

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report August 2017

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# 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 5 (note: time periods of data are different for each source).

## CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	SORM
Cancer 2 Week GP Referral	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	SORM
Cancer 14 Day Breast Symptom	Red	Grey
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Red	SORM
Cancer 62 Day Screening	Red	SORM
Cancer 62 Day Consultant Upgrade	Green	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	Grey
IAPT - Recovery Rate	Red	Grey
Mixed Sex Accommodation	Red	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit	Grey	SORM
Stroke who experience TIA	Grey	SORM
Ambulance - Category One*	Grey	Grey
Ambulance - Category Two*	Grey	Grey
Ambulance - Category Three*	Grey	Grey
Ambulance - Category Four*	Grey	Grey

\*August ambulance data is unavailable at present. Provisional data for these new indicators anticipated in October

## Key information from this report

### Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer-term recovery plan and will be repaid with planned surpluses in future financial years.

The QIPP savings requirement, assessed at the start of the year, to deliver the agreed financial plan is £10.137m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. As at Month 6, £3.466m QIPP savings have been achieved with further savings planned in future months.

Cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contracts with Southport & Ormskirk NHS Trust and Independent Sector providers. The year to date underperformance has been assigned as a QIPP saving in Month 6.

The year to date financial position is a deficit of £0.6m and the full year forecast financial position is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

### Planned Care

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 17.3% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 15.4% higher when compared to 2016/17.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018. The latest data for E-referral Utilisation rates is August 2017 when the CCG recorded 51%. This shows an improvement in performance compared to last month when 43% was recorded.

The CCG failed the less than 1% target for Diagnostics in August recording 2.7%. Out of 1036 patients, 54 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15) and colonoscopy (18). Although this is a slight decline on last month's performance, this is an improvement on 3 months ago when 5.41% was recorded. Southport and Ormskirk also failed to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During July, the Trust failed the diagnostic monitoring standard reporting 2.35% of patients waiting in excess of 6 weeks, a decline on previous month.

In August Southport & Ormskirk Trust reported 7 cancelled operations for non-clinical reasons not being offered another date within 28 days, bringing the year to date total to 42.

The CCG achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in July with a performance of 93.44% but are failing year to date 91.44% due to previous month's breaches. The CCG also failed the target of 90% year to date for 62-day screening year to date, despite having no patients in August, due previous month's breaches, recording 84.21%. Lastly, they are also failing the 62 day standard reaching 72.97% in August (80.23% year to date) having 10 breaches out of a total of 37 patients.

Southport & Ormskirk achieved the target of 94% in July for patients requiring surgery within 31 days, recording 100%, but unfortunately are failing year to date (93.75%) due to just 1 breach in April. Southport & Ormskirk are also under the 85% target for the 62 day standard recording 77.38% in August and year to date 80.10%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust had seen an increase in response rates for inpatients over recent months, from 11.1% in February to 18.5% in July. However this has decreased again in August to 13.3%. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase from 90% in July to 91% in August, which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 6% in August and is therefore still greater than the England average of 2%.

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£697k/-4.4%. However, applying a neutral cost variance for those Trusts within the "Acting as One" block contract arrangement results in there being a total under spend of approximately £794k/5%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 data shows the CCG are below plan.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for August reached 88.42%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 91.4%.

Southport & Ormskirk had no 12-hour breaches in August, with the year to date figure remaining at 14 (3 in April, 9 in May and 2 in July).

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

August 2017 has seen a similar number of calls 111 calls made by Southport and Formby patients compared to last month, with 1,623 in July and 1,625 in August. There has been a reduction when compared to August 2016, from 2,281 (7% reduction).

The number of calls from Southport and Formby patients to the GP OOH service has risen in August 2017 to 938, an increase of 3.6%. This is in line with previous year's reporting. GP OOH calls from nursing homes within Southport and Formby have reduced slightly from 89 to 86. Compared to the same point in the previous year, year to date the current financial year has received 74 more calls.

Southport & Ormskirk failed the stroke target in August recording 48.65%, with only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows no change in performance from July. During August 2017, there were 13 TIA's referrals, 4 of these were reportable for which the Trust were 25% compliant.

The CCG reported a Mixed Sex Accommodation rate of 2.0 which equates to a total of 8 breaches in August. All 8 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 12 mixed sex accommodation breaches (a rate of 2.2) and have also breached the zero tolerance threshold. Of the 12 breaches, 8 were for Southport & Formby CCG and 4 for West Lancashire CCG.



There were 5 new cases of Clostridium Difficile attributed to the CCG in August. 15 have been reported year to date. (5 apportioned to acute trust and 10 apportioned to community). For Southport & Ormskirk year to date the Trust has had 3 cases against a plan of 15 (1 new case in August), so is under plan. An E.coli target for CCGs for 2017/18 has been set at 121 cases, this is being monitored and there have been a total of 61 cases April to August against a plan of 57.

There are 89 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 47 of these incidents apply to Southport & Formby CCG patients. 42 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Southport and Ormskirk hospital increased to 7 in August, an increase of 4 on last month. Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 3. Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family and have decreased from 1.8% in July to 1.4% in August. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 80% in July to 58% in August, falling further below than the England average of 87%. The percentage not recommending has increased from 11% in July to 29% in August, rising further above the England average of 7%.

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £374k/2.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £651k/4.8%.

## **Mental Health**

The Trust failed to achieve the target of 95% for patients under CPA followed up within 7 days of discharge in August with 93.8%. Just 1 breach was a Southport & Formby CCG patient. The breach occurred due to 3 failed attempts to contact the patient.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target missed, the provider reported less Southport & Formby patients entering treatment in month 5. 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 currently set at 16.8% for 2017/18 year end. Referrals decreased slightly in Month 5 by 5.3% with 248 compared to 262 in Month 4. 67.34% of these were self-referrals, which is comparable from 67.56% in Month 4. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 42 Month 4. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery remained high at 55.3% in month 5 (from 55.1% in month 4). This exceeds the minimum standard of 50% and the year- end projection is 51.3%.

Following the implementation of the new methodology the latest data on the HSCIC websites show that Southport & Formby CCG are recording a dementia diagnosis rate in August of 71.2%, which exceeds the national dementia diagnosis ambition of 67%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH). NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

There are also new plans for Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is 100%.

### **Community Health Services**

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from Southport & Ormskirk Hospital, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc. A project plan has been shared with the CCG which outlines timescales for validation by service.

### **Primary Care**

The Family Surgery inspected in August and achieved a 'good' rating. No further inspections have taken place in September.

### **Better Care Fund**

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

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

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 30<sup>th</sup> September 2017.

The year to date financial position is a deficit of £0.6m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

The cumulative CCG position is a deficit of £6.695m, which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer-term improvement plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first six months of the financial year which are offset with underspends in other areas. The main areas of forecast overspend are within the Continuing Healthcare, Programme Projects and Reserves budgets covering the following areas:

- Cost pressures for Continuing Healthcare and Funded Nursing Care package – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System is being progressed.
- Cost Pressures in respect of pass through payments for PbR excluded drugs and devices
- Costs for referral management and prior approval services to support QIPP schemes
- Commissioning non acute, over spend for community set up costs
- Overspend in Wroughtington Wigan & Leigh Hospital in respect of increased Trauma and Orthopaedic activity, although this is offset with underspending in other providers.

The cost pressures are supported by forecast underspend on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contracts with Southport & Ormskirk NHS Trust and Independent Sector providers. The year to date underperformance has been assigned as a QIPP saving in Month 6.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. Further work to develop a robust QIPP plan and ongoing profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

The high-level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓

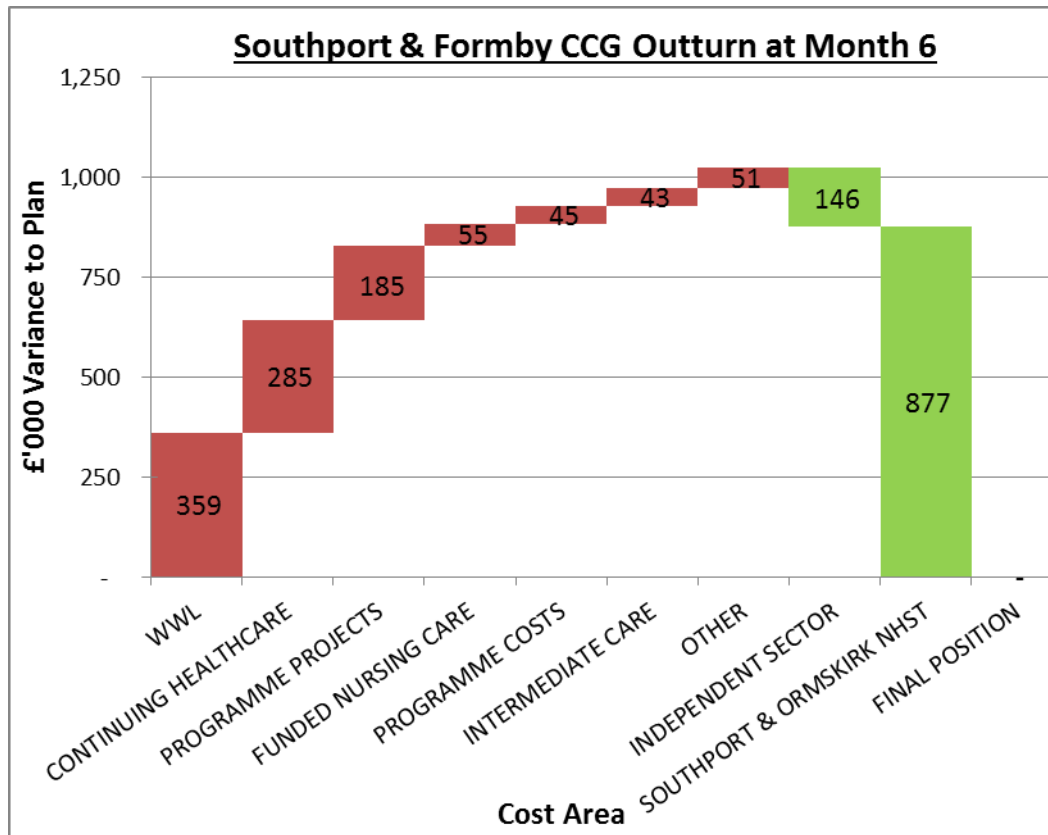
Key Performance Indicator		This Month
QIPP	QIPP delivered to date ( <i>Red reflects that the QIPP delivery is behind plan</i> )	<b>£3.466m</b>
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	<b>99.59%</b>
	NHS - Volume YTD > 95%	<b>94.82%</b>
	Non NHS - Value YTD > 95%	<b>97.21%</b>
	Non NHS - Volume YTD > 95%	<b>95.96%</b>

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England. A meeting to assess year to date performance was held on 9th October.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHSE.
- The current financial plan is to achieve a break-even position in year, this is the best case scenario and is dependent on delivery of the QIPP savings requirement in full.
- QIPP Delivery is £3.466m to date which is £0.3m behind planned delivery at Month 6.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.060m for 2017/18. The underspend is due to vacant posts.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume, which is slightly below the 95% target.

## 2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2, which presents the CCGs outturn position for the year.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.
- The main financial pressures relate to overperformance at Wrightington, Wigan and Leigh (WWL) Hospital, and cost pressures on the Continuing Care and Programme Projects budgets.
- The forecast overspend relates to the following areas:
  - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
  - Cost pressures relating to Continuing Healthcare packages.
  - Costs for referral management and prior approval services (Programme Projects budget).
  - Overspend on Funded Nursing Care (FNC).
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital.

## 2.3 Provider Expenditure Analysis – Acting as One

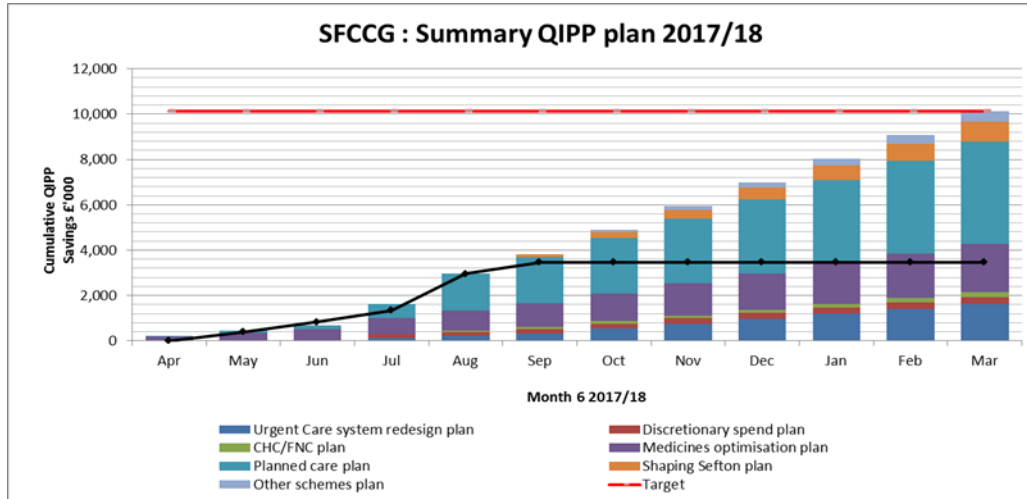
Figure 3 – Acting as One Contract Performance

Provider	Over/(Under) Performance £m
Aintree University Hospital NHS Foundation Trust	£0.486
Alder Hey Children’s Hospital NHS Foundation Trust	£0.023
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	£0.005
Liverpool Heart & Chest NHS Foundation Trust	£0.010
Royal Liverpool and Broadgreen NHS Trust	-£0.157
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.003
<b>Grand Total</b>	<b>£0.364</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.364m under usual contract arrangements.

