

Southport & Formby Clinical Commissioning Group

Integrated Performance Report October 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 7 (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
HCAI - E Coli	Red	Grey
IAPT Access - Roll Out	Green	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

*October ambulance data is unavailable at present due to new indicators being developed.

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 8, £4.122m QIPP savings have been achieved, with further savings planned in future months.

The year to date financial position is a deficit of £1.800m, which represents a deterioration against the planned deficit of £0.200m. The full year forecast is breakeven. The CCG has a QIPP plan that addresses 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 in-year 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 11.3% 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 October 2017 when the CCG recorded 50%. This shows no change in performance compared to last month.

The CCG failed the less than 1% target for Diagnostics in October recording 2.5%. Out of 2,325 patients, 57 waited over 6 weeks and 19 over 13 weeks for their diagnostic test. Majority of the breaches were for colonoscopy (29) and gastroscopy (12). Southport and Ormskirk also failed to achieve the standard of less than 1% during October, reporting 1.2% of patients waiting in excess of 6 weeks, a further improvement on previous months. The majority of breaches were for non-obstetric ultrasound (9) and audiology assessments (9).

Southport & Ormskirk reported 17 cancelled operations for non-clinical reasons not being offered another date within 28 days in October, bringing the total YTD figure to 76.

The CCG failed the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in October with a performance of 89.29% and therefore continues to fail year to date at 91.71%. The CCG achieved the target of 90% for 62-day screening at 100% but failed year to date due to previous month's breaches, recording 88.46%. Lastly, the CCG achieved the 62-day standard with 96.15% in October but are failing year to date at 82.68% due to previous breaches.

Southport & Ormskirk achieved the 85% target for the 62-day standard recording 87.18% in October but are failing year to date at 82.24% due to previous breaches.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has again seen a decrease in response rates for inpatients, from 18.8% in

September to 13.2% in October. The percentage of patients that would recommend the inpatient service in the Trust has decreased from 91% in September to 88% in October, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in October and is therefore still above the England average of 2%. For maternity services, the percentage of people who would recommend the birth service has recovered from 94% in September to 100% in October. The percentage of patients who would recommend the postnatal ward has fallen below the England average of 94% in October with 89%. The percentage of patients who would not recommend the postnatal ward has increased further from 3% in September to 5% in October, rising further above the England average of 2%.

Performance at Month 7 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.1m/-5.3%. 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 £1.2mk/5.6%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 2 data shows the CCG are below plan. The CCG is exploring the increase of PHBs as part of the end of life pathway.

For Smoking at Time of Delivery, the CCG was just over the national ambition of 11% in quarter 2 for percentage of maternities where mother smoked, at 12%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for October reached 85.55%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 92% for October, and year to date 88.41%. Disappointingly, October saw the lowest performance against the 4-hour target.

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

In August, NWAS 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.

The number of 111 calls made by Southport and Formby patients in October 2017 remains similar to the previous month. There have been 872 (7.6%) fewer calls for the first 7 months of 2017/18 than in the same period of 2016/17.

The number of calls from Southport and Formby patients to the GP OOH service has fallen in October with 901 calls. When compared to the first 6 months of the previous financial year, there have been 383, 5.5%, fewer contacts so far in 2017/18.

Southport & Ormskirk failed the stroke target in October recording 62.10% with only 18 out of 29 patients spending 90% of their time on a stroke unit. This shows an improvement in performance from September. During October 2017 there were 25 referrals, 12 of which were TIA's, with 10 breaches.

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in October. All 10 breaches were at Southport & Ormskirk NHS Trust. The Trust has reported 16 mixed sex accommodation breaches (a rate of 2.9) in October and has therefore breached the zero-tolerance threshold. Of the 16 breaches, 10 were for Southport & Formby CCG and 6 for West Lancashire CCG.

There was 1 new case of Clostridium Difficile attributed to the CCG in October. 19 have been reported year to date. (7 apportioned to acute trust and 12 apportioned to community). For Southport & Ormskirk year to date the Trust has had 6 cases against a plan of 21 (2 new cases in October), so is under plan. Southport & Ormskirk had no cases of MRSA in October, but reported 1 case of MRSA in September and will therefore be reporting red against the zero-tolerance threshold for the rest of the financial year. An E.coli target for CCGs for 2017/18 has been set at 121 cases. This is being monitored and there have been 85 cases April to October against a plan of 75.

There are 104 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 57 of these incidents apply to Southport & Formby CCG patients. 47 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 31 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 13 in October. Analysis of average delays in October 2017 compared to October 2016 shows them to be higher by 7.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates for Friends and Family although they have increased slightly from 1.2% in September to 1.9% in October. The Trust A&E department has also seen an increase in the percentage of people who would recommend the service from 55% in September to 88% in October, rising above the England average of 87%. The percentage not recommending has decreased from 31% in September to 6% in October, falling in line with the England average of 7% for the first time this financial year.

Performance at Month 7 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£496k/-2.6%. 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 -£798k/-4.2%.

Mental Health

The Trust failed to achieve the target of 90% for patients under CPA followed up within 7 days of discharge in October with 66.7%. 1 of 10 patients did not achieve their follow up within the target time. The Trust also failed the 50% target for EIP 2 week waits for Southport & Formby patients in October with 3 breaches out of 5 (40%).

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is August to October 2017 when 20 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported more Southport & Formby patients entering treatment in month 7. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. The access rate for Month 7 was 1.25% and therefore achieved the standard. Referrals increased in Month 7 by 36.3% with 349 compared to 256 in Month 6. 71.6% of these were self-referrals, which an increase from the 65.23% in Month 6. 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 increased slightly in Month 7 with 54 compared to 51 in Month 6. 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 stable with 49.3% compared to 49.2% in Month 6. This fails to meet the minimum standard of 50% and the year- end projection is 49.8% based on the current year to date position.

The latest data on the HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in October 2017 of 72.6%, which exceeds the national dementia diagnosis ambition of 66.7%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80 out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%.

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 2 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 (as per the agreed SLA), 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

Two practices were inspected in October: Churchtown Medical Centre and Lincoln House Surgery. Both practices received an overall rating of 'Good'.

Better Care Fund

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released on 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 30 November 2017.

The year to date financial position is a deficit of £1.800m, which represents a deterioration against the planned deficit of £0.200m. The full year forecast is breakeven. The CCG has a QIPP plan that addresses 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 in-year 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 eight months of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Continuing Healthcare, Wrightington, Wigan and Leigh NHS Foundation Trust, Aintree University NHS Foundation Trust, Programme Projects and Intermediate Care for budgets covering the following areas:

- The CCG is experiencing pressures within its continuing healthcare budgets.
- Overspend in Wrightington Wigan & Leigh Hospital (WWL) in respect of increased Trauma and Orthopaedic activity, although this is offset by underspends in other providers.
- Overspend in Aintree University Hospital due to increased costs of drugs and devices which are outside the Acting as One Agreement.
- Costs for referral management and prior approval services to support delivery of QIPP schemes.
- Increased costs of intermediate care due an increase in the number of beds commissioned for the winter period.

The cost pressures are supported by forecast underspends on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contract with Southport & Ormskirk NHS Trust and Independent Sector providers.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. A robust QIPP plan and 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	✓

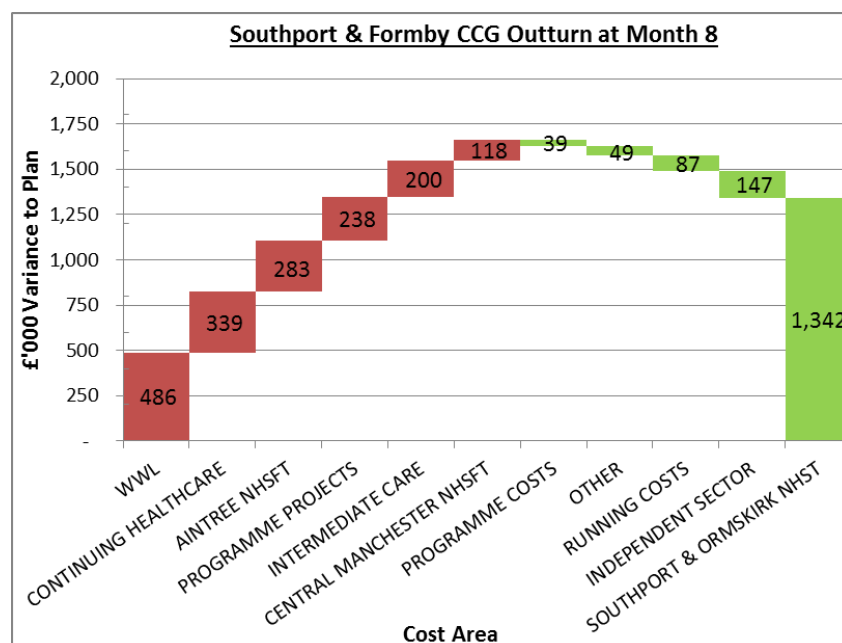
Key Performance Indicator		This Month
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£4.122m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.60%
	NHS - Volume YTD > 95%	95.23%
	Non NHS - Value YTD > 95%	97.27%
	Non NHS - Volume YTD > 95%	95.60%

- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 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 £4.122m to date which is in line with the planned delivery at Month 8.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.085m for 2017/18.
- All BPPC targets have been achieved this month.

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
 - Over performance on WWL contract – mainly due to Orthopaedic Activity.
 - Cost pressures relating to Continuing Healthcare packages.
 - Over performance on the Aintree contract due to high cost drugs and devices outside Acting as One agreement.
 - Costs for referral management and prior approval services (Programme Projects budget).
 - Increased costs of intermediate care due to an increase in the number of beds commissioned.
 - Cost pressure at Manchester University NHS Foundation Trust due to a high cost critical care patient.
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital and within the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

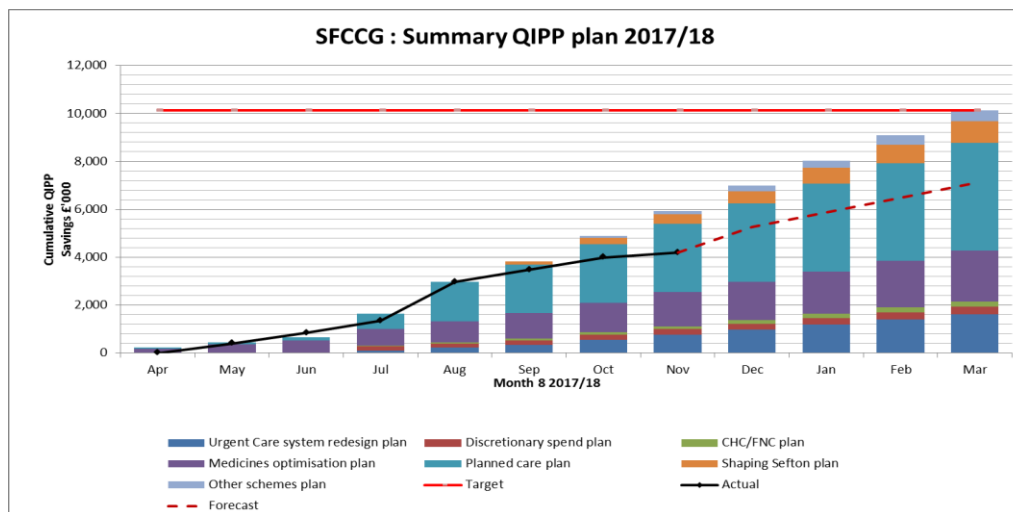
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.507
Alder Hey Children's Hospital NHS Foundation Trust	-£0.107
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women's NHS Foundation Trust	-£0.395
Liverpool Heart & Chest NHS Foundation Trust	-£0.011
Royal Liverpool and Broadgreen NHS Trust	£0.448
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.086
Grand Total	£0.357

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers 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 over performance spend against plan; this would represent an overspend of £0.357m 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	1,683	0	435	2,118
CHC/FNC plan	231	0	231	15	231	(15)	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	76	80	304	460
Total QIPP Plan	7,607	2,530	10,137	5,645	2,910	1,582	10,137
QIPP Delivered 2017/18				(4,122)		0	(4,122)

- 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 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. A revised QIPP plan will be presented to the Governing Body.
- As at Month 8, the CCG has achieved **£4.122m** QIPP savings in respect of the following schemes:
 - Prescribing - £0.510m
 - Third Sector Contracts - £0.149m
 - Other Elective - £2.329m
 - RightCare MCAS - £0.468m
 - Other urgent care schemes - £0.5m
 - Referral Management Schemes £0.111m
 - Procedures of Limited Clinical Value £0.042m
 - Discretionary spend £0.014m
- In month QIPP savings of **£0.133** have been achieved which all relates to savings within prescribing.
- The forecast QIPP delivery for the year is **£7.100m** 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

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
Revised surplus / (deficit)	(6.549)	(3.588)	(10.137)
Forecast Outturn (Operational Budgets)	(1.778)	1.487	(0.291)
Reserves Budget	0.000	0.291	0.291
Management action plan			
QIPP Achieved	2.966	1.156	4.122
Remaining QIPP to be delivered	4.641	1.374	6.015
Total Management Action plan	7.607	2.530	10.137
Year End Surplus / (Deficit)	(0.720)	0.720	0.000

- 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

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(6.015)	(6.015)	(6.015)
Predicted QIPP achievement (Months 9-12)	3.700	2.978	0.085
Reserves / I&E impact	(0.291)	(0.291)	(0.291)
Forecast Surplus / (Deficit)	(2.606)	(3.328)	(6.221)
Further Risk	(0.704)	(1.837)	(3.570)
Management Action Plan	3.310	2.310	1.416
Risk adjusted Surplus / (Deficit)	0.000	(2.855)	(8.375)

- 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. Further risks are included in respect of Community Services transfer, CHC price increase and pressures relating to the contract with Southport and Ormskirk NHST. Mitigations include the CCG contingency, other reserves budgets and return of Primary Care surplus to the CCG.
- The likely case is a deficit of **£2.855m** and assumes that QIPP delivery will be £7.100m in total. Further risk includes the NCSO prescribing cost pressure and mitigations as per the best case scenario.

