

Southport & Formby Clinical Commissioning Group

Integrated Performance Report April 2018

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Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG													
		Actual													
		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%
Referral to Treatment (RTT) & Diagnostics															
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R											R	
		Actual	5.14%												5.14%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G											G	
		Actual	92.47%												92.47%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G											G	
		Actual	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

Cancelled Operations

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

Cancer Waiting Times

191: % of patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R												R	
		Actual	91.39%													91.39%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R												R	
		Actual	82.50%													82.50%
		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%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R												R	
		Actual	94.782%													94.782%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R												R	
		Actual	83.33%													83.33%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R												R	
		Actual	75.00%													75.00%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG												
		Actual												
		Target	48.27		51.49		54.71		57.93					

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R												R	
		Actual	85.54%													87.107%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G												G	
		Actual	85.75%													85.75%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R													
		Actual	1													
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG												
		Actual												
		Target	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG												
		Actual												
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G										
		YTD	0										
		Target	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G										
		YTD	3										
		Target	6	9	13	18	20	24	27	29	29	29	32

Mental Health

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

Metric	Reporting Level	2018-19												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG											
		Actual											
		Target	50.00%			50.00%			50.00%			50.00%	
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG											
		Actual											
		Target	4.2%			4.2%			4.2%			4.75%	
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG											
		Actual											
		Target	75.00%			75.00%			75.00%			75.00%	
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG											
		Actual											
		Target	95.00%			95.00%			95.00%			95.00%	

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G										
		Actual	70.71%										70.71%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG											
		Actual											
		Target											
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG											
		Actual											
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG											
		Actual											
		Target	1	1	1	1	1	1	1	1	1	1	1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG											
		Actual											
		Target	1	1	1	1	1	1	1	1	1	1	1

Wheelchairs

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

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 1 (note: time periods of data are different for each source).

Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 31 May 2018. The year to date financial position is a deficit of £0.400m, which is deterioration against the planned breakeven position at month 2.

The full year forecast financial position is £1m surplus. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full. The full year most likely financial position for the CCG is a deficit of £1.402m. This assumes that QIPP delivery will be £3.453m.

Planned Care

GP referrals in Month 1 of 2018/19 are 1% higher when compared to the same period in 2017/18.

No further update to February's e-referral data release has been published by NHS Digital. However local information flows from Southport Trust suggest e-referral utilisation for the CCG is approximately 76% in April.

The CCG failed the 1% target for Diagnostics in April recording 5.1%, a decline on last month's performance of 4.61%. Southport and Ormskirk also failed the 1% target for Diagnostics in April recording 5.5%, again a decline on last month's performance of 3.5%.

Southport & Ormskirk Trust has reported one 52 week waiter in April. This was a West Lancashire CCG patient awaiting treatment in Ophthalmology. No patient harm was reported.

Southport & Ormskirk reported 7 cancelled operations in April. The Trust has reported that 3 cancellations due to no beds and 4 cases ran out of theatre time.

The CCG are failing 5 of the 9 cancer measures in month one. They include 2 week urgent referral for suspected cancer (91.39%), 2 week breast symptom (88.71%), 31 day wait first definitive treatment all cancers (94.87%), 31 day subsequent treatment surgery (92.16%), and the 62 days Urgent GP referral metric (75%). Southport & Ormskirk are failing the 2 week urgent referral for suspected cancer (92.98%), 62-day screening (50%), and 62 days Urgent GP referral (80.28%).

Southport & Ormskirk Hospital NHS Trust has seen a decline in Friends and Family test response rates for inpatients, from 14.4% in March to 12.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has shown no improvement as it remains at 91% in April and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 3% in April and above the England average of 2%.

Performance at Month 1 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £95k/3.3%. Applying

a neutral cost variance for the Trusts within the Acting as One block contract arrangement results in their remaining a total over spend of approximately £39k/1.4%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for April reached 85.57%, which is better than the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 81.7% for April. Southport & Ormskirk had one 12-hour breach in the month of April during the Easter Bank Holiday weekend. The Trust experienced significant bed pressures, and demand for side rooms had been high.

Work continues by NWS to address poor Ambulance Response Programme performance with issues escalated significantly at national level and both NHSE and NHSI intervention. NWS has submitted a recovery plan and recovery trajectory for Category 1 and Category 2 calls where they are some distance from meeting mandated targets. The plan is being carefully monitored by commissioners along with NHSE and NHSI.

The number of calls from Southport and Formby patients to the Go To Doc out of hours service reduced in April to 928. A reduction has also been seen in the number of contacts to the service from nursing homes, with 82 calls in April, down from 150 in March.

There were 1,678 calls to the 111 service by Southport and Formby patients in April 2018. This is similar to the monthly average in 2017/18 but a reduction on the same point in the previous year when 1,843 calls were recorded.

Southport & Ormskirk failed the stroke target in April recording 60% with 6 out of 10 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in April with 4 reportable patients breaching the target. This is the sixth consecutive month 0% has been reported.

There were 3 new cases of Clostridium Difficile attributed to the CCG in April against a monthly plan of 3. All 3 cases were apportioned to the community. Southport & Ormskirk has reported 1 case against a plan of 3.

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in April. All 3 breaches were at Southport & Ormskirk NHS Trust.

The CCG serious incident process remains on the CCG register with actions being taken to review process and support mitigation. An action plan has been developed which will be monitored by Joint Quality Committee on a monthly basis. Leadership Team have supported a temporary administrator post to support the process for 6 months.

There are 104 incidents open on StEIS where Southport and Formby CCG as the commissioner and or for a Southport and Formby CCG patient.

Southport and Ormskirk Hospitals NHS Trust reported seven incidents reported in April with zero Never Events. Five were closed in month. 52 remain open on StEIS with 25 open for >100 days. There are four main emerging themes; Pressures Ulcers, harm related falls, IG breach (maternity services). Actions have been agreed with reporting through to the CCG / CQPG. The RTT RCA was received in and has been sent out as part of consultation to: NHSI, NHS E C&M, West Lancs CCG

Lancashire Care NHS Foundation Trust reported four incidents in month with zero Never Events with zero closed. There are seven open on StEIS with two open > 100 days (1 pressure ulcer legacy). Three of the incident raised in month relate to pressure ulcers the trust are undertaking an aggregated review.