## 2.4 QIPP

Figure 4 – QIPP Plan and Forecast



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	3,192	1,569	(269)	4,492
Medicines optimisation plan	2,118	0	2,118	1,888	0	230	2,118
CHC/FNC plan	231	0	231	15	216	0	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	120	1,500	1,620	500	1,000	120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	200	80	180	460
<b>Total QIPP Plan</b>	<b>7,607</b>	<b>2,530</b>	<b>10,137</b>	<b>5,974</b>	<b>2,895</b>	<b>1,268</b>	<b>10,137</b>
<b>QIPP Delivered 2017/18</b>				<b>(3,466)</b>		<b>0</b>	<b>(3,466)</b>

- The 2017/18 QIPP target is £10.137m (opening position). This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the joint QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. Forecast delivery is £7.429m which is 73% of the required saving.
- As at Month 6, the CCG has achieved £3.466m QIPP savings in respect of the following schemes:
  - Prescribing - £0.377m
  - Third Sector Contracts - £0.149m
  - Other Elective - £1.9m
  - Right Care MCAS - £0.374m
  - Other urgent care schemes - £0.5m
  - Referral Management Schemes £0.111m
- The Year to Date underperformance on provider contracts (mainly Southport and Ormskirk) has been assigned as a QIPP saving in Month 6. Further savings will be achieved if the current trend continues.

- The forecast QIPP delivery for the year is £7.429m which represents 100% of schemes rated Green and 50% of schemes rated Amber. A proportion of the plan remains rated red, work is required to provide assurance that further savings can be delivered.

## 2.5 Risk

**Figure 5 – CCG Financial Position**

	<b>Recurrent £000</b>	<b>Non-Recurrent £000</b>	<b>Total £000</b>
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
<b>Revised surplus / (deficit)</b>	<b>(6.549)</b>	<b>(3.588)</b>	<b>(10.137)</b>
Forecast Outturn (Operational Budgets)	(1.778)	1.778	0.000
Reserves Budget	0.000	0.000	0.000
<b>Management action plan</b>			
QIPP Achieved	2.966	0.500	3.466
Remaining QIPP to be delivered	4.641	2.030	6.671
<b>Total Management Action plan</b>	<b>7.607</b>	<b>2.530</b>	<b>10.137</b>
<b>Year End Surplus / (Deficit)</b>	<b>(0.720)</b>	<b>0.720</b>	<b>0.000</b>

- The CCG forecast financial position is breakeven
- The underlying position is a deficit of £0.720m; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**

**Figure 6 – Risk Adjusted Financial Position**

<b>Southport &amp; Formby CCG</b>	<b>Best Case £m</b>	<b>Most Likely £m</b>	<b>Worst Case £m</b>
<b>Remaining QIPP requirement</b>	<b>(6.671)</b>	<b>(6.671)</b>	<b>(6.671)</b>
Predicted QIPP achievement (Months 6-12)	5.199	3.963	0.741
Reserves / I&E impact	0.318	0.318	0.318
<b>Forecast Surplus / (Deficit)</b>	<b>(1.154)</b>	<b>(2.390)</b>	<b>(5.612)</b>
Further Risk	(0.607)	(1.095)	(4.175)
Management Action Plan	1.761	1.761	1.261
<b>Risk adjusted Surplus / (Deficit)</b>	<b>0.000</b>	<b>(1.724)</b>	<b>(8.526)</b>

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of £1.724m and assumes that QIPP delivery will be £7.429m in total with further risk and mitigations as per the best case scenario. The likely case has improved by



£1.000m since the last months report, this is due to an agreed stretch target with NHS England of £0.500m and a reduction of risks relating to NCSO following discussions with NHS England. The stretch target is yet to be actioned and will be monitored for the remainder of the year.

- The worst case scenario is a deficit of £8.526m and assumes reduced QIPP delivery, additional risks in respect of prescribing (No Cheaper Stock Option), elective activity and winter pressures.

## 2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18					
	M12	M1	M2	M3	M4	M5	M6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	11	11	11
Receivables	2,041	1,478	2,167	1,817	1,824	1,502	3,311
Cash	160	4,183	5,135	1,791	4,777	4,805	2,914
Payables & Provisions	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)	(11,615)	(11,707)
Value of debt > 180 days old (6months)	723	723	723	723	734	734	722
BPPC (value)	98%	101%*	100%	99%	100%	100%	100%
BPPC (volume)	96%	97%	96%	94%	94%	95%	95%

\* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed BPPC data

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £0.722m. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been discussed at the CCG's Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD for 2017/18 was notified at £181.225m at Month 6. The actual cash utilised at

Month 6 was £91.837m which represents 50.70% of the total allocation. The balance of MCD to be utilised over the rest of the year is £89.388m.

- Performance against BPPC targets continues to improve. Work will continue to review performance to identify items which are incorrectly categorised and therefore affecting performance on a monthly basis

## 2.7 Recommendations

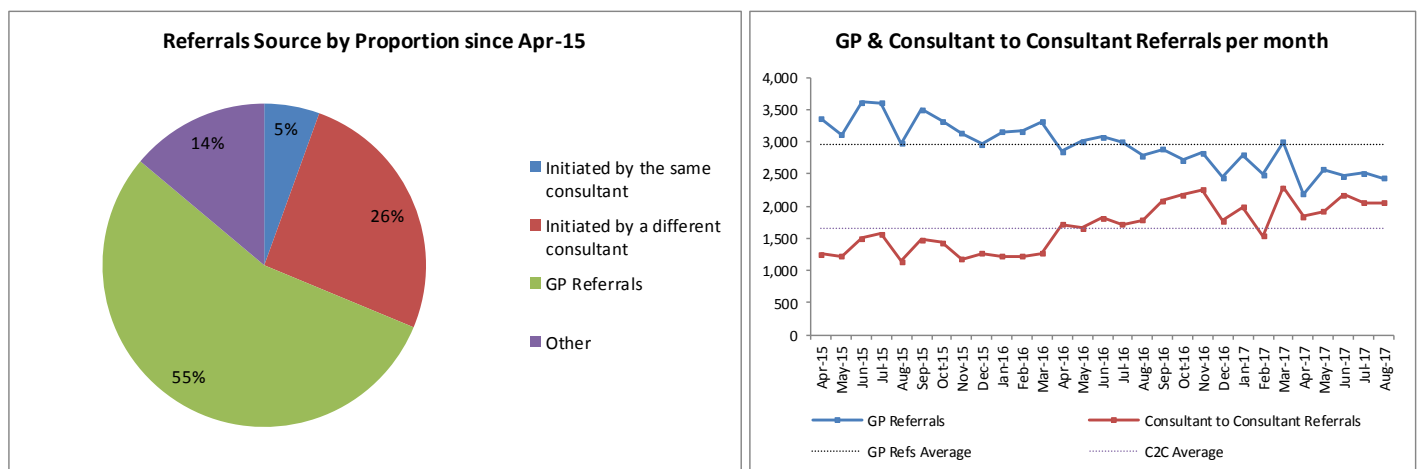
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is a deficit of £0.6m. The forecast financial position is breakeven. This assumes that the CCG will recover this position in the latter half of the year. This represents the CCG's best case scenario assuming that the current trends lead to delivery of savings and that the QIPP plan is delivered in full. The CCG's most likely case scenario forecasts a deficit after risk and mitigation of £1.724m.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited or no clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support has been evident from member practices which has enabled the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCG's resources.

## 3. Planned Care

### 3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18



**Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18**

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	Jul-17	Aug-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,185	2,572	2,472	2,513	2,438	14,725	12,180	-2,545	-17.3%
<b>GP Total</b>			<b>2,185</b>	<b>2,572</b>	<b>2,472</b>	<b>2,513</b>	<b>2,438</b>	<b>14,725</b>	<b>12,180</b>	<b>-2,545</b>	<b>-17.3%</b>
Other	01	following an emergency admission	270	226	256	231	270	2,283	1,253	-1,030	-45.1%
	02	following a Domiciliary Consultation	1		1	2	1	4	5	1	25.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	295	259	1,373	1,393	20	1.5%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,200	1,330	1,560	1,448	1,451	4,641	6,989	2,348	50.6%
	06	self-referral	190	176	166	145	153	691	830	139	20.1%
	07	A Prosthetist			1			2	1	-1	-50.0%
	08	Royal Liverpool Code (TBC)	27	41	46	41	50	203	205	2	1.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	14	17	122	101	-21	-17.2%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	55	270	294	24	8.9%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	6	8	2	33.3%
	13	A Specialist NURSE (Secondary Care)	3	2	1	6	2	19	14	-5	-26.3%
	14	An Allied Health Professional	84	115	97	91	98	837	485	-352	-42.1%
	15	An OPTOMETRIST	78	92	85	65	119	461	439	-22	-4.8%
	16	An Orthoptist	1	6	2	2	4	23	15	-8	-34.8%
	17	A National Screening Programme	57	48	30	43	34	364	212	-152	-41.8%
	92	A GENERAL DENTAL PRACTITIONER	39	31	32	42	32	210	176	-34	-16.2%
	93	A Community Dental Service						0	0	0	#DIV/0!
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	246	255	1,333	1,119	-214	-16.1%	
<b>Other Total</b>			<b>2,490</b>	<b>2,609</b>	<b>2,907</b>	<b>2,730</b>	<b>2,803</b>	<b>12,842</b>	<b>13,539</b>	<b>697</b>	<b>5.4%</b>
Unknown				1			1	5	2	-3	-60.0%
<b>Grand Total</b>			<b>4,675</b>	<b>5,182</b>	<b>5,379</b>	<b>5,243</b>	<b>5,242</b>	<b>27,572</b>	<b>25,721</b>	<b>-1,851</b>	<b>-6.7%</b>

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, with the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards.

In 2017/18 to date, monthly referrals have been below average. GP referrals in 2017/18 to date are 17.3% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 15.4% higher when compared to 2016/17. Significant increases within Clinical Physiology being the main cause for variance.

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17. A coding change was

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

### 3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - August	80% by Q2 17/18 & 100% by Q2 18/19	51.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018.

The latest data for E-referral Utilisation rates is August 2017 when the CCG recorded 51%. This shows an improvement in performance compared to last month when 43% recorded. CCG's Informatics provider assisting practices to further utilise the e-referral system.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - August	<1%	2.70%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - August	<1%	2.35%	↑

The CCG failed the less than 1% target for Diagnostics in August recording 2.7%. Out of 1036 patients, 54 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (15) and colonoscopy (18).

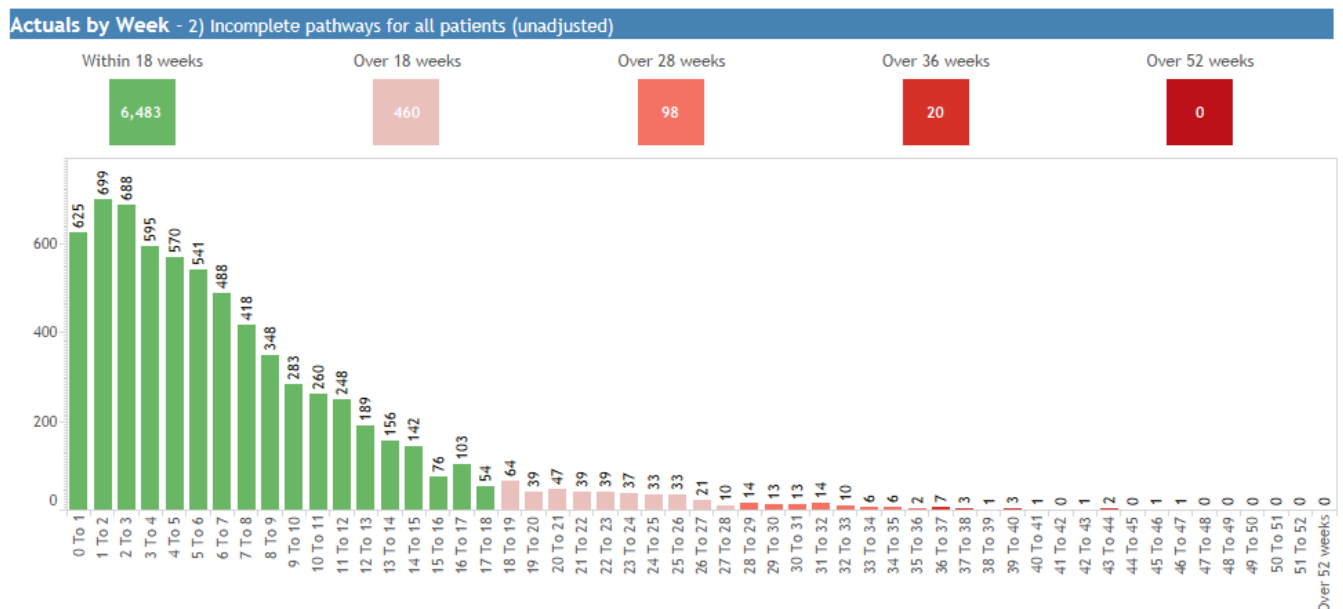
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. August's performance has seen an increase from 1.5% to 2.4%. In reviewing service provision, capacity and demand has a significant part to play in the activity and breaches that occur. Actions are being taken to provide a PTL pivot for all diagnostic services with the aim to manage all diagnostic activity prospectively during Friday's performance meeting and in service teams daily / weekly in order to consider providing additional capacity in advance where possible to mitigate and or reduce the risk of breaches. Some diagnostic services simply do not have the physical space or specialist kit and so other service delivery initiatives are being explored. The ECHO service has significant staffing issues as 1 member of staff is off sick and one is due to leave leaving one member of staff insitu. A review of 3rd party provisions being costed up to provide immediate substantive NHS staff cover and to manage turnaround and activity. Currently reviewing dermatology and Echo cover and obtaining costing and activity delivery options.

