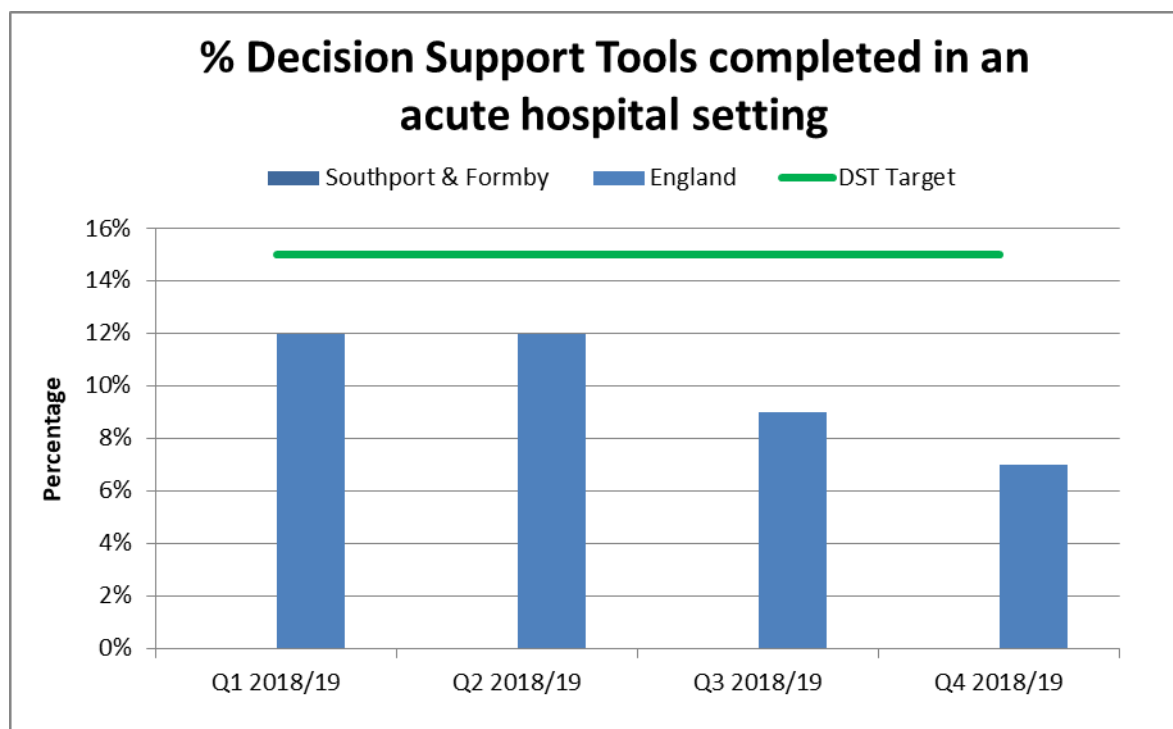


Figure 39 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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 40 - Smoking at Time of Delivery (SATOD)

	Southport & Formby				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	231	232	237	212	912
Number of women known to be smokers at the time of delivery	24	15	29	27	95
Number of women known not to be smokers at the time of delivery	207	217	208	185	817
Number of women whose smoking status was not known at the time of delivery	0	0	0	0	0
Data coverage %	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of maternities where mother smoked	10.4%	10.4%	12.2%	12.7%	10.4%

The CCG is above the data coverage plan of 95% at Q4, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 41 - 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 - Mar	95.00%	87.18%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Mar	95.00%	82.16%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Mar	STP Trajectory Target for Mar 87%	88.67%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Mar	95.00%	82.95%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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%	86.80%	87%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	91.05%	86.53%	88.24%	86.77%	88.67%

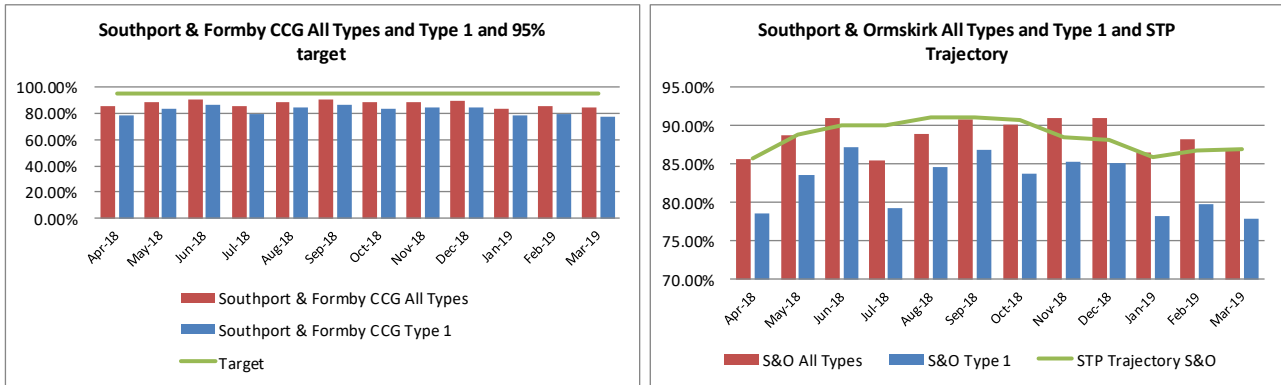


Figure 42 - A&E Performance – 12 hour breaches

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 - Mar	0	59	↑ ↓

Performance Overview/Issues

Southport & Ormskirk’s performance against the 4-hour target for March reached 86.77%, which is below the Trust’s revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 87%. Although the year end performance of 88.67% exceeds this plan, the Trust has not achieved for March.

There were 2 12-hour breaches across the month of March, bringing the year to date total to 59. 2 were down to mental health delays with the remainder due to bed pressures. 1 was due to a delay in securing a bed for an orthopaedic bed on a Monday following significant bed pressures from the weekend. The second was a delay awaiting a MerseyCare mental health patient.

With regards to acute bed pressures, there has been a continued reliance on escalation beds on a daily basis to support the shortfall of discharges compared to admissions. Unfortunately, corridor care was maintained across a number of days towards the end of March as demand for beds exceeded capacity, despite continued heightened specialty reviews to consider alternative pathways to admission, and daily discharge huddles taking place 7 days a week. Red to Green continues across the wards, and a further MADE review was held on 28 and 29 March, with some positive feedback from commissioners regarding visible grip on inpatient pathways and next steps required to support discharges. Regarding the mental health breach, extended delays in ED continue for patients awaiting admission to a mental health bed. Timelines have been completed and submitted for both 12-hour breaches

How are the issues being addressed?

Trust Actions

On the Southport site, there was a 13.5% improvement in performance (397 fewer patients waited longer than 4-hours compared to March 2018). This was despite an 11.4% increase in attendances (additional 538 patients who were all majors category). Emergency care flow remains a challenge with significant blockages in timely bed release and unprecedented peaks in times of attendance. Specialty reviews routinely take place down in A&E to consider alternative pathways to admission as there is little capacity in the assessment areas, which contributes to delays in release of ED cubicle capacity. Pressures continue to be experienced for patients requiring admission to mental

health beds, with patients routinely in the department in excess of 12 hours (from arrival time) whilst awaiting a bed. CDU and ACU continue to support ED in streaming appropriate patients, and there is further work to do to maximise opportunities to replicate this in SAU. The ED workforce model has little flex and remains vulnerable to deal with peaks in attendances, although the department has successfully recruited 4 new Physicians Associates who commenced at the end of March to support a longer term staffing model, and looks forward to welcoming 2 new substantive consultants in summer 2019.