Two main issues exist at Liverpool Women's: Test of Cure and RTT backlog – all necessary actions have been taken and no harm reported to date.

The average number of delayed transfers of care per day in Southport and Ormskirk hospital increased slightly to 9 in April. Of the 9 delays: 8 were due to patient or family choice and 1 delayed due to waiting for community equipment or adaptations. Analysis of average delays in April 2018 compared to April 2017 shows a 28.6% increase (from 7 to 9).

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 88% in March to 83%, so has fallen below the England average of 87%. The percentage not recommended has increased from 4% in March to 8% in April but is still in line with the England Average of 8%.

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of £294k/10.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £160k/5.9%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported a 5.3% increase from previous month of Southport & Formby patients entering treatment in month 1. The access rate for Month 1 was 1.14% and therefore failed to achieve the standard. The percentage of people moved to recovery decreased with 53.3% compared to 58.0% in Month 12. This still satisfies the monthly target of 50%.

Community Health Services

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. A proposal document has been collated by the Trust for internal review before sharing with the CCG for sign off.

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 May 2018.

The year to date financial position is a deficit of £0.400m, which is deterioration against the planned breakeven position at month 2.

The full year forecast financial position is £1m surplus. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full.

The full year most likely financial position for the CCG is a deficit of £1.402m. This assumes that QIPP delivery will be £3.453m.

The cumulative CCG position is a deficit of £9.295m which incorporates the historic deficit of £10.295m 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 first two months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases emerging in 2018-19 and the impact of the continuation of the 28 day discharge from hospital
- Cost pressures within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds
- Cost pressures within Lancashire Care Trust relating to continence products
- Over performance at Southport & Ormskirk Trust for PbR activity.

The forecast cost pressures are partially offset by underspends in the Acute Commissioning budget due to the benefit of the Southport and Ormskirk Hospital 17/18 expert determination outcome and the reserve budget due to the 0.5% contingency held.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. The final version of the recovery plan will be submitted to NHS England by the end of June.

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.5% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.073m

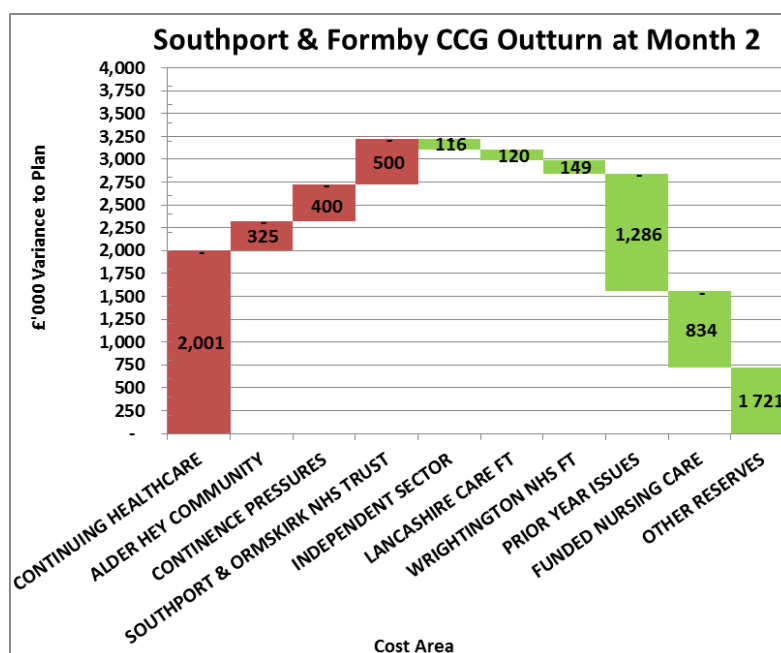
Report Section	Key Performance Indicator		This Month
4	Running Costs	CCG running costs < 2018/19 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.26%
		NHS - Volume YTD > 95%	95.12%
		Non NHS - Value YTD > 95%	96.87%
		Non NHS - Volume YTD > 95%	92.96%

- The CCG will not achieve the standard NHS England business rule to deliver a 1% surplus. The CCG has been issued with a requirement by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31st May 2018 for the financial year is a deficit of £1.402m.
- The QIPP target for 2018-19 is delivery is £0.272m to date which is £0.199m below planned QIPP delivery for 2018-19.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.053m at month 2.
- BPPC targets have been achieved to year to date except for non NHS by volume which is below the 95% target.

2.2 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’s most likely financial position for the financial year is a **deficit of £1.402m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds.
 - Cost pressures within Lancashire Care Trust relating to continence products.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
- The cost pressures are partially offset by underspends in the Acute Commissioning budget due to a benefit in relation to prior year assumptions and the reserve budget due to the 0.5% contingency held.

Figure 3 – Acting as One Contract Performance

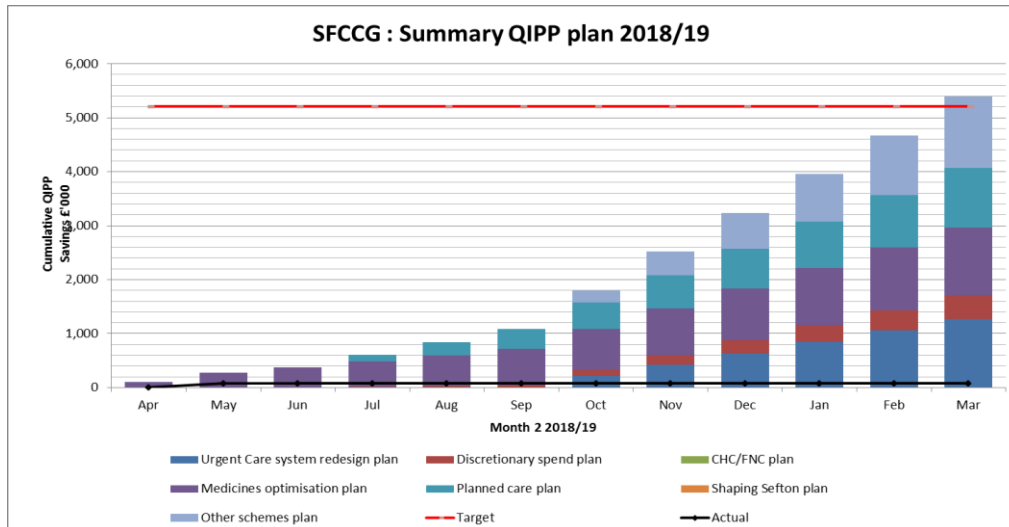
Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.108
Alder Hey Children’s Hospital NHS Foundation Trust	0.000
Liverpool Women’s NHS Foundation Trust	0.001
Liverpool Heart & Chest NHS Foundation Trust	0.015
Royal Liverpool and Broadgreen NHS Trust	(0.029)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.021
Grand Total	0.115