### 3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	17/18 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	17/18 - August	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	17/18 - August	92%	93.38%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	17/18 - August	92%	93.74%	↔

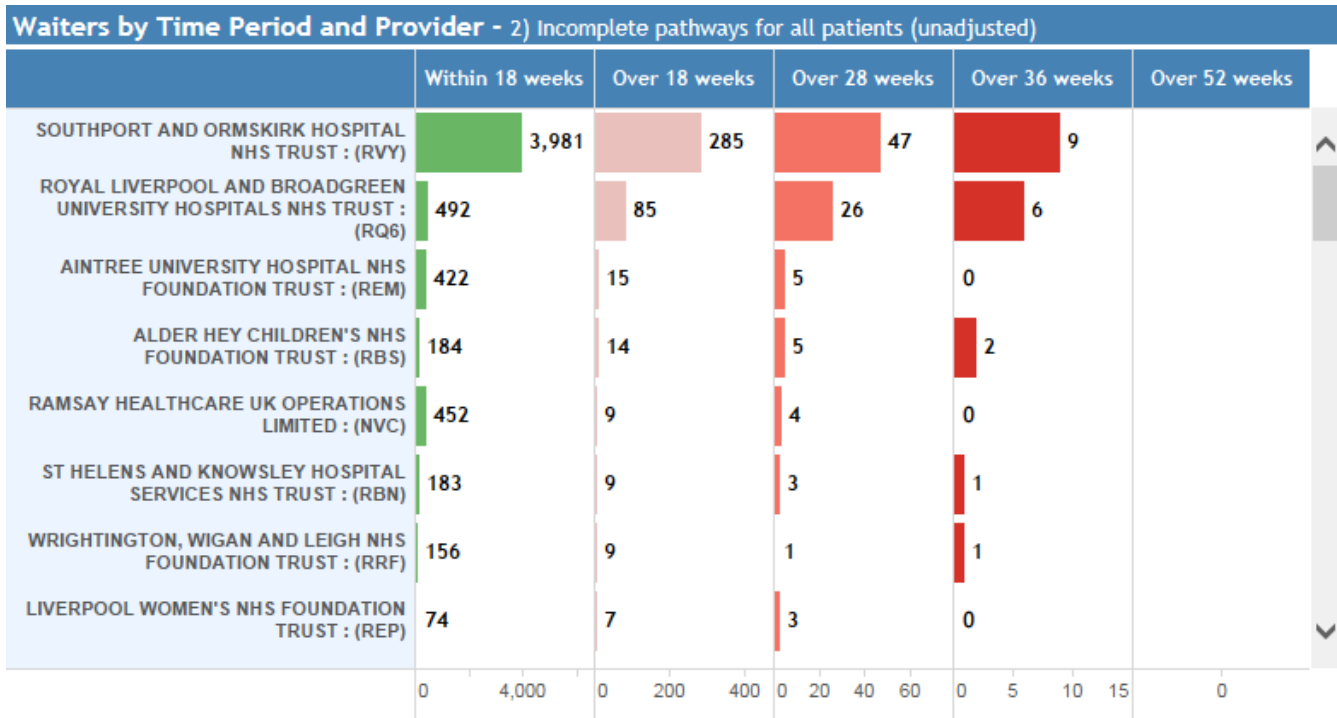
#### 3.3.1 Incomplete Pathway Waiting Times

Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - 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 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

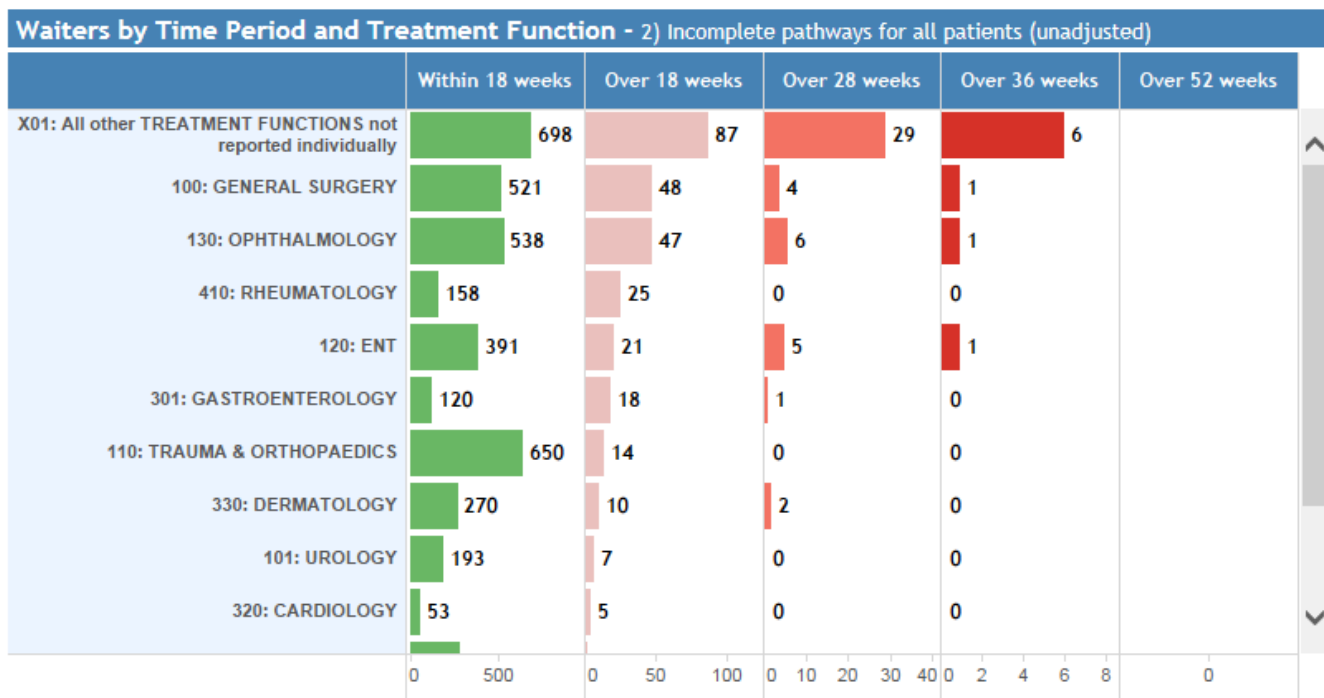
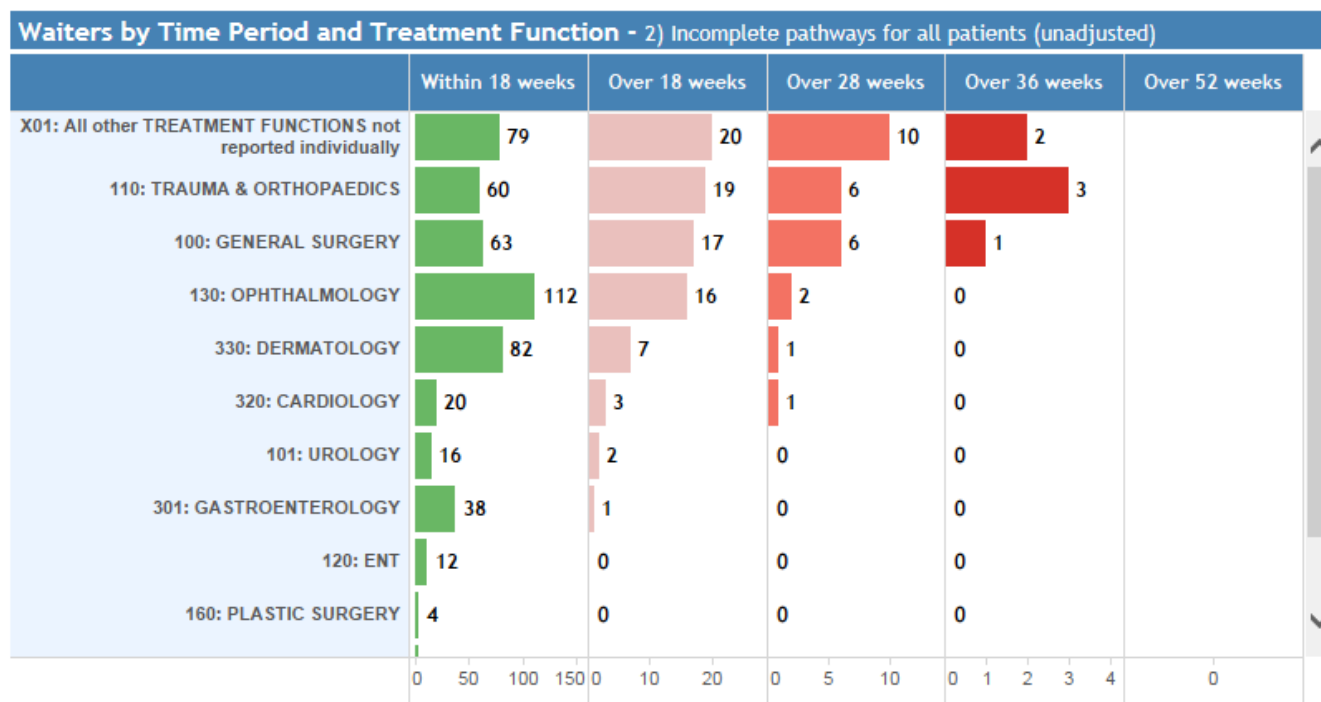


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



### 3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Southport & Ormskirk	General Surgery	40	Attended appt 19/09/2017 TCI Admission 25/09/2017	New Patient 14/12/2016 required MRI. MRI 13/01/17 F/up 10/03/17 required operation Pre-op 24/03/17, re swab 16/06/17, re swab 19/09/17 Operation 25/09/17
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	42	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	43	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	45	Treatment no longer required, no longer on waiting list	Capacity
Southport & Formby CCG	Alder Hey	All Other	46	has a OPD Appt date	Community Medicine
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	43		Patient listed for surgery at week 1 of 18 week pathway Patient booked for surgery 02/10 (week 48)

Royal Liverpool & Broadgreen did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of August 2017, (85.70%). Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and Respiratory Medicine) are resulting in the 'Other' category failing the target.

### 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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Southport &amp; Ormskirk</b>	17/18 - August	0	7	7 ↑

Southport & Ormskirk reported 7 cancelled operations in August, bringing the total YTD figure to 42. The Trust contacted for further information regarding the breaches.

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Southport &amp; Ormskirk</b>	17/18 - August	0	0	7 ↔



### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	17/18 - August	93%	94.18%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	93%	94.92%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - August	93%	91.44%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	93%	N/A	↔

The CCG achieved the target of 93% in August for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 93.44% but are failing year to date 91.44% mainly due to previous months breaches. In August, there were a total of 61 patients and 4 patient breaches.

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients and the importance of delivering timely and effective messages to patients about the timescale for appointments.

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	17/18 - August	96%	98.58%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	96%	98.63%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - August	94%	96.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - August	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	94%	93.75%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - August	98%	98.67%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - August	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in August for 31 day subsequent treatment recording 100%, but are failing year to date due to 1 breach in April. The breach was a skin patient and the wait was 38 days due to an ENT capacity problem.

### 3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
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)	17/18 - August	85% (local target)	85.45%	↑
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)	17/18 - August	85% (local target)	91.56%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - August	90%	84.21%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - August	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - August	85%	80.23%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - August	85%	80.10%	↔

The CCG had no patients in August for 62-day wait from referral from an NHS screening service but are still failing year to date recording 84.21% due to previous breaches.

The CCG failed the 85% target for the 62 day standard in August recording 72.97% with 10 breaches out of 37, and year to date with 80.23%. The longest wait was 171 days, a gynaecological patient at Southport & Ormskirk whose delay was due to 3 trust pathways and delay in referral to Clatterbridge on day 145. All breaches of 104 days or more are subject to harm reviews.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in August with 77.38% and YTD with 80.10%. In August there were the equivalent of 9.5 breaches out of 42 patients seen in total.

NHS England's National Plan identifies particular Trusts with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. The Trusts have weekly performance calls with NHS England. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18. Identified Trusts are as follows:








- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust
- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

### 3.6 Patient Experience of Planned Care

#### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	13.3%		96%	91%		2%	6%	
Q1 - Antenatal Care	N/A	-		96%	*	—	2%	*	—
Q2 - Birth	N/A	12.0%		96%	96%		2%	0%	—
Q3 - Postnatal Ward	N/A	-		94%	95%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	*	—	1%	*	—

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

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

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust had seen an increase in response rates for inpatients over recent months, from 11.1% in February to 18.5% in July. However this has decreased again in August to 13.3%. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase from 90% in July to 91% in August, which is well below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 6% in August and is therefore still greater than the England average of 2%.

For maternity services, the percentage of people who would recommend and not recommend the service, for those areas where data has been captured, are in line with the England average. (If an organisation has less than five respondents the data will be suppressed with an \* to protect against the possible risk of disclosure).

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

The Deputy Director of Nursing from the Trust attended the CCG EPEG meeting in July to present the Trust's Patient and Carer Strategy. Patients and carers were involved in the development of this new strategy. The Trust have agreed to return in 4 months to provide an update for this and to evidence improvements as a result of the new strategy.

The CCG dashboard aims to monitor patient experience from all acute and community providers, this is up-dated quarterly and cited at EPEG.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£697k/-4.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £794k/5%.

At individual providers, Aintree (£172k/11%) and Wrightington, Wigan and Leigh (£154k/34%) are showing the largest over performance at month 5. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£790/9%).