- The worst case scenario is a deficit of **£8.375m** and assumes reduced QIPP delivery, that further pressures emerge in year and that the management action plan will not be delivered in full.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18							
	M12	M1	M2	M3	M4	M5	M6	M7	M8
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	11	11	11	11	11
Receivables	2,041	1,478	2,167	1,817	1,824	1,502	3,311	2,562	2,470
Cash	160	4,183	5,135	1,791	4,777	4,805	2,914	3,721	995
Payables & Provisions	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)	(11,615)	(11,707)	(13,950)	(11,582)
Value of debt > 180 days old (6months)	723	723	723	723	734	734	722	722	723
BPPC (value)	98%	101%*	100%	99%	100%	100%	100%	100%	100%
BPPC (volume)	96%	97%	96%	94%	94%	95%	95%	96%	95%

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

- The 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 £0.723m. 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). The Trust has recently responded to correspondence from the CCGs Chief Finance Officer outlining the Trusts' reasons for disagreement with the CCGs assessment
- 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 £180.124m at Month 8. The actual cash utilised at Month 8 was £121.410m which represents 67.40% of the total allocation. The balance of MCD to be utilised over the rest of the year is £59.714m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed 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 £1.800m, which represents a deterioration against the planned deficit of £0.200m. The forecast financial position is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP requirement in full. This represents the CCG's best case scenario assuming that the current trends lead to delivery of savings through the QIPP plan. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £2.855m.
- 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 Governing Body must consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- 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

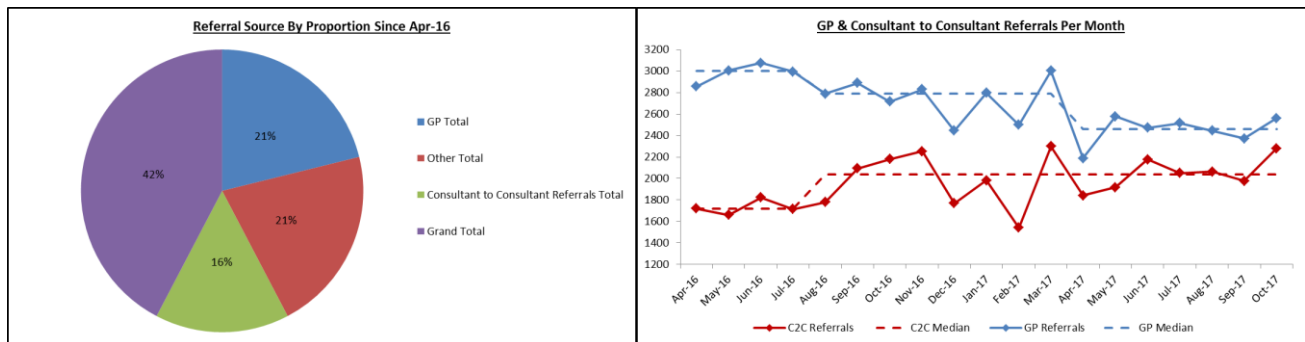


Figure 9 – Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18						2016/17 YTD	2017/18 YTD	YTD Variance	YTD %	Grand Total	
			Apr	May	Jun	Jul	Aug	Sep						Oct
GP	3	referral from a GENERAL MEDICAL	2,188	2,578	2,471	2,515	2,444	2,371	2,562	20,331	17,129	-3,202	-16%	51,032
GP Total			2,188	2,578	2,471	2,515	2,444	2,371	2,562	20,331	17,129	-3,202	-16%	51,032
Other	1	following an emergency admission	270	226	256	231	270	258	294	3,430	3,430	0	0%	12
	2	following a Domiciliary Consultation	1	0	1	2	1	0	0	5	5	0	0%	12
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	295	259	314	352	1,910	2,059	149	8%	5,239
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,448	1,461	1,312	1,529	7,072	9,845	2,773	39%	23,438
	6	self-referral	189	178	167	145	152	152	184	956	1,167	211	22%	2,993
	7	referral from a Prosthetist	0	0	1	0	0	0	0	2	1	-1	-50%	4
	8	Other	27	41	46	41	50	56	49	282	310	28	10%	763
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	14	17	19	32	162	152	-10	-6%	415
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	56	73	73	386	441	55	14%	1,094
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	0	2	3	0	3	4	3	6	15	9	150%	29
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6	0	28	20	-8	-29%	67
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	1,060	677	-383	-36%	2,177
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	647	642	-5	-1%	1,677
	16	referral from an Orthoptist	1	6	2	2	4	4	1	29	20	-9	-31%	59
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	445	299	-146	-33%	1,023
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	277	245	-32	-12%	708
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	217	264	1,844	1,600	-244	-13%	4,505	
	Unknown	Unknown	0	1	0	0	1	0	0	8	2	-6	-75%	22
Other Total			2,489	2,614	2,911	2,729	2,815	2,662	3,085	18,549	19,305	756	4%	51,142
Consultant to Consultant Referrals Total			1,842	1,918	2,178	2,049	2,064	1,976	2,280	12,965	14,307	1,342	10%	37,115
Grand Total			4,677	5,192	5,382	5,244	5,259	5,033	5,647	38,880	36,434	-2,446	-6%	102,174

With the exception of March 2017, there has been a downward trend to referrals from December 2016 onwards. At the beginning of 2017/18, the average for monthly referrals decreased by 4% and total referrals are 7.6% down comparing to 2016/17.

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 11.3% higher when compared to

2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

October 2017 has seen total referrals rise to the highest levels in 2017/18 to date. With deeper analysis, the cause of this increase appears to be at Southport & Ormskirk Hospital, which has seen an increase of approximately 400 referrals to the previous month. Contributing factors include increased GP Referrals and an increase for the Ophthalmology and Gynaecology specialties.

A referral management scheme started on 1st October 2017 in Southport & Formby CCG which is currently in Phase I (administrative phase). Dermatology clinical triage is in place.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, 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

Figure 10 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - October	80% by Q2 17/18 & 100% by Q2 18/19	50.00%	↔

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.

E-referral Utilisation rates in October 2017 for the CCG as a whole reached 50%. This shows no change in performance compared to last month. The CCG’s Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team are developing monthly practice level E-referral utilisation reports, and NHS Digital have offered to visit practices with the lowest E-referral rates to support them further.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - October	<1%	2.50%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - October	<1%	1.20%	↓

The CCG failed the less than 1% target for Diagnostics in October recording 2.5%. Out of 2,325 patients, 57 waited over 6 weeks and 19 over 13 weeks for their diagnostic test. Majority of the breaches were for colonoscopy (29) and gastroscopy (12). Performance at Royal Liverpool & Broadgreen is having an impact on the CCG’s performance, with 30% of Southport & Formby patients waiting for treatment over 6 weeks in October; 16 patients waiting between 6 and 13 weeks and 14 waiting over 13 weeks, out of a total of 70.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. October’s performance has seen a further improvement from 2.2% to 1.2%. Out of 3,137 patients, 37 waited over 6 weeks and 3 over 12 weeks for their diagnostic test. Majority being for non-obstetric ultrasound (9) and audiology assessments (9). The Trust had a capacity issue in Audiology as a result of a staff vacancy. Recruitment is underway although the Trust does not foresee an improvement in this specialty until the new year. PDS are supporting echocardiography capacity to improve the Cardiology position and therefore further improvements are anticipated. Sickness in urodynamics resulted in two in-month breaches which were unfortunately unavoidable. Performance in this specialty is anticipated to return back to 100%. There has been an issue in relation to the recording of reasonable notice within the department using two rather than three weeks. This has resulted in some clock stops being reset outside of national guidance. A revised process has been developed. The impact has been included within the figures and the impact is estimated at roughly 0.1% to 0.2%.

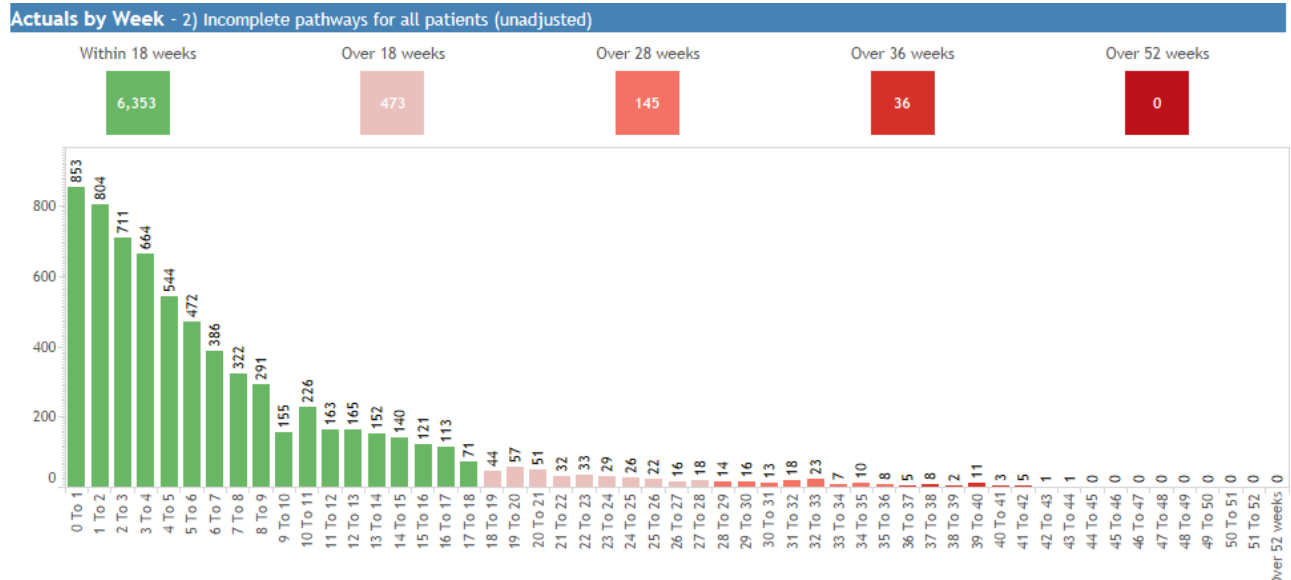
3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) 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. (CCG)	17/18 - October	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - October	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - October	92%	93.10%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - October	92%	94.40%	↑

3.3.1 Incomplete Pathway Waiting Times

Figure 13 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	3,713	263	76	14	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	520	99	40	17	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	458	30	2	0	
RAMSAY HEALTHCARE UK OPERATIONS LIMITED : (NVC)	484	14	11	2	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	194	13	4	0	
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	159	10	3	0	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	65	8	1	0	
ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)	209	8	2	1	

3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 155 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