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

The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent overspend of £0.115m 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	1,103	0	1,103	416	687	0	1,103
Medicines optimisation plan	1,265	0	1,265	765	0	500	1,265
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	130	300	430	130	200	100	430
Urgent Care system redesign plan	1,270	0	1,270	273	997	0	1,270
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	827	500	1,327	527	800	0	1,327
Total QIPP Plan	4,595	800	5,395	2,111	2,684	600	5,395
QIPP Delivered 2017/18				(73)		0	(73)

- The 2018/19 QIPP target is **£5.210m**.
- There are QIPP plans of **£5.395m**; however **£3.284m** of the schemes are rated amber and red so there is a high risk of non-delivery in year.
- To date the CCG has achieved **£0.073m** QIPP savings in respect of prescribing savings.

2.4 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.073	0.000	0.073
Remaining QIPP to be delivered	5.137	0.000	5.137
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

Financial Position

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of **£5.210m** and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.5 Risk Adjusted Position

Figure 6 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Remaining QIPP requirement	(5.137)	(5.137)	(5.137)
Predicted QIPP achievement	5.137	3.380	3.380
Reserves / I&E impact	0.389	0.354	0.354
Forecast Surplus / (Deficit)	0.389	(1.403)	(1.403)
Further Risk	(1.293)	(1.793)	(2.072)
Management Action Plan	1.904	1.794	1.794
Risk adjusted Surplus / (Deficit)	1.000	(1.402)	(1.681)

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a **£1m surplus**. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a **deficit of £1.402m** and assumes that QIPP delivery will be £3.453m in total with further risk in respect of CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £1.681m** and assumes further pressures emerging in year.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M12 £'000
Non-Current Assets	0	0		0
Receivables	2,655	2,649		2,406
Cash	232	4,733		63
Payables & Provisions	(6,331)	(13,154)		(12,162)
Value of Debt> 180 days	1,774	1,721		672
BPPC (value)	98%	100%		98%
BPPC (volume)	95%	93%		95%

- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old at month 2 is £1.721m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust of £1.669m following the expert determination with the remaining balances over 6 months old at £0.052m.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The

CCG MCD was set at £184.823m at Month 2. The actual cash utilised at Month 2 was £34.377m which represents 18.6% of the total allocation. The balance of MCD to be utilised over the rest of the year is £150.446m.

- 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 (BPPC). Apart from the volume performance in month 2, the CCG has met these targets for invoices by value and volume for NHS and Non NHS suppliers. This will continue to be reviewed on a monthly basis to ensure that all targets are achieved.

2.7 Recommendations

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

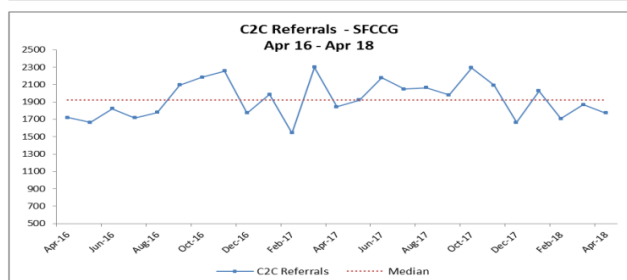
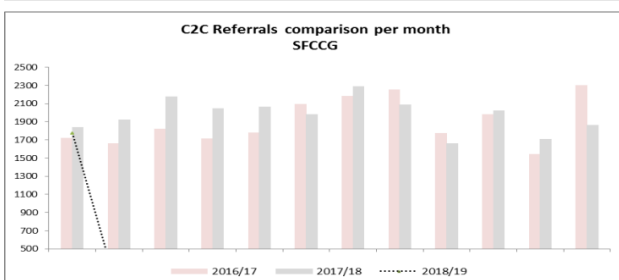
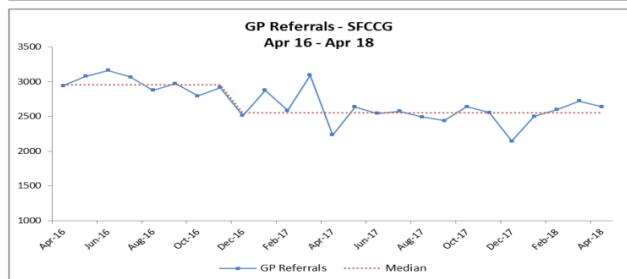
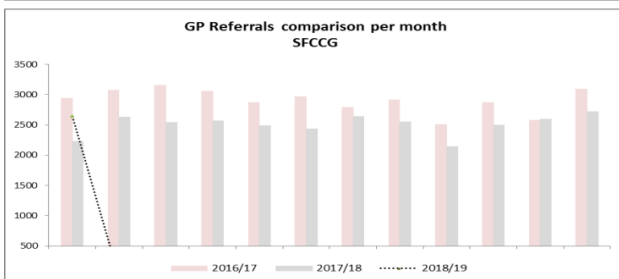
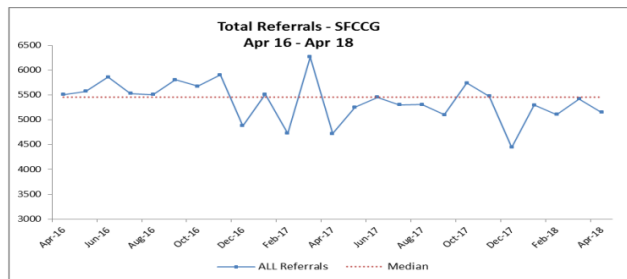
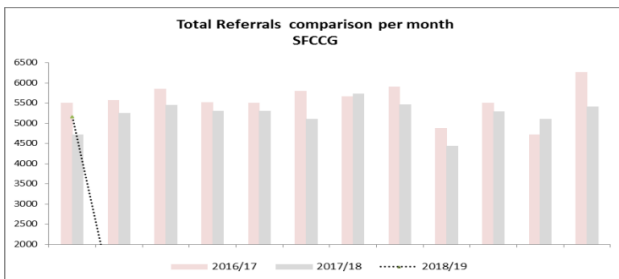
- The full year most likely financial position for the CCG is a deficit of £1.402m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery is £0.073m which relates to prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The CCG's commissioning team 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 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2235	2639	404	18%	1843	1772	-71	-4%	4725	5150	425	9%
May	2638				1922				5255			
June	2543				2179				5454			
July	2575				2048				5305			
August	2493				2065				5310			
September	2438				1980				5103			
October	2642				2292				5741			
November	2555				2091				5474			
December	2145				1663				4447			
January	2502				2026				5296			
February	2599				1708				5109			
March	2723				1867				5422			
Monthly Average	2507	2639	132	5%	1974	0	-1974	-100%	5220	5150	-70	-1%
YTD Total Month 1	2235	2639	404	18%	1843	1772	-71	-4%	4725	5150	425	9%
Annual/FOT	30088	31668	1580	5%	23684	21264	-2420	-10%	62641	61800	-841	-1%