Figure 14 - 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	7,369	8,280	911	12%	£1,591	£1,762	£172	11%	-£172	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,109	3,004	-105	-3%	£225	£228	£3	1%	-£3	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,011	924	-87	-9%	£418	£408	-£10	-2%	£10	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,101	849	-252	-23%	£253	£239	-£14	-6%	£14	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	6,632	6,375	-257	-4%	£1,225	£1,171	-£54	-4%	£54	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,048	933	-115	-11%	£314	£316	£1	0%	-£1	£0	0.0%
ACTING AS ONE TOTAL	20,270	20,365	95	0%	£4,026	£4,122	£97	2%	-£97	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	98	158	60	61%	£18	£46	£28	150%	£0	£28	150%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£3	£3	0%	£0	£3	#DIV/0!
FAIRFIELD HOSPITAL	46	32	-14	-31%	£8	£6	-£2	-24%	£0	-£2	-24%
ISIGHT (SOUTHPORT)	1,731	2,191	460	27%	£358	£368	£10	3%	£0	£10	3%
RENACRES HOSPITAL	6,123	5,150	-973	-16%	£1,637	£1,459	-£178	-11%	£0	-£178	-11%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	45,383	42,071	-3,312	-7%	£8,625	£7,836	-£790	-9%	£0	-£790	-9%
SPIRE LIVERPOOL HOSPITAL	157	163	6	4%	£37	£34	-£3	-8%	£0	-£3	-8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,829	2,079	250	14%	£461	£446	-£15	-3%	£0	-£15	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	175	141	-34	-19%	£51	£31	-£21	-40%	£0	-£21	-40%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	84	121	37	45%	£15	£25	£10	65%	£0	£10	65%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	67	67	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	129	118	-11	-8%	£42	£36	-£6	-15%	£0	-£6	-15%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,257	1,715	458	36%	£450	£604	£154	34%	£0	£154	34%
ALL REMAINING PROVIDERS TOTAL	57,011	54,039	-2,972	-5%	£11,704	£10,910	-£794	-7%	£0	-£794	-7%
<b>GRAND TOTAL</b>	<b>77,282</b>	<b>74,404</b>	<b>-2,878</b>	<b>-4%</b>	<b>£15,729</b>	<b>£15,032</b>	<b>-£697</b>	<b>-4.4%</b>	<b>-£97</b>	<b>-£794</b>	<b>-5.0%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - 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	4,560	4,604	44	1%	£2,483	£2,329	£-154	-6%
Elective	651	593	-58	-9%	£1,662	£1,446	£-216	-13%
Elective Excess BedDays	153	88	-65	-43%	£37	£21	£-16	-44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	625	260	-365	-58%	£105	£45	£-60	-57%
OPFASPCL - Outpatient first attendance single professional consultant led	5,595	4,748	-847	-15%	£969	£810	£-158	-16%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,578	626	-952	-60%	£120	£54	£-66	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,290	14,939	-1,351	-8%	£1,343	£1,219	£-124	-9%
Outpatient Procedure	11,275	11,920	645	6%	£1,506	£1,522	£16	1%
Unbundled Diagnostics	4,657	4,293	-364	-8%	£401	£389	£-11	-3%
<b>Grand Total</b>	<b>45,383</b>	<b>42,071</b>	<b>-3,312</b>	<b>-7%</b>	<b>£8,625</b>	<b>£7,836</b>	<b>£-790</b>	<b>-9%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Month 5 continues the trend of the previous in 2017/18 showing under performance in both activity and finance positions across the majority of PODs. Day case activity picked up slightly in June and July but has since dropped in August. Elective activity has picked up slightly in the latest two months but remains below planned levels in each of the months in 2017/18. Trauma & Orthopaedic activity in both Elective and Day Case PODs is a main factor in the under-performance; linked to the continued performance of the MCAS service.

Other notable specialties affecting Day Case figures are General Surgery, ENT, Ophthalmology and Clinical Haematology. Further staffing and capacity issues in Pain Management is also contributing to the reduced levels.

Outpatient activity and finance is also below planned levels for the year with the Trust showing a shift in activity from attendances to procedures in line with new guidance and coding rules. The main specialties contributing to the lower levels of activity are Ophthalmology, General Medicine, Rheumatology and Gynaecology, but the majority of specialties are under plan. The main factor for the reduced levels is the decrease in GP referred activity since April, sustained throughout 2017/18.

Alongside reduced levels of GP referred activity is the impact of Joint Health, Federation Cardiology service and Dermatology redirected referral to DMC. All this is affecting planned care activity as a whole. As noted by the planned care table across all providers, no shift in activity has been seen thus indicating a genuine decrease.

### 3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 16 - 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	338	379	41	12%	£198	£275	£77	39%
Elective	175	151	-24	-14%	£398	£348	-£50	-13%
Elective Excess BedDays	44	49	5	11%	£11	£12	£1	6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	58	31	-27	-47%	£12	£7	-£5	-44%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	106	65	-41	-39%	£5	£3	-£2	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	1,172	1,288	116	10%	£203	£221	£19	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	66	45	-21	-32%	£6	£5	-£1	-17%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	164	383	219	133%	£4	£9	£5	133%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,045	3,164	119	4%	£251	£256	£5	2%
Outpatient Procedure	1,070	1,436	366	34%	£157	£207	£50	32%
Unbundled Diagnostics	740	825	85	11%	£52	£69	£17	33%
Wet AMD	390	464	74	19%	£295	£351	£55	19%
<b>Grand Total</b>	<b>7,369</b>	<b>8,280</b>	<b>911</b>	<b>12%</b>	<b>£1,591</b>	<b>£1,762</b>	<b>£172</b>	<b>11%</b>

Aintree performance is showing a £172k/11% variance against plan with individual PODS varying between over and under performance. Day case activity is the highest over performing area with a variance of £77k/39% against plan. This over performance is principally within Cardiology and Breast Surgery with year to date variances against plan of £27k/258% and £22k/275% respectively.

Outpatient procedures are also over performing against plan at month 5, primarily within Ophthalmology, with a year to date cost variance of £21k/47.8%. In addition to this, the Wet AMD POD is £55k/19% above plan for Southport & Formby CCG at Aintree.

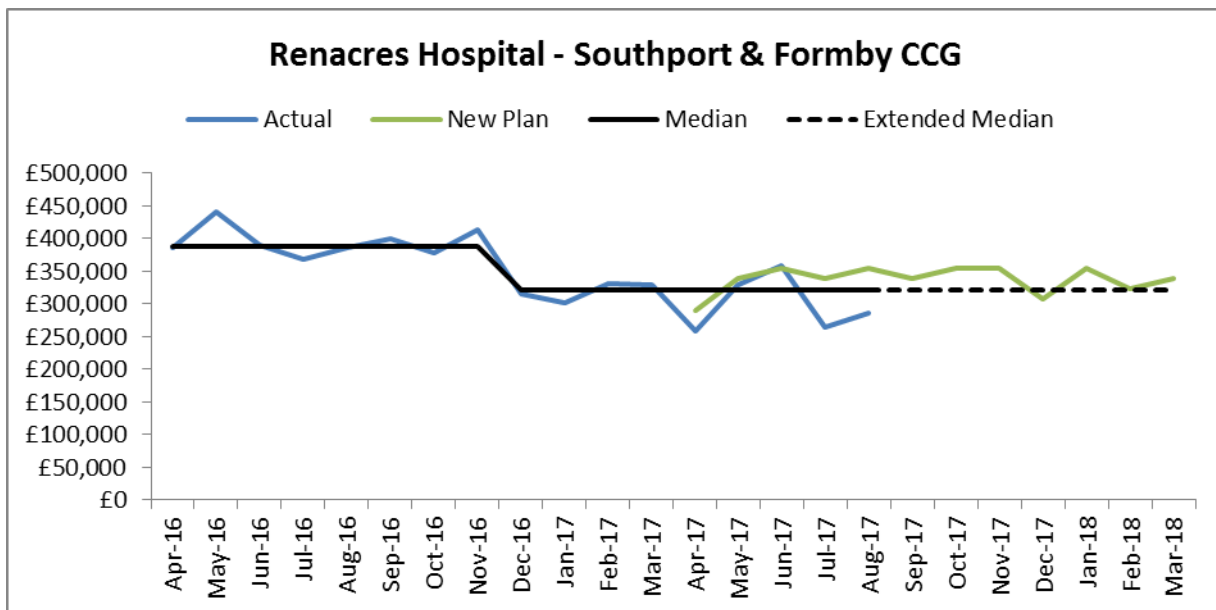
Despite the indicative overspend at Aintree, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

### 3.7.4 Renacres Trust

Figure 17 – 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	686	563	-123	-18%	£683	£541	£-142	-21%
Elective	107	111	4	4%	£456	£481	£25	5%
OPFASPCL - Outpatient first attendance single professional consultant led	1,388	1,046	-342	-25%	£223	£175	£-49	-22%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,521	1,268	-253	-17%	£98	£83	£-15	-15%
Outpatient Procedure	1,001	642	-359	-36%	£104	£100	£-3	-3%
Unbundled Diagnostics	514	359	-155	-30%	£47	£32	£-15	-31%
Physio	906	732	-174	-19%	£27	£21	£-5	-19%
Outpatient Pre-op	0	429	429	#DIV/0!	£0	£25	£25	#DIV/0!
<b>Grand Total</b>	<b>6,123</b>	<b>5,150</b>	<b>-973</b>	<b>-16%</b>	<b>£1,637</b>	<b>£1,459</b>	<b>£-178</b>	<b>-11%</b>

Renacres performance is showing a -£178k/11% variance against plan with the majority of PODS under performing at month 5. Day case activity is the highest underperforming area with a variance of -£142k/21% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.



### 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 18 – 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	9	14	5	59%	£1	£1	£1	59%
Daycase	72	92	20	29%	£95	£131	£36	38%
Elective	45	61	16	35%	£258	£336	£78	30%
Elective Excess BedDays	13	13	0	4%	£3	£3	£0	-2%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	37	6	20%	£2	£3	£1	41%
OPFASPCL - Outpatient first attendance single professional consultant led	160	255	95	59%	£22	£35	£14	63%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	73	28	62%	£3	£4	£1	54%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	88	26	43%	£1	£2	£1	43%
OPFUPSPCL - Outpatient follow up single professional consultant led	597	735	138	23%	£36	£44	£8	23%
Outpatient Procedure	109	190	81	74%	£15	£25	£11	71%
Unbundled Diagnostics	115	157	42	37%	£14	£18	£4	27%
<b>Grand Total</b>	<b>1,257</b>	<b>1,715</b>	<b>458</b>	<b>36%</b>	<b>£450</b>	<b>£604</b>	<b>£154</b>	<b>34%</b>

Wrightington, Wigan and Leigh performance is showing a £154k/34% variance against plan with the majority of PODS over performing at month 5. Elective activity is the highest over performing area followed by day cases, with a variance of £78k/30% and £36k/38% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Elective costs are due in large to Very Major Knee and Hip Procedures for Non-Trauma (CC Score 0-1). Day case costs can be attributed to activity across a number of HRGs, many with zero plan set.

### 3.7.6 iSIGHT Southport

Figure 19 – 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	397	469	72	18%	£249	£234	£-15	-6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	5	1	-4	-78%	£1	£0	£-1	-78%
OPFASPCL - Outpatient first attendance single professional consultant led	325	290	-35	-11%	£47	£42	£-5	-11%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	122	62	-60	-49%	£9	£4	£-4	-49%
OPFUPSPCL - Outpatient follow up single professional consultant led	785	957	172	22%	£43	£53	£9	22%
Outpatient Procedure	99	412	313	317%	£10	£35	£26	266%
<b>Grand Total</b>	<b>1,731</b>	<b>2,191</b>	<b>460</b>	<b>27%</b>	<b>£358</b>	<b>£368</b>	<b>£10</b>	<b>3%</b>

Isight performance is showing a £10k/3% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £26k/266% above plan at month 5 due to activity related to the HRG 'Contrast Fluoroscopy Procedures with duration of less than 20 minutes'.

### 3.8 Personal Health Budgets

#### Southport & Formby CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	14	60		64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	0	68	0	72	0
4) GP registered population (total number per CCG)	124289	124289	124289	124289	124289	124289	124289	124289
Rate of PHBs per 100,000 GP registered population	48.27	11.26	51.49	0.00	54.71	0.00	57.93	0.00

Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

### 3.9 Smoking at Time of Delivery (SATOD)

#### Quarter 1 – 2017/18

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	239	239	956
Number of women known to be smokers at the time of delivery	22	22	88
Number of women known not to be smokers at the time of delivery	212	212	848
Number of women whose smoking status was not known at the time of delivery	5	5	20
Data coverage %	97.9%	97.9%	97.9%
Percentage of maternities where mother smoked	9.2%	9.2%	9.2%

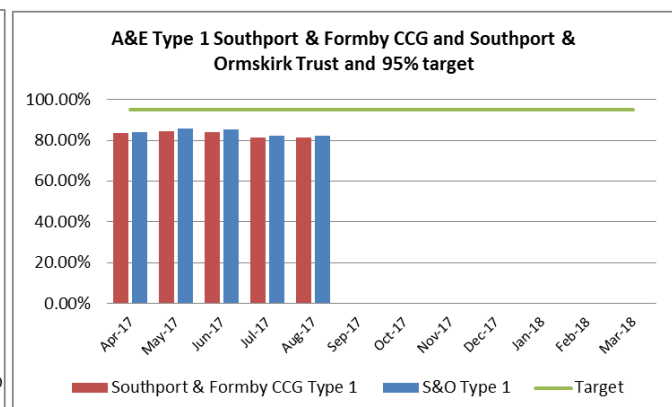
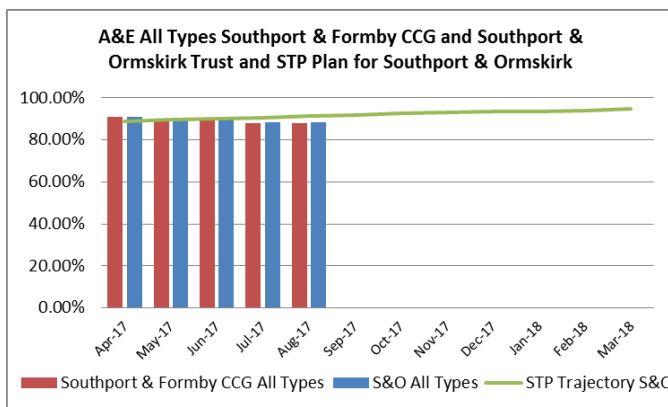
The CCG is above the data coverage plan of 95% at Q1 and also under the national ambition of 11% for the percentage of maternities where mother smoked, there is no national target for this measure.