CCG Actions

The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however we are not meeting the agreed NHSI improvement trajectory. As a system we continue to work together to improve admission avoidance, improve LOS and timely discharge pathways. The area's for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. To assist with capacity and demand modelling a programme of work has been commissioned from Venn group to give a robust service gap analysis.

There has been a significant improvement in the number of 12 hour breaches within ED however due to significant pressures this has meant that the 0% target has not been met. There are issues with the mental health pathway mostly from a Lancashire care perspective and ECIST support has provided a mental health report on how this can be improved. Work is on-going within the mental health team.

The CCG are working with NHSE and the trust to tighten the reporting of 12 hour breaches to enable adequate RCA analysis and lessons learned. This includes more robust validation processes within the CCG and the trust which has resulted in reporting delays; we continue to work on this so that the 60 day reporting period is met. The reports to date demonstrate that patient care, safety and dignity were not compromised.

When is performance expected to recover?

Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target.

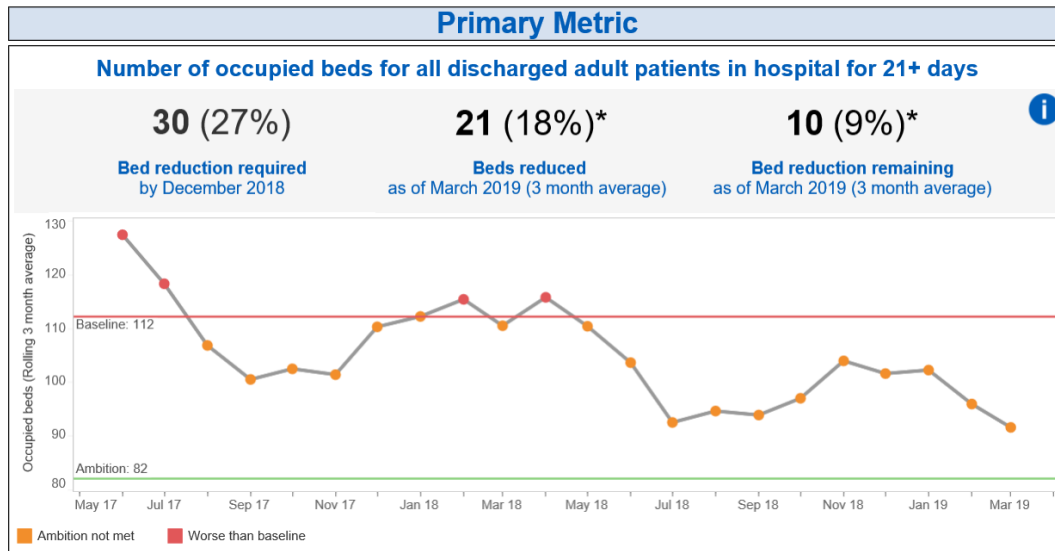
Who is responsible for this indicator?

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 43 – 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 March 2019 (rolling 3 months) shows 91 occupied beds (a reduction of 21 beds). This shows a decrease of 5 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles assessment model and community pathways to facilitate earlier discharge. Patient Flow Telecoms reviews and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

4.3 Ambulance Service Performance

In March 2019 there was an average response time in Southport and Formby of 8 minutes 48 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 25 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.

Category 1 and 2 will remain an area of major focus with performance 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. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to

share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.

Figure 44 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	18/19 - Mar	0	163	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Mar	0	38	↓

Performance Overview/Issues

In March, Southport and Ormskirk reported 163 handovers between 30 and 60 minutes, an increase on last month when 143 were reported. Handovers longer than 60 minutes also saw a decrease of 1 with 38 in March compared to 39 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?

Trust Actions

March saw a challenging month against the 4-hour standard with an increase of 11.4% in attendances (538 patients). Although the percentage of ambulances handed over within 15 minutes for March was 49.4%, this is a huge improvement compared to March 2018 performance when just 27.82% were handed over within 15 minutes. There has also been an improvement in ambulances handed over between 15 and 30 minutes - 1200 ambulances were handed over in March 2019 compared to just 700 in March 2018. Collectively, these improvements are enabling NWAS crews to attend to patients in the community faster. ED and NWAS continue to work together to reduce avoidable delays to handover.

CCG Actions

The NWAS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made. A Service Development Improvement Plan (SDIP) is being developed which links into other elements of the final agreement reached with the Trust, such as the roster review, continuing transformation, and delivery of new service models and implementation of the Lord Carter recommendations. Work has started on the detailed plans need to support the SDIP, with a final plan needing to be agreed by end of June 2019.

The CCG in conjunction with all system partners are working to improve system wide patient flow which in turn should improve hand over times. There has been a significant improvement due to the schemes and initiatives already implemented i.e. ambulance holding bay, increase in assessment areas and changes to patient pathways within ED. There is a higher level strategic work stream to commence at North Mersey and Mid Mersey level which should enhance these improvements further looking at greater utilisation and efficiency within PTS and C3/4 ambulance dispositions.

Hand overs more than 60 minutes have reduced significantly within Southport & Ormskirk Trust. The call from Regional NWS teams and CCGs is that they should be reported and treated as a never event and an RCA completed.

When is performance expected to recover?

The 2019/20 contract agreement with NWS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.

Who is responsible for this indicator?

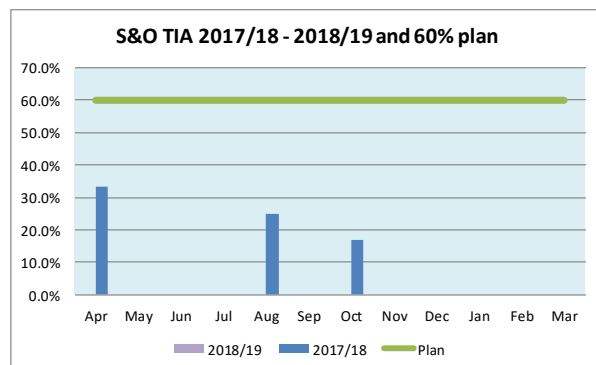
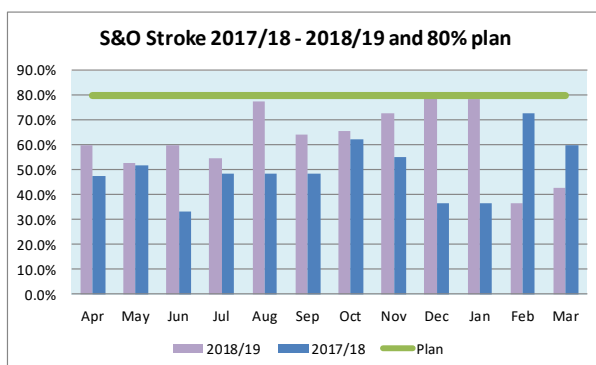
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 45 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	18/19 - Mar	80%	42.9%	↑
% 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 42.9% in March; just 12 out of 28 patients spent at least 90% of their time on a stroke unit. Unfortunately bed pressures were high throughout March which have continued to have an impact on available stroke beds.