Referrals in April 2018 are 9% above the same period in the previous year, however the full year 2018/19 forecast is a 1% reduction against 2017/18 referrals. Within individual specialties, Ophthalmology is the highest referred specialty for the CCG and has a 25% increase in Month 1 of 2018/19 compared to M1 of 2017/18. In contrast, Clinical Physiology had seen a significant 66% increase in referrals comparing 2017/18 to 2016/17. Of the top five providers in 2017/18, Aintree Hospital has the highest growth in referrals compared to the same period last year (46%), which is due to increases in Breast Surgery following the cessation of breast services at Southport and Ormskirk Hospital.

GP referrals in Month 1 of 2018/19 are up 1% when compared to the same period in 2017/18.

Data quality note: April 2017 had a decreased number of working days (18) and therefore analysis v the same period, April 2018/19 has an additional 2 working days activity.

3.1.1 E-Referral Utilisation Rates – still no update since Feb

Figure 9 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
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.

No further update since February's data release has been published by NHS Digital. CCG queried the lack of information with NHS Digital and is awaiting a response. Local information flows from Southport Trust suggest e-referral utilisation for the CCG is approximately 76% in April.

3.2 Diagnostic Test Waiting Times

Figure 10 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Apr	<1%	5.10%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Apr	<1%	5.50%	↑

The CCG failed the less than 1% target for Diagnostics in April recording 5.1%, a decline on last month's performance of 4.61%. In April, out of 2,374 patients, 122 patients were waiting at 6+ weeks and 9 at 13+ weeks for their diagnostic test. The majority of breaches were in non-obstetric ultrasound (48), gastroscopy (22) and cystoscopy (17).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in April recording 5.5%, again a decline on last month's performance of 3.5%. In April, out of 3,279 patients, 180 patients were waiting at 6+ weeks and 14 patients at 13+ weeks. The majority of breaches were for non-obstetric ultrasound (85), cystoscopy (22) and gastroscopy (23). Planned care specialties saw an

increase in breaches last month due to a lack of additional activity agreement. Agreement reached regarding increased capacity via WLI/Backfill to further increase additional activity. Additional clinics arranged.

Echo service, capacity and demand and a new template in place that will improve capacity for both inpatient and outpatient activity. Anticipated that the benefits will be seen July.

Radiology, i.e. CT, MRI, increases in breaches this month due to reduction in additional activity undertaken by consultant radiologists. Additional capacity has been arranged with another provider to outsource appropriate scans to be reported. There has also been the appointment of two locum consultant radiologists who will help with capacity problems.

3.3 Referral to Treatment Performance

Figure 11- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Apr	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Apr	0	1	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Apr	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% (Southport & Ormskirk)	18/19 - Apr	92%	93.70%	↑

Southport & Ormskirk Trust has reported one 52 week waiter in April. This was a West Lancashire CCG patient awaiting treatment in Ophthalmology. This patient had been on a stopped clock, but in January a decision to treat was agreed. Due to an administration error the patient was not listed. No Harm has been caused to the patient and all treatment has been completed.

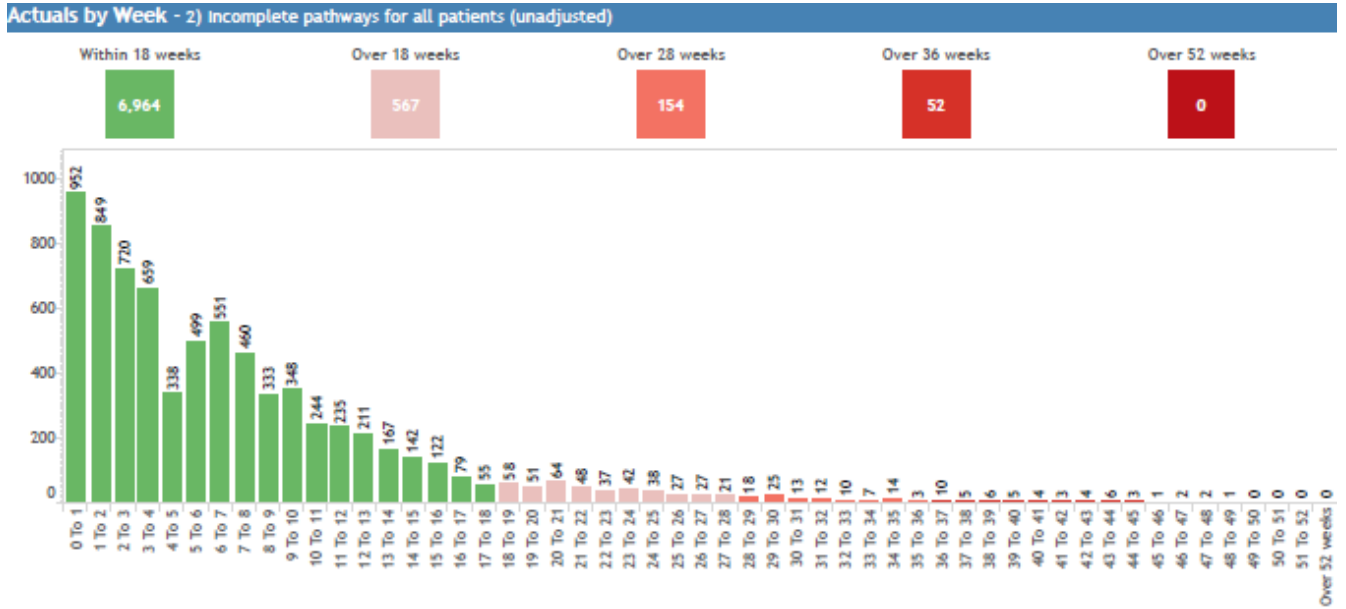
Figure 12 - Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100
2018/19	7,531											
Difference	-119											

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In April the CCG reported 7,531 incomplete pathways (119 patients less than April 2017) so is achieving this ambition in April 2018.

