

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report February 2018

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## Summary Performance Dashboard

Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G	G	G	G	G	G	
		Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%	95.519%	93.864%	93.608%	94.50%	
		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%	
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G	G	R	G	G	R	R	R	
		Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%	94.286%	89.189%	92.308%	92.427%	
		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%	
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	R	R	G	
		Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%	98.077%	93.258%	90.625%	97.244%	
		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%	
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R	R	R	G	G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%	83.333%	85.714%	100%	95.604%	
		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%	
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G	G	G	G	G	G	
		Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%	100.00%	100.00%	100%	98.864%	
		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%	

<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G	G	G	G	G	G	G	G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.059%	100%	97.748%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R	G	G	G	G	R	R	R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%	87.879%	71.795%	81.481%	82.85%	
		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%	
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R	G	G	G	G	G	R	G	R	
		Actual	100.00%	71.429%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	72.727%	100%	89.091%
		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%

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

#### Mental Health

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G		G		R		G		G
		Actual	100.00%		97.436%		92.857%		100%		97.744%
		Target	95.00%		95.00%		95.00%		95.00%		95.00%

#### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G	R	G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%	100.00%	50.00%	50.00%	0.00%	67.742%
		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%



## Dementia

<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	70.60%	70.90%	70.50%	70.30%	71.20%	71.90%	72.60%	72.20%	71.90%	71.50%	71.40%		71.33%
		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%

## IAPT (Improving Access to Psychological Therapies)

<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	R	G	G		G
		Actual	47.3%	52.4%	52.9%		51.20%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%
<b>2131: <a href="#">IAPT Roll Out</a></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R		R
		Actual	3.02%	3.34%	3.51%		9.88%
		Target	3.75%	3.75%	3.75%	3.75%	15.00%
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G		G
		Actual	98.60%	98.90%	99.1%		98.90%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G		G
		Actual	99.70%	99.60%	99.6%		99.60%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

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

### Children and Young People with Eating Disorders

<b>2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a></b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	G	G	G		
		Actual	0.00%	100.00%	100.00%		77.778%
		Target					
<b>2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a></b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G	R	G		G
		Actual	100%	0%	100%		100%
		Target	95%	95%	95%	95%	95%
<b>2097: <a href="#">The number of incomplete pathways (routine) for CYP ED</a></b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R	R	R		R
		Actual	1	1	1		3
		Target	1	1	1	1	1
<b>2098: <a href="#">The number of incomplete pathways (urgent) for CYP ED</a></b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G	G	G		G
		Actual	0	0	0		-
		Target	1	1	1	1	1

## Ensuring that People Have a Positive Experience of Care

### EMSA

<b>1067: <a href="#">Mixed sex accommodation breaches - All Providers</a></b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	3	3	3	5	8	14	10	10	8	4	8		76
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: <a href="#">Mixed Sex Accommodation - MSA Breach Rate</a></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	0.87	0.83	0.80	1.42	2.32	4.15	2.83	2.83	1.16	1.4	2.3		64.00
		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

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G		G	
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%	93.492%	93.216%	92.821%	92.492%		93.41%
		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%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	R		R	
		Actual	0	0	0	0	0	0	0	0	0	0	1		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%	3.42%	3.726%	2.623%		3.236%
		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%

### Cancelled Operations

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

### E-Referrals

<b>2142: NHS e-Referral Service (e-RS) Utilisation Coverage</b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	48.449%	43.429%	47.021%	51.178%	50.448%	49.796%	50.245%	48.306%	57.179%	50.271%	53.20%		50.00%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

### Personal Health Budgets

<b>2143: <a href="#">Personal health budgets</a></b> Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R	R	R		R
		Actual	11.26	14.48	13.68		
		Target	48.27	51.49	54.71	57.93	

### Wheelchairs

<b>2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a></b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	R	G		G
		Actual	100.00%	0.00%	92%		94.44%
		Target	93.75%	93.75%	93.75%	92.00%	92.00%

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

#### HCAI

<b>497: <a href="#">Number of MRSA Bacteraemias</a></b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	R	R	R	
		YTD	0	0	0	0	0	0	0	0	0	1	1	1	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: <a href="#">Number of C.Difficile infections</a></b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	R	R	R	
		YTD	6	9	10	10	15	18	19	23	25	32	33	39	39
		Target	6	9	13	18	20	24	27	29	29	29	32	38	38

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.511%	81.011%	80.564%	81.28%	81.049%	79.115%	84.975%
		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%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORTAND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	81.03%	80.89%	78.97%	85.08%
		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%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORTAND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G	G	R	R	R	R	R	
		Actual	3	9	0	2	0	0	0	16	65	63	3	8	169
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

### Financial position

The financial plan for 2017/18 required 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.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2017/18 is breakeven.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan was £10.137m. QIPP savings of £6.643m have been achieved in year.

The full year financial position for the CCG is a deficit of £3.600m.

### Planned Care

GP referrals in 2017/18 to date are 14% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 4% 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.

E-referral Utilisation rates in February for the CCG as a whole reached 53.2% an improvement from recorded the previous month (50.0%) but under the 80% ambition for Q3.

The CCG failed the less than 1% target for Diagnostics in February recording 2.6%. Southport & Ormskirk Trust also failed the less than 1% target for Diagnostics in February recording 1.95%, although this is an improvement on the previous month when 3.7% was recorded.

There was 1 patient in February that has been waiting over 52 weeks from referral to treatment. This patient was waiting at the Royal Liverpool & Broadgreen Trust for treatment under General Surgery. The patient had a TCI date of the 20<sup>th</sup> March and has now been seen.

Southport & Ormskirk reported 5 cancelled operations in February, bringing the total YTD figure to 114. The Trust reported all 5 were due to no bed availability.

The CCG are failing 3 of the 9 cancer measures year to date. They include 2 week breast symptom (92.75%), 62 days screening (89.09%) and the 62 day standard (82.62%). Southport & Ormskirk are only failing the 85% target for the 62-day standard in February year to date (82.46%).

Friends and Family inpatient response rates at Southport & Ormskirk are under the 25% target in February at 8.8%. The percentage of patients that would recommend the inpatient service in the Trust has increased slightly to 90% in February although remains below the England average of

96%. The percentage of people who would not recommend the inpatient service has decreased from 5% in January to 4% in February although is still above the England average of 2%.

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£2m/-5.8%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately -£2m/-5.8%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for January reached 80.88%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94% for this month, and year to date 85.66%.

Southport & Ormskirk had just 1 12-hour breach in February, a total of 159 year to date.

Work continues by NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level and both NHSE and NHSI intervention. They have issued a requirement for NWS to submit a recovery plan and recovery trajectory for Category 1 and Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHSI.

Hospital turnaround performance continues to be challenging with Southport remaining an area of concern. Some days see averages of 1 hour plus and one of the big issues is sustainability of improvement at Southport as when they hit turnaround times of over 1 hour this inevitably has a significant detrimental impact on ARP performance for Liverpool and Sefton.

The number of calls from Southport and Formby patient to the GP OOH service has fallen in February. When compared to the same point in the previous year, there have been 342 fewer calls so far in the first 11 months of 2017/18, a decrease of 3%.

The number of 111 calls in February from Southport & Formby CCG patients has fallen slightly from the previous month, but when compared to the same 11 months of the previous year, there have been a similar number of calls (1509).

Southport & Ormskirk failed the stroke target in February recording 72.7% with 16 out of 22 patients spending 90% of their time on a stroke unit. This is however an improvement on last month's performance. In relation to the TIAs 0% compliance was reported again in February.

The CCG has reported an MSA rate of 2.3, which equates to a total of 8 breaches in February. All 8 breaches were at Southport & Ormskirk NHS Trust. In February the Trust had 11 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold.

The CCG are over plan for C.difficile in February, having 1 new case reported, year to date 33 cases against a target of 32. The Trust are under plan for C.difficile for February.

The CCG reported no new cases of MRSA in February; however they remain non-compliant year to date due to the 1 case reported in January.

The average number of delayed transfer of care per day in Southport and Ormskirk hospital decreased to 5 in February. Analysis of average delays in February 2018 compared to February 2017 shows them to be higher by 2 (67%).

The percentage of people that would recommend Southport & Ormskirk A&E is below the England average (85%) reporting 76%. The not recommended percentage is 20% which is above the England average of 8%.

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£84k/-0.3%. 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 -£455k/-1.5%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported a decrease of 18.3% from previous month of Southport & Formby patients entering treatment in month 11. The access rate for Month 11 was 1.03% and therefore failed to achieve the standard.

### **Better Care Fund**

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

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

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



## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 March 2018.

The full year financial position is a deficit of £3.600m against the planned breakeven position. The cumulative CCG position is a deficit of £10.295m which incorporates the historic deficit of £6.695m brought forward from previous financial years. The cumulative deficit will be addressed as part of the CCG longer term improvement plan and will need to be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of overspend are within Continuing Healthcare relating to Continuing Healthcare packages, Lancashire Care Trust relating to continence products, Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to Orthopaedic Activity, Intermediate Care, due to an increase in the number of beds commissioned to support winter pressures and overperformance on the Aintree contract due to high cost drugs and devices outside the Acting as One contract agreement.

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

QIPP savings for the financial year have not been delivered in full. The QIPP plan forms part of the CCG recovery plan reported to NHS England.

The CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which will be reported separately to this committee in March. The start point for the strategic financial plan is the expected outturn and QIPP delivery for 2017/18.

The high-level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£6.643m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.31%
	NHS - Volume YTD > 95%	94.74%

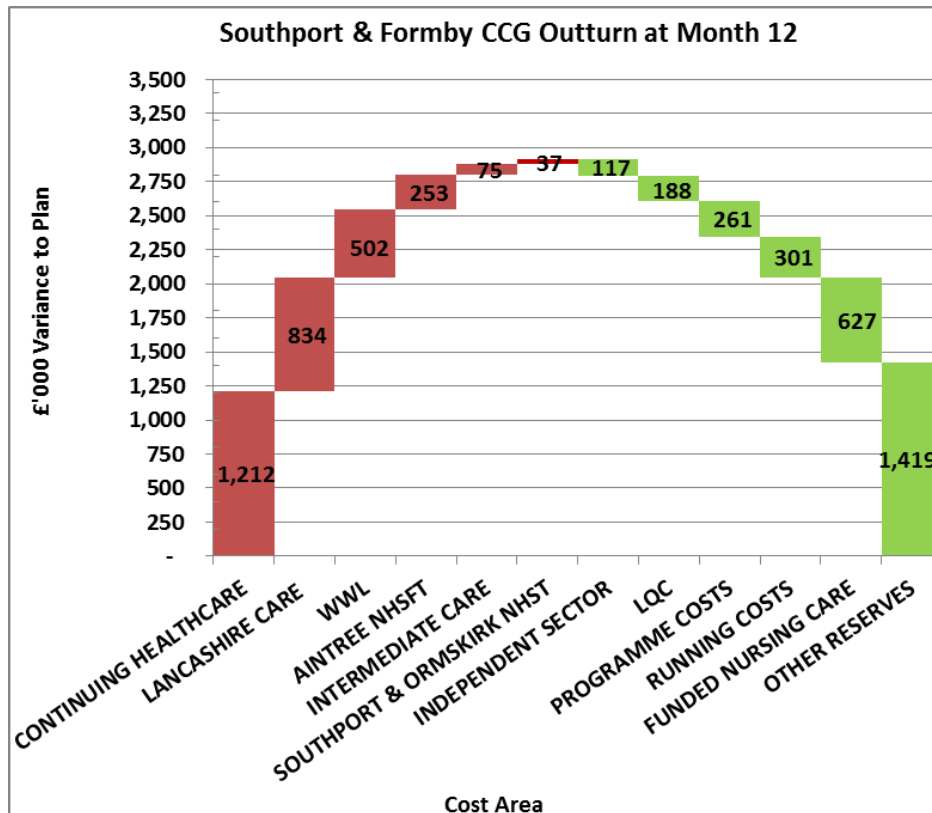
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	96.59%
	Non NHS - Volume YTD > 95%	94.23%

- 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 has been released to improve the CCG financial position as directed by NHS England.
- The current financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £3.600m.
- QIPP Delivery is £6.643m to date which is £3.494m below planned QIPP delivery for 2017-18.
- The expenditure on the Running Cost budget is below the allocation by £0.301m for 2017/18.
- BPPC targets have been achieved to year to date by value but are slightly below the 95% target for volume.

## 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 financial position for the financial year is a deficit of £3.600m.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures within Lancashire Care Trust relating to continence products.
  - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
  - Increased costs of intermediate care due to an increase in the number of beds commissioned to support winter pressures.
  - Over performance on the Aintree contract due to high cost drugs and devices outside Acting as One agreement.
- The cost pressures are partially offset 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.

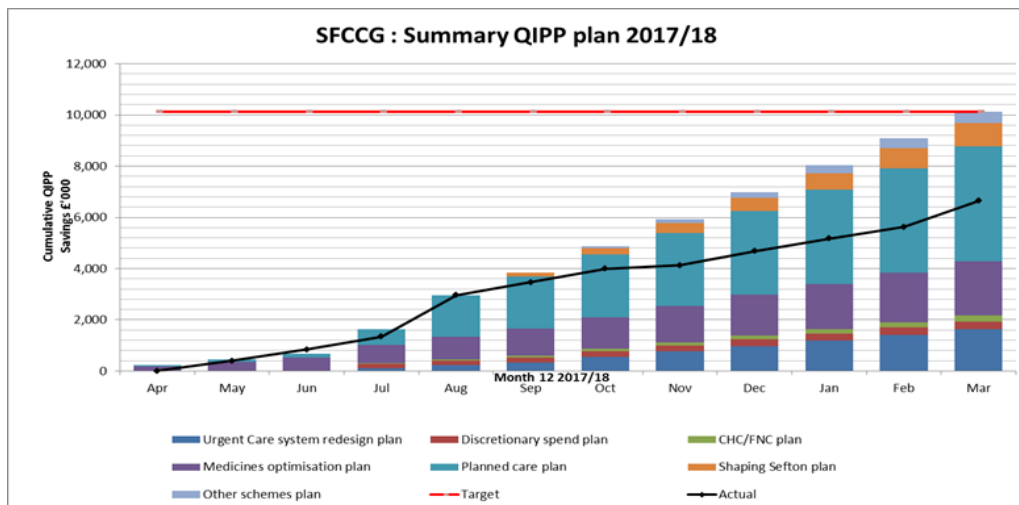
**Figure 3 – Acting as One Contract Performance**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.774</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.025</b>
Liverpool Women's NHS Foundation Trust	<b>(0.059)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.094)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>(0.198)</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>0.037</b>
<b>Grand Total</b>	<b>0.485</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could 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, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.485m under usual contract arrangements.