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - August	95.00%	89.09%	↔	Southport & Formby CCG failed the 95% target in August reaching 88.08% (YTD 89.09%). In August 372 attendances out of 3,120 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - August	95.00%	83.11%	↔	Southport & Formby CCG failed the 95% target in August reaching 81.52% (YTD 83.11%). In August, 372 attendances out of 2,013 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - August	STF Trajectory Target for August 91.4%	89.54%	↔	Southport & Ormskirk have reported 88.42% in August, below the STF target of 91.4% August plan (YTD 89.54%). In August, 1,068 attendances out of 9,225 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - August	95.00%	84.01%	↔	Southport & Ormskirk have failed the target in August reaching 82.27% (YTD 84.01%). In August, 1,067 attendances out of 6,018 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	89.54%



Southport & Ormskirk Hospital have agreed revised quarterly Cheshire & Merseyside 5 Year Forward View (STP) trajectories for A&E with NHS Improvement. Monthly trajectory targets have been calculated by the Trust from the mid points from the quarterly targets agreed between the trust and NHS improvement. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance against the 4-hour target for August reached 88.42%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 91.4% for August, and year to date 89.09%. Disappointingly, performance for the Southport site alone against the 4-hour target was 75.3% compared to 84.8% last year. There was a 1.8% increase in overall ED attendances, a 6.4% increase within major's category compared to the same month last year. Despite the increase in activity at the front door, there was an 8.9% decrease in admissions compared to last year, and the overall conversion rate from attendance to admission was 33.16% compared to 36.94% last year. ED continues to consider alternative pathways for patients to avoid admission, which is evident from the reduction in admissions. ED has had a successful recruitment drive with the appointment of 4 locum

consultants for a period of 12 months; however, the junior doctor’s changeover at the start of August saw a number of unfilled training grade vacancies alongside the loss of 3 full time clinical fellow. The department is pursuing the expansion of Advanced Nurse Practitioners (ANPs) to create some stability in the lower tiers of the medical staff rota.

**Long-term actions**

The trust has identified key actions, which have been agreed at executive level as part of the ECIP programme and for our winter plan. A senior member of staff has been assigned responsibility for each initiative.

- A&E exit pathway - a range of initiatives including relaunch of ‘golden patient’, boarding, effective use of EAU and discharge lounge
- Real time information - finalisation of daily dashboard and implementation of the electronic control centre. A discharge dashboard is being further developed as part of the daily system huddles, a similar dashboard for the front door is in development, this will feed into a higher level dashboard for the AED delivery board.
- SAFER - review and relaunch the programme of work
- Safe at all times Southport and Ormskirk – reconfiguration of the ward locations to develop more assessment areas and reduce ward areas, due to go live on Southport site in November, starting with moving the Stroke ward, then moving surgical areas. This same principle is to be applied to the Ormskirk site with more elective work being moved over to create improved flow.
- D2A beds - implementation of ICRAS model. The CCG’s are currently working with West Lancashire CCG and all providers to try and reach a solution regarding our D2A bed base. The issues are predominantly workforce related as opposed to bed base and finance.
- Medicines management - a range of initiatives to include transcribing policy, ready-made packs, use of Rowlands, Omnicell, non-medical prescribers.

In terms of discharge and therapy support, the trust is significantly ahead in terms of ICRAS implementation. They have been using the Lane approach since last winter and are on with an internal development programme to up skill ward staff in discharges lanes 1 and 2, relaunching the SAFER bundle will help to expedite non-complex discharges. The daily discharge huddles have improved communication between hospital and community staff, the colocation of local authority staff, ICRAS staff and Mental Health should work towards improving this further.

In terms of improving AED performance we are working together to try and proactively manage surges in pressure. There is a lot of transformation occurring, in both the acute and community, where both providers have had to continue with service provision whilst going through a procurement which has led a degree of workforce instability.

The CCG’s have weekly meetings set up with Karen Jackson, CEO throughout winter and up to March 18, bi weekly ‘ready for discharge’ operational meeting set up with both acute, community and local authority presence progress on our initiatives report to the sub group, issues are then escalated to the AED delivery board if required.

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - <b>Southport &amp; Ormskirk (cumulative)</b>	17/18 - August	0	14	↔

Southport & Ormskirk had no 12-hour breaches in the month of August (year to date 14). CCG awaiting RCA’s for patient breaches in previous months.

## 4.2 Ambulance Service Performance

In August, NWAS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first.

NWAS is the second largest ambulance service in the country, covering over 5400 square miles geographically and employing over 4900 staff. NWAS have worked closely with staff during the implementation of ARP, which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWAS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 minutes**.
- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least **9 out of 10 times within 120 minutes**.
- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least **9 out of 10 times within 180 minutes**.

### Previous performance targets and new ARP Targets

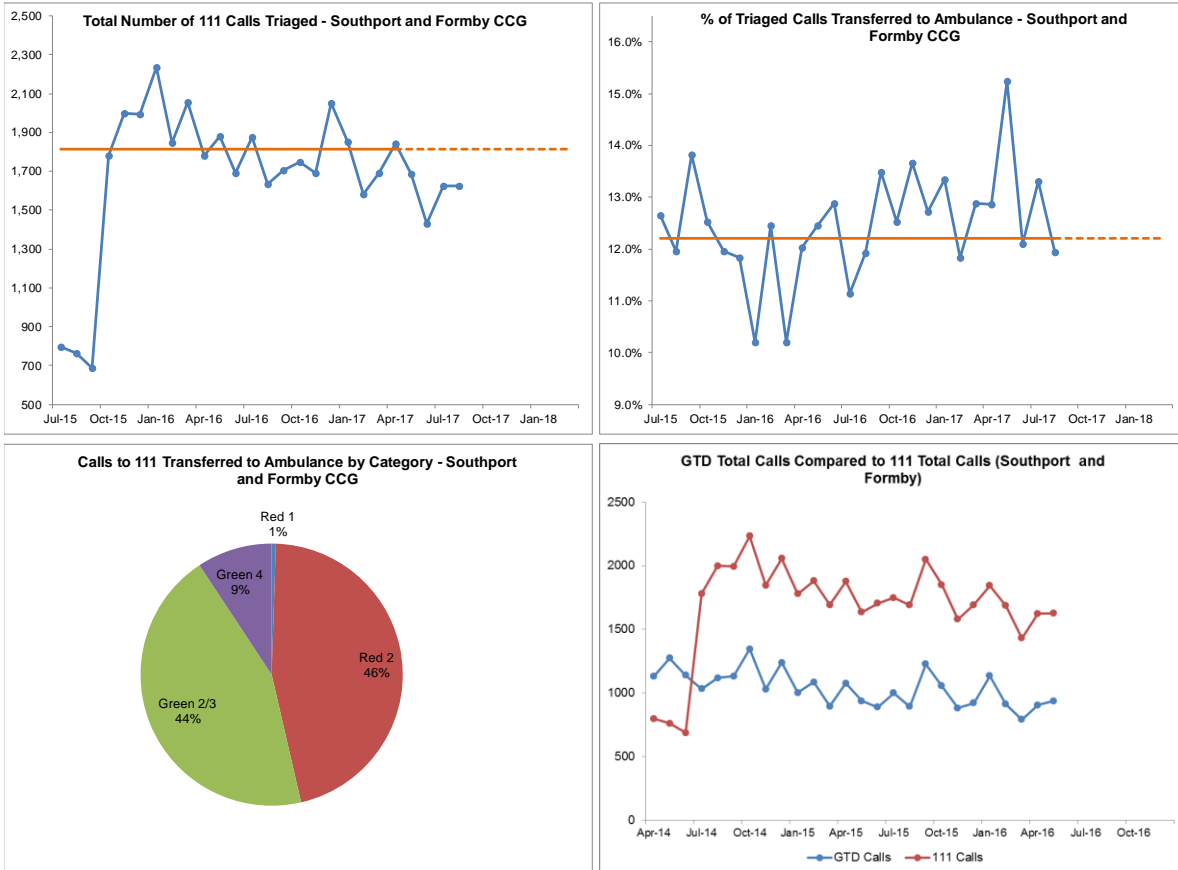
CURRENT				FUTURE ARP			
<b>RED 1</b>  Life Threatening	3% of calls (NWAS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	<b>CATEGORY 1</b>  Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
<b>RED 2</b>  Emergency Calls	47% of calls (NWAS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	<b>CATEGORY 2</b>  Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
<b>ALL RED</b>				If conveyed, transporting vehicle stops the clock			
<b>GREEN 1</b>  Emergency Care	(NWAS 5%)	95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	<b>CATEGORY 3</b>  Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
<b>GREEN 2</b>  Emergency Care	(NWAS 29%)	NW local target 30 mins response		<b>CATEGORY 4</b>  Less Urgent Calls	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
<b>GREEN 3</b>  Urgent Care	(NWAS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock			
<b>GREEN 4</b>  Urgent Care	(NWAS 14%)	NW local target Tel assessment 60 mins / 240 mins response		<b>The new response system will:</b> <ul style="list-style-type: none"> <li>Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions</li> <li>Further prioritises a time critical response for the most life threatening conditions</li> <li>Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted.</li> <li>Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time.</li> </ul>			
<b>ALL GREEN</b>	50% of calls (NWAS 56%)	No national targets (local apply)					

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - August	0	159	↑ ↓	The Trust recorded 159 handovers between 30 and 60 minutes, this is an improvement on last month when 192 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - August	0	94	↓	The Trust recorded 94 handovers over 60 minutes, this is an improvement on last month when 131 were reported.

August saw a marginal improvement compared to last month in the average notification to handover time (22:24 minutes), but this is still a drop in performance compared to April - June inclusive). The department continues to experience pressures during periods of escalation with over occupancy and severely limited space. At the end of August, the department started a pilot using radiology sub-wait overnight and at weekends to safely manage and care for 4 patients, improving privacy and dignity. Feedback from the clinical team has been positive, but there is still work to do to drive down some of the delays in ambulance handovers. A visit to Liverpool Royal is being planned to review their SOPs and protocols.

## 4.3 NWAS, 111 and Out of Hours

### 4.3.1 111 Calls



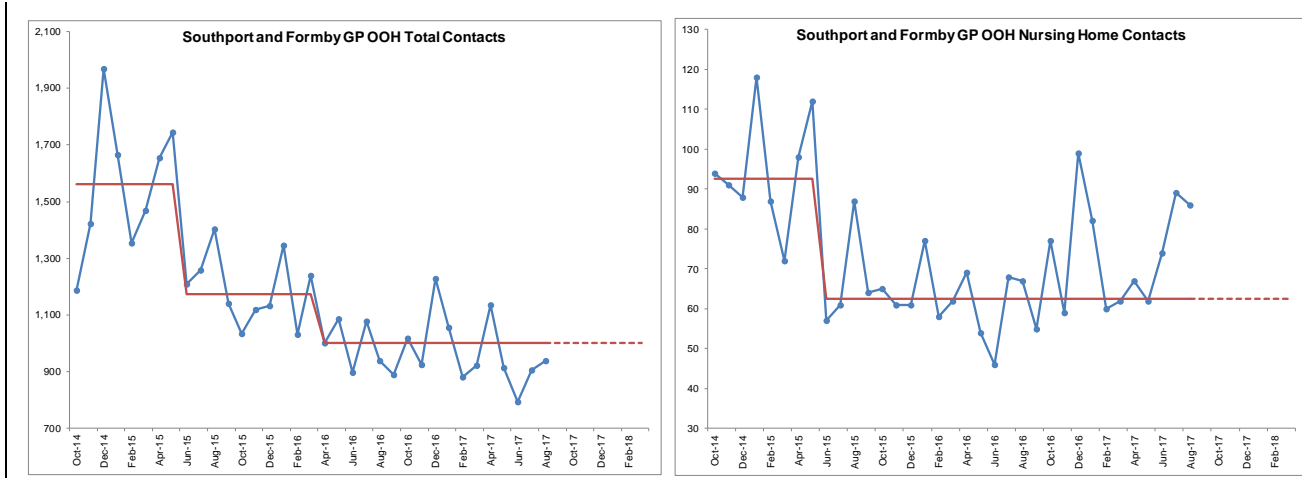
The number of calls in August 2017 remains similar to the previous month. When compared to the same point in the previous year, there have been 656 (7%) fewer calls YTD.

The breakdown for outcomes of 111 calls in August 2017 is as follows:

- 60% advised to attend primary and community care
- 16% closed with advice only
- 12% transferred to ambulance
- 10% advised to attend A&E
- 3% advised to other service.

Year to date, 16% of calls have been closed with advice only. This is a reduction on the previous year where 18.9% of calls were ended this way. This reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend A&E and advised to attend other services.

### 4.3.2 GP Out of Hours Calls



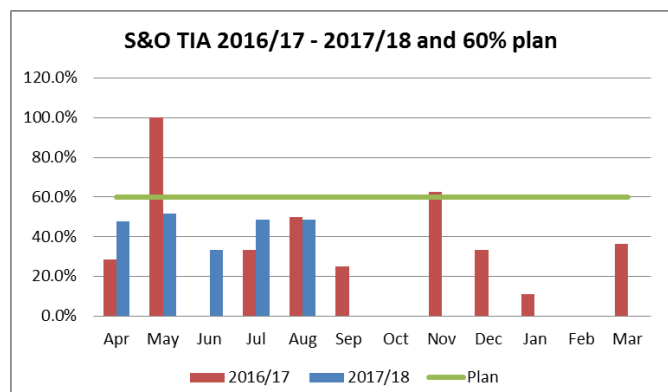
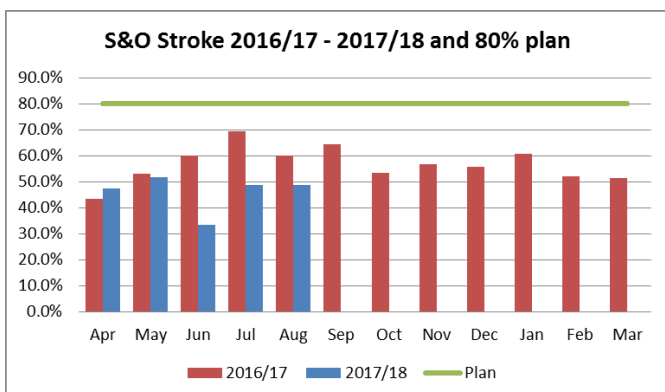
The number of calls from Southport and Formby patients to the GP OOH service has risen in August 2017 to 938. When compared to the same point in the previous year, there have been 300 fewer calls so far in the first 5 months of 2017/18.