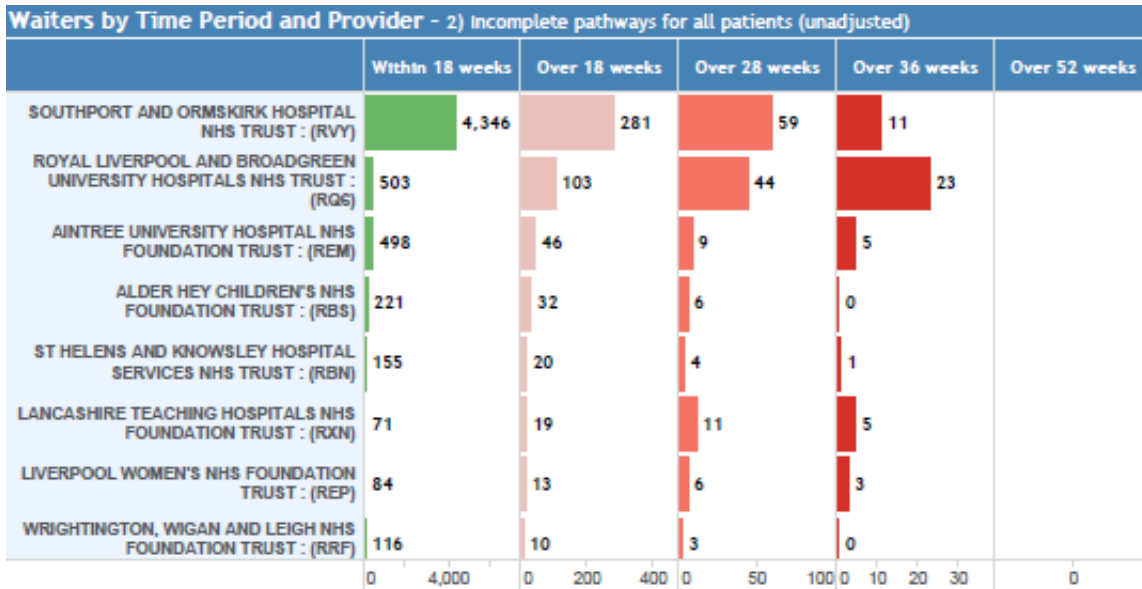
3.3.1 Incomplete Pathway Waiting Times

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

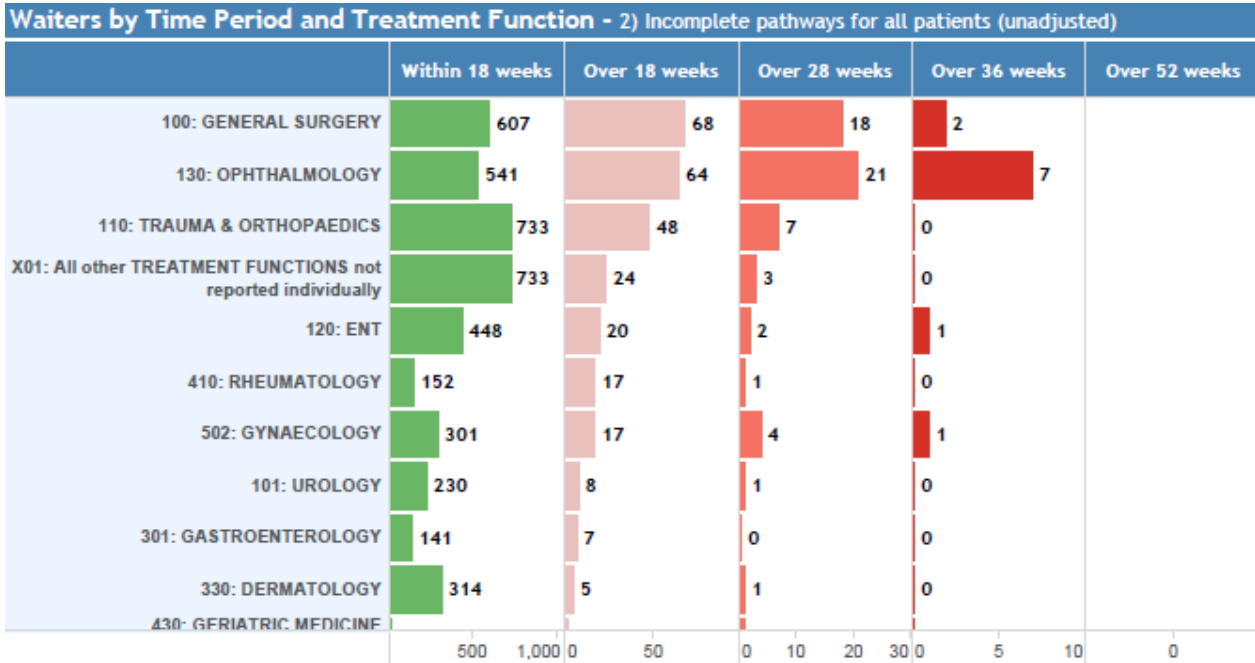
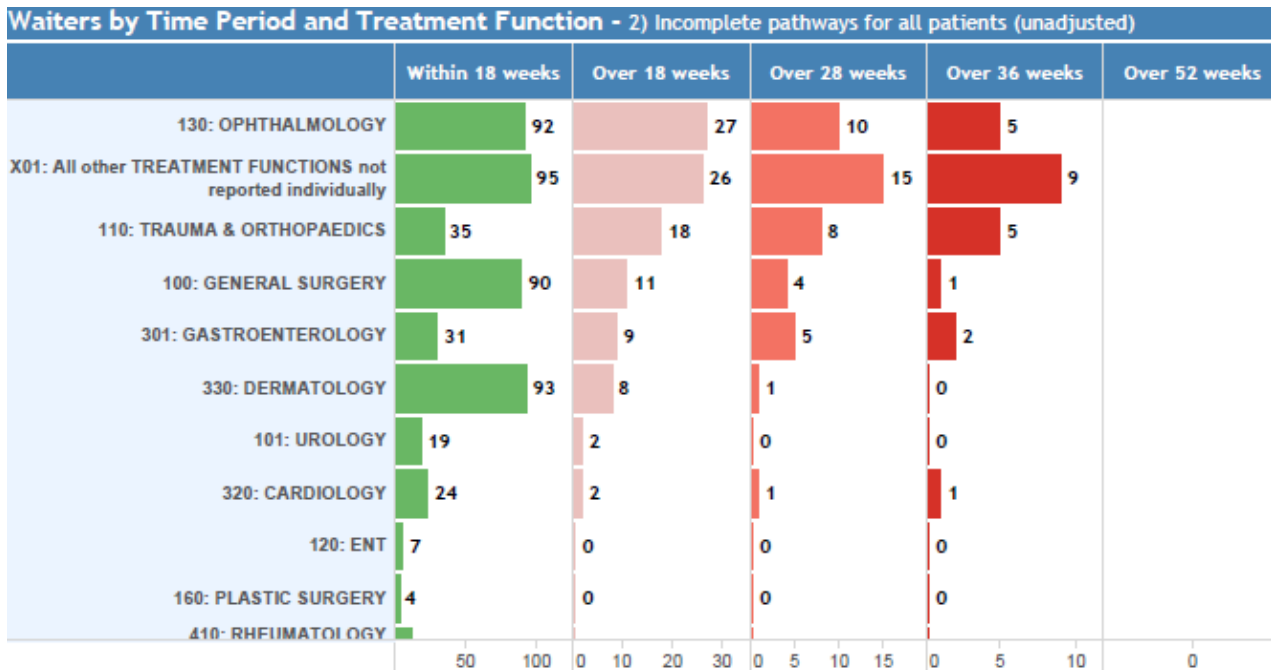