## 2.3 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	4,350	0	142	4,492
Medicines optimisation plan	2,118	0	2,118	1,594	0	524	2,118
CHC/FNC plan	231	0	231	0	0	231	231
Discretionary spend plan	309	0	309	181	0	128	309
Urgent Care system redesign plan	120	1,500	1,620	500	0	1,120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	18	0	442	460
<b>Total QIPP Plan</b>	<b>7,607</b>	<b>2,530</b>	<b>10,137</b>	<b>6,643</b>	<b>0</b>	<b>3,494</b>	<b>10,137</b>
<b>QIPP Delivered 2017/18</b>				<b>(6,643)</b>		<b>0</b>	<b>(6,643)</b>

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year by scheme and full detail of progress at scheme level is monitored at the QIPP committee.
- In 2017-18 the CCG has achieved **£6.643m** QIPP savings in respect of the following schemes:
  - Prescribing - £1.594m
  - Third Sector Contracts - £0.149m
  - Other Elective - £3.517m
  - Right Care MCAS - £0.677m
  - Other urgent care schemes - £0.5m
  - Referral Management Schemes £0.156m
  - Discretionary spend £0.032m
  - Provider CQUIN £0.018m

## 2.4 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(8.425)	(1.712)	(10.137)
Revised surplus / (deficit)	(8.425)	(1.712)	(10.137)
Forecast Outturn (Operational Budgets)	(0.559)	(2.970)	(3.529)
Reserves	1.408	0.865	2.273
QIPP Achieved	3.965	2.678	6.643
<b>Year End Surplus / (Deficit)</b>	<b>(3.611)</b>	<b>(1.139)</b>	<b>(4.750)</b>
Release 0.5% Risk Reserve	0.000	0.910	0.910
Return of CAT M funding	0.000	0.240	0.240
<b>Year End Surplus / (Deficit)</b>	<b>(3.611)</b>	<b>0.011</b>	<b>(3.600)</b>

### Financial Position

- The CCG financial position is a deficit of £3.600m.
- The CCG has released the 0.5% risk reserve of £0.910m in Month 12 as directed by NHS England. The category M drugs rebate of £0.240m has also been released. These adjustments have improved the financial position from £4.750m deficit position to a £3.600m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £3.600m.
- The underlying position is a deficit of £3.611m. This position removes non-recurrent expenditure commitments and QIPP savings from the position.

## 2.5 Contract Alignment / Dispute Resolution

Figure 6 – Contract Alignment table

	2017/18 YTD £000		2017/18 YTD £000	Formula YTD Variance
Provider	YTD	Commissioner	YTD	
Aintree University Hospitals NHS Foundation Trust	3,314	NHS Southport and Formby	3,301	(13)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	2,736	NHS Southport and Formby	2,666	(70)
Southport and Ormskirk Hospital NHS Trust	30,412	NHS Southport and Formby	27,406	(3,006)
Lancashire Care NHS Foundation Trust	4,505	NHS Southport and Formby	4,505	-
Mersey Care NHS Foundation Trust	6,187	NHS Southport and Formby	6,156	(31)
<b>Total</b>	<b>47,154</b>		<b>44,034</b>	<b>(3,120)</b>

- CCGs and Providers were required to report a contract alignment position at to highlight any areas of dispute in 2017/18.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
  - £1.669m - CQUIN
  - £0.522m – ACU Follow ups
  - £0.674m – Contract Sanctions
  - £0.600m - Outpatient Procedure Coding
  - £0.165m – PLCP
- Three issues were taken forward for expert determination – CQUIN, ACU Follow ups and Outpatient Procedure Coding. The outcome of the expert determination should be finalised in late April. A provision of £1.300m has been included in 2017-18 accounts as an estimate of the outcome for expert determination for Southport and Formby CCG.

## 2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18				
	M12	M8	M9	M10	M11	M12
	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	11	11	11	11	0	0
Receivables	2,041	2,470	2,383	2,742	2,414	2,406
Cash	160	995	1,995	3,152	3,201	63
Payables & Provisions	(9,202)	(11,582)	(12,634)	(12,654)	(12,919)	(12,162)
Value of debt > 180 days old (6months)	723	723	723	723	723	672
BPPC (value)	98%	100%	100%	98%	99%	98%
BPPC (volume)	96%	95%	97%	95%	95%	95%
* In month 1 there were a number of credit notes received from providers 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 along with accrued income and prepayments. Outstanding debt in excess of 6 months old currently remains at £0.672m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust. Paperwork has been submitted and the process is at expert determination. An outcome is expected on this by midnight on 19 April 2018.

- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.138m). At 31 March 2018 the CCG had a cash balance of £0.063m; therefore the cash target was achieved.
- 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

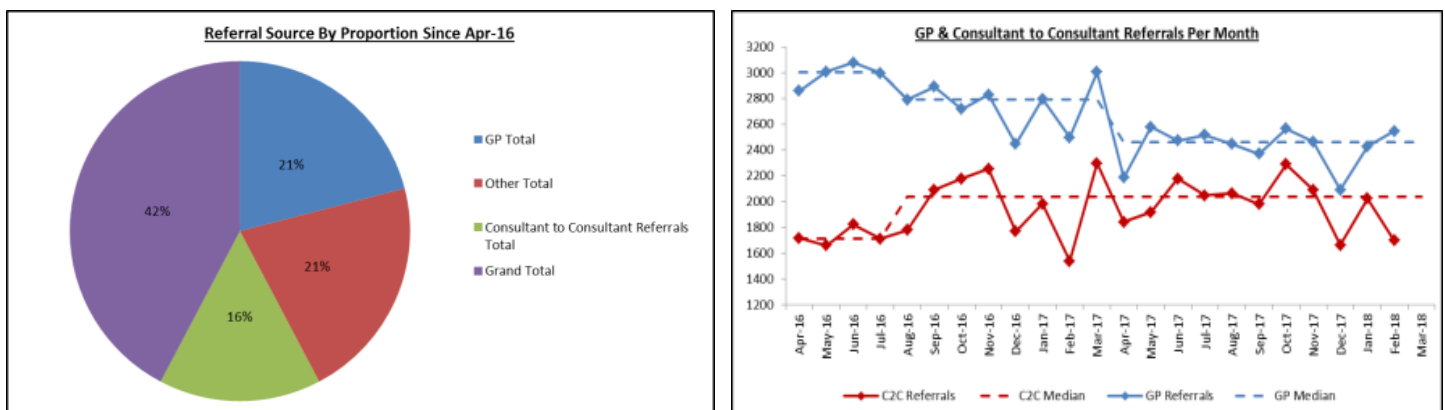
The Governing Body is asked to receive the finance update, noting that:

- The full year financial position for the CCG is a deficit of £3.600m. The agreed financial plan for 2017-18 required the CCG to breakeven in year.
- QIPP delivery is £6.643m, mainly elective care and prescribing savings. The QIPP target for 2017-18 is £10.137m.
- 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 a practice which has enabled the CCG to make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCG’s resources.
- 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 identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

## 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 Code	Referral Name	2017/18												2016/17	2017/18	YTD Variance	YTD %
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YTD			
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,187	2,578	2,472	2,516	2,445	2,371	2,565	2,466	2,092	2,428	2,546	30,899	26,666	-4,233	-14%	
<b>GP Total</b>			<b>2,187</b>	<b>2,578</b>	<b>2,472</b>	<b>2,516</b>	<b>2,445</b>	<b>2,371</b>	<b>2,565</b>	<b>2,466</b>	<b>2,092</b>	<b>2,428</b>	<b>2,546</b>	<b>30,899</b>	<b>26,666</b>	<b>-4,233</b>	<b>-14%</b>	
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	155	207	162	4,814	2,577	-2,237	-46%	
	2	following a Domiciliary Consultation	1		1	2	1			1			1	6	7	1	17%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	290	273	295	259	314	351	302	293	277	293	2,840	3,224	384	14%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,447	1,461	1,313	1,538	1,465	1,156	1,455	1,189	12,020	15,119	3,099	26%	
	6	self-referral	189	177	166	145	152	151	185	195	162	179	174	1,602	1,875	273	17%	
	7	referral from a Prosthetist			1								1	3	2	-1	-33%	
	8	Royal Liverpool Code (TBC)	27	41	46	41	50	56	49	43	35	42	45	410	475	65	16%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	16	12	19	235	211	-24	-10%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	59	61	59	57	75	73	63	42	72	35	595	655	60	10%	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		1	2		12	18	6	50%	
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	2	2	2	38	27	-11	-29%	
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	77	68	93	1,408	1,026	-382	-27%	
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	77	109	135	934	1,069	135	14%	
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	1		3	35	25	-10	-29%	
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	31	40	58	658	500	-158	-24%	
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	29	36	41	417	388	-29	-7%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	179	269	245	256	216	265	262	223	287	244	2,627	2,615	-12	0%	
	Unknown		1			1						3	15	5	-10	-67%		
<b>Other Total</b>			<b>2,490</b>	<b>2,612</b>	<b>2,910</b>	<b>2,728</b>	<b>2,816</b>	<b>2,663</b>	<b>3,095</b>	<b>2,918</b>	<b>2,300</b>	<b>2,788</b>	<b>2,498</b>	<b>28,669</b>	<b>29,818</b>	<b>1,149</b>	<b>4%</b>	
Consultant to Consultant Referrals Total			1,843	1,918	2,178	2,048	2,065	1,979	2,288	2,090	1,662	2,023	1,699	20,510	21,793	1,283	6%	
<b>Grand Total</b>			<b>4,677</b>	<b>5,190</b>	<b>5,382</b>	<b>5,244</b>	<b>5,261</b>	<b>5,034</b>	<b>5,660</b>	<b>5,384</b>	<b>4,392</b>	<b>5,216</b>	<b>5,044</b>	<b>59,568</b>	<b>56,484</b>	<b>-3,084</b>	<b>-5%</b>	

Year to date referrals at month 11 in 2017/18 are currently 5.2% lower compared to the equivalent year to date period in the previous year. Within individual specialties, Ophthalmology is the highest referred to specialty for the CCG but is seeing a year to date decrease of 3.1% compared to 2016/17. In contrast, Physiotherapy has seen a significant 88% increase in referrals when comparing to the same period last year.

Of the top five providers in 2017/18, Aintree Hospital has the highest growth in referral numbers when compared to 2016/17. This 14% upturn is due in large to increased referrals within the Breast Surgery specialty.

Whilst October 2017 saw an increase in referrals resulting in a peak for the current financial year, whilst December 2017 referrals dropped to the lowest for two years. This may be attributable to a fall in consultant-to-consultant referrals and the Physiotherapy specialty. Referrals in February 2018 have seen a decrease in activity compared to the previous month, which is due to a 16%



drop in consultant-to-consultant referrals and with further analysis the cause of this decrease appears to be within Cardiology.

GP referrals in 2017/18 to date are 14% lower than the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 4% 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.

A referral management scheme started on 1st October 2017 in Southport & Formby CCG which is currently in Phase I (administrative phase). Phase II referral management includes clinical triage for Dermatology referrals, which 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 - Feb	80% by Q2 17/18 & 100% by Q2 18/19	53.20%	↑

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 February for the CCG as a whole reached 53.2%. This shows an increase in performance compared to last month (50%). The CCG's Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team have developed monthly practice level E-referral utilisation reports to be published on the e-referral intranet page, 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 - Feb	<1%	2.62%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - Feb	<1%	1.95%	↓

The CCG failed the less than 1% target for Diagnostics in February recording 2.62%. Out of 2,135 patients, 56 patients were waiting 6+ weeks and 9 of them over 13 weeks for their diagnostic test. Majority of the breaches were for a CT scan (14) and cystoscopy (14).

Southport and Ormskirk Hospital also failed the less than 1% target for Diagnostics in February recording 1.95%. Out of 2,815 patients, 69 patients waited over 6 weeks with 14 of these patients over 13 weeks for their diagnostic test. The majority of breaches were for Cystoscopy (27) and echocardiography (14). This is an improvement on last month when 3.72% was recorded.

Issues in a number of areas with the following having the most breaches: Cystoscopy – reduction in core WLI sessions has had a negative impact on capacity. There are capacity issues in both Urology and Urogynaecology.

### 3.3 Referral to Treatment Performance

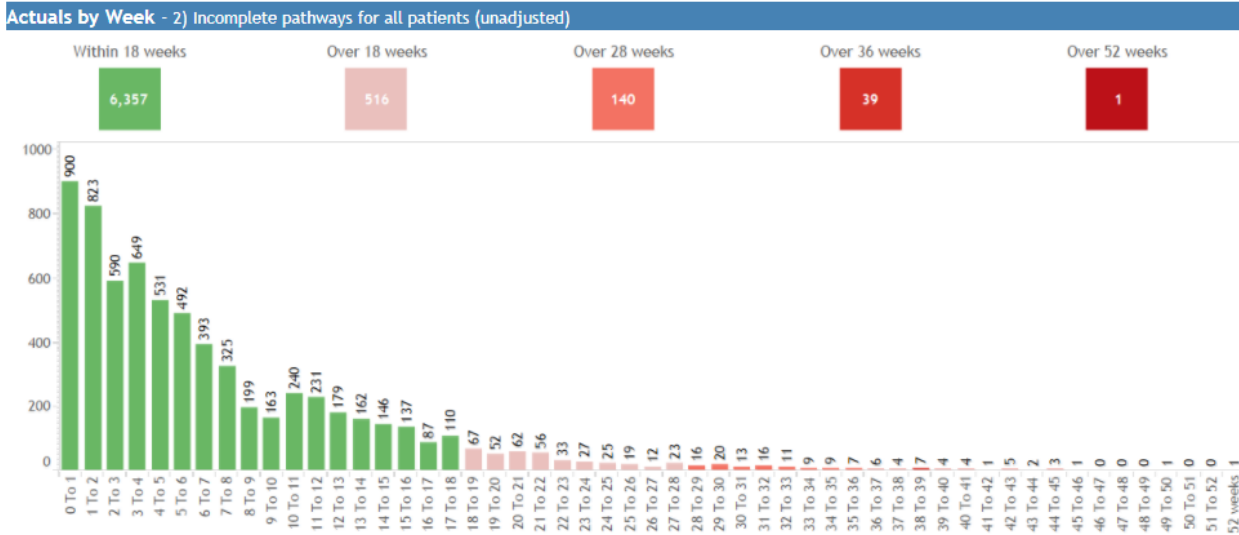
Figure 12- Referral to Treatment Time (RTT) Performance

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. <b>(CCG)</b>	17/18 - Feb	0	1	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	17/18 - Feb	92%	92.50%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	92%	93.26%	↓

A 52+ week waiter was reported in February for the CCG. This patient was waiting at the Royal Liverpool & Broadgreen Trust for treatment under General Surgery. The patient had a TCI date of the 20<sup>th</sup> March and has now been seen. The Trust has reported a long wait on a number of their RTT waiting lists including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. 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.