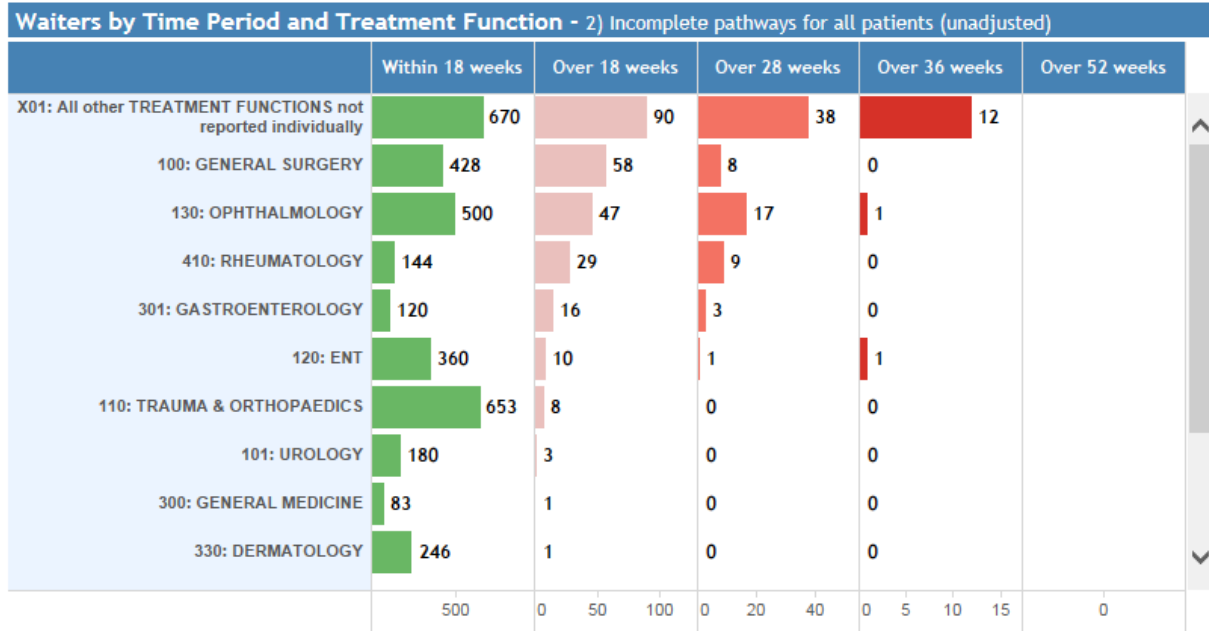
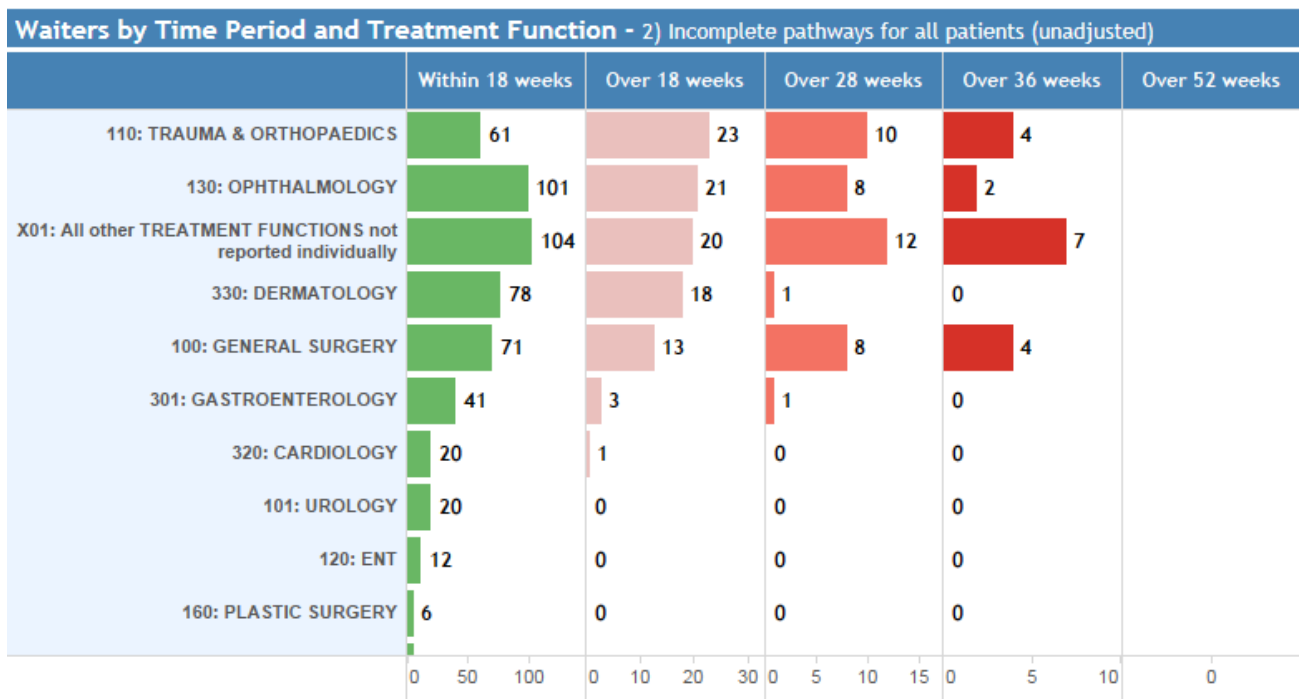


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 17 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Southport & Ormskirk	All Other	40	N84021	Treated 7/11/2017	There has been capacity issues in the Respiratory Department
Southport & Formby	Southport & Ormskirk	All Other	40	N84021	Treated 7/11/2017	There has been capacity issues in the Respiratory Department
Southport & Formby	Southport & Ormskirk	All Other	40	N84017	Treated 9/11/2017	Cancelled appointment on 7/11/2017
Southport & Formby	Southport & Ormskirk	Ophthalmology	41	N84021	Treated 15/11/2017	The patient was added to waiting list on 17/1/17 but was missed on the listing and so only actually added on 31/7/17. Patient treated on 15/11/17
Southport & Formby	Southport & Ormskirk	All Other	41	N84625	Treated	Patient treated in November.
Southport & Formby	Royal Liverpool	General Surgery	41	N84012	No Date Yet	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	All Other	41	N84024	30/11/2017	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	All Other	41	N84036	30/11/2017	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	All Other	42	N84625	Pathway Stopped	Capacity
Southport & Formby	Royal Liverpool	T&O	43	N84008	19/12/2017	Long Wait on Waiting List

The Royal Liverpool & Broadgreen Hospitals Trust reported that they did not achieve the 92% incomplete Referral to Treatment (RTT) target in October (84.68%). The issues were in General Surgery (81.08%), Trauma & Orthopaedics (79.6%), Ophthalmology (80.94%), Gastroenterology (85.03%), and Dermatology (86.28%). Ophthalmology performance continues to decline. There have been a number of actions identified which will reduce demand and increase activity. Within Dermatology, the team are working closely with commissioners; however, the decline in performance is as result of service closures across the city. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

3.4 Cancelled Operations

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

Figure 18 – Southport & Ormskirk Cancelled Operations

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 - Southport & Ormskirk	17/18 - October	0	17	7 ↔

Southport & Ormskirk reported 17 cancelled operations in October, bringing the total YTD figure to 76. The Trust has reported that of the 17 cancelled operations in October: 11 were due to no bed availability, there were 3 where the theatre time elapsed, 2 due to equipment failure and in 1 case the Surgeon was unavailable.

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

Figure 19 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	17/18 - October	0	0	↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

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) (CCG)	17/18 - October	93%	94.30%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - October	93%	95.28%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - October	93%	91.71%	↓

The CCG has failed the target of 93% in October for patients urgently referred with breast symptoms, with a performance of 89.29% and therefore continues to fail year to date 91.71%. In October there were a total of 56 patients and 6 patient breaches. All breaches were at Aintree and the maximum wait was 27 days due to patient choice.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this will reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - October	96%	98.74%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - October	96%	98.73%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - October	94%	96.88%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - October	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - October	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - October	94%	95.83%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - October	98%	98.15%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - October	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

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 - October	85% (local target)	85.00%	↓
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 - October	85% (local target)	92.07%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - October	90%	88.46%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - October	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - October	85%	82.68%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - October	85%	82.24%	↑

The CCG treated 4 patients in October from the NHS screening service to first definitive treatment with no breaches, but unfortunately are still failing the 90% target year to date due to previous breaches, recording 88.46%.

In terms of waits from urgent GP referral to first definitive treatment for cancer, the CCG achieved the 85% target in October recording 96.15% (1 breach out of 26). Despite this achievement, the CCG is still failing year to date at 82.68%.

The Trust achieved the 85% target in October for urgent referral recording 87.18% but are still failing year to date 82.24% due to previous breaches. In October, out of 39 patients there was the equivalent of 5 breaches.

3.6 Patient Experience of Planned Care

Figure 23 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Oct-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%	13.2%		96%	88%		2%	4%	
Q1 - Antenatal Care	N/A	-		96%	*		2%	*	
Q2 - Birth	N/A	10.0%		96%	100%		2%	0%	
Q3 - Postnatal Ward	N/A	-		94%	89%		2%	5%	
Q4 - Postnatal Community Ward	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 has again seen a decrease in response rates for inpatients, from 18.8% in September to 13.2% in October. The percentage of patients that would recommend the inpatient service in the Trust has decreased from 91% in September to 88% in October, falling further below the England average of 96%. The percentage of people who would not recommend the inpatient service remains at 4% in October and is therefore still above the England average of 2%.

For maternity services, the percentage of people who would recommend the birth service has recovered from 94% in September to 100% in October. The percentage of patients who would recommend the postnatal ward has fallen below the England average of 94% in October with 89%. The percentage of patients who would not recommend the postnatal ward has increased further from 3% in September to 5% in October, rising further above the England average of 2%. For those areas where data has been captured, all other services 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 has 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 7 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£1.1m/-5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a total under spend of approximately £1.2mk/5.6%.

At individual providers, Wrightington, Wigan and Leigh (£270k/42%) and Aintree (£207k/9%) are showing the largest over performance at month 7. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£1.4m/11%) and Renacres (-£199k/-9%).

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	10,557	11,923	1,366	13%	£2,284	£2,492	£207	9%	-£207	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,400	4,364	-36	-1%	£318	£319	£1	0%	-£1	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,432	1,274	-158	-11%	£592	£563	-£29	-5%	£29	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,555	1,148	-407	-26%	£357	£318	-£39	-11%	£39	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	9,388	9,048	-340	-4%	£1,734	£1,674	-£60	-3%	£60	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,484	1,359	-125	-8%	£445	£423	-£23	-5%	£23	£0	0.0%
ACTING AS ONE TOTAL	28,815	29,116	301	1%	£5,731	£5,788	£57	1%	-£57	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	138	215	77	56%	£26	£60	£34	132%	£0	£34	132%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	72	72	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
FAIRFIELD HOSPITAL	67	49	-18	-27%	£11	£11	£0	-4%	£0	£0	-4%
ISIGHT (SOUTHPORT)	2,423	3,208	785	32%	£501	£515	£14	3%	£0	£14	3%
RENACRES HOSPITAL	8,655	7,473	-1,182	-14%	£2,314	£2,116	-£199	-9%	£0	-£199	-9%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	65,354	59,960	-5,394	-8%	£12,421	£11,003	-£1,418	-11%	£0	-£1,418	-11%
SPIRE LIVERPOOL HOSPITAL	223	237	14	6%	£52	£63	£11	21%	£0	£11	21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,615	3,011	396	15%	£658	£660	£2	0%	£0	£2	0%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	247	368	121	49%	£73	£75	£2	3%	£0	£2	3%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	118	177	59	50%	£21	£40	£19	89%	£0	£19	89%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	88	88	0%	£0	£23	£23	0%	£0	£23	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	185	169	-16	-9%	£61	£43	-£18	-29%	£0	-£18	-29%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,784	2,528	744	42%	£646	£916	£270	42%	£0	£270	42%
ALL REMAINING PROVIDERS TOTAL	81,809	77,555	-4,254	-5%	£16,784	£15,534	-£1,251	-7%	£0	-£1,251	-7%
GRAND TOTAL	110,624	106,671	-3,953	-4%	£22,515	£21,322	-£1,193	-5.3%	-£57	-£1,251	-5.6%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 25 - Planned Care – Southport and Ormskirk NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	6,567	6,319	-248	-4%	£3,576	£3,193	£-383	-11%
Elective	937	855	-82	-9%	£2,394	£2,009	£-385	-16%
Elective Excess BedDays	220	121	-99	-45%	£53	£28	£-25	-46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	900	387	-513	-57%	£151	£67	£-84	-56%
OPFASPCL - Outpatient first attendance single professional consultant led	8,057	6,866	-1,191	-15%	£1,395	£1,173	£-222	-16%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,272	872	-1,400	-62%	£172	£76	£-97	-56%
OPFUPSPCL - Outpatient follow up single professional consultant led	23,459	21,524	-1,935	-8%	£1,933	£1,753	£-181	-9%
Outpatient Procedure	16,236	17,000	764	5%	£2,168	£2,161	£-8	0%
Unbundled Diagnostics	6,706	6,016	-690	-10%	£577	£544	£-33	-6%
Grand Total	65,354	59,960	-5,394	-8%	£12,421	£11,003	£-1,418	-11%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

The CCG's activity and finance levels continue to perform below planned levels in month 7; this trend has been noted throughout 17/18. Latest position shows a significant under-spend of -£1.4m, -11%, against the contract value.

Over 50% of underspend is located within elective and day case PODs with a number of factors impacting this area. Trauma & Orthopaedics is by far the main specialty affecting the underperformance; this is due to the effects of Joint Health which has reduced T&O activity across the majority of providers for the CCG.

Other notable reductions in elective and day case PODs are General Surgery, Urology, ENT, Ophthalmology, and Clinical Haematology. The Trust has struggled to reach planned values due to on-going staffing issues as well as reduced GP referred activity.

Outpatient activity continues to underperform with a number of CCG schemes impacting on this. Reduced GP referrals and the effects of RMS have led to lower levels of activity in areas such as Dermatology. Joint Health has reduced T&O led activity as well as the GP federation's Cardiology service lowering cardiology activity.

The latest month has shown increases in outpatient activity but not enough to bring it back in line with planned levels.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 26 - 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	485	519	34	7%	£284	£378	£95	33%
Elective	250	204	-46	-18%	£569	£476	£-93	-16%
Elective Excess BedDays	63	65	2	4%	£15	£16	£0	3%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	84	35	-49	-58%	£17	£8	£-10	-56%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	150	96	-54	-36%	£6	£4	£-2	-38%
OPFASPCL - Outpatient first attendance single professional consultant led	1,684	1,860	176	10%	£291	£318	£27	9%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	95	69	-26	-27%	£9	£7	£-1	-16%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	234	548	314	134%	£6	£13	£8	134%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,354	4,646	292	7%	£359	£377	£18	5%
Outpatient Procedure	1,548	2,079	531	34%	£227	£297	£69	31%
Unbundled Diagnostics	1,046	1,140	94	9%	£73	£96	£23	32%
Wet AMD	565	662	97	17%	£427	£500	£73	17%
Grand Total	10,557	11,923	1,366	13%	£2,284	£2,492	£207	9%

Aintree performance is showing a £207k/9% variance against plan with individual PODS varying between over and under performance. Day cases and Wet AMD are the highest over performing areas with variances of £95k/33% and £73k/17% against plan respectively. The over performance within day cases is principally within Cardiology and Breast Surgery.

Outpatient procedures are also over performing against plan at month 7, primarily within Ophthalmology, with a year to date cost variance of £29k/45% for this particular specialty.