In relation to the TIAs the CCG has been informed that Southport & Ormskirk Trust is on track to provide TIA for April 2019. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target.

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

The Trust has provided an early indication performance of 8.7% for April as a worst case scenario. The Trust is currently working on splitting out follow up activity which is partly to blame for the low percentage figure.

When is performance expected to recover?

Quarter 1 2019/20

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 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Mar	0.00	4.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Mar	0.00	7.20	↓

Performance Overview/Issues

The CCG has reported an MSA rate of 4, which equates to a total of 15 breaches in March. All 15 breaches were at Southport & Ormskirk NHS Trust.

In March the Trust had 37 mixed sex accommodation breaches (a rate of 7.20) and has therefore breached the zero tolerance threshold. Of the 37 breaches, 15 were for Southport & Formby CCG, 14 for West Lancashire CCG and 8 for St Helens CCG.

How are the issues being addressed?

The Trust had a reduction in March compared to the past few months. All single sex breaches were from Critical care and were recorded on Datix. The Trust has undertaken a review of all patients to step down from critical care and put plans in place dependant on overall trust capacity. The safety of patients throughout the trust is reviewed; manager from critical care unit now attends 12:30 bed meeting to provide update and identify suitable plans. CCG assured of privacy and dignity, breaches mainly relate to delayed discharges from critical care/capacity and flow. The Trust is working collaboratively with system partners to address flow.

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 47 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Mar	37	28	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Mar	35	12	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Mar	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Mar	109	142	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Mar	No Plan	228	↑

Performance Overview/Issues

There was 1 new cases of Clostridium Difficile attributed to the CCG in March, bringing the year to date figure to 28 against a plan of 37. (8 cases were apportioned to an acute trust and 20 to the community). The CCG has achieved their end of year plan. Southport & Ormskirk had 1 new cases

in March, bringing the total for the year to 12 against a plan of 35 and have also achieved their year to date plan.

The CCG had no new cases of MRSA in March, 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 has been exceeded. In March, 10 new cases were reported (142 YTD), against a YTD target of 109. Southport & Ormskirk reported 17 cases in March (228 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. North West 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.

The CCG and Trust achieved the C.Difficile for 2018/19 and as a result, they have a lower target of 30 for 2019/20. The target for E.coli remains the same for 2019/20 as it did in 2018/19 (109 cases).

When is performance expected to recover?

Quarter 1 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.4.4 Mortality

Figure 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Mar	100	110.80	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	113.20	↓

In March the Trust reported a steady improvement towards target. The HSMR continues to reduce and currently stands at 110.8. The likely drivers are similar to the SHMI, although as HSMR excludes patients receiving specialist palliative care input and palliative care coding has seen an increase in the past few months; it is likely that this is also an important element. As this is a 12 month rolling figure and the monthly HSMRs have been acceptable it is likely that this rolling figure will continue to improve.

For SHMI the Trust reports an improved position on same period previous 12 months. SHMI, by its construction changes very slowly and will alter after crude mortality and HSMR. The current figure represents an improved position on the comparator period of 2017.

4.5 CCG Serious Incident Management

The SI Improvement action plan was reviewed at the Joint Quality Committee (JQC). The three remaining actions had been completed and the action plan was closed. The risk on the Corporate Risk Register in relation to Serious Incident Process Management was also closed. The Quality Team will continue to report on SIs quarterly to JQC and monthly to Governing Body.

There are 55 incidents open on StEIS (down from 71 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 49 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M11)	SIs Reported (YTD)	Closed SIs (M11)	Closed SIs (YTD)	Open SIs (M11)	SIs Open >100 Days (M11)
Southport and Ormskirk Hospital	3	61	12	79	35	19
Lancashire Care	1	10	7	9	4	1
Southport & Formby CCG	0	3	1	2	2	0
Mersey Care Trust	2	17	2	17	7	2
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	1	1	1	1
Liverpool Women's	0	0	0	0	1	1
North West Boroughs	1	2	0	1	2	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	5	95	23	113	55	27

Figure 50 - 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	29	33	35	27	66	5	8	7	45

*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.

The CCG continue to meet with the trust in relation to their on-going SI improvement work in response to the Contract Performance Notice that was issued in January 2019. The CCG note a reduction of the number of outstanding breached RCA's.

As part of the improvement work being undertaken, the trust is reviewing the SI process with an options paper being composed and presented to the Hospital Management Board. Additionally RCA training is being rolled out across the organisation for staff (approximately 100 staff) who will be expected to undertake investigations. This will range from Ward Managers, Matrons, Medics and Directorate and Operational Managers. A database of trained RCA staff will be maintained and utilised when assigning investigations officers to undertake an RCA.

Figure 51 - 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	8	2	4	6	-	8	1	6	0	1

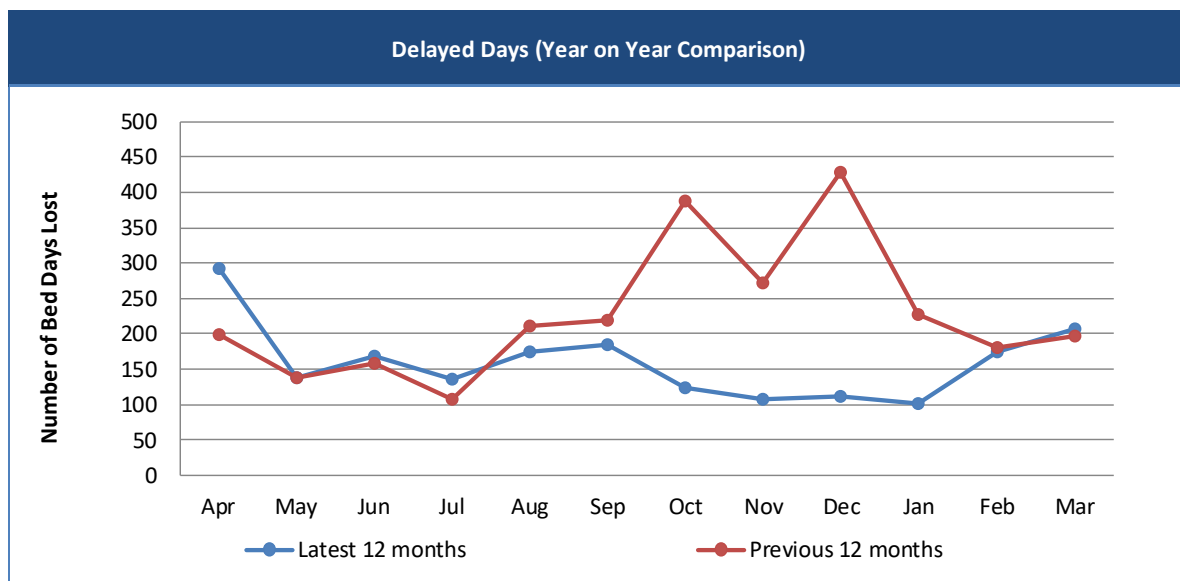
N.B. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The CCG will continue to monitor the trusts overarching Pressure Ulcer Reduction Programme Action via CCQRM.

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 52 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Mar-19	Feb-19	Mar-18
Total	206	175	196
NHS	100.0%	100.0%	100.0%
Social Care	0.0%	0.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Mar-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	8.3%
Community Equipment Adapt	10.2%
Completion Assessment	0.0%
Disputes	0.5%
Further Non-Acute NHS	3.9%
Housing	0.0%
Nursing Home	12.6%
Patient Family Choice	64.6%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in March 2019 was 206, an increase compared to March 2018 with 196.




Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in March 2019 were due to patient family choice, community equipment, nursing home and care package in own home.

It important to note that the definitions used to capture DTOCs are restrictive and are not considered to be an accurate reflection of the split between health and social care issues.

4.7 Patient Experience of Unplanned Care

Figure 53 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Mar-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	1.2%		86%	90%		8%	7%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to A&E response rates reporting 1.2% in March, a decline on last month and remaining significantly below the England average of 12.2%. The percentage of people who would recommend the service has fallen to 90% in March lower than the previous month (94%), but above the England average of 86%. The percentage not recommended has increased from 5% in February to 7% in March but again, better than 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 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8.9m/27.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £8m/24.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £7.6m/26% against plan at month 12. Aintree Hospital are also seeing an over performance of £834k/87%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 54 - Month 12 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	1,579	2,964	1,385	88%	£958	£1,792	£834	87%	-£834	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	899	912	13	1%	£377	£356	-£21	-6%	£21	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	149	139	-10	-7%	£519	£588	£70	13%	-£70	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	291	275	-16	-5%	£417	£413	-£4	-1%	£4	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,654	1,198	-456	-28%	£858	£930	£72	8%	-£72	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	8	4	97%	£41	£61	£20	49%	-£20	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	4,576	5,496	920	20%	£3,170	£4,142	£971	31%	-£971	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	118	129	11	9%	£44	£63	£20	45%	£0	£20	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£18	£18	0%	£0	£18	-
LANCASHIRE TEACHING HOSPITAL	0	198	198	0%	£0	£86	£86	0%	£0	£86	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	49	49	0%	£0	£34	£34	0%	£0	£34	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	57,834	62,888	5,054	9%	£29,343	£37,039	£7,696	26%	£0	£7,696	26%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	519	602	83	16%	£258	£273	£15	6%	£0	£15	6%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	73	52	-21	-29%	£82	£148	£66	80%	£0	£66	80%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	37	37	0%	£0	£14	£14	0%	£0	£14	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	76	76	0%	£0	£36	£36	0%	£0	£36	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	82	80	-2	-2%	£46	£74	£28	59%	£0	£28	59%
ALL REMAINING PROVIDERS TOTAL	58,626	64,151	5,525	9%	£29,774	£37,785	£8,011	27%	£4	£8,011	27%
GRAND TOTAL	63,202	69,647	6,445	10%	£32,944	£41,927	£8,982	27.3%	-£971	£8,011	24.3%

*PbR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 55 - Month 12 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	38,715	41,790	3,075	8%	£5,567	£6,007	£441	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,357	13,665	3,308	32%	£18,797	£26,117	£7,320	39%
NELNE - Non Elective Non-Emergency	1,209	1,037	-172	-14%	£2,695	£2,395	-£299	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	121	34	-87	-72%	£34	£12	-£22	-65%
NELST - Non Elective Short Stay	1,093	2,221	1,128	103%	£767	£1,538	£770	100%
NELXBD - Non Elective Excess Bed Day	6,340	4,141	-2,199	-35%	£1,484	£971	-£513	-35%
Grand Total	57,834	62,888	5,054	9%	£29,343	£37,039	£7,696	26%

*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 12 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 56 - Month 12 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	924	1,545	621	67%	£126	£221	£95	76%
NEL - <i>Non Elective</i>	388	813	425	110%	£685	£1,303	£618	90%
NELNE - <i>Non Elective Non-Emergency</i>	22	26	4	16%	£66	£77	£11	16%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	38	38	0%	£0	£9	£9	0%
NELST - <i>Non Elective Short Stay</i>	49	117	68	138%	£34	£79	£45	132%
NELXBD - <i>Non Elective Excess Bed Day</i>	196	425	229	116%	£47	£102	£56	119%
Grand Total	1,579	2,964	1,385	88%	£958	£1,792	£834	87%

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. 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 £834k/87% is mainly driven by a £618k/93% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Geriatric Medicine and Accident & Emergency. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite the indicative overspend reported at this Trust; there is no financial impact of this to the CCG due to the Acting as One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

5.1.1 Key Mental Health Performance Indicators

Figure 57 - 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	Feb-19	Mar-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%	100%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Figure 58 - 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	Feb-19	Mar-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	80.0%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	85.7%	90.0%	N/A	80.0%	85.7%

Figure 59 - 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	Feb-19	Mar-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%	100%	50.0%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%	77.8%	80.0%	88.9%	81.8%

Performance Overview/Issues

For people with a first episode of psychosis starting treatment, a performance of 50% was reported in March against the 53% target. This equated to 1 breach out of 2 patients. The breach came about due to the way that the referral was sent to the Early Intervention Team.

How are the issues being addressed?

The CCG is in discussion with our provider to develop a business case and associated investment to ensure that achievement of the standard is maintained along with the provision of NICE recommended packages of care.

The provider is taking step to ensure that referrals that are received by its Single Point of Access are appropriately directed to Early Intervention so as ensure compliance with the standard.

When is the performance expected to recover by?

Quarter 1 2019/20

5.2 Out of Area Placements (OAP's)

Figure 60 - 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
	Nov 18 to Jan 19	0

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This definition of OAPs has been developed following significant stakeholder engagement to enable progress against the ambition to be monitored. It is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England.

An out of area placement happens when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. Patients should be treated in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

Southport & Formby CCG are achieving this ambition having had 0 OAPs this financial year.

5.2.1 Mental Health Contract Quality Overview

Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint.

The Trust has 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 May 2020 onwards. Commissioners and the Trust will be working with the Trust to agree reportable KPIs and outcomes early in June 2019.

KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

- Southport & Formby CCG – 11.76% (2/17)

Eating Disorder Service			April	May	June	July	August	Sept	October	November	December	January	February	March
KPL_125	Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	85.71%	75.00%	42.86%	42.86%	60.00%		55.56%	40.00%	22.22%	30.77%	15.38%	11.76%

Performance Overview/Issues

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 12 the following performance was reported which has deteriorated significantly from Month 11.

How are the issues being addressed?

Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service. The CCGs have discussed the need for investment in the Eating Disorders Service and commissioners are meeting the Trust on 17th May 2019 to develop a business case in 2019/20 for consideration.

When is the performance expected to recover by?

Performance is linked to current service capacity which mitigates against significant recovery.

KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

- Southport & Formby CCG – 58.33% (7/12)

Falls Management and Prevention			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPL_19	Of the patients identified as at risk of falling to have a care plan in place across the trust.	98%			91.67%	58.33%

Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

How are the issues being addressed?

Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place.

When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

- Southport & Formby CCG – 75% (3/4)

Keeping Nourished			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPL_25	Patients with a score of 2 or more to receive an appropriate care plan	100%	50.00%	0.00%	50.00%	75.00%

Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported. Transition to Rio has impacted on MUST KPI's as templates in Rio are different to Epex forms therefore ward teams needed additional support.

How are the issues being addressed?

The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction.

When is the performance expected to recover by?