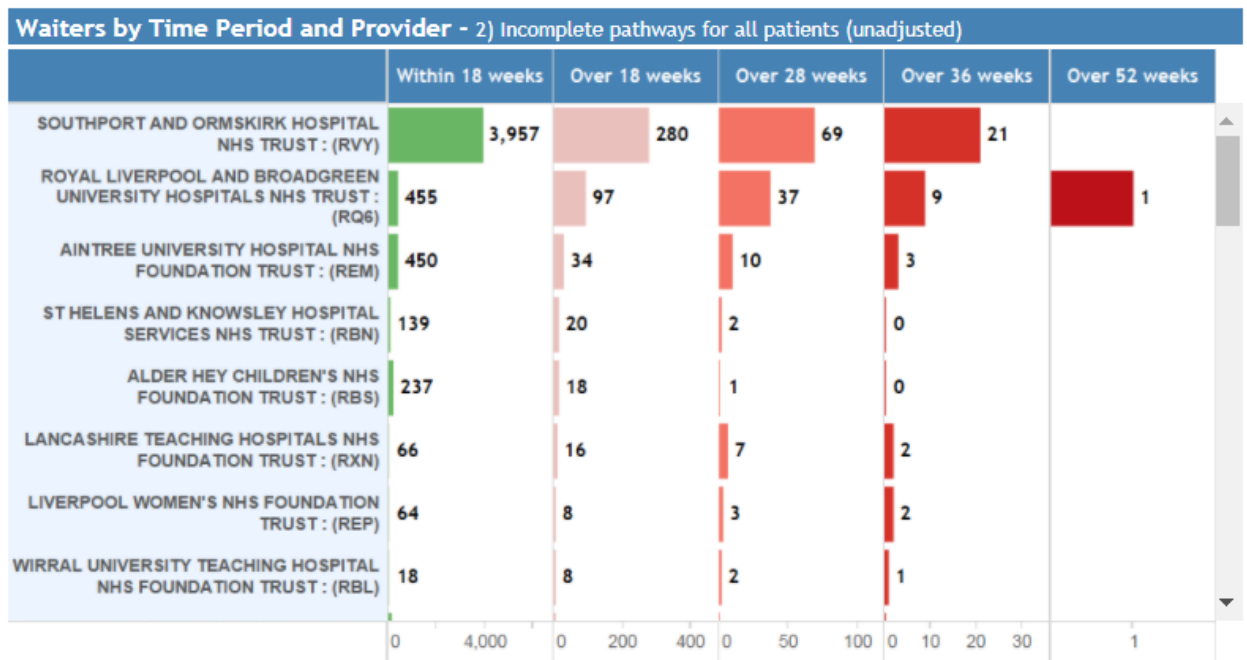
### 3.3.1 Incomplete Pathway Waiting Times

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



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

Figure 15 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

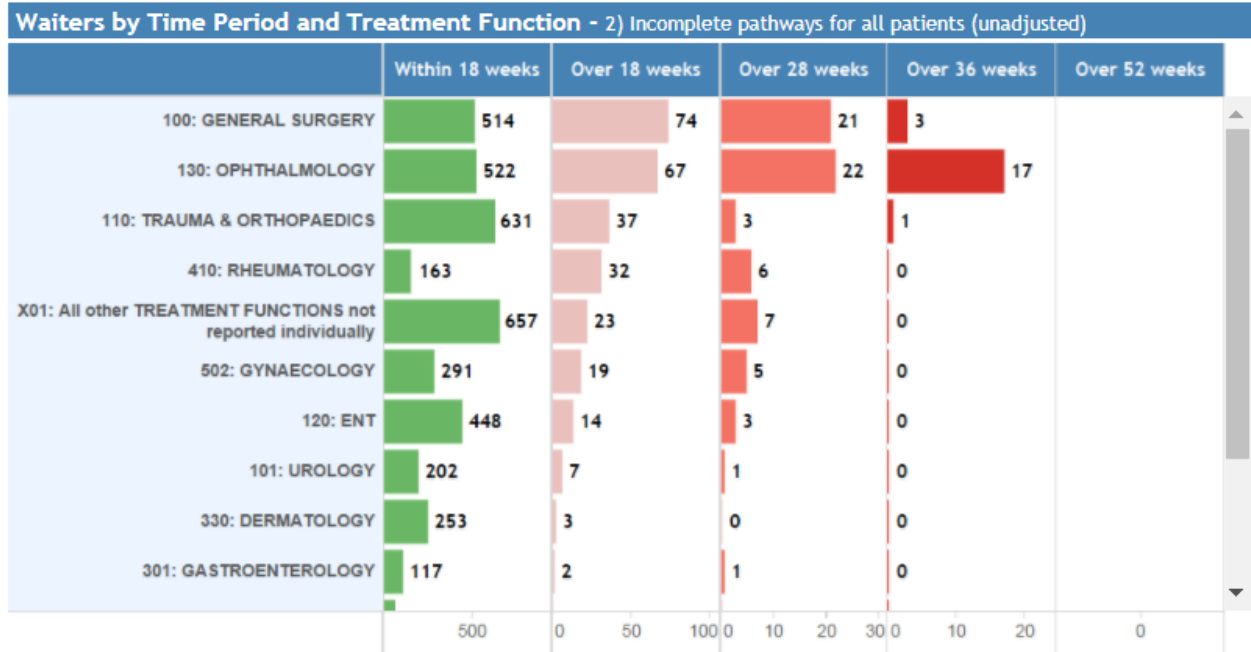
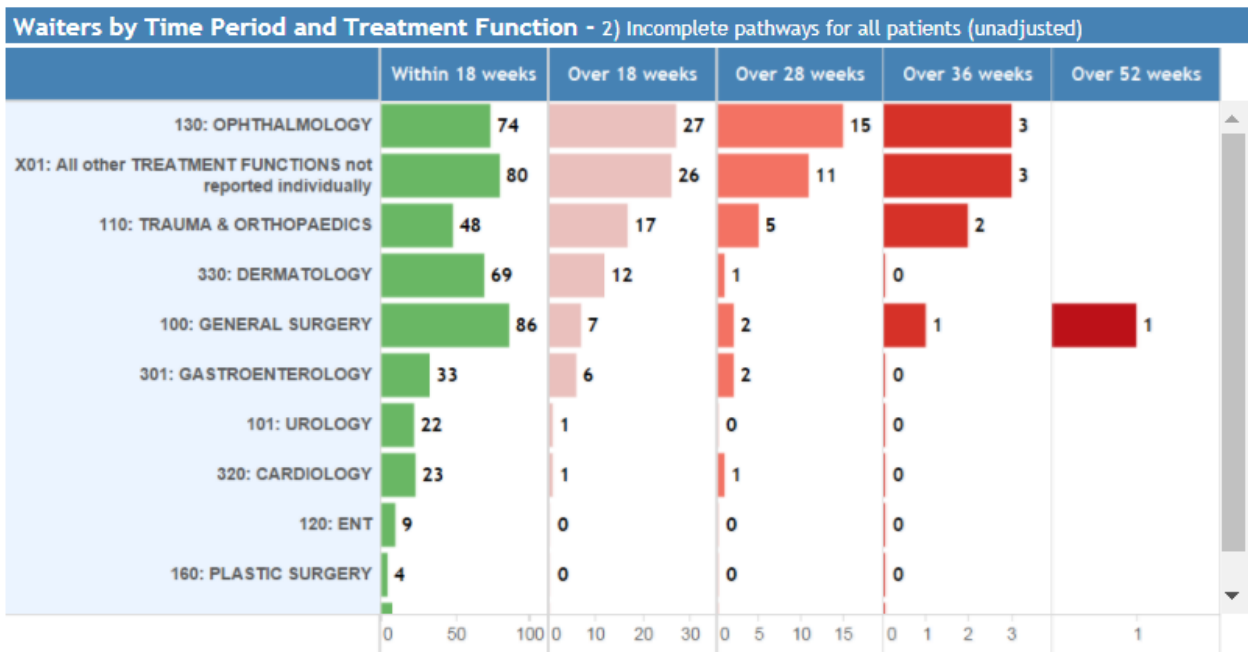


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



### 3.3.4 Provider assurance for long waiters

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

CCG	Trust	Specialty	Wait bai	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Southport & Ormskirk	General Surgery	40	TCI /04/2018	Attended 21/6/17 and was sent for Ultra Sound Scan which she had 2/8/17. Attended 4/10/17 and placed on w/l
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Patient removed from w/l 16/3/18	Added to w/l 19/5/17 for procedure, pt rang 16/3/18 has gone private.
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Patient removed from w/l 16/3/18	Added to w/l 19/5/17 for procedure, 16/3 pt advised that he is under of UHA for different treatment and will advise when he is fit to go ahead.
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	TCI 19/04/2018	First appointment 20/6/17 added to w/l for NOD to do, no contact so ltr sent 16/3/18 ,contact made
Southport & Formby	Southport & Ormskirk	Ophthalmology	41	TCI 17/04/2018	First appointment 28/7/17 added to w/l for
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Treated 20/3/2018	1st appointment 11/7/17 and added to w/l. Hospital cancelled TCI 12/3/18 & 13/3/18. Treated 20/3/18
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Provisional date made for 17/4, await patient confirmation	Added to w/l 5/5/17 for procedure, left message 23/3/18
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Removed from the w/l 16/03/18	Added to w/l 10/5/17, note on w/l 6/6/17 patient requires echo. Patient removed on 16/3/18 and no longer wants to go ahead with surgery
Southport & Formby	Southport & Ormskirk	Ophthalmology	44	TCI 12/4/18	Added to w/l 21/04/17
Southport & Formby	Southport & Ormskirk	Ophthalmology	44	Removed from w/l 23/3/18	Added to w/l 21/4/17, pt canc tci 21/12 and dna'd tci 15/1, unable to contact, no contact so ltr sent 16/3,
Southport & Formby	Southport & Ormskirk	Ophthalmology	45	Removed from w/l 23/3/18	First appointment 31/5/17, needed to see Consultant, review 28/7/17 added to w/l, , no contact so letter sent 7/12/17 carer rang back 8/1/18, tried contact again to offer date – 2 x messages left & another no contact so letter sent.
Southport & Formby	Royal Liverpool	All Other	42	TCI 19/04/2018	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	Ophthalmology	43	Patient treated in March	Capacity
Southport & Formby	Royal Liverpool	T&O	44	Patient treated in March	Capacity
Southport & Formby	North Midlands	General Surgery	43		Trust only provides comments on very long waiters
Southport & Formby	Lancashire Teaching	cardiology	42	Treated 27/03/18	1st appointment capacity. The clock has now stopped 27/03/18 when the patient had loop recorder implant fitted.
Southport & Formby	Royal Liverpool	General Surgery	52	No Date as yet	Long Wait on Waiting List. RTT issues in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. 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.

RCA received from the Trust and shared with Planned Care Lead.

## 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 - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	5	↑ ↓

Southport & Ormskirk reported 5 cancelled operations in February, bringing the total YTD figure to 114. The Trust has reported that all 5 cancelled operations were due to no bed availability.

### 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 - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	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) <b>(CCG)</b>	17/18 - Feb	93%	94.50%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	93%	95.37%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - Feb	93%	92.75%	↔

The CCG has failed the target of 93% in February for patients referred urgently with breast symptoms with a performance of 92.31%, and year to date with 92.75%. In February there were a total of 65 patients and 5 patient breaches, all breaches were at Aintree and all due to patient cancellations with a maximum wait of 22 days.

### 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) <b>(CCG)</b>	17/18 - Feb	96%	97.24%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	96%	98.86%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - Feb	94%	97.75%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - Feb	94%	95.60%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	94%	97.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - Feb	98%	98.86%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	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) <b>(CCG)</b>	17/18 - Feb	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) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	85% (local target)	92.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - Feb	90%	89.09%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - Feb	85%	82.62%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	85%	82.46%	↔

The CCG achieved the 90% target from referral to screening in February with 100% but are still failing year to date at 89.09% due to previous breaches.

The CCG failed the 85% target from urgent GP referral to first treatment in February recording 81.48% with 5 breaches out of 27 patients, and year to date with 82.62%. Delay reasons include, capacity issues, patient refused appointment, patient holidays and complex pathways.

The Trust also failed the 85% target in February recording 82.61% and are failing year to date with 82.46%. In February, out of the equivalent of 34.5 patients there were 6 breaches.

#### **104+ Day Breaches**



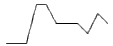




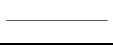

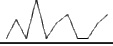
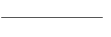
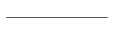
The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. In month 11 there were the equivalent of 2 patient breaches over 104 days, delay reasons include robotic capacity, capacity issues and complex pathway including delay at tertiary centre due to consultant leave. Harm reviews are awaited.



### 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: Feb-18

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%	8.8%		96%	90%		2%	4%	
Q1 - Antenatal Care	N/A	-		97%	*		1%	*	
Q2 - Birth	N/A	6.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	95%		2%	5%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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 further decrease in response rates for inpatients, from 14.5% in January to 8.8% in February. The percentage of patients that would recommend the inpatient service in the Trust has improved slightly to 90% in February, and remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased to 4% in February from 5% in January and remains above the England average of 2%.

For maternity services, the percentage of people who would not recommend the service in relation to 'Birth', for those areas where data has been captured, are the England average. In relation to the 'Postnatal Ward' the percentage who would not recommend the service is 5% and above the England average of 2%.

The percentage of people who would recommend the service in relation to 'Birth' and the 'Postnatal Ward' are both below the England average, with 100% and 95% respectively. (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 standing 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.

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

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£2m/-5.8%.

Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately -£2m/-5.8%.

At individual providers, Wrightington, Wigan and Leigh (£466k/46%) and Aintree (£225k/6%) are showing the largest over performance at month 11. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£2.5m/-13%) and Renacres (-£397k/-11%).