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 27 – 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	969	794	-175	-18%	£966	£762	£-204	-21%
Elective	151	162	11	7%	£644	£713	£69	11%
OPFASPCL - Outpatient first attendance single professional consultant led	1,962	1,497	-465	-24%	£316	£254	£-62	-20%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,150	1,809	-341	-16%	£138	£119	£-19	-14%
Outpatient Procedure	1,415	973	-442	-31%	£147	£150	£4	3%
Unbundled Diagnostics	726	530	-196	-27%	£66	£47	£-19	-29%
Physio	1,281	1,022	-259	-20%	£38	£30	£-8	-20%
Outpatient Pre-op	0	686	686	#DIV/0!	£0	£40	£40	#DIV/0!
Grand Total	8,655	7,473	-1,182	-14%	£2,314	£2,116	£-199	-9%

Renacres performance is showing a -£199k/-9% variance against plan with the majority of PODS under performing at month 7. Day case activity is the highest underperforming area with a variance of -£204k/21% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery due to a change in recording. Pain Management and Gastroenterology were historically coded incorrectly under these specialties. A shift of activity can be seen since this was corrected but the issue is still having an impact on current plans.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. 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 28 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	12	21	9	70%	£1	£2	£1	72%
Daycase	103	126	23	22%	£137	£173	£36	26%
Elective	65	97	32	49%	£371	£538	£166	45%
Elective Excess BedDays	18	27	9	50%	£5	£6	£2	42%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	44	63	19	44%	£3	£6	£3	77%
OPFASPCL - Outpatient first attendance single professional consultant led	227	383	156	68%	£31	£55	£24	78%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	64	110	46	72%	£4	£6	£2	65%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	86	134	48	55%	£2	£3	£1	55%
OPFUPSPCL - Outpatient follow up single professional consultant led	849	1,071	222	26%	£51	£66	£15	29%
Outpatient Procedure	155	281	126	81%	£21	£38	£17	79%
Unbundled Diagnostics	160	215	55	34%	£19	£23	£4	19%
Grand Total	1,784	2,528	744	42%	£646	£916	£270	42%

Wrightington, Wigan and Leigh performance is showing a £270k/42% variance against plan with all PODS over performing at month 7. Elective activity is the highest over performing area followed by day cases, with a variance of £166k/45% and £36k/26% against plan respectively. This over performance in both PODs is largely within Trauma & Orthopaedics. Very major knee and hip procedures are the highest over performing HRGs for the CCG although there are also small amounts of activity against many HRGs with zero plans.

3.7.6 iSIGHT Southport

Figure 29 – 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	555	636	81	15%	£348	£314	£-35	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	2	-4	-69%	£1	£0	£-1	-69%
OPFASPCL - Outpatient first attendance single professional consultant led	454	459	5	1%	£65	£66	£1	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	170	69	-101	-59%	£12	£5	£-7	-59%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,098	1,438	340	31%	£60	£79	£19	31%
Outpatient Procedure	138	604	466	337%	£13	£51	£37	279%
Grand Total	2,423	3,208	785	32%	£501	£515	£14	3%

Isight performance is showing a £14k/3% variance against plan, which is clearly driven by an over performance within outpatient procedures. This POD is currently £37k/279% above plan at month 7 due to activity related to the HRG 'Contrast Fluoroscopy Procedures with duration of less than 20 minutes'.

CCG BI and Contracts teams continue to investigate the coding and grouping processes of iSight activity and finance. Investigations are to obtain assurances that the most appropriate tariff is being charged for each episode of care.

In the meantime, iSight have undertaken procurement of a new Clinical PAS system in order to comply with National Data Submission requirements i.e. SUS. Implementation timescales and future processes are to be agreed via the Contract Review meetings. Possible contract variations and SLA's are also to be agreed in terms of data processing and recording.

Until the new system is procured, the CCG have proposed that all cataract surgery is coded as HRG BZ34C Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1 as a default position unless exceptionality can be demonstrated for a more complex HRG to be assigned. When this approach is agreed, a new finance and activity plan will be varied into the contract.

3.8 Personal Health Budgets

Figure 30 - 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	17	64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	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	14.48	54.71	0.00	57.93	0.00

The CCG reported 17 personal health budgets (PHBs) at the end of Q2, which is an increase of 3 from Q1. This remains below the NHS England target for PHBs for CCGs. The CCG is exploring

the use of PHBs as part of the end of life pathway, via CHC fast tracks utilised by Warrington CCGs. Mersey Internal Audit Agency have recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

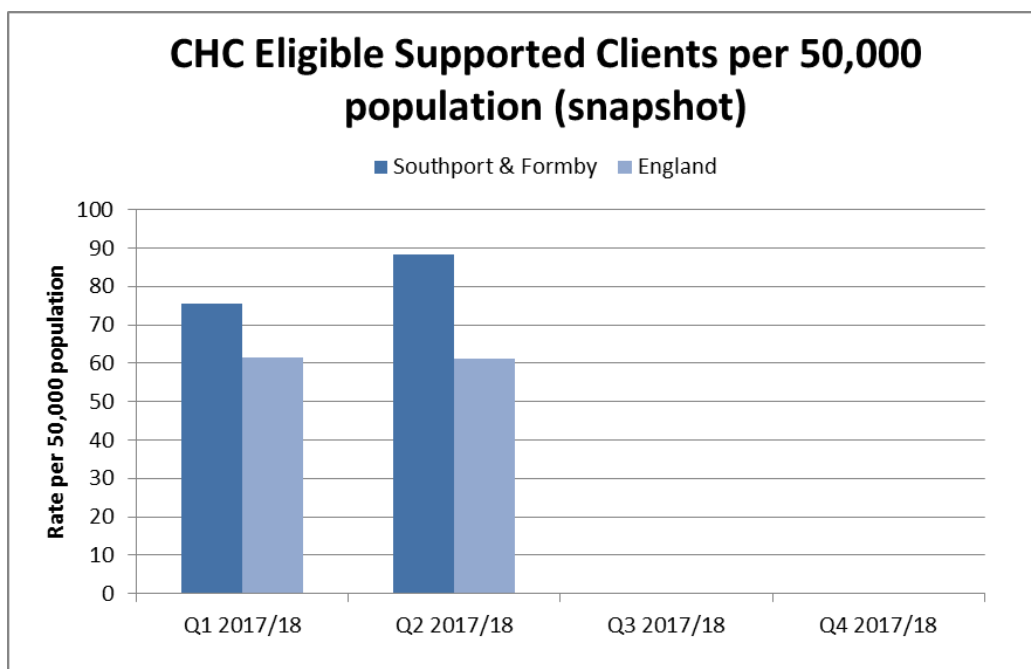


Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

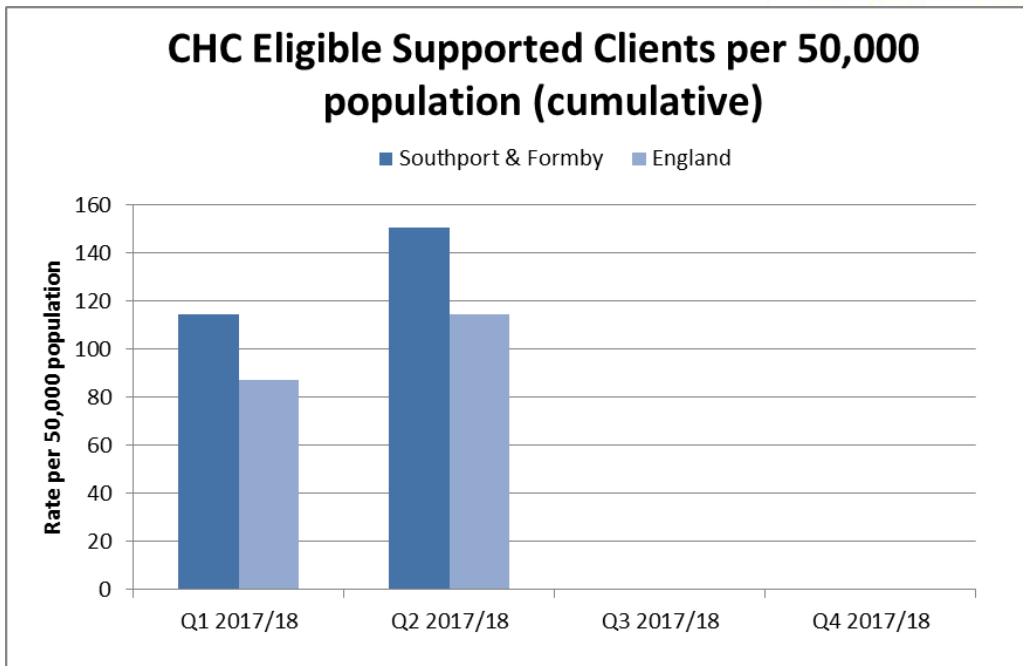
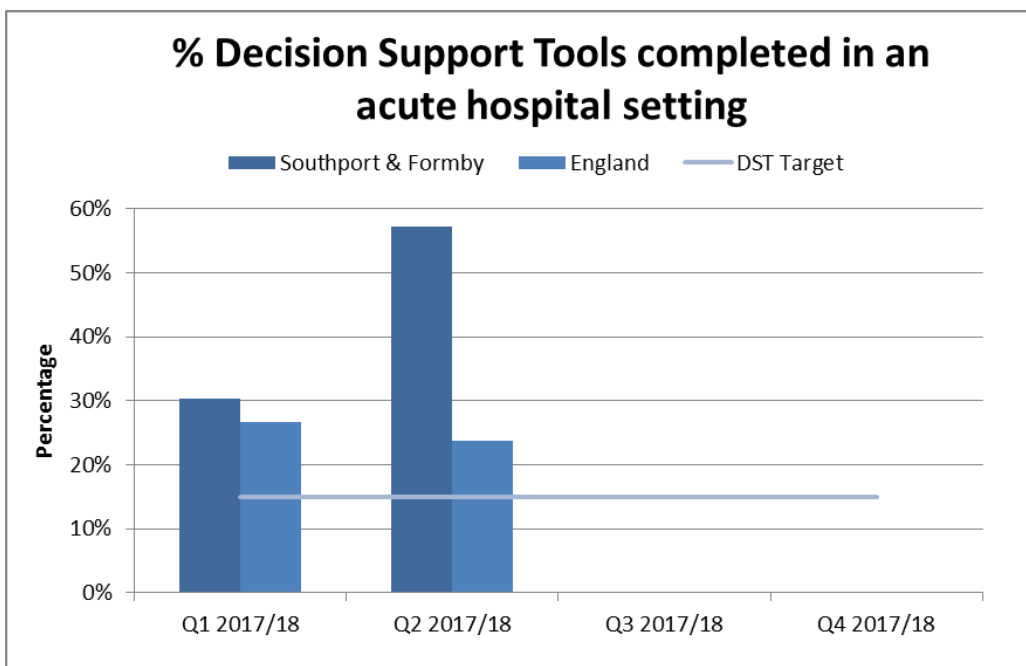


Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby was higher than the national average of 27% in Q1, and increased to 57.1% in Q2. Data submissions are being validated to ensure accuracy.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 34 - Smoking at Time of Delivery (SATOD)

	Southport & Formby			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	239	276	515	1030
Number of women known to be smokers at the time of delivery	22	33	55	110
Number of women known not to be smokers at the time of delivery	212	241	453	906
Number of women whose smoking status was not known at the time of delivery	5	2	7	14
Data coverage %	97.9%	99.3%	98.6%	98.6%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	10.7%

The CCG is above the data coverage plan of 95% at Q2 but is unfortunately just over the national ambition of 11% for the percentage of maternities where mother smoked, with 12%. However, year to date the CCG remains under target at 10.7%.

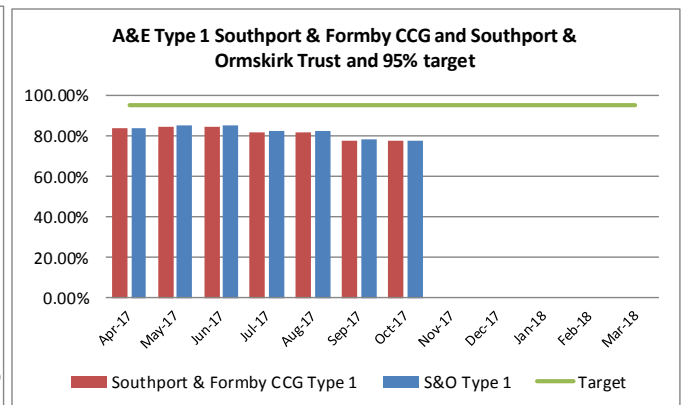
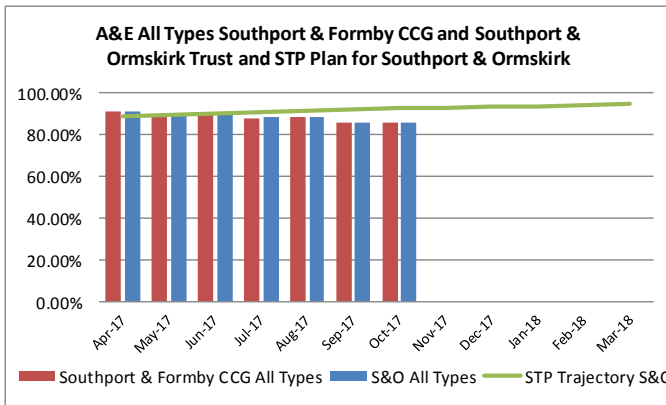
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - October	95.00%	88.07%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - October	95.00%	81.52%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - October	STF Trajectory Target for October 92.5%	88.41%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - October	95.00%	82.26%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	88.41%



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 October reached 85.55%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 92% for October, and year to date 88.41%. Disappointingly, October saw the lowest performance against the 4-hour target. Overall A&E attendances increased by 1.1% compared to last year, majors attendances increased by 5.7% across the month. The overall % of attendances who were majors category was 74.31% compared to 70.87% in Oct 16, which does, in turn, have an impact on EDs ability to turn cubicles around timely as these patients can be higher in acuity, and reliant on diagnostic testing and specialty input to determine whether admission is required. Admissions from A&E remain lower than last year, which is testament to the collaborative working across the CBUs to consider alternative pathways rather than admission. Flow remains a significant challenge and escalation areas continue to be heavily relied upon overnight in order to maintain safety. A number of key meetings have been held in the CBUs with Exec support to drive improvements in flow, including the appointment of an Interim to oversee Patient Flow and the rollout of SAFER across the wards. The roll out of the inpatient ward reconfiguration Safe at All Times is expected to further to support flow.