Quarter 1

KPI 147: Adults on Care Programme Approach receive a review within 12 months – Target 97%

- Southport & Formby CCG – 93.5% (187/200)

CPA			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_147	Adults on Care Programme Approach receive a review within 12 months.	97%	97.84%	96.77%	94.42%	93.50%

Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

How are the issues being addressed?

Some recording issues have been found. The Trust will ensure these are up to date for the next quarter.

When is the performance expected to recover by?

Quarter 1

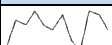
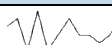

Mersey Care NHS RiO M12 update

As part of the implementation of the RiO system in June 2018 a plan was agreed between the Trust and CCGs; whereby some KPIs were suspended until RiO was able to provide KPI data. A plan of shadow reporting was set up, and then reporting of all KPIs was implemented and back dated information was supplied. There remain gaps for some measures which will be implemented going forward in 2019/20 KPI reporting.

5.3 Patient Experience of Mental Health Services

Figure 61 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Mar-19

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%	3.2%		90%	91%		3%	2%	

The Trust has fallen below the 3.4% England average for response rates, percentage recommended has gone up from 89 to 91% in March and percentage not recommended has fallen to 2%, 1% drop from February.

5.4 Improving Access to Psychological Therapies

Figure 62 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary		1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
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	217	212	243	2,483	
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%	1.14%	1.11%	1.27%	13.0%	
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%	55.1%	59.8%	60.7%	56.2%	54.1%	
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%	
	2018/19	99.4%	99.4%	99.3%	97.6%	98.9%	98.3%	100.0%	99.3%	100%	100.0%	100.0%	96.0%	99.1%	
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%	
	2018/19	100%	100%	100%	99%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100%	
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107	
	2018/19	167	163	140	162	100	118	112	147	80	101	87	73	1,450	
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	4	3		46	
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	43	58	51	41	759	
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%	81.7%	86.7%	88.0%	

Performance Overview/Issues

Cheshire & Wirral Partnership NHS FT reported 243 Southport & Formby patients entering treatment in Month 12. This is an increase compared to previous month when 212 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 12 was 1.27% and therefore failed to achieve the standard. The year-end Access rate was 13.0%. Accommodation has limited availability.

The percentage of people moved to recovery decreased slightly with 56.2% compared to 60.7% in the previous month. This satisfies the monthly target of 50% for the seventh consecutive month. The year-end Recovery rate was 54.2% and the target was achieved for the year which is an improvement on last years' performance.

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. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.

Accommodation in Gordon House in Southport now allows the provision of evening groups to be run and a full schedule is now in place.

Three staff returning from maternity leave and long term sickness will also have a positive impact on the service capacity.

When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Gordon Jones

5.5 Dementia

Figure 63 - Dementia casefinding

NHS Southport & Formby CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540	1687	1691	1693
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8	2208.8	2211.8	2220.8
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%	76.5%	76.2%
Target	66.7%	66.7%	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 64 - 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	348	150	124	150	128	151		450	600
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%	18.5%	8.0%	6.6%	8.0%	6.8%	8.0%		24.0%	32.0%

Performance Overview/Issues

The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating variation on historical data.

Quarter 3 performance shows the CCG not achieving the 8% target, with 128 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 6.8%. Despite this performance the year to date access rate is already meeting the 32% target with another quarter to go in the year.

How are the issues being addressed?

VENUS has been submitting data directly to the CCG which in turn will be uploaded to MHSDS via the national SDCS collection process. The CCG has supported VENUS in obtaining and implementing a new clinical system which supports the delivery of the services they are commissioned to deliver. This system will enable the organisation to flow data to MHSDS for 19/20 as well as providing additional functionality to support quality improvements and outcome measurement.

When is the performance expected to recover by?

The predicted access rate for 18/19 is circa 38%, which exceeds the national target of 32%.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Peter Wong

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 65 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	18	2	21	5	23	3	21
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5	27	3	25
%	100.00%	81.82%	100.00%	84.00%	100.00%	85.19%	100.00%	84.00%

Performance Overview/Issues

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

Figure 66 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	2	2	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3	2	4
%	100.00%	50.00%	100.00%	66.67%	100.00%	66.67%	100.00%	50.00%

In quarter 4, the CCG had 4 patients under the urgent referral category, 2 of which met the target bringing the total performance to 50% against the 100% target. The 2 patients who breached waited between 1 and 4 weeks.

Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area. Service works with small numbers and a single case can cause the KPI to be breached, this is understood nationally.

How are the issues being addressed?

Work is being undertaken by the Provider to reduce DNAs.

Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June.

When is the performance expected to recover by?

Improvement is dependent upon extra capacity being considered and agreed by the CCG in June.

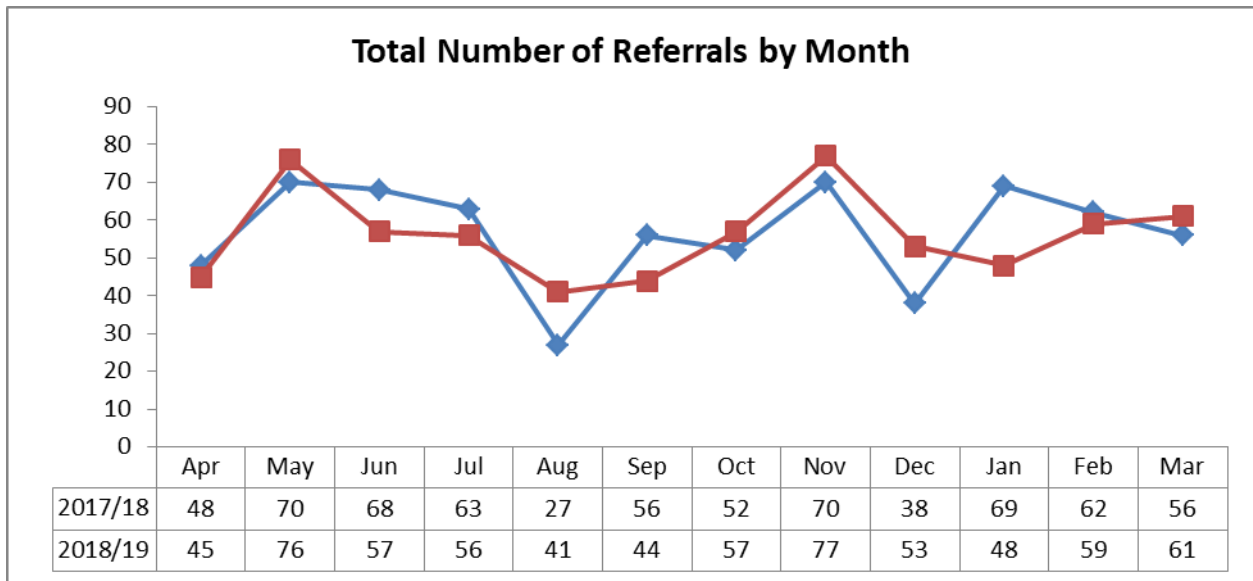
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Peter Wong

5.8 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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 67 – CAMHS Referrals



Throughout quarter 4 2018/19 there were a total of 168 referrals made to CAMHS from Southport and Formby CCG patients. There has been a slight upward trend from January onwards.

The remaining tables within this section will focus on only those 40 Referrals that have been accepted and allocated.