**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	16,842	18,712	1,870	11%	£3,606	£3,831	£225	6%	£225	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,863	6,874	11	0%	£496	£507	£11	2%	£11	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,233	1,953	-280	-13%	£923	£881	£42	-5%	£42	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,425	1,858	-567	-23%	£558	£475	£83	-15%	£83	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	14,447	14,333	-114	-1%	£2,674	£2,624	£51	-2%	£51	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,314	2,142	-172	-7%	£694	£643	£52	-7%	£52	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	45,125	45,872	747	2%	£8,951	£8,960	£9	0%	£9	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	216	383	167	77%	£41	£96	£55	136%	£0	£55	136%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	92	92	0%	£0	£11	£11	0%	£0	£11	#DIV/0!
FAIRFIELD HOSPITAL	105	91	-14	-13%	£18	£24	£6	33%	£0	£6	33%
ISIGHT (SOUTHPORT)	3,808	5,209	1,401	37%	£787	£803	£16	2%	£0	£16	2%
LANCASHIRE TEACHING HOSPITAL	812	1,119	307	38%	£189	£244	£55	29%	£0	£55	29%
RENACRES HOSPITAL	13,541	11,500	-2,041	-15%	£3,621	£3,224	£397	-11%	£0	£397	-11%
SALFORD ROYAL NHS FOUNDATION TRUST	0	298	298	0%	£0	£56	£56	0%	£0	£56	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	102,955	93,411	-9,544	-9%	£19,567	£17,027	£2,541	-13%	£0	£2,541	-13%
SPIRE LIVERPOOL HOSPITAL	347	336	-11	-3%	£82	£101	£19	23%	£0	£19	23%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,122	4,972	850	21%	£1,022	£1,110	£87	9%	£0	£87	9%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	570	705	135	24%	£146	£230	£84	57%	£0	£84	57%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	182	289	107	58%	£33	£56	£23	69%	£0	£23	69%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	122	122	0%	£0	£27	£27	0%	£0	£27	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	288	266	-22	-8%	£94	£61	£33	-35%	£0	£33	-35%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,873	4,035	1,162	40%	£1,003	£1,470	£466	46%	£0	£466	46%
ALL REMAINING PROVIDERS TOTAL	129,819	122,828	-6,991	-5%	£26,603	£24,536	£2,067	-8%	£0	£2,067	-8%
<b>GRAND TOTAL</b>	<b>174,945</b>	<b>168,700</b>	<b>-6,245</b>	<b>-4%</b>	<b>£35,555</b>	<b>£33,497</b>	<b>£2,058</b>	<b>-5.8%</b>	<b>£9</b>	<b>£2,067</b>	<b>-5.8%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

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

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,345	9,945	-400	-4%	£5,633	£4,946	£-688	-12%
Elective	1,476	1,284	-192	-13%	£3,771	£3,025	£-746	-20%
Elective Excess BedDays	347	179	-168	-48%	£84	£43	£-40	-48%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,418	595	-823	-58%	£238	£105	£-134	-56%
OPFASPCL - Outpatient first attendance single professional consultant led	12,692	10,555	-2,137	-17%	£2,198	£1,819	£-380	-17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3,579	1,333	-2,246	-63%	£272	£118	£-154	-57%
OPFUPSPCL - Outpatient follow up single professional consultant led	36,956	33,399	-3,557	-10%	£3,046	£2,721	£-325	-11%
Outpatient Procedure	25,578	26,830	1,252	5%	£3,416	£3,418	£2	0%
Unbundled Diagnostics	10,564	9,291	-1,273	-12%	£909	£832	£-77	-8%
<b>Grand Total</b>	<b>102,955</b>	<b>93,411</b>	<b>-9,544</b>	<b>-9%</b>	<b>£19,567</b>	<b>£17,027</b>	<b>£-2,541</b>	<b>-13%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Month 11 is showing a similar trend as previous months for planned care with the majority of PODs under-performing year to date as well as in month. Of the £2.5m under spend over 50% is within Day Case and Elective procedures.

A number of specialties are under plan for Inpatient Procedures, most notably Trauma & Orthopaedics and General Surgery. The introduction of Joint Health in late 2016 has resulted in reduced levels of T&O activity, not just for the Southport Trust, but within other local providers.

Outpatient levels of activity, as well as other planned care elements, have felt the effects of a number of changes in year. Reduced levels of GP referred activity, implementation of RMS, Cardiology pilot and issues within specialties such as dermatology have all contributed to the reduced levels of activity and finance in year.

Winter pressures have also resulted in the Trust cancelling a few planned procedures. However, the Trust have advised all cancelled operations have been rebooked and due to be completed in the coming months.

### 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	748	822	74	10%	£437	£598	£161	37%
Elective	386	292	-94	-24%	£879	£681	£-197	-22%
Elective Excess BedDays	98	79	-19	-19%	£24	£19	£-5	-20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	134	51	-83	-62%	£28	£11	£-17	-60%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	245	146	-99	-40%	£11	£6	£-4	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	2,697	2,951	254	9%	£468	£501	£33	7%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	152	111	-41	-27%	£14	£12	£-3	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	380	800	420	111%	£9	£19	£10	110%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,996	7,255	259	4%	£579	£587	£8	1%
Outpatient Procedure	2,471	3,389	918	37%	£363	£480	£118	32%
Unbundled Diagnostics	1,637	1,809	172	11%	£114	£154	£40	35%
Wet AMD	900	1,007	107	12%	£681	£762	£81	12%
<b>Grand Total</b>	<b>16,842</b>	<b>18,712</b>	<b>1,870</b>	<b>11%</b>	<b>£3,606</b>	<b>£3,831</b>	<b>£225</b>	<b>6%</b>

Aintree performance is showing a £225k/6% variance against plan at month 11. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £161k/37%, £118k/32% and £81k/12% respectively. The over performance within day cases is principally within Breast Surgery and Cardiology.

The over performance within outpatient procedures is primarily within Ophthalmology and Respiratory medicine. The latter has seen a significant increase in activity related to the HRG - DZ37A (Non-Invasive Ventilation Support Assessment, 19 years and over).

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	1,517	1,224	-293	-19%	£1,511	£1,185	£-326	-22%
Elective	236	237	1	0%	£1,008	£1,054	£46	5%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	3,070	2,256	-814	-27%	£494	£382	£-112	-23%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	3,364	2,858	-506	-15%	£217	£189	£-27	-13%
Outpatient Procedure	2,214	1,541	-673	-30%	£229	£236	£7	3%
Unbundled Diagnostics	1,136	849	-287	-25%	£104	£76	£-28	-27%
Physio	2,004	1,584	-420	-21%	£59	£46	£-12	-21%
Outpatient Pre-op	0	951	951	#DIV/0!	£0	£56	£56	#DIV/0!
<b>Grand Total</b>	<b>13,541</b>	<b>11,500</b>	<b>-2,041</b>	<b>-15%</b>	<b>£3,621</b>	<b>£3,224</b>	<b>£-397</b>	<b>-11%</b>

Renacres performance is showing a -£397k/-11% variance against plan with the majority of PODS under performing at month 11. Day case activity is the highest underperforming area with a variance of -£326k/-22% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery. HRG analysis illustrates that HN23C - Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1 accounts for a large proportion of the reduced Trauma & Orthopaedic costs.

### 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	19	38	19	96%	£2	£4	£2	95%
Daycase	158	207	49	31%	£211	£263	£52	25%
Elective	100	158	58	58%	£570	£889	£319	56%
Elective Excess BedDays	28	43	15	55%	£7	£10	£3	47%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	71	94	23	32%	£6	£9	£3	55%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	370	592	222	60%	£50	£83	£33	67%
OPFUPMPCCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	104	177	73	70%	£6	£10	£3	57%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	136	274	138	102%	£3	£7	£3	102%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,382	1,709	327	24%	£83	£104	£21	25%
Outpatient Procedure	252	424	172	68%	£34	£57	£22	66%
Unbundled Diagnostics	252	319	67	27%	£31	£35	£5	15%
<b>Grand Total</b>	<b>2,873</b>	<b>4,035</b>	<b>1,162</b>	<b>40%</b>	<b>£1,003</b>	<b>£1,470</b>	<b>£466</b>	<b>46%</b>

Wrightington, Wigan and Leigh performance is showing a £466k/46% variance against plan with all PODS over performing at month 11. Elective activity is the highest over performing area with a variance of £319k/56% against plan. This over performance is largely within Trauma & Orthopaedics. Very major knee and hip procedures (with a CC score of 0-1) are the highest over

performing HRGs for the CCG although there are also small amounts of activity against many HRGs with zero plan.

### 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	873	982	109	13%	£548	£469	£-78	-14%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	10	2	-8	-80%	£2	£0	£-1	-80%
OPFASPCL - Outpatient first attendance single professional consultant led	714	771	57	8%	£103	£111	£8	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	268	71	-197	-73%	£19	£5	£-14	-73%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,726	2,329	603	35%	£95	£128	£33	35%
Outpatient Procedure	217	1,054	837	385%	£21	£89	£68	323%
<b>Grand Total</b>	<b>3,808</b>	<b>5,209</b>	<b>1,401</b>	<b>37%</b>	<b>£787</b>	<b>£803</b>	<b>£16</b>	<b>2%</b>

Isight performance is showing a £16k/2% variance against plan, which is clearly driven by an over performance within outpatient procedures and outpatient follow up attendances. Outpatient procedures are currently £68k/323% above plan at month 11 due to activity related to the HRG - RD30Z (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 Patient Administration System (PAS) 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	17	68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	0	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	68	17	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	13.68	57.93	0.00

Personal health budgets (PHBs) provide an amount of money to eligible residents to support their identified health and wellbeing needs, which are planned and agreed between the person and their local NHS team. The CCG are under plan for personal health budgets as at quarter 3 and continue to look for potential ways to increase the number of PHBs and collaborative work continues with other CCGs. The CCG's quality team has supported the review of the current PHB processes to be more streamlined, which is providing positive results. We have also been successful in applying for support from NHS England which will enable us to improve how we deliver PHB services for wheelchair users and children and young people.

### 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**

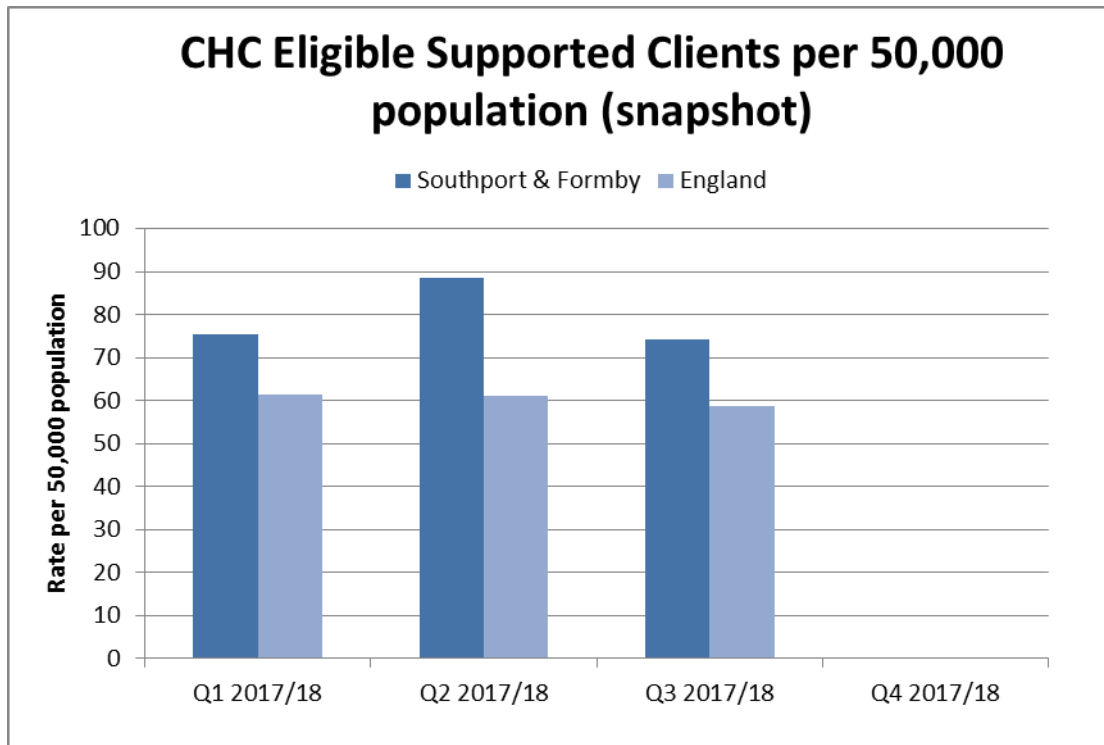
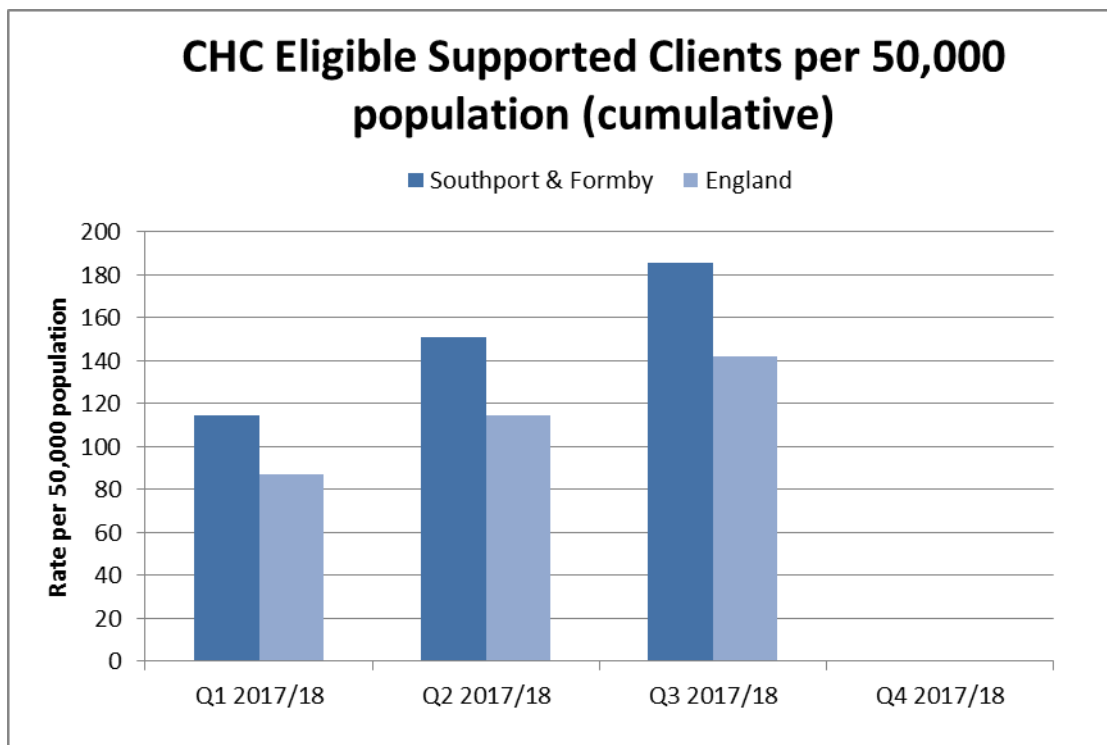
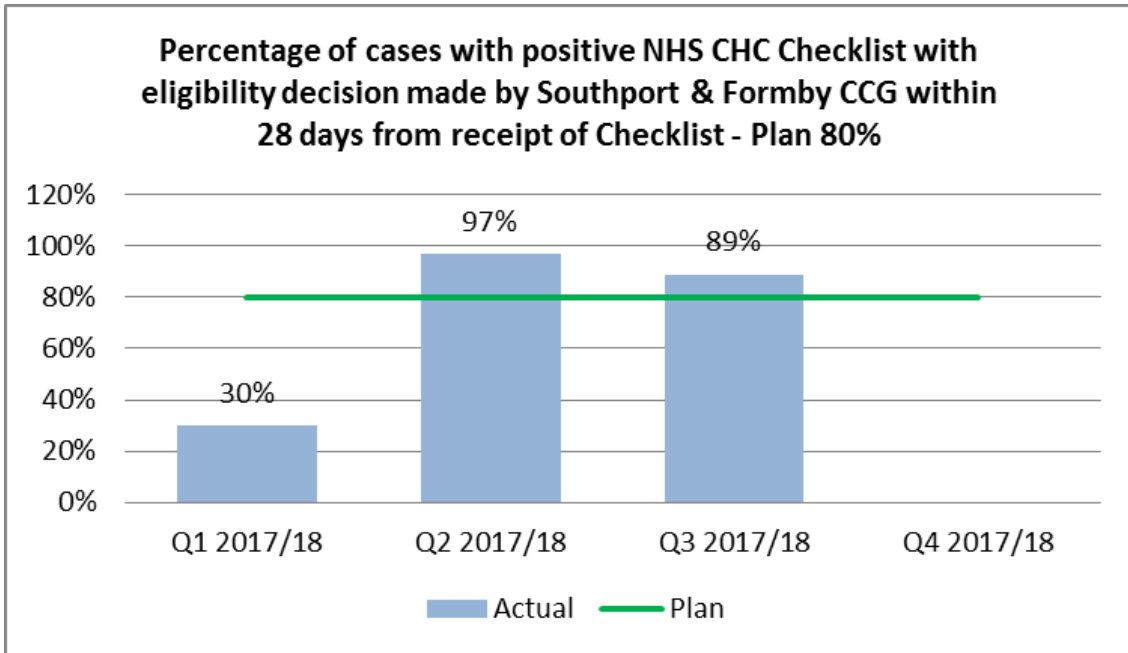


Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

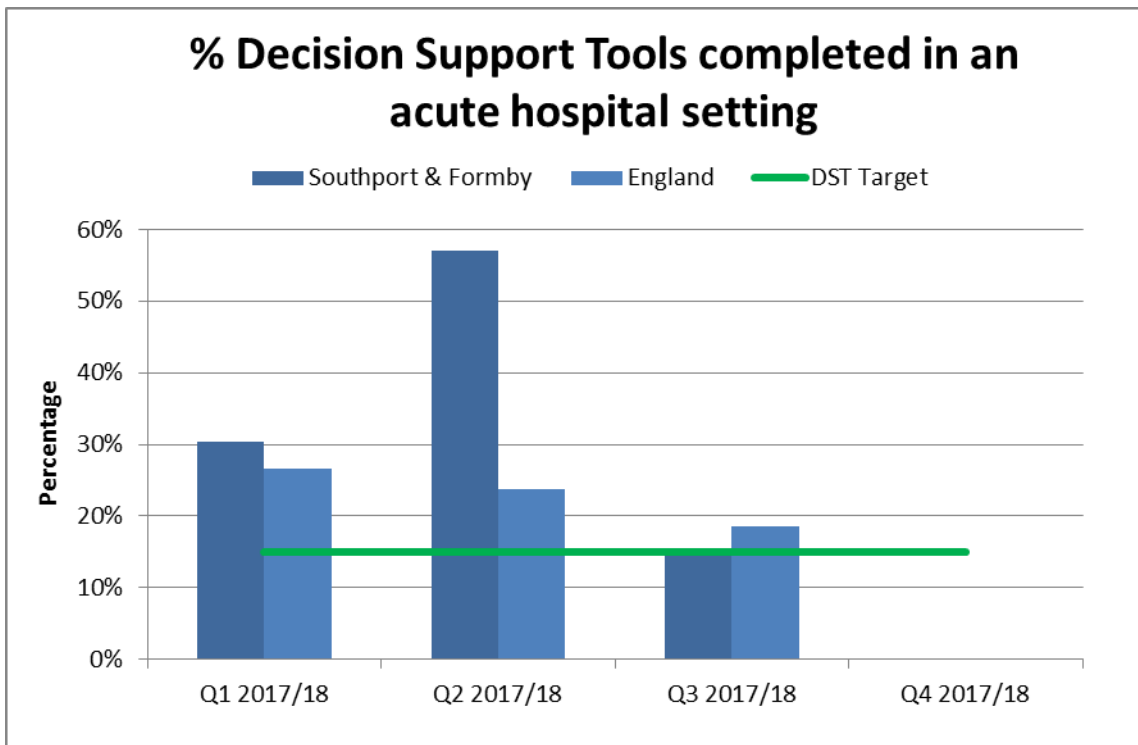




**Figure 33 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 34 - 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, again

decreased to 15.6% in Q3 slightly above the 15% target. Data submissions were validated to ensure accuracy. We anticipate that this will improve further in Q4 with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

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

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

Figure 35 - Smoking at Time of Delivery (SATOD)

	Southport & Formby				
	Actual Q1	Actual Q2	Actual Q3	YTD	FOT
Number of maternities	239	276	261	776	1035
Number of women known to be smokers at the time of delivery	22	33	28	83	111
Number of women known not to be smokers at the time of delivery	212	241	233	686	915
Number of women whose smoking status was not known at the time of delivery	5	2	0	7	9
Data coverage %	97.9%	99.3%	100.0%	99.1%	99.1%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	10.7%	10.7%

The CCG is above the data coverage plan of 95% at Q3 and is now under the national ambition of 11% for the percentage of maternities where mother smoked, with 10.7%. There is no national target for this measure.

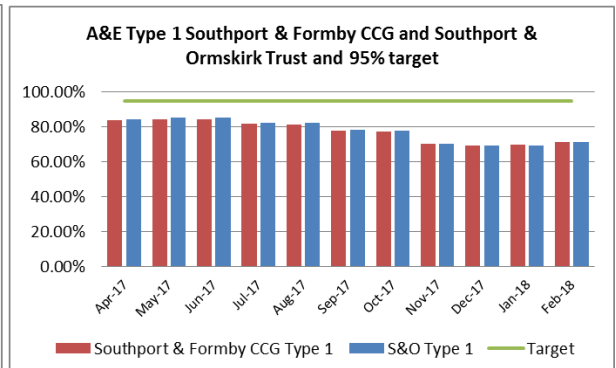
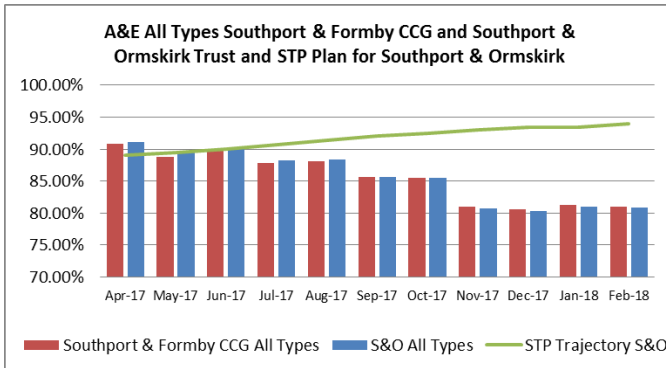
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 36 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Feb	95.00%	85.53%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Feb	95.00%	77.52%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - Feb	STF Trajectory Target for Feb 94%	85.66%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - Feb	95.00%	77.97%	↓

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
STP Trajectory S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	93%	93.40%	94.00%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	81.03%	80.88%	85.66%



Southport & Ormskirk’s performance against the 4-hour target for February reached 80.88%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94% for February, and year to date 85.66%.

In order to support A&E and flow performance across the system during the winter NHS Improvement have provided the services of an Improvement Director for Urgent & Emergency Care (Steve Christian) to work with the teams, to act as a critical friend and to provide access to other Trusts who have addressed similar issues. The role reports directly to the Chief Executive Officer and works alongside the Chief Operating Officer and operational teams to improve quality for patients and staff. The role will work with the wider system to address some of the issues which are beyond the direct control of the Trust.

To support with flow and winter pressures the CCG placed the Chief Nurse, deputy head of quality and safety and a senior commissioning manager in the trust for a period of 2 weeks to support and participate in a multi-agency discharge event. Additional workforce and community bed base was commissioned to aid safe discharge and reduce delays in transfer of care.

Performance against the 4-hour target remains a challenge, particularly given the inpatient pressures and high occupancy of beds at Southport. Attendances at Southport saw an overall increase of 4.4% in attendances; of particular concern majors category saw an increase of 7.4% (212 patients). Ernst & Young remain on site supporting improvement work around urgent care flow, and the A&E Sub Delivery Group continues in its new format with senior leadership focus on 5 key areas to reduce bottlenecks in inpatient flow.

**Figure 37 - 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 - <b>Southport &amp; Ormskirk (cumulative)</b>	17/18 - Feb	0	159	↑

Southport & Ormskirk had one 12-hour breach in the month of February bringing the year to date total to 159. February’s breach related to difficulties in inpatient flow, leading to over-occupancy in ED and extended waits for beds. Local system calls continue to be held seeking mutual aid from partners. Work streams continue to progress their efforts in addressing barriers to discharges on the wards. This includes the roll out of daily ward/ board rounds (SAFER) across the wards.

## 4.2 Ambulance Service Performance

In August North West Ambulance Service (NWAS) went live with the implementation of the national Ambulance Response Programme (ARP). NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In March data has been published at a national level to allow commissioners see performance against the new standards for the first time. NWAS have found the implementation of ARP significantly more challenging than expected and performance has been disappointing.

In February there was an average response time in Southport and Formby of 10 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 31 minutes against a target of 18 minutes. The longest response times within Merseyside for category 1 are in South Sefton CCG and Southport and Formby CCG areas.

**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) - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	220	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	107	↓

In February the Trust failed the target having 220 handovers taking longer than 30 minutes, slightly less than the previous month when 224 were recorded. Handovers taking longer than 60 minutes also saw an improvement with 107 in February compared to 150 in the previous month. The Trust has breached these zero tolerance thresholds every month, and the trend continues.

Ambulance handover performance remains a significant concern with some significant delays in timely release of ambulance crews. The current Emergency Department estate at Southport and Ormskirk Hospital is insufficient to meet the demands of the current case mix, given the month on month increase in major category patients and the frailty within the local population. The new modular build will be operational by the end of April 2018 to support earlier release of cubicles for appropriate patients; further capital work is planned to improve the triage capacity and ambulance assessment space later this year.

A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings to update the Governing Body on the new performance targets and the issues facing the ambulance service.

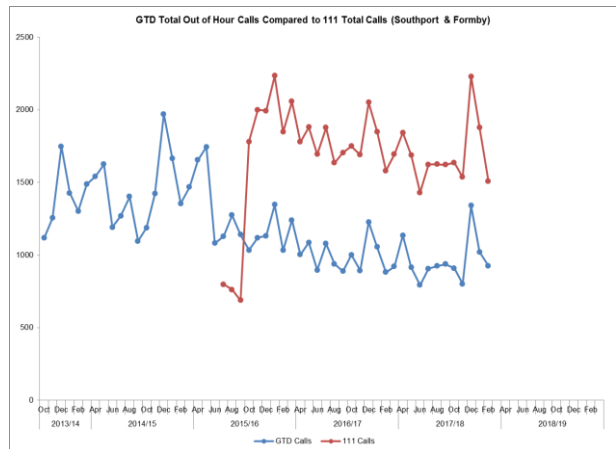
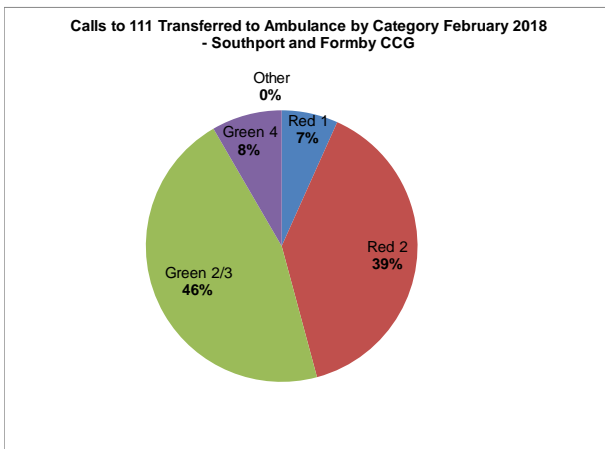
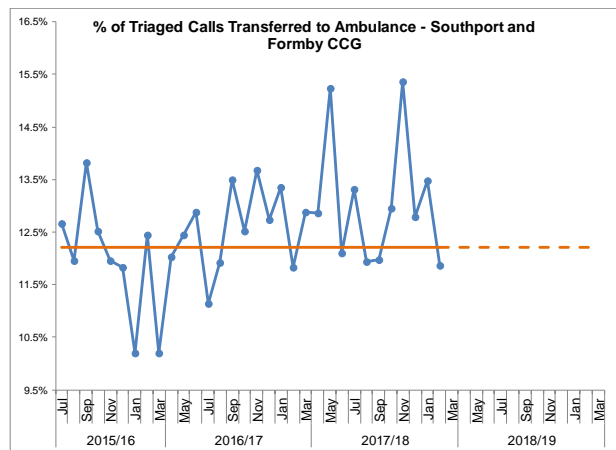
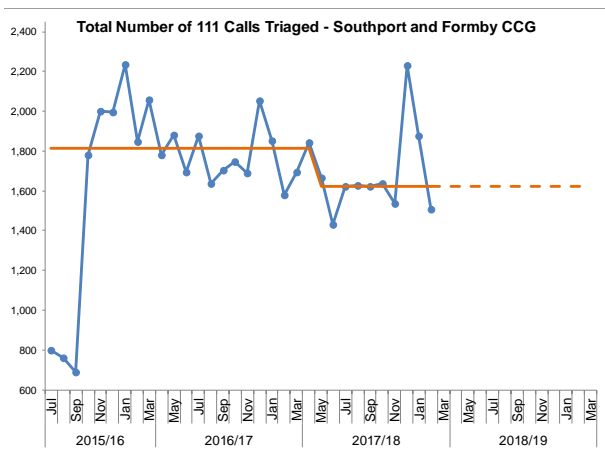
Since then the north west contract for ambulance services for 2018/19 has been negotiated after extensive discussions and commissioning leads have recommended north west CCGs to increase the contract offer to NWAS by a further £3.5m per annum (3.2% increase original contract value, in addition to the £4.5m additional funding in line with the 2018/19 NHSE planning guidance) as part of two year time limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time, delivering by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the

end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long patient waits and the upgrading of calls, standardised and simplified operational processes, an additional 43 double crewed ambulances and some workforce changes to provide additional capacity particularly for higher acuity calls, and a further option to increase the ambulance fleet with another 6 vehicles and 69 staff.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

Commissioners do now have more confidence in the revised performance trajectories provided as these are based on clear actions and robust modelling. It is accepted however, that despite both NWS and commissioner actions that the ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018.