The Trust reconfigured some wards during November in order to implement “safe at all times” to bring acute, medical and surgical care wards into one place. The work at Southport also included creation of a clinical communications hub, to support bed management and give oversight of activity across the hospital to underpin safe care.

The CCG has also commissioned ten additional beds at Sutton Grange for the winter period (March 2018).

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 and 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.

Figure 36 - A&E Performance – 12 hour breaches

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

Southport & Ormskirk had no 12-hour breaches in the month of October. Breaches reported so far in the year; 3 in April, 9 in May and 2 in July, a total of 14 year to date.

4.2 Ambulance Service Performance

In August, NWS 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. Although ARP is now live, the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWS 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. NWS 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.

NWS 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**.

Figure 37 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP			
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 RED 2 Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
ALL RED		95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	If conveyed, transporting vehicle stops the clock			
 GREEN 1 Emergency Care	(NWS 5%)			 CATEGORY 3	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		 CATEGORY 4	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 3 Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		Less Urgent Calls			
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response	If conveyed, transporting vehicle stops the clock				
ALL GREEN	50% of calls NWS (56%)	No national targets (local apply)	<p>The new response system will:</p> <ul style="list-style-type: none"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • 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. • 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. 				

Figure 38 - Ambulance handover time performance

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - October	0	237	↑	The Trust recorded 237 handovers between 30 and 60 minutes, this is a decline on last month when 193 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - October	0	156	↑	The Trust recorded 156 handovers over 60 minutes, this is an improvement on last month when 189 was reported.

October's performance is the lowest to date. The main factor is the ongoing challenges with bed flow, which in turn results in delays and overcrowding in ED. ED continues to utilise the sub wait area of radiology to improve the privacy & dignity for up to 4 patients who previously would have waited on the corridor.

There is a relaunch of the 'golden patient' to kick start flow on the wards earlier in the day, reducing the bottle necks in ED, & ultimately improve experience for our patients and NWS colleagues. Liaison meetings are now in place monthly between NWS and the Trust. Space within the discharge lounge has also been reviewed to increase the capacity available to support patients and earlier release of beds.

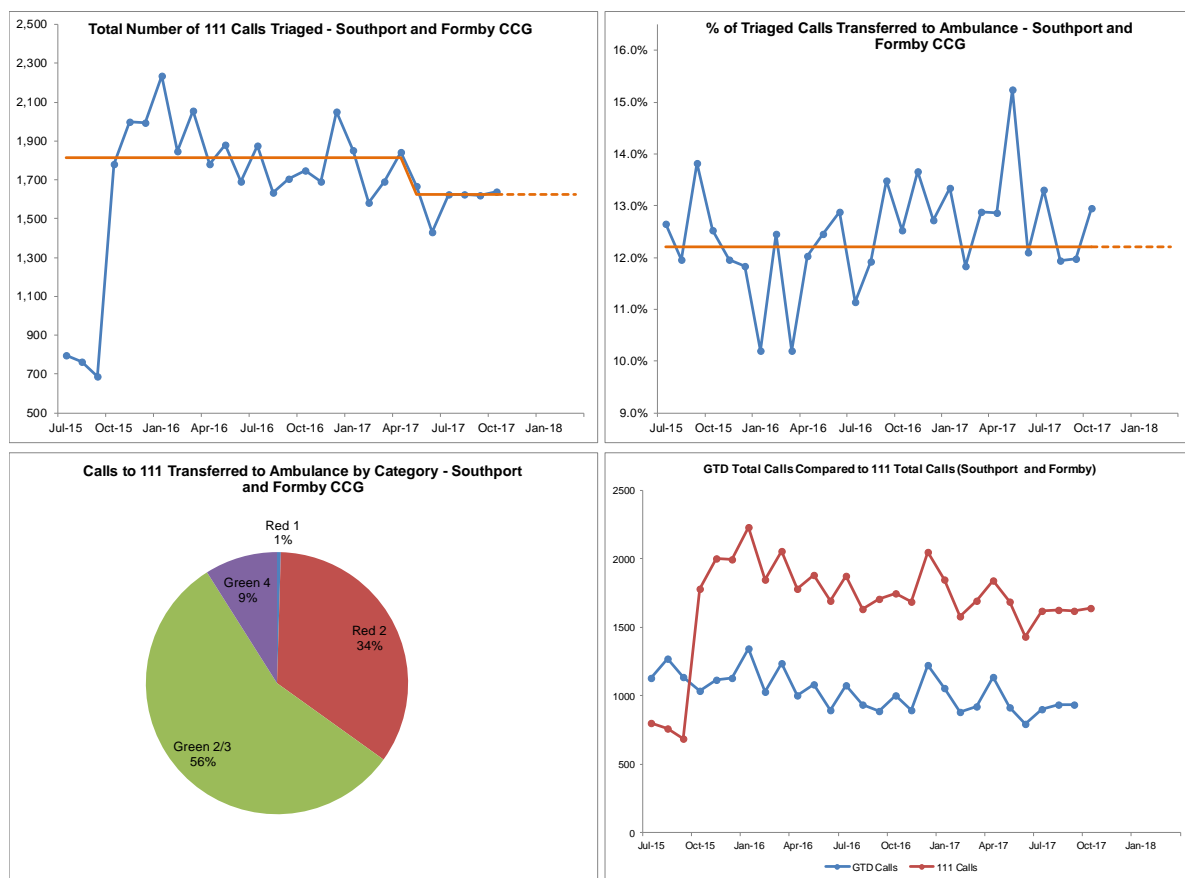
In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.

- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



The number of calls in October 2017 remains similar to the previous month. There have been 872 (7.6%) fewer calls for the first 7 months of 2017/18 than in the same period of 2016/17.

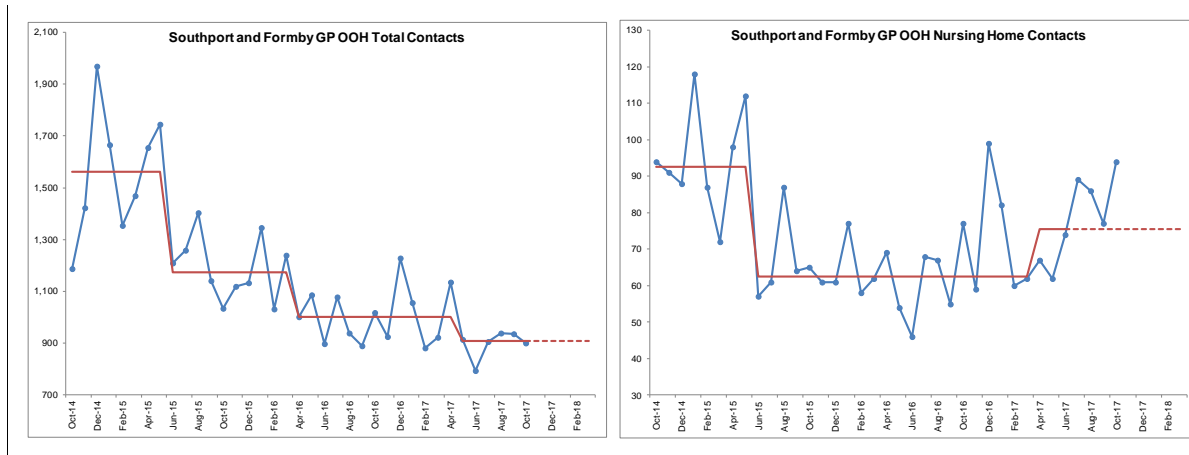
The breakdown for outcomes of 111 calls in October 2017 is as follows:

- 62% advised to attend primary and community care
- 15% closed with advice only
- 13% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

There has been a reduction in the proportion of calls being closed with advice only when compared to the same point in the previous year. At month 7 2016/17, 18.7% of calls ended this way

compared to 15.9% in 2017/18. This reduction has been countered by increases in the proportion of calls being: advised to other services, advised to primary and community care and transferred to ambulance.

4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has fallen in October with 901 calls. When compared to the first 6 months of the previous financial year, there have been 383, 5.5%, fewer contacts so far in 2017/18.

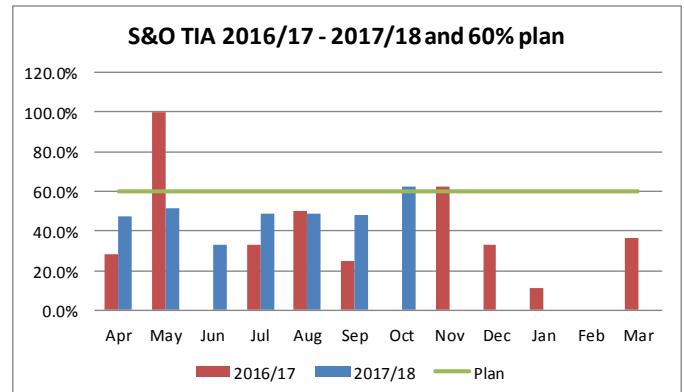
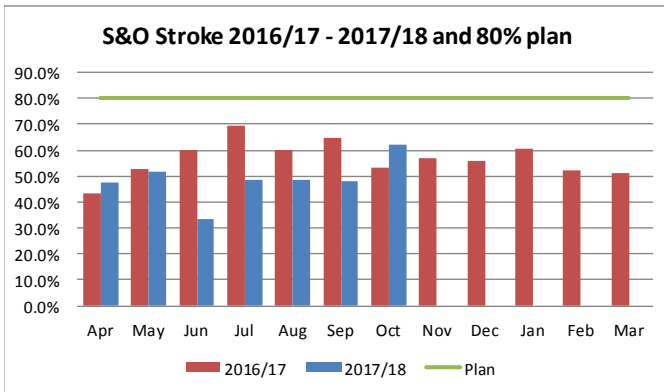
GP OOH calls from nursing homes within Southport and Formby have increased to 94 in October. There have been 113 more calls in the first 7 month of 2017/18 than in the same period in 2016/17, an increase of 26%.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 39 - Stroke and TIA performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	17/18 - October	80%	62.10%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	17/18 - October	60%	16.70%	↑



Southport & Ormskirk failed the stroke target in October recording 62.10% with only 18 out of 29 patients spending 90% of their time on a stroke unit. This shows an improvement in performance from September.

This indicator remains a challenge as reported previously. In terms of reconfiguration of stroke beds and Rehab Ward move to SDGH it is anticipated that there will be an improvement in the next 2-3 months but this has not been realised to date. An options appraisal is being considered and shared with North Mersey Board to support patient flow and dedicated placement on stroke ward

During October 2017 there were 25 referrals, 12 of which were TIA's, with 10 breaches. To address the issue of clinic capacity an additional TIA clinic has now set-up every Monday, Tuesday & Thursday within AEC.

4.4.2 Mixed Sex Accommodation

Figure 40 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - October	0.00	2.50	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - October	0.00	2.90	↓

The CCG reported a Mixed Sex Accommodation rate of 2.5, which equates to a total of 10 breaches in October. All 10 breaches were at Southport & Ormskirk NHS Trust.

In October, the Trust had 16 mixed sex accommodation breaches (a rate of 2.9) and has therefore breached the zero-tolerance threshold. Of the 16 breaches, 10 were for Southport & Formby CCG and 6 for West Lancashire CCG.

Of the total 16 breaches, there were 9 breaches on critical care due to awaiting transfer to acute beds in the hospital. The 7 breaches on 7a relates to the use of side room 7 which is situated at the entrance of bay 8. Bay 8 was full with male patients but due to there being no beds across the hospital and to maintain patient safety at night, the side room was used for a female patient. The female patient was moved the following morning.

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - October	27	19	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - October	21	6	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - October	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - October	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - October	75	85	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - October	No Plan	126	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in October. 19 have been reported year to date against a plan of 27 (7 apportioned to acute trust and 12 apportioned to community). For Southport & Ormskirk year to date the Trust has had 6 cases against a plan of 21 (2 new cases in October), so is under plan.

There were no new cases of MRSA reported in October for the CCG and therefore the CCG is compliant. Southport & Ormskirk reported no new cases of MRSA in October but remain above the zero tolerance threshold year to date with the 1 case of MRSA reported in September.

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 85 cases April to October against a plan of 75 (12 cases in October). Southport & Ormskirk has reported 126 cases year to date, with 19 new cases in October. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 42 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - October	100	115.60	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	17/18 - October	100	118.69	↑

Latest SHMI available (April 16 to March 17) is 118.7. All the actions described under 'HSMR' are also applicable to SHMI.

The HSMR has been relatively stable, though still high, at about 117 for the last four months after reaching a peak of 119 in December. In response: we are exploring how we can review deaths in the high risk diagnoses in more depth; the deteriorating patient action plan will be presented to MACIC at the October meeting; we are purchasing additional modules for Vital-Pac to strengthen our management of the deteriorating patient; a mortality advisor from NHSE is to visit the Trust to discuss how we are addressing our mortality figures; and the regional analyst from NHSI will be conducting a WebEx conference call with us in November to help us analyse our data more effectively. Training in the new mortality review methodology will take place in November.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 7

There are 104 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 57 apply to Southport & Formby CCG patients. 47 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 31 of these being Southport & Formby CCG patients.