GP OOH calls from nursing homes within Southport and Formby have reduced slightly to 86 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 74 more calls to nursing homes.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	17/18 - August	80%	48.65%	↔
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	17/18 - August	60%	25.00%	↑





Southport & Ormskirk failed the stroke target in August recording 48.65% with only 18 out of 37 patients spending 90% of their time on a stroke unit. This shows no change in performance from July. This indicator remains a significant challenge. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in next 2-3 months. An options appraisal is being considered and shared with North Mersey Board to support patient flow and dedicated placement on stroke ward.

The trust is reconfiguring their internal ward layout as part of the ‘safe at all times’ plan. The first move is the Stroke unit, which will also incorporate the hyper acute stroke unit, telemetry is currently being installed and the planned move will be November if not sooner. This will ensure that all the specialist provision is in the one place and create more bed base, which is fit for purpose. The outcome should be improved 4 hour to stroke ward and 90% occupancy indicator. Both West Lancashire and Southport & Formby CCGs met with the all providers and Elaine Day for the stroke network to review the commissioning of early supportive discharge services. Providers are currently reviewing the agree service specification with regards to what elements they can provide, the business case is then to be reviewed by the trust and then taken through the CCGs internal processes to determine investment.

During August 2017, there were 13 TiA’s referrals, 4 of these were reportable for which the Trust were 25% compliant. The key theme for reasons for breaches was delays in referrals being received following on from 1st seen and Clinic Capacity. To address the issue of clinic capacity an additional TiA clinic has now set-up every Monday, Tuesday & Thursday within AEC, this will allow for flexible capacity for urgent TiAs to be seen in a more timely manner. This went live on Monday 11th September.

#### 4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - August	0.00	2.00	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - August	0.00	2.20	↓

The CCG reported a Mixed Sex Accommodation rate of 2.0, which equates to a total of 8 breaches in August. All 8 breaches were at Southport & Ormskirk NHS Trust.

In August the Trust had 12 mixed sex accommodation breaches (a rate of 2.2) and has therefore breached the zero tolerance threshold. Of the 12 breaches, 8 were for Southport & Formby CCG and 4 for West Lancashire CCG. Although there has been an increase in mixed sex breaches in August they all relate to delayed discharges from CCU to an acute bed. These occurrences have happened on 17 days out of the month. Work continues as part of the ‘patient flow’ project to review location and provision of beds across both sites and we are relocating A ward from Ormskirk Hospital to Southport Hospital this month. There are further plans to ensure capacity meets demand.

#### 4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - August	20	15	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - August	15	3	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - August	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - August	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - August	57	61	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - August	No Plan	88	↓

There were 5 new cases of Clostridium Difficile attributed to the CCG in August. 15 have been reported year to date. (5 apportioned to acute trust and 10 apportioned to community). For Southport & Ormskirk year to date the Trust has had 3 cases against a plan of 15 (1 new case in August), so is under plan.

There were no new cases of MRSA reported in August for the CCG or the Trust and therefore both are compliant.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the target is 121, which is being monitored. There have been a total of 61 cases April to August against a plan of 57 (11 cases in August). There are no targets for Trusts at present.

#### 4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - August	100	118.48	↑
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16	100	115.88	↑

HSMR is reported for May 2017 rolling 12 month figure of 118.48 (latest).

SHMI for December 16 was 115.88 (Expected deaths– 1,166; Observed deaths – 1,352).

HSMR and SHMI are high and outside the expected limits. While both should take account of, and 'even out', factors (such as age and co-morbidities) that increase the risk of dying, and should therefore reflect the quality of care provided, this depends on the completeness of coding, itself reliant on documentation in the notes. Other technical variables also affect some of these statistics, and it is therefore acknowledged that they are better regarded as a warning of possible poor care. While coding of comorbidities is continually being looked at, we cannot afford to assume that this is the reason for

high mortality statistics, and must therefore triangulate these with other sources of information. About 90% of deaths are reviewed to ensure that care was appropriate, and this shows very few (and recently no) avoidable deaths. No Datix reports of avoidable death have been received in this period. This mortality review process is itself changing to a more robust, targeted process and standardised reports will come to Board from the end of Q3. Our performance in the AQua audit for pneumonia has improved greatly. A 'deteriorating patient' initiative is under way including physical redesign of SDGH to create a deteriorating patient hub. MACIC has requested a deep dive into mortality from pneumonia and UTI.

## **4.5 CCG Serious Incident Management**

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 5.

There are 89 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 47 of these incidents apply to Southport & Formby CCG patients. 42 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 of these being Southport & Formby CCG patients.

In total there are 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O) with 30 being Southport and Formby CCG patients. 2 remain open for >100 days at the Trust, one relates to a pressure ulcer for West Lancashire CCG community services, which will be transferred over to Virgin Healthcare Ltd. Five incidents were reported in August (18 YTD) and zero Never Events. 3 incidents were closed in month (23 YTD).

Lancashire Care NHS Foundation Trust (LCFT) reported 0 incidents in month, and there are two year to date which both occurred in July. One incident is subject to police investigation, the other a pressure ulcer. The pressure ulcer action plan which transitioned across, has been reviewed which will be tabled at the CQPG for final sign and ongoing monitoring. Clarification has been sought, to support robust serious incident processes from NHS East Lancashire and South Cumbria and NHS E C&M.

Mersey Care NHS Foundation Trust – There are five open incidents on StEIS for Southport and Formby CCG patients. Zero incidents have been reported in month (1 YTD), with zero Never Events. There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

## **4.6 Delayed Transfers of Care**

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

### Average Delayed Transfers of Care per Day - Southport and Ormskirk Hospital - April 2016 – August 2017

Reason for Delay	2016-17												2017-18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	0	0	1	1	0	0	1	2	0	0	0	2
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0	1
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3	3
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>

The average number of delays per day in Southport and Ormskirk hospital increased to 7 in August, from just 3 in July. Of the 7 delays, 3 were due to patient or family choice, 2 were waiting for further NHS non-acute care, 1 was awaiting a nursing home placement and 1 was awaiting community equipment/adaptations.

Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 3.

### Agency Responsible and Total Days Delayed - Southport and Ormskirk Hospital - April 2016 – August 2017

Agency Responsible	2016-17												2017-18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 211 in August, compared to 107 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 115 to 211.

The total number of days delayed caused by social care and by both remain at zero.

### Average Delayed Transfers of Care per Day - MerseyCare - April 2016 – August 2017

Reason for Delay	2016-17												2017-18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1
<b>Grand Total</b>	<b>28</b>	<b>34</b>	<b>33</b>	<b>51</b>	<b>42</b>	<b>37</b>	<b>42</b>	<b>41</b>	<b>43</b>	<b>40</b>	<b>34</b>	<b>40</b>	<b>35</b>	<b>30</b>	<b>34</b>	<b>36</b>	<b>41</b>

The average number of delays per day at MerseyCare increased to 41 in August from 36 the previous month. Of the 41 delays, 8 were due to housing, 8 were awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 4 awaiting residential care home placements, 3 awaiting care package in own home, 2 awaiting public funding, 1 awaiting community equipment/adaptations, 1 patient or family choice, 1 disputes and 1 other.

Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

### Agency Responsible and Total Days Delayed - Merseycare - April 2016 – August 2017

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132

The total number of days delayed caused by NHS was 613 in August, compared to 403 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 477 to 613 (136). The total number of days delayed caused by Social Care was 526 in August, compared to 574 in July showing a decrease of 48. Merseycare also have delays caused by both which was 132 in August, a decrease from the previous month of 149.

### Average Delayed Transfers of Care per Day – Lancashire Care - April 2016 – August 2017

Reason for Delay	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
B) PUBLIC FUNDING	2	2	1	1	1	0	1	2	2	3	2	2	2	3	4	4
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	0	0	0	0	0	1	1	1	1	0
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	0
D1) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	2	3	3
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	15	16	17	13

The average number of delays per day at Lancashire Care remained at 13 in August. Of the 13 delays, 4 were due to public funding, 4 awaiting nursing home placement, 2 awaiting residential care home placements, 2 disputes and 1 housing.

Analysis of average delays in August 2017 compared to August 2016 shows them to be higher by 4.

### Agency Responsible and Total Days Delayed – Lancashire Care - April 2016 – August 2017

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214

The total number of days delayed caused by NHS was 37 in August, compared to 133 last month. Analysis of these in August 2017 compared to August 2016 shows a decrease from 185 to 37 (148). The total number of days delayed caused by Social Care was 157 in August, compared to 170 in July showing a decrease of 13. Lancashire Care also have delays caused by both, which was 214 in August, an increase from the previous month of 113.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NWS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity and also exploring changing these to discharge to assess beds.




Weekly meetings between the Trust and CCG to discuss medically fit for discharge patients have been arranged.

## 4.7 Patient Experience of Unplanned Care

### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	1.4%		87%	58%		7%	29%	

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

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

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates and have decreased from 1.8% in July to 1.4% in August.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 80% in July to 58% in August, falling further below than the England average of 87%. The percentage not recommending has increased from 11% in July to 29% in August, rising further above the England average of 7%.

As previously mentioned the Trust have launched a new Patient and Carer strategy which was developed with patients and carers. The Trust will provide an update on improvements seen from this at the November EPEG meeting.

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

## 4.8 Unplanned Care Activity & Finance, All Providers

### 4.8.1 All Providers

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £374k/2.8%. However,

applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £651k/4.8%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a -£688k/-6% underspend.

**Figure 20 - Month 5 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	607	1,016	409	67%	£364	£658	£294	81%	£-294	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	373	383	10	3%	£151	£155	£3	2%	£-3	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	62	62	0	0%	£212	£216	£4	2%	£-4	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	121	108	-13	-11%	£162	£184	£22	14%	£-22	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	687	522	-165	-24%	£344	£302	£-42	-12%	£42	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	2	0	18%	£17	£14	£-3	-18%	£3	£0	0.0%
ACTING AS ONE TOTAL	1,851	2,093	242	13%	£1,251	£1,528	£277	22%	£-277	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	37	39	2	6%	£12	£10	£-3	-23%	£0	£-3	-23%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	16	16	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	23,858	23,942	84	0%	£12,142	£11,454	£-688	-6%	£0	£-688	-6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	220	203	-17	-8%	£117	£84	£-34	-29%	£0	£-34	-29%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	20	16	-4	-19%	£3	£6	£3	84%	£0	£3	84%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	28	28	0%	£0	£12	£12	0%	£0	£12	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	46	66	20	42%	£18	£36	£18	96%	£0	£18	96%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	35	47	12	35%	£20	£54	£34	175%	£0	£34	175%
ALL REMAINING PROVIDERS TOTAL	24,216	24,357	141	1%	£12,313	£11,662	£-651	-5%	£0	£-651	-5%
<b>GRAND TOTAL</b>	<b>26,067</b>	<b>26,450</b>	<b>383</b>	<b>1%</b>	<b>£13,564</b>	<b>£13,190</b>	<b>£-374</b>	<b>-2.8%</b>	<b>£-277</b>	<b>£-651</b>	<b>-4.8%</b>

\*PbR

## 4.8.2 Southport and Ormskirk Hospital NHS Trust

**Figure 21 - Month 5 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	15,619	15,940	321	2%	£2,142	£2,216	£74	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	4,777	4,348	-429	-9%	£8,034	£7,369	£-665	-8%
NELNE - Non Elective Non-Emergency	437	660	223	51%	£1,021	£967	£-53	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	44	5	-39	-89%	£15	£2	£-13	-87%
NELST - Non Elective Short Stay	499	449	-50	-10%	£344	£309	£-36	-10%
NELXBD - Non Elective Excess Bed Day	2,482	2,540	58	2%	£586	£591	£5	1%
<b>Grand Total</b>	<b>23,858</b>	<b>23,942</b>	<b>84</b>	<b>0%</b>	<b>£12,142</b>	<b>£11,454</b>	<b>£-688</b>	<b>-6%</b>

### 4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. -£688k/-6%. The main driver behind the low levels relates to Non-Elective admissions with a 9% reduction in activity and £665k/-8% reduction in spend.

A number of specialties are under-performing and affecting the overall bottom line, however the main specialty contributing to this is Geriatric Medicine making up just over a third of the total under spend.

The reduction in non-elective activity and cost is mirrored by an over spend in the Trusts Ambulatory Care Unit (ACU) which is currently £512k over spent. Changes in the pathway and increased opening times have allowed more activity to be redirected to this unit and, as such is, showing such a large variance.

Work is ongoing in the Information Sub Group to look at the effects of the changes in ACU and the current tariff structure.

## 4.9 Aintree and University Hospital NHS Foundation Trust

Figure 22 - Month 5 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	357	552	195	55%	£48	£75	£27	56%
NEL - <i>Non Elective</i>	148	263	115	77%	£261	£464	£204	78%
NELNE - <i>Non Elective Non-Emergency</i>	9	12	3	41%	£25	£59	£34	135%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - <i>Non Elective Short Stay</i>	19	29	10	55%	£13	£21	£8	63%
NELXBD - <i>Non Elective Excess Bed Day</i>	75	85	10	14%	£18	£20	£2	12%
<b>Grand Total</b>	<b>607</b>	<b>1,016</b>	<b>409</b>	<b>67%</b>	<b>£364</b>	<b>£658</b>	<b>£294</b>	<b>81%</b>

### 4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £294k is mainly driven by a £204k/78% over performance in Non-Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology and Respiratory Medicine.