### 4.3 111 and Out of Hours



### 4.3.1 111 Calls

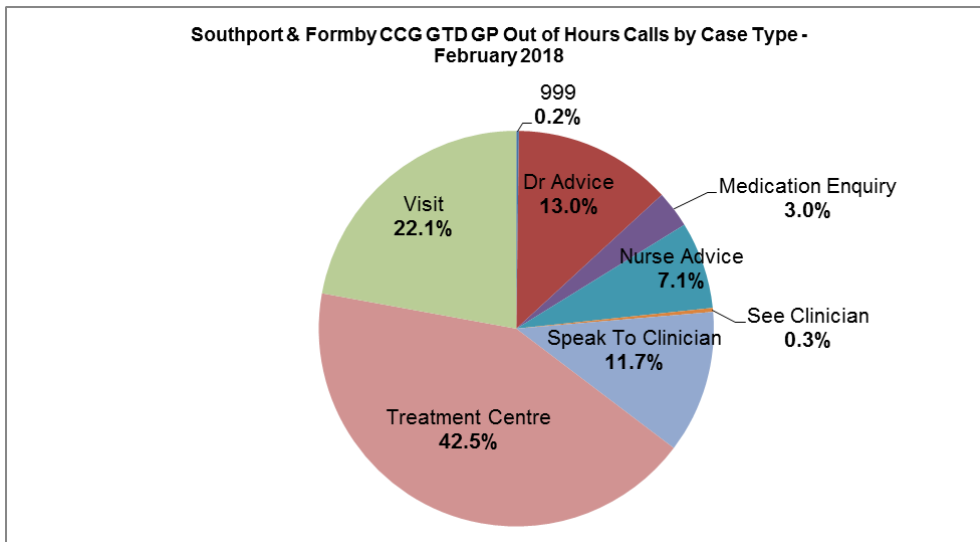
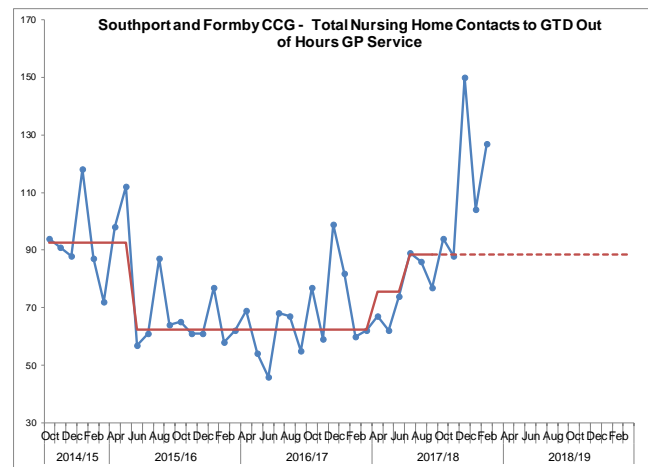
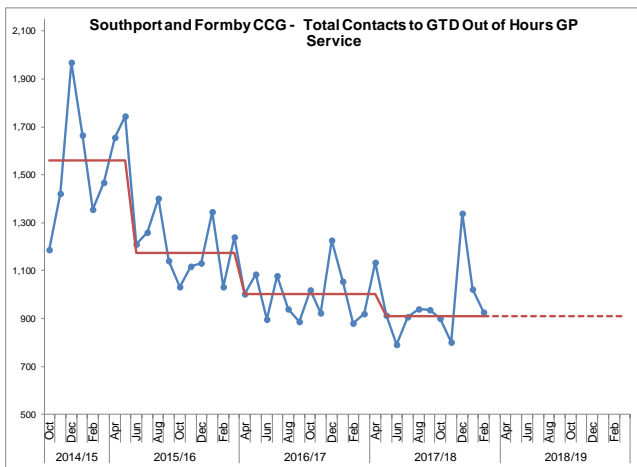
There were 1,509 calls to 111 by Southport and Formby patients in February 2018. This is a reduction on the previous month where 1,878 calls were recorded. There have been 889 (5%) fewer calls for the first 11 months of 2017/18 than in the same period of 2016/17. February 2018 had a similar number of calls to February 2017.

The breakdown for outcomes of 111 calls in February 2018 is as follows:

- 62% advised to attend primary and community care
- 15% closed with advice only
- 12% transferred to ambulance
- 7% advised to attend A&E
- 4% advised to other service.

Year to date 2017/18, 15.3% of the total calls closed with advice only. This is a reduction on the previous year when 18.2% of calls ended this way. This reduction has been countered by increases in the proportion of calls being: advised to other services and advised to primary and community care.

### 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 February to 926. When compared to the first 11 months of the previous financial year, there have been 342, 3%, fewer contacts so far in 2017/18 and when compared to YTD month 11 of 2015/16, there have been 23% fewer calls.

The majority of calls (42.5%) were the case type of Treatment Centre. The number of calls which were case type See Clinician have reduced in 2017/18 by 80% compared to the same YTD point in the previous year, whereas Medication Enquiry calls have increased by 53% and Dr. Advice calls increased by 31%.

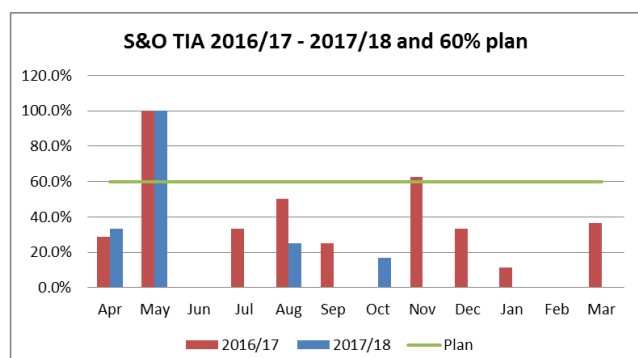
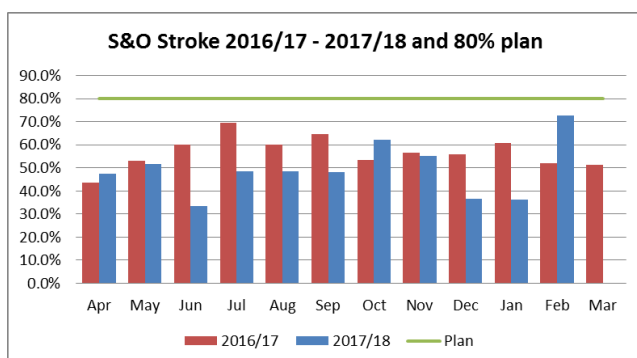
GP OOH calls from nursing homes within Southport and Formby have increased in February to 127, 13.7% of total Go to Doc contacts. In 2016/17 there was an average of 67 calls a month. The majority of calls in 2017/18 so far from nursing homes are the case type Visit with 59.7% of calls. There have been 282 more calls in the first 11 month of 2017/18 than in the same period in 2016/17, an increase of 38.3%.

## 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 ( <b>Southport &amp; Ormskirk</b> )	17/18 - Feb	80%	72.70%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	17/18 - Feb	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in February recording 72.7% with 16 out of 22 patients spending 90% of their time on a stroke unit. This is however an improvement on last month's performance. The Trust's ability to achieve this standard is significantly impacted by the wider non-elective pressures experienced at Southport and the difficulties in discharging patients who no longer require inpatient care. The wider urgent care improvement work with E&Y should deliver improvements in all areas of performance impacted by non-elective pressures.

In relation to the TIAs 0% compliance was reported again in February. A review of the process has been undertaken finding that all the correct procedures and processes are being followed. There is a lack of capacity to review patients within 24 hours as clinics run Monday, Wednesday and Friday. The lead clinician is reviewing capacity and is working with the management team to identify spare OP space to increase clinic capacity to every week day. This should ensure that only delays in referral and weekend presentations should breach the standard. Whilst clinic space is at a premium it is anticipated that additional capacity is available from April.

#### 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 - Feb	0.00	2.30	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Feb	0.00	2.30	↑

The CCG has reported an MSA rate of 2.3, which equates to a total of 8 breaches in February. All 8 breaches were at Southport & Ormskirk NHS Trust.

In February the Trust had 11 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold. Of the 11 breaches, 8 were for Southport & Formby CCG and 3 for West Lancs CCG.

#### 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 - Feb	32	33	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - Feb	33	16	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Feb	111	131	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - Feb	No Plan	190	↑



There was 1 new case of Clostridium Difficile attributed to the CCG in February. 33 have been reported year to date against a plan of 32 (14 apportioned to acute trust and 19 apportioned to community). For Southport & Ormskirk year to date the Trust has had 16 cases against a plan of 33 (3 new cases in February), so is under plan.

The CCG reported no new cases of MRSA in February; however they remain non-compliant year to date due to the 1 case reported in January. Southport & Ormskirk reported no new cases of MRSA in January 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 annual target is 121 which is being monitored. There has been a total of 131 cases April to February against a plan of 111 (9 cases in February). Southport & Ormskirk has reported 190 cases year to date, with 14 new cases in February (2 less than January). There are no targets for Trusts at present.

#### 4.4.4 Mortality

**Figure 42 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Feb	100	114.84	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec 16 rolling	100	115.88	↓

The 12-month rolling HSMR, at 114.84, remains high and outside expected limits, and the reasons for this are being investigated. The latest monthly HSMR (for Dec) is 115.88. It is being addressed by a comprehensive action plan, managed and monitored by the Mortality Operational Committee which reports to the Trust Board through Quality & Safety Committee.

#### 4.5 CCG Serious Incident Management

A lack assurance for CCG serious incident processes has been highlighted following review of the Month 11 data. A deep dive and data cleansing has taken place on request of the Chief Nurse which has been led by Corporate Governance Manager. The Chief Nurse has commissioned an external review of CCG serious incident processes by MIAA, and peer review from Bolton NHS Foundation Trust, Bolton CCG and west Cheshire CCG as part of end to end processes.

Assurances are also being sought by NHS E C&M of the CCGs Serious Incident Review Groups (SIRGs) and in the process of reviewing the minutes of the SIRGs and a number of RCA's and responses, with a meeting in place to review any learning and recommendations.

## 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 2017 – February 2018**

Reason For Delay	2017-18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	2	2	0	
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	2	0	0	0	2	2	3	3	3	1	1	
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	1	1	0	
DI) AWAITING NURSING HOME PLACEMENT	0	0	1	1	1	2	1	0	2	1	1	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	1	1	1	1	0	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	1	0	1	1	1	1	0	1	0	
G) PATIENT OR FAMILY CHOICE	3	4	3	3	3	2	7	4	5	3	3	
H) DISPUTES	1	0	0	0	0	0	0	0	0	0	0	
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>5</b>	

The average number of delays per day in Southport and Ormskirk hospital decreased to 5 in February. Of the 5 delays: 3 were due to patient or family choice, 1 was waiting for further NHS non-acute care and 1 for nursing home placement.

Analysis of average delays in February 2018 compared to February 2017 shows them to be higher by 2 (67%).

**Figure 44 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – February 2018**

Agency Responsible	2017-18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	

The total number of days delayed caused by NHS was 181 in February, compared to 223 last month. Analysis of these in February 2018 compared to February 2017 shows an increase from 93 to 181 (94.6% increase).

There was no average days delayed caused by social care in February compared to 4 in January. The average number of days delayed caused by both remains at zero.

**Figure 45 - Average Delayed Transfers of Care per Day at MerseyCare - April 2017 – February 2018**

### Average Delays per Day

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	
DI1) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	
<b>Grand Total</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>32</b>	<b>29</b>	<b>32</b>	

The average number of delays per day at Merseycare increased slightly to 32 in February. Of the 32 delays, 9 were due to housing, 6 waiting further NHS non-acute care, 4 were awaiting nursing home placements, 4 were delayed due to patient or family choice, 3 awaiting residential care home placement, 3 public funding, 2 were awaiting completion of assessment, and 1 was awaiting care package in their own home.

Analysis of average care delays in February 2018 compared to February 2017 shows them to be lower by 2 (5.9%).

**Figure 46 – Agency Responsible and Total Days Delayed - Merseycare - April 2017 – February 2018**

Agency Responsible	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	

The total number of days delayed caused by NHS was 538 in February, compared to 612 last month. Analysis of these in February 2018 compared to February 2017 shows an increase from 436 to 538 (23.4%). The total number of days delayed caused by Social Care was 184 in February, compared to 214 in January. Merseycare also have delays caused by both which were 153 in February, a 70.0% increase from the previous month when 90 were reported.

**Figure 47 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – February 2018**

### Average Delays per Day

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	
B) PUBLIC FUNDING	2	3	4	4	4	4	4	4	3	4	4	
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1	0	
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2	1	
DI1) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2	2	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1	0	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	1	1	1	0	0	0	
H) DISPUTES	2	2	3	3	2	2	2	1	1	1	1	
I) HOUSING	5	6	5	3	1	0	0	0	0	0	0	
O) OTHER	1	0	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>	<b>16</b>	<b>15</b>	<b>17</b>	<b>13</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>9</b>	<b>11</b>	<b>8</b>	

The average number of delays per day at Lancashire Care decreased slightly to 8 in February, from 11 reported in January. Of the 8 delays, 4 were awaiting public funding, 2 awaiting nursing home placement, 1 awaiting residential care home placement, and 1 dispute.

Analysis of average delays in February 2018 compared to February 2017 shows them to be lower by 6 (42.9%).

**Figure 48 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – February 2018**

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80	79
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102	46
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141	112

The total number of days delayed caused by NHS was 79 in February, compared to 80 last month. Analysis of these in February 2018 compared to February 2017 shows a decrease from 240 to 79 (67.1% decrease). The total number of days delayed caused by Social Care was 46 in February, compared to 102 in January, showing a decrease of 56. Lancashire Care also have delays caused by both which was 112 in February, a decrease from the previous month when 141 was reported.

## 4.7 ICRAS Metrics

The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

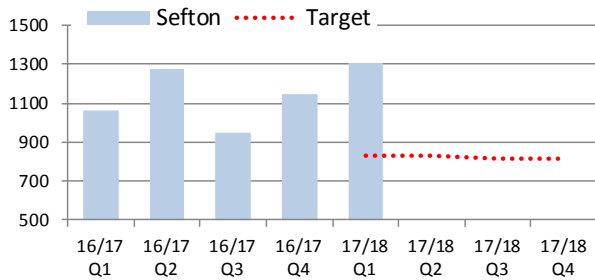
Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- reablement support.

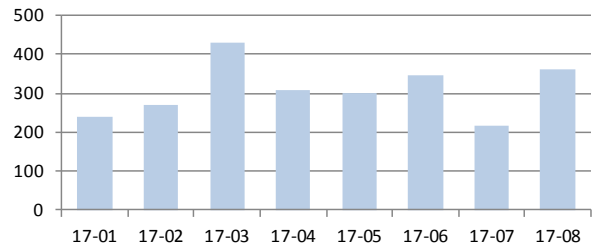
This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based .