Of the 43 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O), 28 remain open for >100 days. Seven incidents were reported in October (38 YTD). There were zero Never Events reported in month, with 1 YTD (Liverpool Women's). 6 incidents were closed in month (34 YTD).

Lancashire Care NHS Foundation Trust (LCFT) reported 1 incident in month (3 YTD).

Mersey Care NHS Foundation Trust reported zero incidents for Southport and Formby CCG patients (5 YTD), with zero Never Events (0 YTD). There were zero incidents closed in month (28 YTD). 40 remain open on StEIS, 9 for Southport and Formby patients. Nine remain open for > 100 days (4 SFCCG).

One incident remains open for Southport and Formby CCG.

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.

NHS England are replacing the previous patient snapshot measure 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.

Figure 43 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – October 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	Sep	Oct	
A) COMPLETION ASSESSMENT	0	0	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	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	2	3	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0	0	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	2	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	0	1	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0	1	1	1	
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3	4	3	3	3	2	7	
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	5	2	5	7	4	5	6	8	8	6	3	6	7	4	5	3	7	7	13	

The average number of delays per day in Southport and Ormskirk hospital increased to 13 in October. Of the 13 delays, 7 were due to patient or family choice, 3 were waiting for further NHS non-acute care, 1 was awaiting a nursing home placement, 1 awaiting care package in own home and 1 awaiting community equipment/adaptations.

Analysis of average delays in October 2017 compared to October 2016 shows them to be higher by 7.

Figure 44 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2016 – October 2017

Agency Responsible	2016-17												2017-18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158	107	211	220	384	
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0	0	0	0	4	
Both - Days Delayed	0	0	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 384 in October, compared to 220 last month. Analysis of these in October 2017 compared to October 2016 shows an increase from 184 to 384.

The average number of days delayed caused by social care has increased to 4 in October for the first time over the past two financial years. The average number of days delayed caused by both remains at zero.

Figure 45 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – October 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	Sep	Oct	
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	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	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	3	2	
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	7	
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3	3	4	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1	1	1	
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8	10	10	
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	37	41	40	41	

The average number of delays per day at Merseycare increased slightly to 41 in October. Of the 41 delays, 10 were due to housing, 7 were awaiting nursing home placements, 6 waiting further NHS non-acute care, 6 awaiting completion assessments, 2 awaiting residential care home placements, 4 awaiting care package in own home, 3 patient or family choice, 2 public funding and 1 dispute.

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

Figure 46 - Average Delayed Transfers of Care per Day at Merseycare - April 2016 – October 2017

Agency Responsible	2016/17												2017/18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	

The total number of days delayed caused by NHS was 704 in October, compared to 680 last month. Analysis of these in October 2017 compared to October 2016 shows an increase from 507 to 704 (197). The total number of days delayed caused by Social Care was 396 in October, compared to 406 in September, showing a decrease of 10. Merseycare also have delays caused by both which was 178 in October, an increase from the previous month which reported 151.

Figure 47 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – October 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	Sep	Oct	
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	1	0	0	0	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	4	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	0	0	0	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	1	0	0	0	1	1	2	1	1	1	0	0	0	0	0	2	1	1	
DII) AWAITING NURSING HOME PLACEMENT	3	4	3	3	3	9	13	10	8	6	4	4	4	4	4	3	4	6	5	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	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	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
H) DISPUTES	0	0	0	0	0	0	0	1	1	1	2	2	2	3	3	2	2	2	2	
I) HOUSING	10	7	5	4	4	5	2	3	8	7	5	4	5	6	5	3	1	0	0	
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
Grand Total	17	14	9	8	9	16	17	18	21	18	14	13	16	15	17	13	13	14	13	

The average number of delays per day at Lancashire Care decreased slightly to 13 in October, from 14 reported in September. Of the 13 delays, 5 were awaiting nursing home placement, 4 awaiting public funding, 2 disputes, 1 awaiting residential care home placement and 1 patient or family choice.

Analysis of average delays in October 2017 compared to October 2016 shows them to be lower by 4.

Figure 48 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2016 – October 2017

Agency Responsible	2016-17												2017/18						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS - Days Delayed	374	316	225	144	185	198	91	182	345	318	240	260	212	214	199	133	37	36	43
Social Care - Days Delayed	117	126	55	82	31	70	93	62	25	62	42	43	133	146	159	170	157	177	127
Both - Days Delayed	21	0	7	20	76	210	357	286	248	184	111	108	120	111	143	113	214	217	260

The total number of days delayed caused by NHS was 43 in October, compared to 36 last month. Analysis of these in October 2017 compared to October 2016 shows a decrease from 91 to 43. The total number of days delayed caused by Social Care was 127 in October, compared to 177 in September, showing a decrease of 50. Lancashire Care also have delays caused by both, which was 260 in October, an increase from the previous month when 217 was reported.

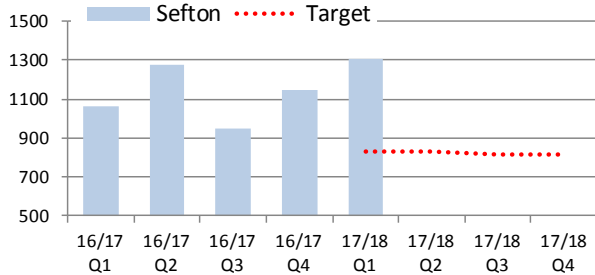
In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay top domiciliary providers in an attempt to attract additional capacity into the local market.

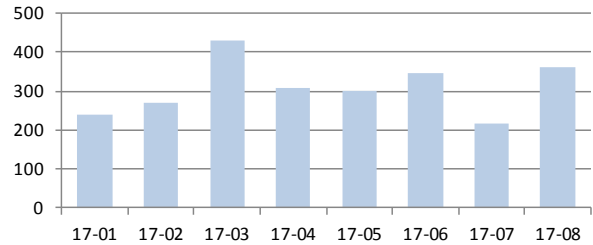
The Intermediate Care, Reablement and Assessment Service (ICRAS) model, which using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, commenced on October 2nd 2017 and will facilitate timely discharge of patients to the most appropriate setting.

4.7 ICRAS Metrics

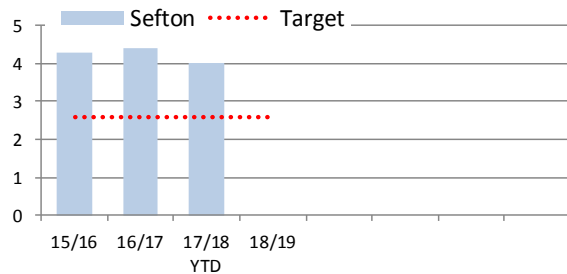
Delayed Transfers of Care - Delayed Days - Rate per 100,000 (iBCF Target)



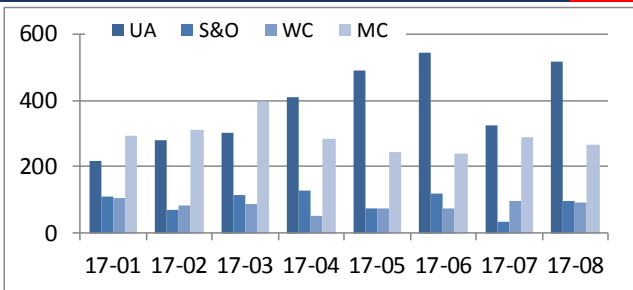
Delayed Transfers of Care - Non-Acute Days Attributed to NHS



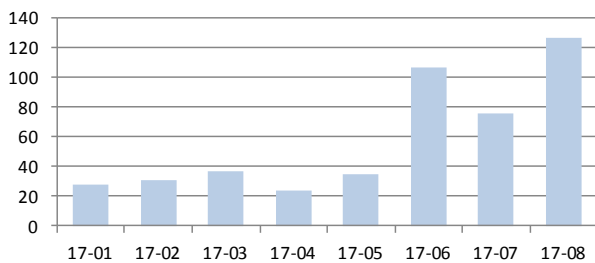
Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target)



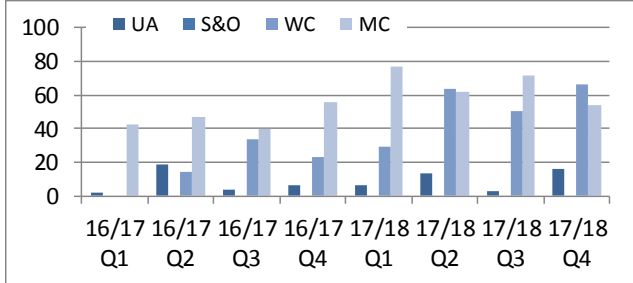
Delayed Transfers of Care - Total Days by Key Providers (in Sefton)



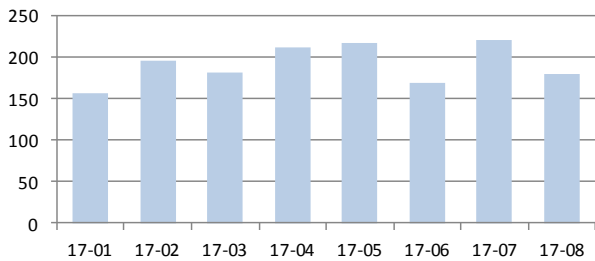
Delayed Transfers of Care - Acute Days Attributed to Adult Social Care



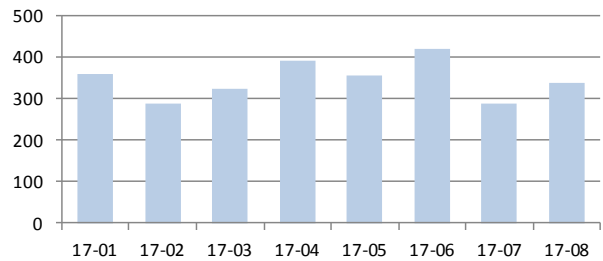
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC



Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care



Delayed Transfers of Care - Acute Days Attributed to NHS






4.8 Patient Experience of Unplanned Care

Figure 49 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Oct-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%	1.9%		87%	88%		7%	6%	

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 increased from 1.2% in September to 1.9% in October.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 55% in September to 88% in October, rising above the England average of 87%. The percentage not recommended has decreased from 31% in September to 6% in October, falling in line with the England average of 7% for the first time this financial year.

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.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 7 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa -£496k/-2.6%. 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 £798k/4.2%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a -£870k/-5% underspend.

Figure 50 - Month 7 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	843	1,379	536	64%	£506	£853	£347	69%	£-347	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	522	540	18	4%	£212	£204	£-8	-4%	£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	86	87	1	1%	£296	£312	£15	5%	£-15	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	168	154	-14	-8%	£226	£267	£41	18%	£-41	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	960	711	-249	-26%	£482	£394	£-88	-18%	£88	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	3	1	27%	£24	£18	£-5	-22%	£5	£0	0.0%
ACTING AS ONE TOTAL	2,581	2,874	293	11%	£1,746	£2,047	£302	17%	£-302	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	51	50	-1	-3%	£17	£19	£2	9%	£0	£2	9%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	23	23	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	33,406	33,633	227	1%	£17,035	£16,165	£-870	-5%	£0	£-870	-5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	309	318	9	3%	£165	£155	£-10	-6%	£0	£-10	-6%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	28	22	-6	-20%	£4	£7	£2	50%	£0	£2	50%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	32	32	0%	£0	£13	£13	0%	£0	£13	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	65	83	18	28%	£26	£37	£11	45%	£0	£11	45%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	48	68	20	41%	£27	£73	£46	168%	£0	£46	168%
ALL REMAINING PROVIDERS TOTAL	33,907	34,229	322	1%	£17,274	£16,476	£-798	-5%	£0	£-798	-5%
GRAND TOTAL	36,488	37,103	615	2%	£19,020	£18,524	£-496	-2.6%	£-302	£-798	-4.2%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 51 - Month 7 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	21,842	22,392	550	3%	£2,995	£3,141	£146	5%
NEL/NELSD - <i>Non Elective/Non Elective IP Same Day</i>	6,702	5,941	-761	-11%	£11,271	£10,264	£-1,008	-9%
NELNE - <i>Non Elective Non-Emergency</i>	617	987	370	60%	£1,441	£1,460	£19	1%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	63	15	-48	-76%	£21	£6	£-15	-73%
NELST - <i>Non Elective Short Stay</i>	700	641	-59	-8%	£483	£440	£-43	-9%
NELXBD - <i>Non Elective Excess Bed Day</i>	3,482	3,657	175	5%	£822	£853	£31	4%
Grand Total	33,406	33,633	227	1%	£17,035	£16,165	£-870	-5%

4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care performance continues to be below planned levels with Non-elective admissions the main area affecting this. The CCG has noted a large reduction in emergency admissions with approximately 40% of the -£1m underspend located in Geriatric Medicine. This under performance is nearly mirrored by overspend in the Ambulatory Care Unit, currently £773k above plan.

Increased opening times in the ACU service in the latter part of 16/17 have increased the capacity and as such larger numbers are flowing via this route. ACU is currently being discussed between the Trust and Commissioners regarding the type of activity that should flow via this route.