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



## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 23 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 31/08/2017	2017/18 Plan	Variance from Plan	Variance on 31/08/2016
1 Common Mental Health Problems (Low Severity)	3	-	3	1
2 Common Mental Health Problems (Low Severity with greater need)	9	5	4	2
3 Non-Psychotic (Moderate Severity)	71	88	- 17	38
4 Non-Psychotic (Severe)	219	209	10	24
5 Non-psychotic Disorders (Very Severe)	40	40	-	6
6 Non-Psychotic Disorder of Over-Valued Ideas	25	28	- 3	-
7 Enduring Non-Psychotic Disorders (High Disability)	135	128	7	12
8 Non-Psychotic Chaotic and Challenging Disorders	76	77	- 1	4
10 First Episode Psychosis	62	73	- 11	15
11 On-going Recurrent Psychosis (Low Symptoms)	209	260	- 51	58
12 On-going or Recurrent Psychosis (High Disability)	246	182	64	71
13 On-going or Recurrent Psychosis (High Symptom & Disability)	103	97	6	10
14 Psychotic Crisis	15	18	- 3	2
15 Severe Psychotic Depression	3	4	- 1	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	17	13	4	5
17 Psychosis and Affective Disorder – Difficult to Engage	24	28	- 4	-
18 Cognitive Impairment (Low Need)	180	216	- 36	49
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	510	692	- 182	231
20 Cognitive Impairment or Dementia Complicated (High Need)	355	266	89	112
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	67	58	61
Cluster 99	247	167	80	81
<b>Total</b>	<b>2,674</b>	<b>2,658</b>	<b>16</b>	<b>4</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 24 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
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%	93.8%
				100%	100%	96.9%
				Rolling Quarter		

The Trust failed to achieve the target of 95% in August with 93.8%. Just 1 breach was a Southport & Formby CCG patient. The breach occurred due to 3 failed attempts to contact the patient.

**Figure 25 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
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%
Rolling Quarter				100%	100%	100%

**Figure 26 - Figure 16 EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
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)	50%	100%	100%	50%	100%	50%
Rolling Quarter				88%	100%	80.0%

### 5.1.2 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires MerseyCare board level approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

Commissioners are meeting the Trust on 19<sup>th</sup> October 2017 to discuss CRHT fidelity and there is clear expectation that work will commence very shortly to upgrade the Trust's response to those people who experience crisis. Clinical commissioners will be invited to be involved in this service redesign work.

The CORE 24 mental health liaison service was launched on 29<sup>th</sup> September 2017. The CORE 24 monies have enabled an addition 25.4WTE staff to be deployed across the three acute sites on the North Mersey local delivery footprint. The Trust has reported that only two band 5 nursing posts remain to be recruited to. The allocation of £995k in 2017/18 was on a non-recurring basis on the expectation that the liaison service should become self-sustaining.

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress continues to be reported against the remedial action plan however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1<sup>st</sup> October 2017 and these are being recruited to. The Trust is also exploring the use of nurse prescribing input in to the service, but if feasible this would not be available until January 2018.




To enable though put from the service back into primary care a draft Adult ADHD protocol has been developed and has been circulated to the Sefton LMC for comment.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. A meeting has been arranged for 27<sup>th</sup> October 2017 to discuss a proposal to utilise ex LCH community resource within the Mersey Care community contract to undertake reviews.

#### Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.2%		88%	93%		5%	1%	

Merseycare are reporting above the England average for percentage recommended for Friends and Family recording 93%, an improvement on July when 85% was reported. For percentage not recommended the Trust has reported 1% in August. This is below the England average of 5% and an improvement on July when 4% was reported.

## 5.2 Improving Access to Psychological Therapies

Figure 27 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

### Southport & Formby IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166	188	220	227	202							
Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% required	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.95%	1.27%
	2017/18	0.87%	0.98%	1.15%	1.19%	1.06%							
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	49.0%	45.0%	50.0%	55.1%	55.3%							
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%							
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%							
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	107	119	125	165	128							
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1	9	5							
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	50	62	86	68							
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	87.2%	92.0%	87.8%	90.5%	87.5%							

Cheshire & Wirral Partnership reported 202 Southport & Formby patients entering treatment in Month 5. This is an 11.0% decrease from the previous month when 227 patients entered treatment. 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 currently set at 16.8% for 2017/18 year end, which equates to 1.4% each month. The access rate for Month 5 was 1.06% and therefore failed to meet the standard.

Referrals decreased slightly in Month 5 by 5.3% with 248 compared to 262 in Month 4. 67.34% of these were self-referrals, which is comparable from 67.56% in Month 4. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals remained stable at 43 Month 5 compared to 42 in Month 4. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery remained high at 55.3% in Month 5 (from 55.1% in Month 4). This exceeds the minimum standard of 50% and the year- end projection is 51.3%.

Cancelled appointments by the provider remained stable at Month 5 with 42 compared to 40 in Month 4. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased from 101 in Month 4 to 144 in Month 5 (42.6% increase). The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

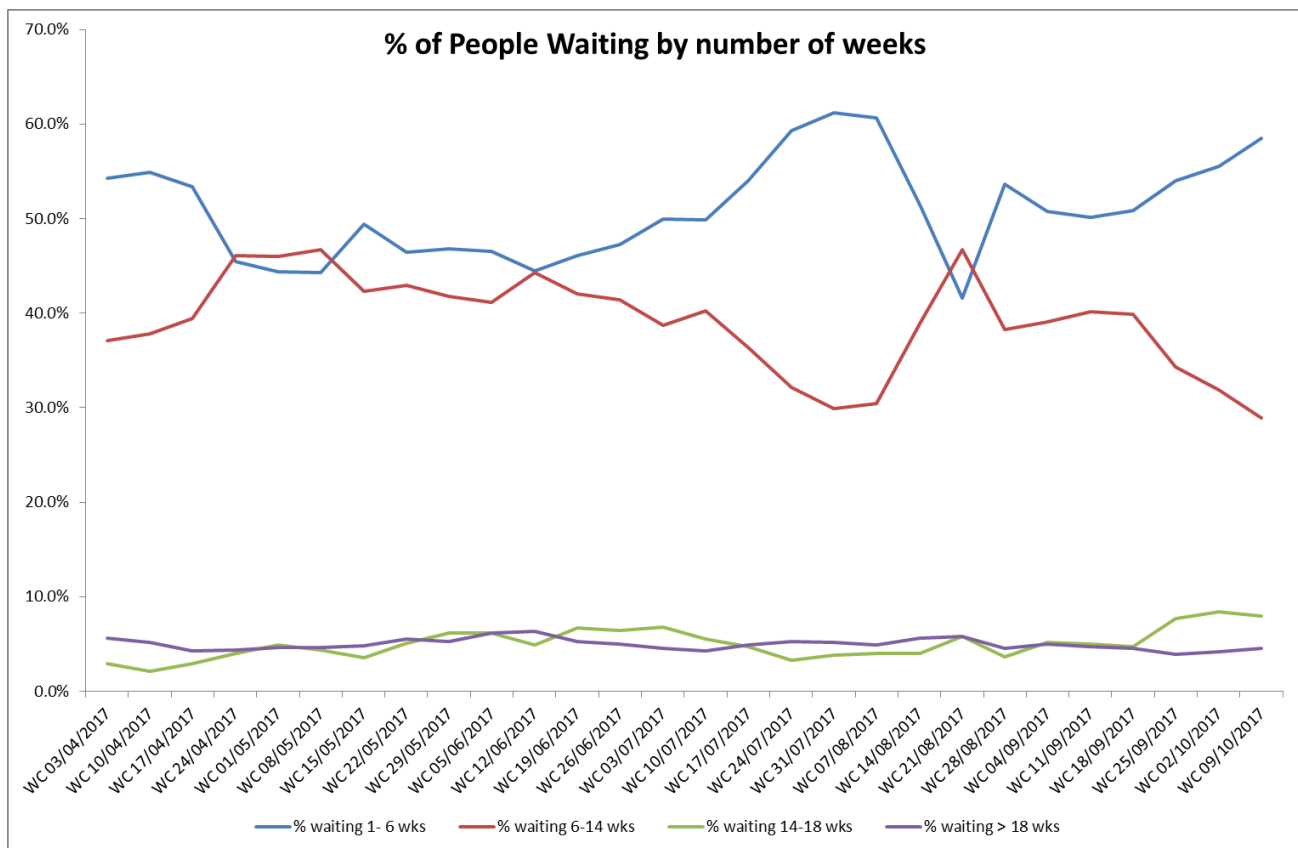
In Month 5 98.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.3% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition, they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well received.

**NHS Southport & Formby CCG – Access Sefton % Internal waiters 03/04/2017 – 09/10/2017**



The chart above illustrates internal waits activity for April to the week commencing the 9th October 2017 over this 28-week reporting period. The percentage of people waiting 6 to 14 weeks for a second appointment has seen a downward trend in July as the percentage of those waiting just 1 to 6 weeks saw an increase.

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

### 5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.6%</b>	<b>70.9%</b>	<b>70.5%</b>	<b>70.3%</b>	<b>71.2%</b>
Target	66.7%	66.7%	66.7%	66.7%	66.7%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in August 2017 of 71.2%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

#### NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	400	100	125	155	185	565
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	-	-	-	-	1,877
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>21.3%</b>	<b>21.3%</b>	-	-	-	-	<b>30.1%</b>

An update will be provided on a quarterly basis. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

## 5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

### Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% 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	2	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2		2		2	
%	100.00%	0.00%	100.00%		100.00%		100.00%	

### Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% 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	2	1	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2		2		2	
%	100.00%	100.00%	100.00%		100.00%		100.00%	

In quarter 1, the CCG had 1 patient under the Urgent referral category, and this patient was seen within 1 week so performance against the 1 week target was 100% against 95% target. Under the Routine category, 3 patients were referred. Of the three, two have been seen (known as ‘complete’ pathways\*), with one at 4-5 weeks and one at 7-8 weeks and one is still incomplete at quarter end (waiting 1-2 weeks).

\*The performance in this category is calculated against completed pathways only, so performance is 0% against the 95% standard.

## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. The Trust has a 6 month SLA in place with Southport & Ormskirk for data to be shared to allow Lancashire Care to meet their reporting requirements with the CCG. Lancashire Care is having internal discussions around their reporting options going forward; to either extend the SLA or use the clinical system EMIS themselves. However, they are planning a Trust wide migration over to a different clinical system, RiO, in 2018. This is expected to take 3-4 years.

An information sub group has been established and the group has now met on several occasions. The Trust continues to share draft reports with the CCG, updating on progress in terms of data quality. The Trust is currently in the process of validating the information they receive from Southport & Ormskirk Hospital, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

A project plan has been shared with the CCG which outlines timescales for validation by service. The following services have been validated:

- Contenance – the Trust has commented on how hard staff have worked during this validation process, and is now confident with the quality of data being reported from the service. The Trust

plans to undertake an audit in this service in the next few months to ensure staff members are still recording information correctly on the system.




- Treatment Rooms – the Trust is in the process of validating this service with the teams and expects validations to be completed by the end of October 2017.
- District Nursing – the Trust is in the process of validating this service with the teams and expects validations to be completed by the end of October 2017.
- Adult Therapies, Podiatry and Falls services were contacted in September with plans for data to be reviewed in October 2017.

### 6.1.2 Quality

The CCG Quality Team are holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

A review has taken place of all KPIs (Mersey Care Community and Lancashire Care). KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience are being prioritised.

**Friends and Family Response Rates and Scores**  
 Lancashire Care NHS Foundation Trust  
 Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.0%	1.7%		96%	98%		2%	0%	

Lancashire Care is above the England average for recommended for Friends and Family recording 98%, showing no change in performance compared to last month. The Trust is recording below the England average of 2% for not recommended in August with 0%, an improvement on last month when 1% was reported.

### 6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

#### Adult Hearing

At month 5 2017/18 YTD the costs for Southport & Formby CCG patients were £21,636, compared to £194,237 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 546 in 16/17 to 199 in 17/18.

#### MSK

At month 5 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past two months), compared to £37,615 at the same time last year. Activity has decreased significantly from 247 initial contacts and 274 follow-ups in 16/17 M5 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M5 YTD.



## 6.2 Any Qualified Provider – Specsavers

### Adult Hearing

At month 5 2017/18 YTD, the costs for Southport & Formby CCG patients were £84,130, compared to £82,297 at the same time last year. Comparisons of activity between the two time periods show that activity has increased from 283 in 16/17 to 313 in 17/18.

## 6.3 Percentage of children waiting more than 18 weeks for a wheelchair

### Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% 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	15	6	15		15		15	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	16	6	16		16		16	
%	93.75%	100.00%	93.75%		93.75%		93.75%	

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity.

Quarter 1 shows 100% against the target of 93.75%.

## 6.4 Children’s Community Audiology Service

An interim solution has been put in place for children and young people experiencing longer than expected waits for appointments with the paediatric community audiology service at Southport Centre for Health and Wellbeing. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave the CCG notice to cease. Since then, the CCG has been working hard to reinstate the service and is currently in discussions with Alder Hey Children’s NHS Foundation Trust about taking on the running of this service but arrangements like this take time to finalise. Also, some work is needed to bring the existing audiology equipment at Houghton Street up to technical standards, which will also take some time to complete.

Until the new provider is in place, the CCG has secured an interim agreement with Southport & Ormskirk Hospital NHS Trust to ensure the 100 young patients waiting for an appointment can be appropriately reviewed and treated without further delay. Parents and carers who have previously contacted Patient Advice and Liaison Service (PALS) about delays to their child’s appointment have been contacted with progress, telling them of the CCG’s progress to secure a long term provider and about interim arrangements.