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

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

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Aintree	Urology	42	Clock stopped 03/05/2018 - AMON	
Aintree	General Surgery	43	Clock stopped 04/05/2018 - 1st treatment	
Lancashire Teaching Hospital	Cardiology	40	TCI 12/07/18.	First appointment capacity. Patient had first appt 19/04/18 and listed for angiogram. Angiogram booked for 12/07/18.
Lancashire Teaching Hospital	General Medicine	43		First appointment capacity - The patient had a sleep study 26/07/17 and is now awaiting a date to be allocated for the first appointment in clinic.
Lancashire Teaching Hospital	General Medicine	46		First appointment capacity - The patient had a sleep study 18/08/17 and is now awaiting a date to be allocated for the first appointment in clinic.
Liverpool Womens	Gynaecology	46		
Liverpool Womens	Gynaecology	47		
Royal Liverpool	Ophthalmology	40	Patient Treated	Capacity
Royal Liverpool	other	40	Patient Treated	Capacity
Royal Liverpool	other	40	Patient Treated	Capacity
Royal Liverpool	other	41	Patient Treated	Capacity
Royal Liverpool	Gastroenterology	42	TCI 13/06/2018	Long Wait on Waiting List
Royal Liverpool	other	42	Patient Treated	Capacity
Royal Liverpool	Ophthalmology	43	Patient Treated	Capacity
Royal Liverpool	T&O	43	Patient Treated	Capacity
Royal Liverpool	T&O	43	Patient Treated	Capacity
Royal Liverpool	Ophthalmology	44	Patient Treated	Capacity
Robert Jones	T&O	41		No TCI date as of yet. Working on a solution
Southport & Ormskirk	Gynaecology	41	Treated 14/5/2018	11/9/2017 put on the waiting list 21/9/2017 saw pre op. Patient needed joint consultant op.
Southport & Ormskirk	Ophthalmology	42	Treated 17/5/2018	Added to waiting list 7/7/17, TCI 19/4 but DNA.
Southport & Ormskirk	Ophthalmology	43	TCI 14/5/2018, TCI cancelled on day as op not necessary	Patient referred 30/6/17, 1 st apt 3/8/17 and added to waiting list.
Southport & Ormskirk	Ophthalmology	44	Treated 14/5/18	Added to waiting list 23/06/17 (long wait on waiting list)
Southport & Ormskirk	Ophthalmology	44	Removed 15/5/18	Patient referred 20/06/17, 1 st appointment 1/8/17 and added to waiting list. Unable to contact.
Southport & Ormskirk	Ophthalmology	45	Patient removed 15/05/18	Patient referred 16/6/17, 1 st apt 15/09/17 and added to waiting list., Unable to contact.
Southport & Ormskirk	General Surgery	47	Treated 03/05/2018	Patient listed 17/07. Patient cancelled operation 08/02/18 and away 14/3/2018 for 2 weeks.
Southport & Ormskirk	Ophthalmology	48	Treated 1/5/18	Added to waiting list 26/05/17 unable to contact. Treated 01/5/2018.

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	Period	Target	Actual	Trend
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	18/19 - Apr	0	7	↑ ↓

Southport & Ormskirk reported 7 cancelled operations in April. The Trust has reported that 3 cancellations were due to no beds and 4 ran out of theatre time.

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	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - Apr	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	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Apr	93%	91.39%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	93%	92.98%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Apr	93%	88.71%	↓

The CCG failed the target of 93% for urgent referrals with suspected cancer in April reaching 91.39%. Out of 511 patients, 44 breached the target. The majority of breaches were due to complex diagnostic pathways, outpatient capacity, delays to diagnostic tests and admin delays. The CCG has also failed the target of 93% in April for patients referred urgently with breast symptoms with performance of 88.71%. Out of a total of 62 patients, 7 breached the target. These breaches were due to complex diagnostic pathways.

Southport & Ormskirk Trust narrowly failed the 93% target in April with 92.98%. Out of 726 patients, 51 breached the target. The majority of breaches were due to complex diagnostic pathways, delays to diagnostic tests, outpatient capacity and admin delays.

Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs.

There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and un-necessary referrals.

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Apr	96%	94.87%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	96%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Apr	94%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Apr	94%	92.16%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	94%	0 Patients	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Apr	98%	100.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	98%	0 Patients	

The CCG in month 1 failed to achieve the 96% target for treatment to commence within 31 days and the 94% target specifically for surgical treatment. All 4 breaches against the total of 78 patients related to surgical treatment with all delays due to elective capacity issues.

Of the 4 delayed patients, 2 related to urological tumour sites while the others related to skin and upper gastrointestinal.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - Apr	85% (local target)	100.00%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	18/19 - Apr	85% (local target)	94.64%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Apr	90%	100.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	90%	50.00%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Apr	85%	75.00%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Apr	85%	80.28%	↓

The CCG failed to achieve the 62 day metric for urgent GP referrals and reported 75% against the target of 85%. Of the 36 patients referred urgently by a GP a total of 9 breaches occurred with 4 relating to drug therapy treatment, 3 radiology, and 2 surgical treatment. The major reason for delay was reported as 'other', 1 of the delays due to patient choice, 1 against medical delays, and another due to elective capacity issues.

Southport & Ormskirk failed the 90% target for NHS screening service in April with 50%; the equivalent of just 0.5 out of 1 breach. This patient waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust also failed the 85% target for urgent GP referrals in April recording 80.82%. Out of the equivalent of 35.5 patients, there were 7 breaches. The longest waiting patient was at 136 days. Delays were due to patient choice, and delayed diagnosis and treatments due to medical reasons.

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.

The CCG reported a total of 3 patients waiting over 104 days, all from an urgent GP referral. The longest delay waited a total of 119 days and delayed due to elective capacity issues.

In month 1 Southport & Ormskirk Trust reported five patients waiting longer than 104 days, four within the 62 day standard metric and the other within 62 day upgrades. Patient choice delay to diagnostic test or treatment planning affect two of the breaches and a delay to medical reasons affected another. The longest waiting patients reported as waiting 195 days.

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: **Apr-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	24.9%	12.6%		96%	91%		2%	3%	
Q1 - Antenatal Care	-	-		97%	NA		1%	NA	
Q2 - Birth	23.2%	5.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	96%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	NA		1%	NA	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a decline in response rates for inpatients, from 14.4% in March to 12.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has shown no improvement as it remains at 91% in April and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also not improved, remaining at 3% in April and above the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 5%, significantly below the England average of 23.2%. Of those responses, the percentage of people who would recommend the service is 100%, above the England average of 97%. The percentage who would not recommend the service remained at 0% in April for the second consecutive month, below the England average of 1%.

In relation to the 'Postnatal Ward' the percentage who would recommend the service has increased to 96%, above the England average of 95%. The percentage who would not recommend

the service has decreased to 0% and is now below the England average of 2%. The 'Antenatal Care' and 'Postnatal Community Ward' did not receive any responses in April 2018.

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 1 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £95k/3.3%. Applying a neutral cost variance for the Trusts within the Acting as One block contract arrangement results in their remaining a total over spend of approximately £39k/1.4%.

At individual providers, Aintree (£60k/22%) and Wrightington, Wigan and Leigh (£45k/59%) are showing the largest over performance at month 1. In contrast, there has been a notable under spend at Renacres Hospital (-£67k/-21%).

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	1,340	1,718	378	28%	£280	£340	£60	22%	£60	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	576	643	67	12%	£42	£38	£-4	-9%	£4	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	187	137	-50	-27%	£78	£69	£-9	-12%	£9	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	205	151	-54	-27%	£47	£41	£-6	-14%	£6	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,208	1,183	-25	-2%	£225	£227	£2	1%	£-2	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	195	231	36	19%	£59	£72	£13	23%	£-13	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,712	4,063	351	9%	£730	£786	£56	8%	£-56	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	40	40	0%	£0	£5	£5	0%	£0	£5	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£4	£4	0%	£0	£4	-
FAIRFIELD HOSPITAL	9	8	-1	-13%	£2	£1	£-1	-53%	£0	£-1	-53%
ISIGHT (SOUTHPORT)	346	595	249	72%	£72	£108	£36	51%	£0	£36	51%
LANCASHIRE TEACHING HOSPITAL	0	70	70	0%	£0	£22	£22	0%	£0	£22	-
RENACRES HOSPITAL	1,075	894	-181	-17%	£312	£245	£-67	-21%	£0	£-67	-21%
SALFORD ROYAL NHS FOUNDATION TRUST	0	22	22	0%	£0	£4	£4	0%	£0	£4	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	8,057	8,202	145	2%	£1,531	£1,529	£-2	0%	£0	£-2	0%
SPIRE LIVERPOOL HOSPITAL	31	21	-10	-32%	£8	£1	£-7	-85%	£0	£-7	-85%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	441	427	-14	-3%	£98	£94	£-4	-4%	£0	£-4	-4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	54	41	-13	-24%	£13	£7	£-6	-47%	£0	£-6	-47%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	31	31	0%	£0	£5	£5	0%	£0	£5	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	22	22	0%	£0	£4	£4	0%	£0	£4	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	246	373	127	52%	£77	£122	£45	59%	£0	£45	59%
ALL REMAINING PROVIDERS TOTAL	10,259	10,754	495	5%	£2,112	£2,151	£39	2%	£0	£39	2%
GRAND TOTAL	13,971	14,817	846	6%	£2,842	£2,937	£95	3.3%	£-56	£39	1.4%

*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	810	895	85	11%	£441	£444	£3	1%
Elective	116	118	2	2%	£295	£270	-£25	-9%
Elective Excess BedDays	27	12	-15	-56%	£7	£3	-£4	-57%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	111	80	-31	-28%	£19	£14	-£5	-25%
OPFASPCL - Outpatient first attendance single professional consultant led	993	914	-79	-8%	£172	£161	-£11	-6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	280	197	-83	-30%	£21	£17	-£5	-22%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,892	2,899	7	0%	£238	£243	£4	2%
Outpatient Procedure	2,002	2,261	259	13%	£267	£300	£32	12%
Unbundled Diagnostics	827	826	-1	0%	£71	£78	£7	10%
Grand Total	8,057	8,202	145	2%	£1,531	£1,529	-£2	0%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

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

Overall outpatient activity and cost is below plan with the majority of points of delivery above the same period last year but down against contract levels. The majority of areas are within the statistical norm when comparing performance against last year's trend.