The Trust have seen high numbers of A&E activity in 2017/18 with October activity the highest for 18 months, this is impacting on the Trusts ability to reach the target levels of 4hr performance.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 52 - Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	495	734	239	48%	£66	£99	£33	50%
NEL - <i>Non Elective</i>	206	335	129	63%	£362	£600	£238	66%
NELNE - <i>Non Elective Non-Emergency</i>	12	14	2	18%	£35	£63	£28	81%
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>	26	43	17	66%	£18	£31	£13	72%
NELXBD - <i>Non Elective Excess Bed Day</i>	104	178	74	71%	£25	£41	£16	65%
Grand Total	843	1,379	536	64%	£506	£853	£347	69%

4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the overall over spend of £347k is mainly driven by a £238k/66% over performance in Non-Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology, Respiratory Medicine and Diabetic 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 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 31/10/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	5	-	5	-
2 Common Mental Health Problems (Low Severity with greater need)	7	5	2	1
3 Non-Psychotic (Moderate Severity)	68	88	20	32
4 Non-Psychotic (Severe)	208	209	1	9
5 Non-psychotic Disorders (Very Severe)	42	40	2	3
6 Non-Psychotic Disorder of Over-Valued Ideas	25	28	3	4
7 Enduring Non-Psychotic Disorders (High Disability)	132	128	4	9
8 Non-Psychotic Chaotic and Challenging Disorders	72	77	5	1
10 First Episode Psychosis	67	73	6	8
11 On-going Recurrent Psychosis (Low Symptoms)	206	260	54	56
12 On-going or Recurrent Psychosis (High Disability)	248	182	66	67
13 On-going or Recurrent Psychosis (High Symptom & Disability)	104	97	7	11
14 Psychotic Crisis	16	18	2	-
15 Severe Psychotic Depression	3	4	1	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	17	13	4	4
17 Psychosis and Affective Disorder – Difficult to Engage	26	28	2	1
18 Cognitive Impairment (Low Need)	159	216	57	54
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	473	692	219	221
20 Cognitive Impairment or Dementia Complicated (High Need)	375	266	109	121
21 Cognitive Impairment or Dementia (High Physical or Engagement)	152	67	85	88
Cluser 99	249	167	82	86
Total	2,654	2,658	4	21

5.1.1 Key Mental Health Performance Indicators

Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	90.0%
Rolling Quarter				100%	100%	96.9%	97%	90.0%

The Trust failed to meet the 7-day target with 1 of 10 patients not achieving their follow up within the target time. The Provider stated that this patient cannot be visited at home and despite letters being sent and phone calls made they failed to attend CMHT hub for their visit.

Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	66.7%	100%
Rolling Quarter				100%	100%	100%	92.9%	100%

Figure 56 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-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%	60.0%	40.0%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%

The Trust failed to achieve the 50% target for Southport & Formby patients with 3 breaches out of 5. **Breach 1:** This service user first became known to Mersey care on 10th October 2016 following contact with Street Triage. They were presenting with suspicious and paranoid thoughts. However, the service user appeared to rationalise their presentation and they were not considered psychotic at this stage. There was subsequent contact with street triage the following month; again, although they were acting paranoid, Street Triage did not consider psychosis to be part of their presentation. On 21st November 2016 Street Triage suggested that they were suffering with agitated depression – no mention of psychosis. They came to the attention of street triage again on 4th September 2017 but upon review by the practitioner, no reference was made to psychosis. The person was eventually seen by Acute Care on 15th September 2017 and referred to the Early Intervention Team (EIT). The service saw this lady on 22nd September 2017 and scored them in as First Episode of Psychosis (FEP) on 3rd October 2017. EIT were technically over the 2 week target by 4 days. **Breach 2:** Evidence of psychotic symptoms recorded on Initial Assessment (31st August 2017) by Community Mental Health Team (CMHT). EIT did not receive the referral until 29th September 2017. Despite the delay in referral to EIT, the patient was taken on by EIT within 11 days. **Breach 3:** 5th September 2017 – 25th October 2017 – CMHT received referral on 5th September 2017 but did not refer to EIT until 24th October 2017. They were taken on by EIT 6th November 2017 - 2 weeks from date of Early Intervention (EI) receiving referral from EIT.

5.2 Out of Area Placements (OAP's)

Figure 58- OAP Days

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	0
	May 17 to Jul 17	0
	June 17 to Aug 17	0
Q2 2017/18	Jul 17 to Sep 17	0
	Aug 17 to Oct 17	20

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest

reporting period is August to October 2017 when 20 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days.

5.2.1 Mental Health Contract Quality Overview

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

In response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings, the Trust has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms.

Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking address. Commissioners are involved in the urgent care pathway and enhanced GP Liaison working.

The Trust was issued with a Performance Notice on 11th 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 was reported against the remedial action plan at the recent CQPG meeting in October 2017 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 1st October 2017 and these are being recruited to and the trust has reported that the vacant sessions will be filled in January 2018.

As previously reported the absence of an agreed shared protocol has prevented the transfer of patients back to primary care, however a shared care protocol for Adults with ADHD has been developed and agreed by the Sefton LMC and comments on the protocol are now awaited from the Trust.




In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton

practices forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer’s disease. The pilots will be discussed in detail on 8th December 2017 and if agreed it is anticipated that the pilots commence in early 2018.

5.3 Patient Experience of Mental Health Services

Figure 57 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Oct-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%		86%	89%		5%	3%	

Merseycare are reporting in line with the England average for percentage recommended for Friends and Family recording 89%, this has remained unchanged from the previous month. For percentage not recommended, the Trust has reported 3% in October. This is below the England average of 5% and again has remained unchanged from September.

5.4 Improving Access to Psychological Therapies

Figure 58 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is 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%	9.3%
	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%						7.6%
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%	47.9%
	2017/18	48.5%	44.5%	48.4%	54.8%	51.9%	49.2%	47.4%						49.5%
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%	96.8%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%						97.2%
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%	99.9%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%						99.1%
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2017/18	108	118	127	166	138	141	158						956
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7	90
	2017/18	7	8	1	9	5	9	2						41
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42	487
	2017/18	49	49	61	86	69	65	74						453
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%	78.3%
	2017/18	87.2%	92.0%	87.8%	90.9%	89.5%	92.2%	89.7%						89.8%

Cheshire & Wirral Partnership reported 239 Southport & Formby patients entering treatment in Month 7. This is a 15.5% increase from the previous month when 207 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 7 was 1.25% and therefore achieved the standard.

Referrals increased in Month 7 by 36.3% with 349 compared to 256 in Month 6. 71.6% of these were self-referrals, which an increase from the 65.23% in Month 6. 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 increased slightly in Month 7 with 54 compared to 51 in Month 6. 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 stable with 49.3% compared to 49.2% in Month 6. This fails to meet the minimum standard of 50% and the year- end projection is 49.8% based on the current year to date position.

Cancelled appointments by the provider saw an increase in Month 7 with 58 compared to 39 in Month 6. 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 105 in Month 6 to 118 in Month 7 (12.4% 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.

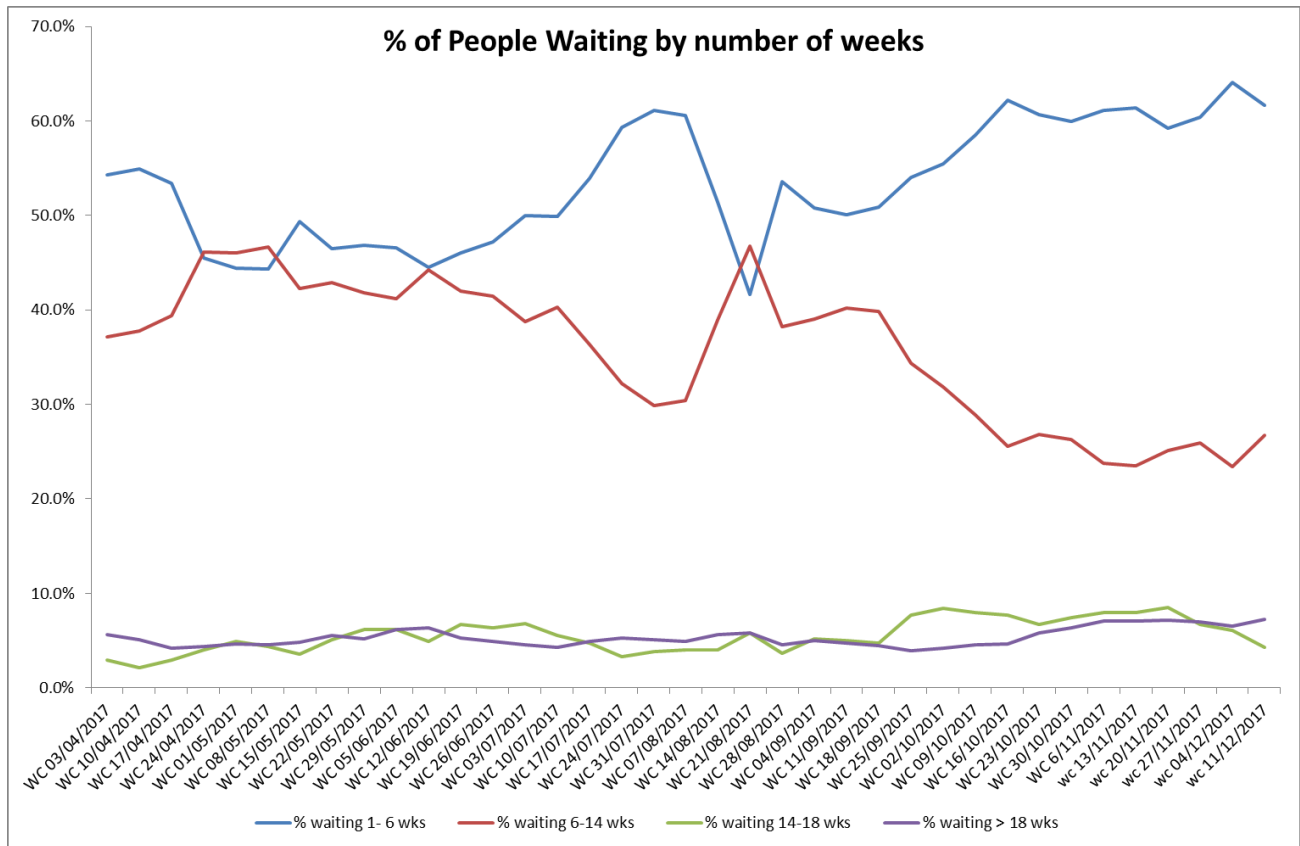
In Month 7 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.4% of patients have also waited less than 18 weeks (against a standard of 95%).

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 is 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.

Figure 59 - NHS Southport & Formby CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for the period April 2017 to October 2017 over the 37 week reporting period. The current number of internal waits is 441 people, when internal wait reporting commenced in October 2016 the number of internal waiters totalled 512 people.

5.5 Dementia

Figure 60- Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%	71.2%	71.9%	72.6%
Target	66.7%	66.7%	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 October 2017 of 72.6%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

Figure 61 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	35	30	140	30
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	100	80	565	80
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.3%	4.3%	30.1%	4.3%

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 4.3% of children and young people receiving treatment (80* out of an estimated 1,877 with a diagnosable mental health condition), against a target of 5.3%. 20* more patients needed to have received treatment to achieve the quarter 1 target.

*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a *, and all other values are rounded to the nearest 5.

5.7 Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services

Figure 62 - 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		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2		2	
%	100.00%	0.00%	100.00%	100.00%	100.00%		100.00%	

Figure 63 - 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	0	2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2		2	
%	100.00%	100.00%	100.00%	0 Patients	100.00%		100.00%	

In quarter 2, the CCG had no patients under the Urgent referral category. Under the Routine category, two patients were referred. Of the two, both have been seen (known as 'complete' pathways) within 4 weeks, and therefore the CCG is performing above the 95% target at 100%.

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 had 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 and Southport & Ormskirk have agreed to put in place a new SLA with additional information required by Lancashire Care to full comply with their reporting requirements. Lancashire Care plans to do a full Trust 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 and Treatment Rooms – the Trust are happy with the quality of the data for these services. An audit is due to take place in both teams in January 2018. If the Trust is happy with the outcome of this audit then both services will be signed off. The Trust has data quality 'deep dives' scheduled for the remaining services.
- The Adult Therapies, Chronic Care Coordinators and Community Matrons services are currently scheduled to begin reporting in December 2017. Other services are to be confirmed.

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, with those focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience being prioritised.




6.2 Patient Experience of Community Services

Figure 64 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: Oct-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%	1.3%		95%	96%		2%	1%	

Lancashire Care is above the England average for recommended for Friends and Family recording 96%, compared to 99% last month. The Trust is recording below the England average of 2% for not recommended in October with 1%, a slight increase from the 0% reported last month.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 7 2017/18 YTD the costs for Southport & Formby CCG patients were £31,237, compared to £252,761 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 719 in 16/17 to 295 in 17/18.

MSK

At month 7 2017/18 YTD the costs for Southport & Formby CCG patients remain at just £468 (with no activity for the past four months), compared to £46,787 at the same time last year. Activity has decreased significantly from 308 initial contacts and 444 follow-ups in 16/17 M7 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M7 YTD.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 7 2017/18 YTD, the costs for Southport & Formby CCG patients were £122,820, compared to £121,489 at the same time last year. Comparisons of activity between the two time periods show that activity has increased slightly from 431 in 16/17 to 451 in 17/18.

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

Figure 65 - Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (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	Nil Return	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	Nil Return	16		16	
%	93.75%	100.00%	93.75%	Nil Return	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%. Unfortunately there was a nil return for quarter 2 due to the Trust missing the submission deadline.

7. Third Sector Contracts

Reports detailing activity and outcomes during Q2 have now been finalised and a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing and cases are now taking longer to resolve.

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

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 with 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, Women's & Children's Aid (Domestic Violence), Stroke Association and dementia services.

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, and further plans have been put in place to role 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.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 66 - 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"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
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"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
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. Two practices were inspected in October: Churchtown Medical Centre and Lincoln House Surgery. Both practices received an overall rating of 'Good'. Curzon Road practice has now changed its name to Christina Hartley Medical Practice.