## **7. Third Sector Contracts**

Reports detailing activity and outcomes during Q2 are underway. This report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carers. This model appears to have been very well received amongst GPs and practice staff, further plans have been put in place to roll this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations, a further presentation will be made during October to the Senior Leadership Team.

Promotion of "30 Days of Sefton in Mind", from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) has taken place. Sefton MBC ran 30 stories regarding mental health in Sefton. SWACA were featured as an integral service provided for Women & Children within Sefton.

## 8. Primary Care

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

#### Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG, which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model, which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

## 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. Below is a table of all the results from practices in Southport & Formby CCG. There have been no recent inspections other than Family Surgery in August which achieved a 'Good' rating.

Figure 28 – 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	27 August 2015	Good	Good	Good	Good	Good	Good
<b>N84013</b>	<b>Curzon Road Medical Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 1 July 2016</b>					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Center	17 August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
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
<b>N84037</b>	<b>Lincoln House Surgery</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 24 June 2016</b>					
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

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

## 10. CCG Improvement & Assessment Framework (IAF)

### 10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard.

The framework draws together in one place almost 60 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks

- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

## 10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	n/d Maternal smoking at delivery 16-17 Q3	10.7%	↓ 2/11	101/209		R 121a	n/a High quality care - acute 16-17 Q4	58	↑ 9/11	101/209			
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	33.5%	↓ 8/11	110/209		R 121b	n/a High quality care - primary care 16-17 Q4	61	○ 10/11	182/209			
R 103a	n/d Patients who achieved NICE t 2015-16	43.2%	↓ 1/11	23/209		R 121c	n/a High quality care - adult soci: 16-17 Q4	59	○ 8/11	143/209			
R 103b	n/d Attendance of structured educ 2014	2.2%	↓ 9/11	149/209		R 122a	n/d Cancers diagnosed at early st 2015	52.7%	↑ 7/11	87/209			
R 104a	n/d Injuries from falls in people 16-17 Q3	2,249	↓ 8/11	159/209		R 122b	n/d Cancer 62 days of referral to 16-17 Q4	76.9%	↓ 7/11	156/209			
R 105a	n/a Utilisation of the NHS e-referr 2017 Q3	44.4%	↑ 9/11			R 122c	✓ One-year survival from all ca 2014	71.7%	↑ 2/11	32/209			
R 105b	n/a Personal health budgets 16-17 Q4	14	↓ 5/11	84/209		R 122d	n/d Cancer patient experience 2015	8.7	○ 9/11	74/209			
R 105c	n/a % of deaths in hospital 16-17 Q2	41.4%	↑ 10/11	186/209		R 123a	n/d IAPT recovery rate 2017 Q1	47.0%	↓ 9/11	145/209			
R 105d	n/d LTC feeling supported 2016 Q3	62.2%	↓ 10/11	151/209		R 123b	n/d EIP 2 week referral 2017 Q3	53.8%	↓ 9/11	202/209			
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	906	↑ 8/11	111/209		R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔ 9/11	146/209			
R 106b	✗ Inequality - UCS 16-17 Q3	2,557	↑ 11/11	182/209		R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔ 11/11	191/209			
R 107a	✗ AMR: appropriate prescribing 2017 Q2	1.14	↓ 8/11	136/209		R 123e	n/a MH - OAP 16-17 Q4	75.0%	↓ 11/11	158/209			
R 107b	✗ AMR: Broad spectrum prescri 2017 Q2	7.9%	↑ 5/11	65/209		R 124a	✗ LD - reliance on specialist IP 16-17 Q4	70	↑ 5/11	146/209			
R 108a	n/a Quality of life of carers 2016 Q3	0.76	↓ 11/11	200/209		R 124b	n/d LD - annual health check 2015-16	25.1%	○ 11/11	190/209			
Sustainability							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141a	n/a Financial plan 2016	Red	○ 9/11	141/209		R 125a	n/d Neonatal mortality and stillb 2015	7.0	↓ 8/11	119/209			
R 141b	n/a In-year financial performanc 16-17 Q4	Red	↔ 10/11	141/209		R 125b	n/a Experience of maternity servi 2015	71.2	○ 11/11	207/209			
R 142a	n/a Improvement area: Outcomes 16-17 Q3	50.0%	↔ 8/11	165/209		R 125c	n/a Choices in maternity services 2015	60.5	○ 9/11	191/209			
R 142b	n/a Improvement area: Expenditu 16-17 Q3	50.0%	↑ 9/11	163/209		R 126a	n/a Dementia diagnosis rate 2017 Q3	71.0%	↑ 5/11	77/209			
R 143a	n/a New models of care 16-17 Q4	N	○			R 126b	n/d Dementia post diagnostic sup 2015-16	75.5%	↓ 8/11	183/209			
R 144a	n/a Local digital roadmap in plac 16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urge 2017 Q1	5	↑ 5/11	65/209			
R 144b	n/a Digital interactions 16-17 Q4	70.8%	○ 5/11	48/209		R 127b	n/d Emergency admissions for UC 16-17 Q3	2,584	↓ 9/11	135/209			
R 145a	n/a SEP in place 2016-17	Y	○			R 127c	✗ A&E admission, transfer, dis 2017 Q3	88.2%	↑ 6/11	122/209			
Well Led							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 161a	n/a STP 2016-17	Green	○ 1/11	1/209		R 127e	n/d Delayed transfers of care per 2017 Q3	14.1	↑ 8/11	115/209			
R 162a	n/a Probity and corporate govern 16-17 Q4	Fully Compliant	↔ 1/11	1/209		R 127f	n/d Hospital bed use following er 16-17 Q3	511.4	↑ 5/11	120/209			
R 163a	n/a Staff engagement index 2016	3.68	↓ 10/11	197/209		R 128a	n/d Management of LTCs 16-17 Q3	850	↑ 6/11	88/209			
R 163b	n/a Progress against WRES 2016	0.08	○ 3/11	33/209		R 128b	n/d Patient experience of GP servi 2016 Q3	90.4%	↑ 2/11	11/209			
R 164a	n/a Working relationship effectiv 16-17	69.95	↑ 9/11	86/209		R 128c	n/a Primary care access 2017 Q3	0.0%	↔ 5/11	115/209			
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↔ 4/11	108/209		R 128d	n/d Primary care workforce 2016 Q9	0.87	↓ 10/11	164/209			
						R 129a	✓ 18 week RTT 2017 Q3	94.1%	↑ 6/11	25/209			
						R 130a	n/a 7 DS - achievement of standa 2016-17	0.0%	○ 1/11				
						R 131a	n/a People eligible for standard 16-17 Q3	60.2	↓ 7/11	48/209			

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

## 10.1 Clinical Priority Areas

Dementia		Cancer		Mental Health						
126a	Dementia diagnosis rate	72.5% <b>71.0%</b> 65.1% ↑	↑ 7.4% ↓ 20 15 08 20 17 03	123a	IAPT recovery rate	51.8% <b>47.0%</b> 36.4% ↓	↑ 15.4% ↓ 20 15 03 20 17 01			
	126b	Dementia post diagnostic support	76.7% <b>75.5%</b> 75.5% ↓		↑ 1.2% ↓ 20 14 -15 20 15 -16	123b	EIP 2 week referral	62.5% <b>53.8%</b> 53.8% ↓	↑ 8.7% ↓ 20 16 11 20 17 03	
122a	Cancers diagnosed at early stage	52.7% <b>52.7%</b> 47.8% ↑	↑ 4.9% ↓ 20 12 20 15	123c	MH - CYP mental health	40.0% <b>40.0%</b> 35.0% ↔	↑ 5.0% ↓ 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores		
	122b	Cancer 62 days of referral to treatment	92.4% <b>76.9%</b> 76.9% ↓		↑ 15.5% ↓ 13-14 Q1 16-17 Q4	123d	MH - Crisis care and liaison	47.5% <b>47.5%</b> 42.5% ↔	↑ 5.0% ↓ 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
	122c	One-year survival from all cancers	71.7% <b>71.7%</b> 58.7% ↑		↑ 13.0% ↓ 1999 2014		123e	MH - OAP	87.5% <b>75.0%</b> 12.5% ↓	↑ 75.0% ↓ 16-17 Q1 16-17 Q4
	122d	Cancer patient experience	8.7 <b>8.7</b> 8.7 ○		↑ 0.0% ↓ 20 15					



## **11. NHS England Monthly Activity Monitoring**

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance, which is of concern.

Month 4 remains in the report as month 5 NHS England activity was not available at the time of completion.

### Southport & Formby CCG's Month 4 Submission

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3056	2329	-23.8%	A number of changes have affected referral figures at the CCGs main acute provider. A shift in coding of Physio referrals from GP to Other in latter part of 2016/17 appears to show a variance in both measures. This is approx. a drop in GP referrals by 245 a month and a corresponding increase in 'other'. A change in recording ECG referrals in the Trust caused a spike in referral activity for Clinical Physiology from 'Other' referrals but did not impact on contracted activity levels. GP referrals have decreased due to a number of schemes, Joint Health, RMS, Cardiology Pilot, however further work is being completed on this as other specialties are affected. Increases in C2C referrals are being investigated in the Information meeting with the CCGs main provider.
Other	1714	1970	14.9%	
<b>Total (in month)</b>	4770	4299	-9.9%	
Variance against Plan YTD	17562	17860	1.7%	
Year on Year YTD Growth			0.1%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4010	3547	-11.5%	Outpatient activity is below plan both YTD and in month due to the drop in referrals flowing to the Trust, with the focus on GP referred activity. As with the comments for referrals above a number of schemes have had an affect on the levels of activity at the CCGs main provider as well as at other local Trusts. Joint Health, RMS and Cardiology services have dropped levels of outpatient activity within T&O, Dermatology, and Cardiology. Other specialties will be affected also within RMS. The drop in first attendances will also affect the numbers of follow up activity seen. Further work is being undertaken to understand the reasons for the drop in both referrals and thus activity. The two main providers affected are S&O Trust as well as Renacres ISTC. Please note Liverpool Women's Trust have not submitted SUS data for July, this is approx. 50 first and 130 follow up attendances missing. Please can you check the data you receive is also missing this activity.
Follow Up	8558	8021	-6.3%	
<b>Total Outpatient attendances (in month)</b>	12568	11568	-8.0%	
Variance against Plan YTD	47371	45349	-4.3%	
Year on Year YTD Growth			-6.0%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				Elective and Day Case figures have dropped due to lower levels of GP referred activity flowing. Planned levels for July are at it's peak for the year while a drop in Day Case activity is causing a larger variance. Activity for July is in line statistically for the previous months, while YTD activity remains slightly lower due to cancellations in procedures in April and May which have previously been reported.
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	1898	1664	-12.3%	
Variance against Plan YTD	7326	6478	-11.6%	
Year on Year YTD Growth			-6.4%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	3700	-	Local monitoring shows YTD variance against plan at 1% with a less than 1% variance in month. Type 1 activity is reporting a 2.7% increase from last year.
Year on Year YTD			2.6%	
<b>All types (in month)</b>	3946	4169	5.7%	
Variance against Plan YTD	15046	15906	5.7%	
Year on Year YTD Growth			4.0%	
<b>Total Non Elective spells (in month)</b>	1423	1161	-18.4%	The drop in activity against plan and previous years levels is focused at the CCGs main Acute Provider Southport Trust. Planned levels are in line with the period planning was enacted. Since then activity has dropped due to pathway changes at the Trust and increased usage of the Ambulatory Care Unit (ACU). During this period ACU increased opening times furthering the impact on NEL admissions.
Variance against Plan YTD	5479	4897	-10.6%	
Year on Year YTD Growth			-7.4%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Preventing People from Dying Prematurely</b>																
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G								G	
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%									94.176%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G								R	
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%									91.438%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%									98.575%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R								G	
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%									98.667%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G								G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%									96.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R											R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%												80.347%
		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%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R												R	
		Actual	100.00%	71.429%	100.00%	75.00%	-												84.21%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

**Ambulance**

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	70.08%	65.92%	62.53%	64.67%													65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	61.82%	58.54%	54.30%	60.42%													58.953%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	68.94%	64.43%	64.68%	64.17%													65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	64.61%	60.49%	62.90%	61.55%													62.28%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	92.54%	90.08%	89.39%	89.80%													90.432%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R													R
		Actual	86.30%	86.13%	80.70%	84.97%													84.632%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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

**Mental Health**

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

**Episode of Psychosis**

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%									84.65%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

**Dementia**

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	70.63%	70.86%	70.45%	70.26%	71.20%									
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

**Children and Young People with Eating Disorders**

<b>2096: The number of completed CYP ED urgent referrals within one week</b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G										G
		Actual	100%										100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
<b>2097: The number of incomplete pathways (routine) for CYP ED</b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R										R
		Actual	1										1
		Target	1	1	1	1	1	1	1	1	1	1	
<b>2098: The number of incomplete pathways (urgent) for CYP ED</b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G										G
		Actual	0										-
		Target	1	1	1	1	1	1	1	1	1	1	

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

#### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R													R		
		Actual	3	3	3	5	8														22	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R														R	
		Actual	0.87	0.83	0.80	142	2.27															22.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

#### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G														G		
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%															93.766%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G															G	
		Actual	0	0	0	0	0															0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R															R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%																3.445%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

#### Cancelled Operations

<b>1983: Urgent Operations cancelled for a 2nd time</b> 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 ORM SKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G															G	
		Actual	0	0	0	0	0																0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

#### Wheelchairs

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G																			G	
		Actual	100.00%																				100.00%
		Target	92.00%					92.00%					92.00%									92.00%	

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

**HCAI**

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G								G	
		YTD	0	0	0	0	0	0									-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G								G	
		YTD	6	9	10	10	15	18									18
		Target	6	9	13	18	20	24	27	29	29	29	32	38	24		

**Accident & Emergency**

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R								R	
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%									88.53%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R								R	
		Actual	91.097%	89.396%	90.319%	88.266%	88.423%	85.69%									88.925%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G								R	
		Actual	3	9	0	2	0	0									14
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0