Figure 68 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	37.5%
2-4 Weeks	16	40.0%
4- 6 Weeks	4	10.0%
6-8 weeks	1	2.5%
8-10 Weeks	2	5.0%
Over 10 Weeks	2	5.0%
Total	40	100%

Of those Referrals during January to March 2018/19 that have been allocated and an assessment taken place, 37.5% (15) waited between 0 and 2 weeks for the assessment. 95% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of the two referrals that waited over 10 weeks from referral to intervention, 1 waited 87 days (12.4 weeks) and the other waited 90 days (12.8 weeks) which was the maximum wait in the given time period.

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 69 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	6	15.0%	30.0%
2-4 Weeks	6	15.0%	30.0%
4- 6 Weeks	3	7.5%	15.0%
6-8 weeks	4	10.0%	20.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	2.5%	5.0%
(blank)	20	50.0%	
Total	40	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.

50.0% (20) of all allocated referrals did not have a date of intervention. Of these, 5 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 15 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 15 waiting for an intervention, 5 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If these 20 referrals were discounted, that would mean 60.0% (12) of referrals waited 4 weeks or less from referral to intervention. All of referrals where an intervention took place had their first intervention within 12 weeks. This is an improved performance to the previous quarter when 4 referrals waited over 12 weeks from referral to intervention.

Performance Overview/Issues

Specialist CAMHS has had long waits up to 20 weeks.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20 releasing capacity across the whole service.

When is the performance expected to recover by?

Impact of NHSE funding will be seen in the first quarter of 19/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Vicky Killen	Peter Wong

5.9 Learning Disability Health Checks

Figure 70 – 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%

Performance Overview/Issues

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 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.

How are the issues being addressed?

The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check.

When is performance expected to recover?

Quarter 2 2019/20

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Geraldine O'Carroll

5.10 Improving Physical Health for people with Severe Mental Illness (SMI)

As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.

To support this objective CCG's are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2018/19. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.

Figure 71 – SMI Health Checks in Primary Care Setting

Data Period	The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission'	Number of Patients who had all six elements of the Physical Health Checks	% of Patients who had all six elements of the Physical Health Checks
Q2 2018/19	1,480	217	14.7%
Q3 2018/19	1,416	265	18.7%
Q4 2018/19	1,418	364	25.7%

Performance Overview/Issues

The most recent data period is January to March 2018/19. In the 12 month period to the end of quarter 4 2018/19, 25.7% of the number of people on the GP SMI register in Southport and Formby CCG received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (18.7%).

How are the issues being addressed?

A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee (LMC). EMIS screens to enable data capture are being validated on 3rd June 2019.

When is performance expected to recover?

Performance should improve from Quarter 2 2019/20 onwards.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Gordon Jones

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) are in the process of discussing possible new indicators for inclusion in 2019/20 quality schedule. 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.

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. The CCG has commissioned an external review of the current provision.

6.1.3 Waiting Times

Figure 72 – Outpatient Clinic Waiting Lists (RTT Applicable)

Service	0-6 weeks	7-12 weeks	13-18 weeks	19-24 weeks	Grand Total	Comments
Adult Therapies - Neurology	37	7			44	
Adult Therapies - Non Neuro	39	17			56	
Adult Therapies - SALT	11	11	4	1	27	Patient has now been seen.
Adult Therapies - Vestibular	11	6	1		18	
Dietetics	138	37	2	1	178	Patient choice. Patient has now been seen.
Falls Service	92	2			94	
Pain Management			1		1	Data cleansing undertaken with regard to the existing caseload. Training for staff and RTT arranged to assist data quality
Podiatry	382	314	170	44	910	x38 Future appt made, x6 Patient Choice rebooked. All patients on the current waiting list have been issued with an appointment before the end of May.
Grand Total	710	394	178	46	1328	

The information above shows Southport & Formby CCG patients who are waiting on an incomplete pathway for RTT applicable services. All patients waiting between 19-24 weeks have either now been seen or have an appointment booked.

Figure 73 – Outpatient Clinic Waiting Lists (Non RTT)

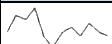
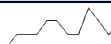

Service	0-6 weeks	7-12 weeks	13-18 weeks	19-24 weeks	25+ weeks	Grand Total	Comments
Community Matrons Total						0	
Continence Total	110	37	3			150	
Diabetes Total	37	7				44	
ICRAS/Frailty	22	2	1	1		26	Patient for continuing healthcare
Psychology Total	2	1			1	4	Data Quality and has now been amended.
Stoma Total	9	2				11	
Treatment Room	51	3	1		3	58	x 3 Data Quality
Grand Total	231	52	5	1	4	293	

The information above shows Southport & Formby CCG patients who are waiting on an incomplete pathway for non RTT services. The Trust has stated that the 4 patients waiting at 25+ weeks were data quality issues. The Trust has informed the CCG at monthly information sub group meetings that regular validation of waiting lists continues.

6.2 Patient Experience of Community Services

Figure 74 - Lancashire Care Friends and Family Test Performance

Latest Month: Mar-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.3%	0.6%		94%	99%		2%	1%	

Lancashire Care is reporting a response rate of 0.6% in March against an England average of 3.3%.

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 Alder Hey Community Services

6.4.1 Services

An initial meeting has been held with Alder Hey, Liverpool CCG and South Sefton CCG regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for Children's services. Please see Appendix A for further details Paediatric activity and performance information.

6.4.2 Waiting Times

Figure 75 – Numbers of Referrals for Paediatric SALT

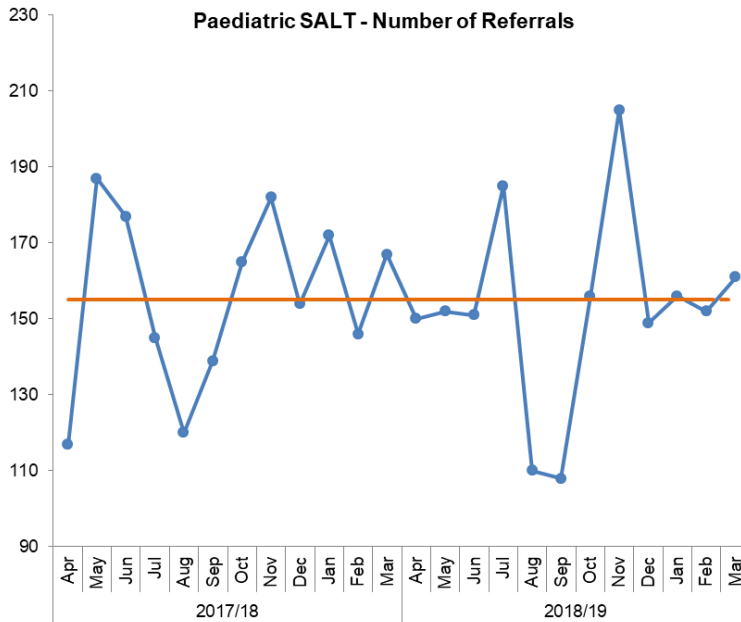
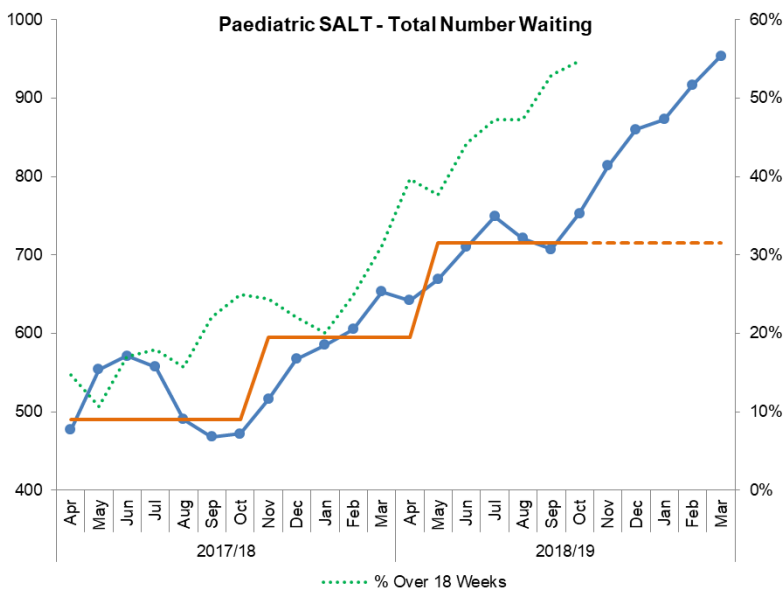