Figure 67 – 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
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
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
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Center	26 October 2017	Good	Good	Good	Good	Good	Good
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
N84037	Lincoln House Surgery	13 October 2017	Good	Requires Improvement	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

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

9. Better Care Fund

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.

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met;

progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

Since the Better Care Fund plan submission in September, the Integrated Reablement and Assessment Service (ICRAS) moved on from planning stages to mobilisation. This commenced on 2 October with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. It is early days for the scheme which has been implemented at great pace, but initial reports look positive.

Also, Sefton's draft Integration Framework has been approved and the plans detailed therein have commenced. A workshop to develop each of the work streams for integration is scheduled for 15 November 2017, which will in turn shape the vision for integration in Sefton. A summary of the Q2 BCF performance is as follows:

Figure 68 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 69 – BCF High Impact Change Model assessment

		Maturity assessment		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 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 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. 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 the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

- 123b: Improving Access to Psychological Therapies – access
- 124c: Completeness of the GP learning disability register
- 105c: Percentage of deaths with three or more emergency admissions in last three months of life
- 132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG
- 166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

Of the new indicators above, only IAPT Access (123b) data has been published.

The quarter 1 2017/18 release cited the following indicators as best quartile nationally, or an improving trend:

- 102a: Percentage of 10 and 11 year olds classes as overweight/obese **33.4%**. (2013/14 / 2015/16) *Improving position.*
- 103a: Diabetes patients who achieved NICE treatment targets **43.2%** (2015-16). *Best quartile nationally but deteriorating.*
- 104a: Injuries from falls in people aged 65+ **2,224** (Q4 2016/17). *Worst quartile nationally but improving.*
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **52.7%** (Q4 2016/17). *Improving position.*
- 122c: One-year survival from all cancers **71.7%** (2014). *Improving position and best quartile nationally.*
- 122d: Cancer patient experience **8.9** (2014). *Improving position and best quartile nationally.*
- 129a: 18 weeks Referral to Treatment (RTT) **93.4%** (August 2017). *Best quartile nationally but deteriorating.*
- 163b: Progress against the Workforce Race Equality Standard (WRES) **0.08** (2016) *Best quartile nationally.*

The quarter 1 2017/18 release cited the following indicators as worst quartile nationally, or a deteriorating trend:

- 104a: Injuries from falls in people aged 65+ **2,224** (Q4 2016/17). *Worst quartile nationally but improving.*
- 106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions **2,769** (Q4 2016/17). *Worst quartile nationally but improving.*
- 121a: Provision of high quality care – Hospitals **56** (Q1 2017/18). *Worst quartile nationally and deteriorating.*
- 121b: Provision of high quality care – Primary Care **63** (Q1 2017/18). *Worst quartile nationally but improving.*
- 121c: Provision of high quality care – Adult Social Care **59** (Q1 2017/18). *Worst quartile nationally but improving.*
- 123b: IAPT access **2.2%** (July 2017). *Worst quartile nationally and deteriorating.*
- 124b: LD – annual health checks **25.1%** (2015/16). *Worst quartile nationally.*
- 125b: Experience of maternity services **71.2** (2015). *Worst quartile nationally.*
- 125c: Choices in maternity services **60.5** (2015). *Worst quartile nationally.*
- 126b: Dementia post diagnostic support **75.5%** (2015/16). *Worst quartile nationally and deteriorating.*
- 163a: Staff engagement index **3.68** (2016) *Worst quartile nationally and deteriorating.*

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

10.2 Q1 Improvement & Assessment Framework Dashboard

Figure 70 – Q1 2017/18 IAF Dashboard

NHS Southport and Formby CCG

2016/17 Year End Rating:




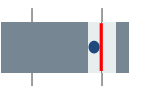
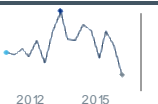
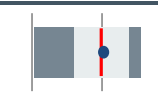
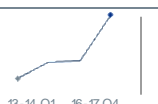
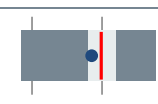

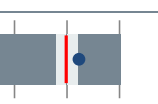
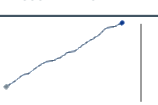
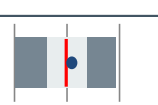

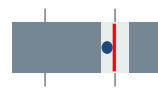


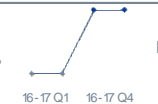
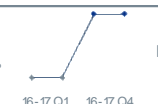

Requires Improvement

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 102a	% 10-11 classified overweight ^{2013/14 to 2015/16}	33.4%	↓	9/11	102/207	R 121a	High quality care - acute	17-18 Q1	56	↓	9/11	166/207	
103a	Diabetes patients who achieved 2015-16	43.2%	↓	1/11	23/207	R 121b	High quality care - primary care	17-18 Q1	63	↑	10/11	171/207	
103b	Attendance of structured education 2014	2.2%	↓	9/11	148/207	R 121c	High quality care - adult social	17-18 Q1	59	↑	9/11	157/207	
R 104a	Injuries from falls in people 65-16-17 Q4	2,224	↓	10/11	160/207	122a	Cancers diagnosed at early stage 2015		52.7%	↑	6/11	87/207	
R 105b	Personal health budgets	17-18 Q1	11	↓	6/11	103/207	122b	Cancer 62 days of referral to treatment 16-17 Q4	76.9%	↓	7/11	155/207	
R 106a	Inequality Chronic - ACS & UC	16-17 Q4	2,769	↓	11/11	167/207	122c	One-year survival from all cancers 2014	71.7%	↑	2/11	32/207	
R 107a	AMR: appropriate prescribing	2017 06	1.111	↓	10/11	126/207	R 122d	Cancer patient experience	2016	8.9	↑	3/11	25/207
R 107b	AMR: Broad spectrum prescribing	2017 06	8.2%	↑	6/11	74/207	R 123a	IAPT recovery rate	2017 06	50.8%	↓	5/11	110/207
108a	Quality of life of carers (not available)					R 123b	IAPT Access	2017 07	2.2%	↓	10/11	190/207	
Sustainability							R 123c	EIP 2 week referral	2017 08	72.0%	↑	7/11	144/207
R 141b	In-year financial performance	17-18 Q1	Amber	↑		123d	MH - CYP mental health (not available)						
R 144a	Utilisation of the NHS e-referrals	2017 06	47.0%	↑	8/11	130/207	123f	MH - OAP (not available)					
Leadership							123e	MH - Crisis care and liaison (not available)					
R 162a	Probity and corporate governance	17-18 Q1	Fully Compliant	↔		R 124a	LD - reliance on specialist IP care	17-18 Q1	66	↓	7/11	141/207	
163a	Staff engagement index	2016	3.68	↓	9/11	194/207	124b	LD - annual health check	2015-16	25.1%	○	11/11	189/207
163b	Progress against WRES	2016	0.08	○	3/11	33/207	124c	Completeness of the GP learning disability register (not available)					
164a	Working relationship effective	16-17	69.95	↑	7/11	86/207	R 125d	Maternal smoking at delivery	17-18 Q1	9.4%	↑	2/11	79/207
166a	CCG compliance with standards of public and patient participation (not available)					125a	Neonatal mortality and stillbirth	2015	4.0	○	5/11	71/207	
R 165a	Quality of CCG leadership	17-18 Q1	Amber	↔		125b	Experience of maternity services	2015	71.2	○	11/11	204/207	
Key							125c	Choices in maternity services	2015	60.5	○	9/11	188/207
<div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 15px; background-color: #004a99; border: 1px solid black;"></div> Worst quartile in England </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 15px; background-color: #0070c0; border: 1px solid black;"></div> Best quartile in England </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 15px; background-color: #0099cc; border: 1px solid black;"></div> Interquartile range </div>							R 126a	Dementia diagnosis rate	2017 08	71.2%	↑	6/11	76/207
						126b	Dementia post diagnostic support	2015-16	75.5%	↓	8/11	180/207	
						R 127b	Emergency admissions for UC	16-17 Q4	2,498	↓	10/11	121/207	

R	127c	A&E admission, transfer, disc 2017 09	85.8%	↓	8/11	155/207	
R	127e	Delayed transfers of care per :2017 08	14.9	↑	8/11	149/207	
R	127f	Hospital bed use following em 16-17 Q4	507.4	↓	7/11	113/207	
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)					
R	128b	Patient experience of GP servi 2017	87.0%	↓	7/11	60/207	
	128c	Primary care access (not available)					
R	128d	Primary care workforce 2017 03	0.92	↑	10/11	150/207	
R	129a	18 week RTT 2017 08	93.4%	↓	4/11	22/207	
	130a	7 DS - achievement of standards (not available)					
R	131a	% NHS CHC assesments taking 16-17 Q4	30.4%	○	5/11	99/207	
	132a	Sepsis awareness (not available)					

10.1 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

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

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. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Figure 71 - Southport & Formby CCG's Month 7 Submission

October 2017 Month 07	Month 07 Plan	Month 07 Actual	Month 07 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2977	2636	-11.5%	Continued trend in October of reduced GP referrals against plan with increased 'Other' referrals. A shift in coding of Physiotherapy from GP referred to 'Other' at Southport Trust is one of the reasons for the large variances within the two groups. A number of schemes have reduced GP led referrals such as Joint Health and Referral Management Scheme, this is mainly affecting T&O as well as Dermatology. Further impacts are noted in Cardiology with the Southport GP federation providing diagnostic services which has reduced Cardiology referrals. Other increases are mainly focused within Clinical Physiology, this referral information was added onto Southport Trusts clinical system part way through 2016/17. This activity relates to Inpatient diagnostic referred activity and thus doesn't affect the contract. Small increases for other referrals within such specialties as T&O, General Surgery, Urology and Gastroenterology have been noticed. Referral patterns for part of the monthly information meetings with our main providers and any variances beyond the statistical norm are discussed.
Other	1695	2369	39.8%	
Total (in month)	4672	5005	7.1%	
Variance against Plan YTD	30496	31926	4.7%	
Year on Year YTD Growth			0.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3725	3855	3.5%	Both first and follow up attendances are above plan in October but remain below for the year. October's activity is not beyond the statistical norm and is in line with previous months levels. It is expected the year to date performance for first attendances will start to shift as the seasonal plan reduces somewhat during the latter half of the year. Local monitoring suggests first attendances at -3% YTD but is expected to start to close in on planned levels.
Follow Up	8416	8809	4.7%	
Total Outpatient attendances (in month)	12141	12664	4.3%	
Variance against Plan YTD	82338	80514	-2.2%	
Year on Year YTD Growth			-6.2%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				Elective admissions remain low against the plan with on-going staffing issues, low GP referrals and schemes such as Joint Health all having an impact. It is not expected the CCG's main provider will regain planned levels in the coming months. The CCG and Trust continues to achieve RTT.
Elective Ordinary spells				
Total Elective spells (in month)	-	1658	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-7.5%	
Urgent & Emergency Care				
Type 1	-	3558	-	Local monitoring of A&E activity suggests the variance against plan YTD as much closer and within the 3% threshold. Current YTD performance against plan is at 0.6%.
Year on Year YTD			1.0%	
All types (in month)	3906	4139	6.0%	
Variance against Plan YTD	26415	27782	5.2%	
Year on Year YTD Growth			2.1%	
Total Non Elective spells (in month)	-	1201	-	Non-elective activity continues to under perform against planned levels. One of the main reasons for this is the Ambulatory Care Unit at Southport Trust. Changes to the ACU service opening times in the latter half of 2016/17 has seen increased activity flow via this route with patients not being admitted. This service doesn't currently flow activity via SUS and as such activity is not captured in the reports.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-6.7%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G						G
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%						94.302%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G	G	R						R
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%						91.709%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%						98.745%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer T treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer T treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G						G
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%						98.148%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer T treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G	G	G						G
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%						96.875%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R	G	G									R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%										82.906%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R	G	G	G									R	
		Actual	100.00%	71.429%	100.00%	75.00%	100.00%	100.00%	100.00%										88.462%
		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

1887: Category A Calls Response Time (Red1) 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%
1889: Category A (Red 2) 8 Minute Response Time 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%
546: Category A calls responded to within 19 minutes 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

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G											G	
		Actual	100.00%		97.436%											98.485%
		Target	95.00%		95.00%			95.00%		95.00%						95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	R							G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%								69.565%
		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%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G							R	
		Actual	70.63%	70.86%	70.45%	70.26%	71.20%	71.93%	72.60%								
		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%	66.70%

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

Children and Young People with Eating Disorders

2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G	R												G	
		Actual	100%		0%												100%
		Target	95%		95%			95%		95%							95%
2097: The number of incomplete pathways (routine) for CYP ED 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												R	
		Actual	1		1												2
		Target	1		1			1		1							1
2098: The number of incomplete pathways (urgent) for CYP ED 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												G	
		Actual	0		0												-
		Target	1		1			1		1							1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	3	3	3	5	8	14	10							46
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	0.87	0.83	0.80	1.42	2.29	4.01								36.00
		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

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%							93.625%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	0	0	0	0	0	0	0							0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%							3.198%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G						G	
		Actual	0	0	0	0	0	0	0							0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R											G	
		Actual	100.00%	0.00%												100.00%
		Target	92.00%	92.00%					92.00%					92.00%		92.00%

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		YTD	0	0	0	0	0	0	0	0	0					-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		YTD	6	9	10	10	15	18	19	19					19	
		Target	6	9	13	18	20	24	27	29	29	29	32	38	29	

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.51%	81.01%					87.175%
		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%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % 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					R	
		Actual	91.097%	89.396%	90.319%	88.266%	88.423%	85.69%	85.546%	80.713%					87.43%
		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%
1928: 12 Hour Trolley waits in A&E 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	G	R					R
		Target	3	9	0	2	0	0	0	16					30
			0	0	0	0	0	0	0	0	0	0	0	0	0