In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

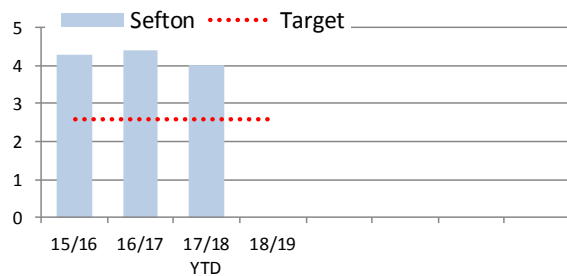
**Delayed Transfers of Care - Delayed Days - Rate per 100,000 (iBCF Target)** ↑



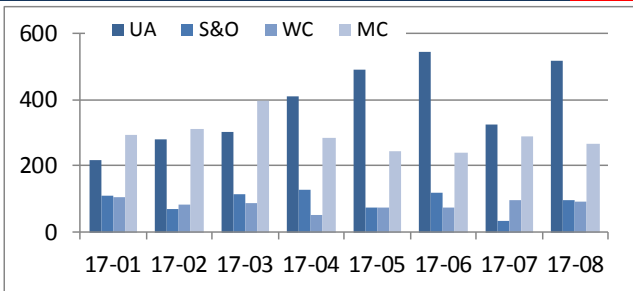
**Delayed Transfers of Care - Non-Acute Days Attributed to NHS** ↑



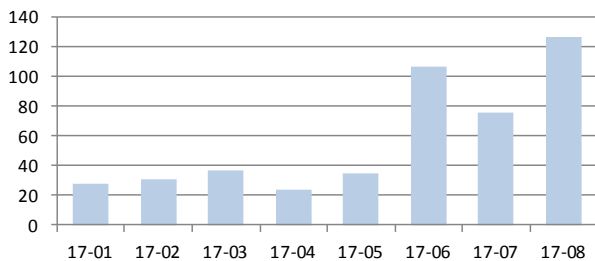
**Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target)** ↑



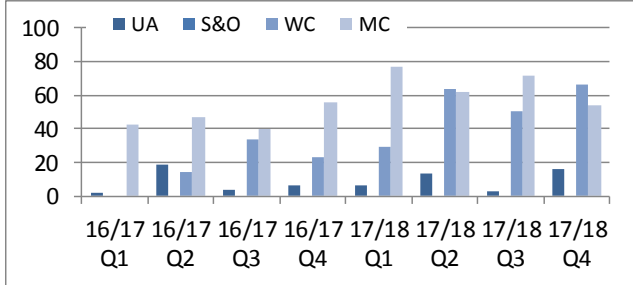
**Delayed Transfers of Care - Total Days by Key Providers (in Sefton)** ↑



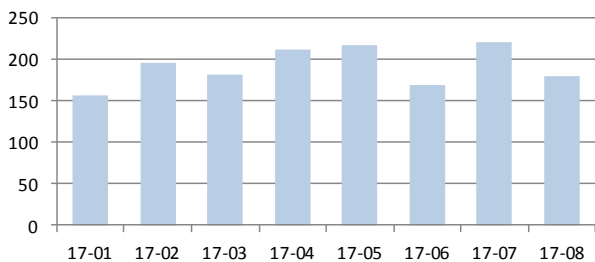
**Delayed Transfers of Care - Acute Days Attributed to Adult Social Care** ↑



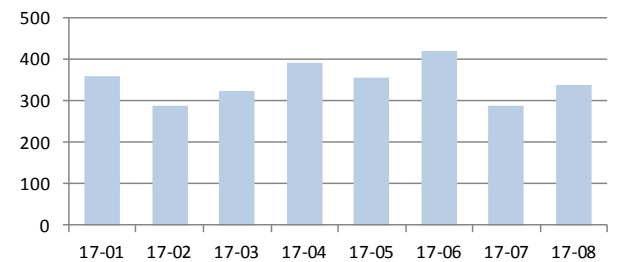
**Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC** ↑



**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: Feb-18

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%	0.5%		85%	76%		8%	20%	

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 decreasing again in February to 0.5%, from 2.1% in January.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 77% in January to 76% in February, although still failing to achieve the England average of 85%. The percentage not recommended has increased from 6% in January to 20% in February, which is a lot higher than the England average of 8%.

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 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£84k/-0.3%. 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 -£455k/-1.5%.

This under performance is clearly driven by Southport & Ormskirk and Royal Liverpool & Broadgreen Hospitals who have variances of -£572k/-2% and -£134k/-18% against plan respectively.

**Figure 50 - Month 11 Unplanned Care – All Providers**

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,308	2,115	807	62%	£790	£1,291	£502	64%	£-502	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	814	873	59	7%	£331	£337	£6	2%	£-6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	135	123	-12	-9%	£463	£429	£-34	-7%	£34	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	262	264	2	1%	£353	£377	£24	7%	£-24	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,499	1,072	-427	-28%	£752	£618	£-134	-18%	£134	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	9	5	144%	£37	£43	£7	18%	£-7	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>4,021</b>	<b>4,456</b>	<b>435</b>	<b>11%</b>	<b>£2,725</b>	<b>£3,096</b>	<b>£371</b>	<b>14%</b>	<b>£-371</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81	106	25	31%	£27	£42	£14	53%	£0	£14	53%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	37	37	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
LANCASHIRE TEACHING HOSPITAL	278	135	-143	-51%	£117	£80	£-37	-32%	£0	£-37	-32%
SALFORD ROYAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£24	£24	0%	£0	£24	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	52,278	51,237	-1,041	-2%	£26,776	£26,204	£-572	-2%	£0	£-572	-2%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	486	459	-27	-6%	£258	£225	£-33	-13%	£0	£-33	-13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	61	36	-25	-41%	£74	£107	£32	44%	£0	£32	44%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	43	31	-12	-28%	£7	£11	£4	52%	£0	£4	52%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	55	55	0%	£0	£24	£24	0%	£0	£24	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	102	118	16	16%	£41	£62	£21	51%	£0	£21	51%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	75	103	28	38%	£43	£100	£57	135%	£0	£57	135%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>53,404</b>	<b>52,350</b>	<b>-1,054</b>	<b>-2%</b>	<b>£27,342</b>	<b>£26,888</b>	<b>£-455</b>	<b>-2%</b>	<b>£4</b>	<b>£-455</b>	<b>-2%</b>
<b>GRAND TOTAL</b>	<b>57,425</b>	<b>56,806</b>	<b>-619</b>	<b>-1%</b>	<b>£30,067</b>	<b>£29,983</b>	<b>£-84</b>	<b>-0.3%</b>	<b>£-371</b>	<b>£-455</b>	<b>-1.5%</b>

\*PbR only

### 4.9.2 Southport and Ormskirk Hospital NHS Trust

**Figure 51 - Month 11 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	34,037	34,456	419	1%	£4,668	£4,910	£242	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,596	9,173	-1,423	-13%	£17,821	£17,045	£-776	-4%
NELNE - Non Elective Non-Emergency	938	1,148	210	22%	£2,191	£2,282	£91	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	95	43	-52	-55%	£32	£14	£-18	-55%
NELST - Non Elective Short Stay	1,107	973	-134	-12%	£764	£681	£-83	-11%
NELXBD - Non Elective Excess Bed Day	5,505	5,444	-61	-1%	£1,300	£1,272	£-28	-2%
<b>Grand Total</b>	<b>52,278</b>	<b>51,237</b>	<b>-1,041</b>	<b>-2%</b>	<b>£26,776</b>	<b>£26,204</b>	<b>£-572</b>	<b>-2%</b>

\*PbR only

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

Overall, unplanned care continues to under-perform against plan year to date with the main focus being in Non-Elective admissions with a variance of -£776/-4% against plan. A number of specialties are attributable to the overall under spend with the main focus being within Geriatric Medicine, Accident & Emergency, Trauma & Orthopaedics and General Surgery.

Although year to date figures show an underperformance for admissions, A&E figures have increased and are above planned levels. It would appear reduced levels of conversion from A&E to admissions is occurring; this however highlights the impact of the Trusts Ambulatory Care Unit, which is not included in admissions figures.

ACU levels have increased significantly above planned levels with a year to date variance of £1.3m/221% over a plan of £629k. Current discussions are on-going with the provider regarding emergency care pathways.

## 4.10 Aintree and University Hospital NHS Foundation Trust

**Figure 52 - Month 11 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	764	1,139	375	49%	£102	£155	£53	51%
NEL - <i>Non Elective</i>	322	534	212	66%	£566	£922	£357	63%
NELNE - <i>Non Elective Non-Emergency</i>	18	19	1	3%	£55	£83	£29	52%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - <i>Non Elective Short Stay</i>	41	69	28	69%	£28	£48	£19	69%
NELXBD - <i>Non Elective Excess Bed Day</i>	163	279	116	71%	£39	£65	£26	66%
<b>Grand Total</b>	<b>1,308</b>	<b>2,115</b>	<b>807</b>	<b>62%</b>	<b>£790</b>	<b>£1,291</b>	<b>£502</b>	<b>64%</b>

### 4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £502k is mainly driven by a £357k/63% over performance in Non Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology, Respiratory Medicine and Geriatric Medicine. Within each of these specialties, there are small amounts of activity recorded against a number of HRGs, many of which have zero plan set for 1718.

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			
	Case load as at 28/02/2018	2017/18 Plan	Variance from Plan	Variance on 28/02/2018
1 Common Mental Health Problems (Low Severity)	7	-	7	6
2 Common Mental Health Problems (Low Severity with greater need)	11	5	6	6
3 Non-Psychotic (Moderate Severity)	62	88	-26	15
4 Non-Psychotic (Severe)	180	209	-29	45
5 Non-psychotic Disorders (Very Severe)	61	40	21	25
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	-4	2
7 Enduring Non-Psychotic Disorders (High Disability)	131	128	3	10
8 Non-Psychotic Chaotic and Challenging Disorders	72	77	-5	5
10 First Episode Psychosis	79	73	6	12
11 On-going Recurrent Psychosis (Low Symptoms)	197	260	-63	55
12 On-going or Recurrent Psychosis (High Disability)	242	182	60	47
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	97	8	4
14 Psychotic Crisis	16	18	-2	1
15 Severe Psychotic Depression	2	4	-2	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	21	13	8	7
17 Psychosis and Affective Disorder – Difficult to Engage	24	28	-4	3
18 Cognitive Impairment (Low Need)	146	216	-70	62
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	477	692	-215	156
20 Cognitive Impairment or Dementia Complicated (High Need)	376	266	110	56
21 Cognitive Impairment or Dementia (High Physical or Engagement)	171	67	104	88
Cluster 99	278	167	111	77
<b>Total</b>	<b>2,682</b>	<b>2,658</b>	<b>24</b>	<b>26</b>

#### 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	Nov-17	Dec-17	Jan-18	Feb-18	
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	93.8%	100%	90.0%	90.9%	100%	100%	100%
Rolling Quarter				100%	100%	96.9%	97%	90.0%	90.5%	92.3%	100%	100%

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	Nov-17	Dec-17	Jan-18	Feb-18	
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	66.7%	100%	100%	N/A	100%	100%
Rolling Quarter				100%	100%	100%	92.9%	100%	100%	100%	100%	100%

**Figure 56 - Figure 16 EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	100%	50%	100%	50%	60.0%	40.0%	50%	100%	50.0%	80.0%
	Rolling Quarter			88%	100%	80.0%	70.0%	40.0%	42.9%	55.6%	50.0%	66.7%

## 5.2 Out of Area Placements (OAP's)

**Figure 57 - 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
	Sep 17 to Nov 17	45
Q3 2017/18	Oct 17 to Dec 17	50
	Nov 17 to Jan 18	35

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 November to January 2018 when 35 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days although has reduced from the previous period when 50 were reported.

Due to operational reasons publication of this data for February has been delayed and will be reported in the next report.

### 5.2.1 Mental Health Contract Quality Overview

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

#### Transformation Update

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

stop integrated referral and response across the Trust's footprint. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

The first phase of this work has involved assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process with Liverpool and South Sefton assessment staff now being co-located at Clock View. Assessment staff remain at Southport but are also now within a unified management structure. The assessment function will support a centralised point for triage on a daily basis, Monday to Friday - 08:00- 20:00, Saturday and Sunday - 09:00 - 13:00.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of Out of Area placements in months 9, 10 and 11 within the Trust's footprint. No mental health related 12 hours breaches have also been reported since October 2017.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact is being 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. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

### **Highlighted KPIs**

The following KPIs within the contract have been performing below agreed thresholds over a long reporting period.

- KPI 123 - Psychotherapy Treatment commencing within 18 weeks of referral: Threshold is 95%.
- KPI 125 - Eating Disorder Service Treatment commencing within 18 weeks of referrals: Threshold is 95%.
- KPI 147 - Adults on Care Programme Approach (CPA) receive a review within 12 months: Threshold is 97%.
- KPI 158 - Communication - (Inpatients). Appropriate Supply of Medication on Discharge: Threshold is 95%.

#### KPI 123: Psychotherapy treatment commencing within 18 weeks of referral

The psychotherapy service offers a safe, evidence-based therapeutic working relationship to enable service users to increase their understanding of themselves and their psychological difficulties, enabling them to be better equipped to manage their lives and maximise their recovery. Generally there is high patient engagement and low DNA rates (10%). Around 150 people are going through treatment at any time including group work.

The table below details performance to date (February 2018).

Psychotherapy Treatment commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	7	10	7	8	8	12	11	8	7	7	4	89
South Sefton CCG denom	27	30	25	23	23	24	21	17	8	16	12	226
% seen within 18 weeks	25.93%	33.33%	28.00%	34.78%	39.66%	50.00%	52.38%	47.06%	87.50%	43.75%	33.33%	39.38%
Southport & Formby CCG number	1	2	0	1	1	1	1	1	2	1	2	13
Southport & Formby CCG denom	3	4	1	2	2	3	3	3	3	2	2	28
% seen within 18 weeks	33.33%	50.00%	0.00%	50.00%	50.00%	33.33%	33.33%	33.33%	66.67%	50.00%	100.00%	46.43%
Trust catchment number	31	36	34	37	32	43	46	40	37	32	37	336
Trust catchment denom	103	110	96	91	83	96	90	75	48	73	63	792
% seen within 18 weeks	30.10%	32.73%	35.42%	40.66%	38.55%	44.79%	51.11%	53.33%	77.08%	43.84%	58.73%	42.42%

A course of Psychotherapy within the Trust takes up to 20 weeks. Individuals are assessed over 1-2 sessions prior to starting treatment. The psychotherapy service now has 8.0 WTE therapists, with 3.0 WTE additional posts commencing in February 2017. It is difficult to sustainably meet the 18 week target due to the length of therapy (average 16 weeks), and the complexity of service users. Holidays and sickness in a small service will also impact on waiting times.

There has been a reduction in those waiting 18 weeks or more from 41 to 26 people. 15 people of those 26 will be commencing a group in March 2018. A number of modalities of therapy are now seeing people referred for therapy within 18 weeks. The Trust has reported that the maximum wait has reduced from 56 weeks to 32 weeks which is still outside the 18 week threshold.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	273	994	721
Southport & Formby CCG	49	387	338

It is acknowledged that the achievement and maintenance of the 18 week standard will be challenging. The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting.

#### KPI 125: Eating Disorder treatment commencing within 18 weeks of referral

The service offers assessment, psycho-education and psychological outpatient therapy to people with a wide range of psychological difficulties associated with eating. The service operates from the Rathbone Hospital site in Liverpool and the Hesketh Centre site in Southport.