Figure 76 – Total Numbers Waiting for Paediatric SALT



Performance Issues/Overview

The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92nd percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was two patients waiting at **54**

weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.

How are the issues being addressed?

The issue of Sefton long waiters for SALT has been previously raised and discussed at a number of contract review meetings. Alder Hey submitted a recovery plan and options appraisal to the CCG for review. Additional funding of £50k has been provided by the Sefton CCGs as part of additional Neuro development investment. Recruitment has now taken place and the CCGs have asked to see the impact of this on reducing waiting times.

6.4.3 Patient DNA's and Cancellations

Figure 77 – Outpatient Clinic DNA Rates: Paediatric Dietetics

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	66	698
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	18.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.9%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.8%	17.2%	14.3%

Performance Issues/Overview

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2019 this increased further with a rate of 17.2%.

How are the issues being addressed?

The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. The CCG will also raise this at the next contract review meeting in June 2019.

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

Figure 78 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	10	1	10	2	10	8	10	12
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	10	14
%	100.00%	100.00%	100.00%	40.00%	100.00%	57.14%	100.00%	85.71%

Performance Overview/Issues

Lancashire Care has reported 12 patients out of 14 receiving equipment within 18 weeks for quarter 4, a performance of 85.71%. This is an improvement on Q3 and local data shows the Trust is now achieving the 100% target in March 2019.

How are the issues being addressed?

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.
- 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

We commission a range of services from local voluntary, community and faith (VCF) organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Shaping Sefton, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents.

Age Concern – Liverpool & Sefton

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

Alzheimer's Society

The society continued to deliver dementia support sessions in GP practices during 2018-19. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2018-19 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

Crosby Housing and Reablement Team (CHART)

During 2018-19 the service accommodated approximately 150 service users and supported a further 120 people to stay in their current place of residence. The service helped around 40 people avoid admission to hospital and enabled around 80 patients to be discharged. In addition to this, the service prevented around 60 people from becoming homeless.

Expect Limited

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during

2018-19 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

Imagine independence

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2018-19 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews. Around 100 people managed to secure paid work for over 16 hours per week and around 30 managed to secure paid work for less than 16 hours per week. The service supported people in retaining their current employment and liaised with employers on their behalf.

Netherton Feelgood Factory

This 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). Three paid staff were employed together with a small number of volunteers. Examples of work carried out during 2018-19 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

Parenting 2000

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

Sefton Advocacy

During 2018-19 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

Sefton Carers Centre

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers to pursue rights to services and to meet needs due to barriers, especially for children with emotional or behavioural issues. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to develop Personal Health Budgets.

Sefton Council for Voluntary Service

BME community support worker – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2018-19 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

Children, Young People and Families Lead (Every Child Matters) - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including under-represented groups) and developing training opportunities. During 2018-19 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

Health and Wellbeing Trainers - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2018-19. Referrals came from various sources. The top three referrers to the service were from the police (41%), self-referrals (19%) and safeguarding children (15%). Other referral sources included adult social care, children's centres, family and friends, housing and VCF organisations.

"[Sefton Women's & Children's Aid] service has been invaluable to us and we are truly thankful for your advice, patience and listening ear."

Stroke Association

The association provides information, advice and support for patients and their families post stroke and is delivered within hospital and community settings alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. 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.

"H is a 67 year old stroke survivor with balance difficulties, memory problems, right-sided weakness and mobility issues. Prior to the stroke he was independent, with an active social life, living in Spain with his wife. H was anxious about having another stroke. Lacking confidence he felt isolated and had concerns around accommodation, finance and benefits. To address these, the Stroke Association completed several home visits; provided information about stroke, associated balance problems, medication and fatigue. A successful application for Independence at Home grant to purchase a bed was made. H was supported in completing a housing benefits application form, helped to find suitable accommodation and referred to Citizens Advice Bureau for housing assistance. He was also signposted to peer support to reduce isolation, and referred to the physiotherapist for his balance difficulties."

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, available by professional referral, for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

“Mrs H had been struggling with depression for as long as she could remember and had taken medication for most of her life. It was the milestone of her 80th birthday that had made her decide that she wanted to make changes. Her GP suggested that she come to talk to someone at the Swan Centre. Following the session, she said:

“It was so refreshing to finally be listened to. I have spent most of my life feeling like people just assumed that I had nothing worth saying.”

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 79 - 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%

A CCG working group 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 went live from 1st October 2018 and all GP practices are now offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

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. St Marks Medical Centre was inspected on 24th April achieving an overall rating of 'Good'. All the results are listed below.

Figure 80 – 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	24 April 2019	Good	Good	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

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

9. Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

Figure 81 – 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 length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27,310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	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 A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. 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, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation 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 but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	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 of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 82 – BCF High Impact Change Model Assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	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 continues to progress 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 has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
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 monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
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 ongoing of impact alongside social work activity at weekend to move to more mature assessment.
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 implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across catchment.
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. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (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. This work will continue to be progressed in 19/20.

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 12 performance and narrative detailed in the table below.

Figure 83 – Southport & Formby CCG’s Month 12 Submission to NHS England

March Month 12 2019	Month 12 Plan	Month 12 Actual	Month 12 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,808	2,607	-7.2%	An increase in GP referrals occurred in month 12 as expected due to seasonal trends with the majority of this increase attributed to referrals to the main hospital provider. However, GP referrals in month were below plan and are also slightly below plan year to date at month 12. Other referrals remain high against the plan. 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.
Other	2,445	2,525	3.3%	
Total (in month)	5,253	5,132	-2.3%	
Variance against Plan YTD	56,057	58,004	3.5%	
Year on Year YTD Growth			6.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,421	3,796	11.0%	An issue has been identified with month 12 outpatient data whereby Alder Hey Hospital data was unavailable. As such a monthly average for this provider was applied to month 12 reporting. Variances against plan year to date are showing total outpatients (first attendances and follow ups) are within the 2% tolerance against planned levels. Local monitoring has established that first and follow up appointments have increased in month 12 from the previous month, which is against plan but activity was within the statistical norm for 1819. Applying a working days calculation also suggests that fewer OPFA were reported per day in month 12 to the previous month with slightly higher OPFUPS reported. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Follow Up	7,406	8,947	20.8%	
Total Outpatient attendances (in month)	10,827	12,743	17.7%	
Variance against Plan YTD	143,037	145,083	1.4%	
Year on Year YTD Growth			4.2%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,515	1,584	4.6%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends but with higher numbers reported each month as a result of activity at the main hospital provider. Activity in month 12 was within the 2% threshold and the year to date position is only slightly outside of this. The CCG has also seen an increase in day cases at Aintree Hospital in recent months with increased scopes being performed. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Elective Ordinary spells	263	227	-13.7%	
Total Elective spells (in month)	1,778	1,811	1.9%	
Variance against Plan YTD	19,840	20,293	2.3%	
Year on Year YTD Growth			3.3%	
Urgent & Emergency Care				
Type 1	3,819	3,964	3.8%	Local A&E monitoring has shown that the CCGs A&E activity has increased to the highest levels of the last three years in month 10 and month 12. In between this, attendances decreased in month 11 to the lowest monthly total since Apr-18. Year to date levels remain high and following the increase in month 12, 4hr performance at the main hospital provider decreased to 86.7%, which is the first month to see performance below 90% (there had previously been five consecutive months of performance exceeding 90%. CCG urgent care leads and the main hospital provider continue to work together to understand the increase in attendances and address issues with patient flow in the department. UC leads are sighted on remedial actions implemented to improve flow.
Year on Year YTD			11.1%	
All types (in month)	4,260	4,514	6.0%	
Variance against Plan YTD	47,973	52,466	9.4%	
Year on Year YTD Growth			11.5%	
Total Non Elective spells (in month)	1,244	1,752	40.8%	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 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 more aligned to planned levels YTD.
Variance against Plan YTD	14,577	19,571	34.3%	
Year on Year YTD Growth			37.7%	

12. Appendices

a. Paediatric Activity & Performance Information

12.1 Alder Hey Community Services Contract Statement

CCG	Service	Measure	Prev Yr Outturn	Plan	FOT	Variance (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Southport & Formby CCG	Paediatric Continence	Cashload at Month End	193	193	212	9.84	235	210	210	203	203	205	230	213	216	216	215	221	
		Total Contacts (Domiciliary)	1,100	1,100	1,566	42.38	125	130	84	89	120	124	240	149	100	121	92	116	
		Total New Referrals	142	140	132	-2.82	15	15	7	9	9	25	18	11	8	17	7		
	Paediatric Dietetics	Cashload at Month End	70	70	60	-23.57	65	85	75	84	94	81	84	83	86	100	93	79	
		Referral to 1st Contact (weeks Ave)	11.6	11.6	8.5	-26.72	9.3	9.3	8.3	6.3	9.7	7.5	5.9	11.1	10.3	7.9			
		Total Contacts	409	387	540	32.03	74	44	49	40	0	36	47	58	46	40	44		
	Paediatric Occupational Therapy	Total Contacts (Domiciliary)	32	31	40	26	2	4	7	2	0	5	0	7	5	2	2	3	
		Total Contacts (Clinic)	377	356	500	32.63	72	40	42	38	0	30	47	51	41	38	42	60	
		Total New Referrals	296	300	291	-2.03	18	26	17	20	25	30	23	24	15	32	27	32	
	Paediatric Occupational Therapy	Cashload at Month End	125	125	190	52.00	20	144	161	165	176	148	128	130	139	140	148	150	152
		Referral to 1st Contact (weeks Ave)	12.3	12.3	14.3	16.26	14.3	11.6	16	15.9	14.7	14.4	14.3	15.8	13.1	16.6	15.9	11.1	
		Total Contacts (Domiciliary)	3607	3495	3299	-10.54	301	348	217	327	221	261	325	293	183	277	270	265	
	Paediatric Physiotherapy	Total New Referrals	346	341	355	2.31	39	60	42	65	23	29	36	48	42	46	40	54	
		Cashload at Month End	42	42	54	27.62	5	5.4	5.1	6.2	5.3	7.9	5.4	5.9	6.4	5.4	6.3		
		Referral to 1st Contact (weeks Ave)	5.4	5.4	5.8	7.41	5	5.4	5.1	6.2	5.3	7.9	5.4	5.9	6.4	5.4	6.3		
	Paediatric SALT	Total Contacts (Domiciliary)	6839	6803	6088	-10.98	533	640	578	532	475	521	630	517	343	510	419	410	
		Total New Referrals	487	481	553	13.55	46	50	50	46	41	39	64	46	28	55	51	37	
		Referral to 1st Contact (weeks Ave)	17.8	17.8	16	-9.55	20.6	23.7	18.3	22.7	26.4	28	23.3	22.7	30.2	31.4	30.8	31.8	
Paediatric SALT	Total Contacts (Domiciliary)	5902	5882	7898	33.44	484	538	606	594	453	651	846	883	452	831	617	716		
	Total New Referrals	642	624	745	16.22	51	63	64	68	40	45	67	91	53	63	62	79		

If Plan is <10,000:

Green	FOT is <10% above or below plan
Yellow	FOT is 10%-20% above or below plan
Red	FOT is > 20% below plan
Purple	FOT is > 20% above plan

If Plan is >10,000:

Green	FOT is <5% above or below plan
Yellow	FOT is 5%-10% above or below plan
Red	FOT is > 10% below plan
Purple	FOT is > 10% above plan

12.2 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	17/18 Outturn	FOT 18/19	% Variance
Number of Referrals	150	152	151	186	110	108	156	205	140	156	152	181	1,885	1,836	-2.6%
Incomplete Pathways - 92nd Percentile	28	29	31	33	35	35	39	41	44	45	44	45			
Total Number Waiting	642	669	710	750	722	708	754	815	861	874	918	954			
Number waiting over 18 weeks	255	252	314	354	341	374	412	458	491	462	482	501			
Longest weeks waiting - weeks	56	50	54	43	43	45	45	48	50	50	51	54			
Longest weeks waiting - patients	1	1	1	1	1	1	3	1	1	6	5	2			

RAG rating

Green	<=18 weeks
Yellow	19 to 22 weeks
Red	23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

12.3 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	88	59	83	0	53	61	64	43	45	55	96	698
DNA	73	66	53	41	147	88	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	16.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.0%	0.0%	22.1%	7.8%	24.7%	10.4%	10.0%	9.8%	17.2%	14.3%

Outpatient Clinics - Cancs by PROVIDER

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	88	59	83	0	53	61	64	43	45	55	96	698
Cancellations	8	6	0	5	29	0	0	0	5	0	0	11	3	5	11	9	0	0	44
Rate	2.4%	1.8%	0.0%	1.2%	4.3%	0.0%	0.0%	0.0%	7.8%	0.0%	0.0%	17.2%	4.7%	7.2%	20.4%	16.7%	0.0%	0.0%	5.9%

Outpatient Clinics - Cancs by PATIENT

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	88	59	83	0	53	61	64	43	45	55	96	698
Cancellations	27	63	63	207	128	10	17	24	15	0	27	9	22	20	12	16	12	184	
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	9.9%	20.0%	28.0%	19.2%	0.0%	33.8%	12.9%	25.6%	31.7%	21.1%	22.5%	11.1%	20.9%	

DNAs Outpatients

<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider

<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

12.4 Alder Hey Activity & Performance Charts