The service is a psychotherapy led service with only one session per month physical health input being provided by a Liverpool GP. The service offers an initial 8 sessions, after which patients may be discharged, but for some patients the decision will be made at their 6<sup>th</sup> session to extend to 16 or 24 sessions. There are complex patients with severe and enduring presentation who will remain in the service for several years. Group therapy is also offered by the service. Patients who require inpatient admissions will be discussed with NHS England who commission regional

inpatient eating disorder services. The service recently confirmed that no patient has waited more than 23 weeks for treatment.

Complex patients will also impact on wait times. Commissioners met with the service in February 2018 to discuss increasing medical/physical health support to primary care for those complex patients on the caseload. One option being explored is to run a pilot in Sefton only for a nurse practitioner to support GP colleagues in the management and review of complex patients.

Sefton referrals as a total average 7 per month out of an average of 38 referrals received per month by the service as a whole. For the last 3 years the service has received an average of 450 referrals per year which is in excess of the demand originally envisaged.

The table below details performance to date (February 2018).

Eating Disorder commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	6	5	10	7	9	6	6	5	7	7	9	77
South Sefton CCG denom	9	7	10	7	12	9	8	8	8	9	10	87
% seen within 18 weeks	66.67%	71.43%	100.00%	100.00%	69.77%	66.67%	75.00%	62.50%	87.50%	77.78%	90.00%	88.51%
Southport & Formby CCG number	1	2	3	6	3	4	3	2	2	4	7	30
Southport & Formby CCG denom	7	2	3	6	4	6	5	5	3	5	8	46
% seen within 18 weeks	14.29%	100.00%	100.00%	100.00%	75.00%	66.67%	60.00%	40.00%	66.67%	80.00%	87.50%	65.22%
Trust catchment number	26	34	42	42	42	41	44	42	37	38	52	350
Trust catchment denom	72	40	44	51	59	57	57	58	48	46	59	486
% seen within 18 weeks	36.11%	85.00%	95.45%	82.35%	71.19%	71.93%	77.19%	72.41%	77.08%	82.61%	88.14%	72.02%

The Eating Disorder service currently has 5.45 WTE therapists (at various bands) within the service. In February 2018 a total of 124 people were reported as currently being seen within the service. The majority of patients receive either weekly 1:1 sessions or weekly group sessions with the latter recently introduced so as to improve access. April 2017 performance was particularly poor across Southport & Formby CCG and Liverpool CCG with a vacant post not being filled until May 2017.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	288	500	212
Southport & Formby CCG	291	447	156

#### KPI 147: Adults on Care Programme Approach (CPA) receive a review within 12 months

This indicator is collected quarterly. All patients within the Trust who are subject to CPA should have their plan reviewed at least annually and that it is made available within case notes and electronically filed. The details of the care plan should be consistent the published 21 mental health cluster pathways guidelines e.g. Cluster 11 – Ongoing recurring psychosis. This indicator

will mostly apply to patients within adult CMHTs. The table below details performance to date (Quarter 3).

Adults on Care Programme Approach receive a review within 12 months 97%	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
South Sefton CCG number	357	491	493	0	1341
South Sefton CCG denom	366	544	519	0	1429
% reviewed annually	97.54%	90.26%	94.99%	#DIV/0!	93.84%
Southport & Formby CCG number	212	303	307	0	822
Southport & Formby CCG denom	218	367	356	0	941
% reviewed annually	97.25%	82.56%	86.24%	#DIV/0!	87.35%
Trust catchment number	2187	2951	3011	0	8149
Trust catchment denom	2239	3241	3181	0	8661
% reviewed annually	97.68%	91.05%	94.66%	#DIV/0!	94.09%

Sub optimal performance for this indicator is not confined to any single issue. CPA reviews are directly related to staffing, patient DNA and clinic cancellations.

The Trust recently reported that the CMHT staffing establishment in South Sefton was fully recruited to with previously vacant post being filled. There are a number of vacancies in Southport CMHT that the Trust is actively recruiting to, and in addition there are staff currently on long term sick which has impacted on Southport & Formby CCG performance which is reflected in the table above. The Trust has confirmed that remedial actions are being undertaken within Southport to ensure that all outstanding reviews will be undertaken in by early March 2018 and that they are properly recorded on Epex. The Trust has further confirmed that there is a wider internal focus to improve performance. Remedial actions include:

- Weekly reviews at MDT
- Supervision with individual practitioners
- Text reminders
- Telephone reminders

**KPI 158: Communication - (Inpatients). Appropriate Supply of Medication on Discharge (minimum of 7 days) 95%**

Performance has significantly deteriorated against this KPI since Quarter 1. The KPI is based on quarterly sampled audit. The table below details performance to date (Quarter 3).

<b>Communication - (Inpatients). Appropriate Supply of Medication on Discharge (min of 7 days) 95%</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>YTD</b>
South Sefton CCG number	27	11	6	0	44
South Sefton CCG denom	30	23	22	0	75
% appropriate supply	90.00%	47.83%	27.27%	#DIV/0!	58.67%
Southport & Formby CCG num	9	4	4	0	17
Southport & Formby CCG denom	14	18	15	0	47
% appropriate supply	64.29%	22.22%	26.67%	#DIV/0!	36.17%
Liverpool CCG number	58	50	43	0	151
Liverpool CCG denom	64	96	111	0	271
% appropriate supply	90.63%	52.08%	38.74%	#DIV/0!	55.72%
Trust catchment number	103	69	55	0	227
Trust catchment denom	117	148	157	0	422
% appropriate supply	88.03%	46.62%	35.03%	#DIV/0!	53.79%

At the end of Quarter 1 2017/18 responsibility of the audit was transferred from the Local Division to the Trust's clinical audit team at which point performance has deteriorated. The Local division are working with their internal audit team to ensure all data fields that are used as part of the audit are completed i.e. all patients are offered a copy of the discharge and receive medication but if this is not recorded in the correct field on the Epex system then the audit team cannot verify this as being achieved. The Trust has also been advised of the NHS England Guidance: *Responsibility for prescribing between Primary, Secondary/Tertiary care* which was published in January 2018.

Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made. The Trust has reported that it is introducing digital based technology to enable more efficient transcription and that it is working to reduce the backlog of clinical letters.

### Safeguarding

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved and commissioners are satisfied with the Trust's progress against staff training trajectories and the Trust is on track to meet agreed timescales. Updates will still be provided to the CQPG but will be less frequent for the contract review meeting. The Contract Performance Notice will stay open for 6 months after the training target has been reached to ensure sustainability.

### RiO Clinical Information System

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services in June 2018. The Trust previously advised that there is likely to be a period of at least 6 months where activity and performance monitoring information will be reduced or unavailable. Risk is that KPIs may be not able to be captured and this could impede the quality assurance controls currently in place through the contract. This will impact the CCGs' ability to effectively manage the contract and is also likely to add further delays to the development and implementation of mental health currencies. There are already data quality issues for the small




services that have already gone "live" with RiO and it is likely that more issues will be identified with the transition of the major services, making planning and monitoring of contract activity and demand difficult. The Trust has confirmed that their business intelligence team priorities are national mental health data set and commissioner reporting requirements. This risk has been added to the CCG risk register.

Activity and data quality discussions currently take place at the Currency Development Group and the Trust has action plans in place for the Data Quality issues identified within the existing system. RiO is also a standing agenda item for the contract review meeting.

### 5.3 Patient Experience of Mental Health Services

**Figure 58 - MerseyCare Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Mersey Care NHS Foundation Trust  
 Latest Month: Feb-18

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%	2.7%		89%	92%		4%	2%	

MerseyCare performed over the England average (89%) for percentage recommended for Friends and Family recording 92%, this has increased from the previous month (87%). For percentage not recommended, the Trust has reported 2% in February. This 2% below the England average of 4%.



## 5.4 Improving Access to Psychological Therapies

**Figure 59 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	167	188	222	229	203	207	238	268	165	240	196	
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%
	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	48.5%	44.5%	48.8%	55.1%	51.9%	49.6%	46.9%	54.3%	59.0%	61.3%	57.7%	
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	108	118	126	165	138	140	162	171	126	169	148	
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1	9	5	9	2	9	4	9	6	
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	49	61	86	69	65	75	88	72	98	82	
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	87.2%	92.0%	87.8%	90.9%	89.5%	92.2%	90.0%	92.3%	89.2%	91.8%	86.8%	

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.

Cheshire & Wirral Partnership reported 196 Southport & Formby patients entering treatment in Month 11. This is an 18.3% decrease from the previous month when 240 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 set for Quarter 4 at 4.2% which equates to 1.4% per month. The access rate for Month 11 was 1.03% and therefore failed to achieve the standard.

Referrals decreased in Month 11 by 6.8% with 272 compared to 292 in Month 10. 68.4% of these were self-referrals, which is a decrease from the 73.6% in Month 10. 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 decreased slightly in Month 11 with 43 compared to 46 in Month 10.

The percentage of people moved to recovery reduced with 57.7% compared to 61.3% in Month 10. This satisfies the monthly target of 50%, and takes the year-end projected figure to 52.9%. Cancelled appointments by the provider saw a decrease in Month 11 with 51 compared to 107 in Month 10. 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 decreased from 145 in Month 10 to 94 in Month 11. 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 11 98.1% 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%. 100% 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.

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

## 5.5 Dementia

**Figure 60 - Dementia casefinding**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
People Diagnosed with Dementia (Age 65+)	1515	1525	1519	1518	1543	1562	1576	1570	1565	1550	1548
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6	2177.3	2167.7	2167.6
<b>NHS Southport &amp; Formby CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>70.6%</b>	<b>70.9%</b>	<b>70.5%</b>	<b>70.3%</b>	<b>71.2%</b>	<b>71.9%</b>	<b>72.6%</b>	<b>72.2%</b>	<b>71.9%</b>	<b>71.5%</b>	<b>71.4%</b>
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in February 2018 of 71.4%, 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		Q2 17/18		Q3 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	100	80	125	85	155	80	565	245
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	5.1%	4.3%	6.7%	4.5%	8.3%	4.3%	30.1%	13.1%

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital. The data relating to new referrals made in the reporting period has therefore been omitted at this time.

The CCG target is to achieve 30% by the end of the financial year. Quarter 3 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 8.3%. 75\* more patients needed to have received treatment to achieve the quarter 3 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	3	2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2	5	2	
%	100.00%	0.00%	100.00%	100.00%	100.00%	60.00%	100.00%	

In quarter 3, out of 5 routine referrals to children and young people’s eating disorder service only 3 were seen within 4 weeks recording 60% against the 100% target.

**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	0	2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2	2	2	
%	100.00%	100.00%	100.00%	0 Patients	100.00%	0.00%	100.00%	

In quarter 3, the CCG had 2 patients under the Urgent referral category. Neither were seen within 1 week recording 0% against the target, both patients were seen in week 1-2.

## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport & Ormskirk Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams.

This process is on-going with the first set of service validations finishing in January 2018. Currently Chronic care, Community Matrons and Continence services have been validated and the Trust is confident the data produced is a true reflection of current performance.

The Trust have commented the levels of activity for the Continence service are possibly under reporting against total provision due to increases in the staffing establishment. This will be picked up during discussions for the 2018/19 contract activity baseline via the Information Sub Group.

#### 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: Feb-18

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%	1.1%		96%	98%		2%	1%	

Lancashire Care is over the England average for recommended for Friends and Family recording 98% which is the same as last month. The Trust is also below the England average of 2% for not recommended in February, with just 1% which has remained unchanged from the 1% reported last month.

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

#### Adult Hearing

At month 11 2017/18 YTD the costs for Southport & Formby CCG patients were £66,433, compared to £378,871 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 1,110 in 16/17 to 439 in 17/18.

### 6.4 Any Qualified Provider – Specsavers

#### Adult Hearing

At month 11 2017/18 YTD, the costs for Southport & Formby CCG patients were £193,014, compared to £202,366 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 713 in 16/17 to 697 in 17/18.

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

**Figure 65 - Southport & Formby CCG – Percentage of children waiting less 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	11	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	12	16	
%	93.75%	100.00%	93.75%	Nil Return	93.75%	91.67%	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 3 shows the number of children receiving a wheelchair in less than 18 weeks as 11 and 1 over 18 weeks.

## 7. Third Sector Contracts

Reports detailing activity and outcomes during Q3 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q3 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has an effect on a high volume of service users, in particular those suffering mental health. A number

of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

All services have reported that funding efficiencies have impacted back office functions in the main but all are working hard to ensure front line service delivery in unaffected wherever possible.

#### Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q3, Age Concern has a total of 98 service users engaging with the service per week. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 105 care plan reviews have taken place for clients within 6 weeks from commencement.

#### Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q3 Alzheimer's Society received a total of 65 new referrals and closed 154 cases (40% where the case was completed with outcomes met), the service currently has around 160 active cases. New referrals this year compared to Q3 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

#### Expect Ltd

Expect LTD has a total of 137 existing clients across Sefton. The centre has had 1,948 contacts during Q3. Approximately 1,195 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

#### Sefton Carers Centre

The service has approx. 334 carers registered, including 58 parent carers and 54 young carers. During Q3 there have been 34 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 258 have been completed by the centre in Q3. Sefton Carers Centre has also secured £71k in backdated welfare benefits for the residents of Sefton during Q3 bringing the total year to date figure to more than £1.1m. The service currently has 49 volunteers, and the volunteer value at the centre during Q3 equates to £21k.

#### Sefton CAB

Sefton CAB has received 34 new referrals during Q3; slightly less referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 57% and Self referrals 42%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly

as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is over £1m to date.

### Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 26 new referrals in Q3 as well as 75 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 161 new referrals in Q3 in addition to the caseload of 61. Reasons for accessing support include social inclusion and confidence building (43%), finances, accommodation and housing (35%), and health related issues (18%). Half of referrals in Q3 were from District Nurses and Community Matrons, and 15% from GPs.

### Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

### Swan Women's Centre

The counselling service has seen 75 new referrals in Q3 with 48 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

### Imagine Independence

During Q3, Imagine Independence carried forward 28 existing cases. A further 139 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 34 service users attended job interviews, 16 managed to secure paid work for 16+ hours per week and the service supported 31 people in retaining their current employment.

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

SWACA received 338 new referrals during Q3 from a variety of sources; the top 3 referrals were received from Police (36%), Self (17%) and Safeguarding Children (20%). The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

### Stroke Association

There were 65 referrals within South Sefton and a further 94 within Southport & Formby during Q3. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and

enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q3 the service received 12 adult referrals and 73 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q3 the service received 65 new referrals, of these new referrals 23 people have been accommodated, a further 38 people have been supported to stay in their current residence. Of these referrals, the service has enabled 16 patients to be discharged from hospital and have prevented 17 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (86%).

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



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

A CCG working group are developing a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

## 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. There have been no new inspections in Southport & Formby recently. All the results are listed below:

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 Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	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 Centre	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	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

Key	
<span style="background-color: #92d050; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #4CAF50; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #FF9800; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #F44336; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #AAAAAA; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #AAAAAA; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## 9. Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

A summary of the Q4 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	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	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Established	Established
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	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 full exception report for quarter 2 for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

## **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.

Please note there is no update for month 11 due to a deadline being a later than normal from NHS England for the submission.