One area that has gone against trend is the multiple professional attendances, both first and follow-up levels. Combined first and follow-up multi-professional levels are above plan by over 40% in both activity and cost (83 attendances and £8.7k in cost). The figures are relatively small as multi-professional attendances make up only approximately 4% of all outpatient activity. The two main specialties causing the increase are Urology and Ophthalmology.

Similar to Outpatients, Elective and Day Case combined figures are currently below plan but above the same position last year. April 2018 levels are within the statistical limits when looking back at the trend of the previous year. Although current performance is within 5% of the plan, some specialties are showing much larger variances. For instance, Elective procedures show an increase 46% (£30k) in cost for General Surgery, while a decrease of 22% (£26k) against Trauma & Orthopaedics. Day case procedures likewise detail a decrease in Clinical Haematology of 28% (£21k) in April.

To note plan figures shown above relate to 2017/18 as plan for 2018/19 agreed after the reporting for month 1.

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	56	81	25	44%	£33	£66	£34	103%
Elective	29	26	-3	-11%	£66	£63	-£3	-5%
Elective Excess BedDays	8	2	-6	-74%	£2	£0	-£1	-76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	10	11	1	7%	£2	£2	£0	11%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	21	10	-11	-53%	£1	£0	£0	-54%
OPFASPCL - Outpatient first attendance single professional consultant led	215	269	54	25%	£38	£47	£10	25%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	12	10	-2	-16%	£1	£1	£0	-7%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	32	81	49	152%	£1	£2	£1	152%
OPFUPSPCL - Outpatient follow up single professional consultant led	570	648	78	14%	£48	£50	£2	4%
Outpatient Procedure	190	324	134	70%	£28	£43	£15	55%
Unbundled Diagnostics	128	192	64	50%	£9	£16	£7	79%
Wet AMD	68	64	-4	-7%	£52	£48	-£4	-7%
Grand Total	1,340	1,718	378	28%	£280	£340	£60	22%

Aintree performance is showing a £60k/22% variance against plan at month 1. Day case and outpatient procedures are the highest over performing areas with variances against plan of £34k/103% and £15k/55% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. The over performance within outpatient procedures is primarily within Ophthalmology.

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

It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

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	119	104	-15	-12%	£119	£98	-£21	-18%
Elective	24	14	-10	-41%	£103	£71	-£32	-31%
OPFASPCL - Outpatient first attendance single professional consultant led	211	141	-70	-33%	£36	£24	-£11	-32%
OPFUPSPCL - Outpatient follow up single professional consultant led	269	259	-10	-4%	£18	£17	£0	-2%
Outpatient Procedure	223	138	-85	-38%	£25	£22	-£3	-13%
Unbundled Diagnostics	70	58	-12	-17%	£6	£5	-£2	-25%
Physio	159	96	-63	-40%	£5	£3	-£2	-40%
Outpatient Pre-op	0	84	84	0%	£0	£5	£5	0%
Grand Total	1,075	894	-181	-17%	£312	£245	-£67	-21%

Renacres performance is showing a -£67k/-21% variance against plan with the majority of PODs under performing at month 1. Elective and Day case activity are the highest under-performing areas with variances of -£32k/-31% and -£21k/-18% against plan respectively. This is largely a result of reduced activity within Trauma & Orthopaedics.

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	2	1	-1	-43%	£0	£0	£0	-42%
Daycase	12	12	0	2%	£16	£10	-£5	-33%
Elective	7	12	5	62%	£42	£84	£41	98%
Elective Excess BedDays	2	7	5	241%	£1	£2	£1	221%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	8	2	30%	£0	£0	£0	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	32	43	11	35%	£4	£6	£2	49%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	9	24	15	167%	£1	£1	£1	142%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	12	24	12	95%	£0	£1	£0	95%
OPFUPSPCL - Outpatient follow up single professional consultant led	119	183	64	54%	£7	£11	£4	53%
Outpatient Procedure	22	36	14	66%	£3	£5	£2	56%
Unbundled Diagnostics	23	23	0	0%	£3	£2	£0	-18%
Grand Total	246	373	127	52%	£77	£122	£45	59%

Wrightington, Wigan and Leigh performance is showing a £45k/59% variance against plan at month 1 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty. Small amounts of activity across a number of HRGs account for the over performance within elective procedures.

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	79	129	50	63%	£50	£67	£17	35%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	1	0	9%	£0	£0	£0	9%
OPFASPCL - Outpatient first attendance single professional consultant led	65	130	65	100%	£9	£19	£9	100%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	24	0	-24	-100%	£2	£0	-£2	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	157	222	65	41%	£9	£12	£4	41%
Outpatient Procedure	20	113	93	472%	£2	£10	£8	419%
Grand Total	346	595	249	72%	£72	£108	£36	51%

iSight performance is showing a £36k/51% variance against plan with over performance evident against a number of PODs. Day case activity is currently £17k/35% above plan with Cataract Extraction and Lens Implant as well as Minor Vitreous Retinal Procedures accounting for a large proportion of this over performance. Outpatient procedures are currently £8k/419% above plan at month 1 due to activity related to the HRG - RD30Z (Contrast Fluoroscopy Procedures with duration of less than 20 minutes).

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

iSight have undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

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	15
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	0	4	1
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	68	17	72	16
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	12.87

Whilst PHB's for CHC are currently a 'Right to Have', there is an expectation that PHB's for this cohort will be a default position from April 2019. There has been some progression with MLCSU supporting the role of a Complex Care Nurse with slicker processes, however these improvements are unlikely to meet the expected trajectories set by NHS England. The CCG does not operate a CHC end to end service, community providers are being requested to submit their plans in relation to CHC default position via CQPGs.

There is a scoping exercise being undertaken in relation to PHBs for CHC end of life fast-tracks. With a paper expected to be submitted to Clinical QIPP on the proposed model, which would support PHBs for this cohort of people who are reaching end of life.

The CCG has been successful in obtaining mentorship by NHS E to support the expansion of PHB's for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018.

Quarterly plans for 2018/19 submitted with the expectation the CCG will have a total of PHBs at 84 in quarter 1 with 67.45 as the rate per 100,000 population.

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

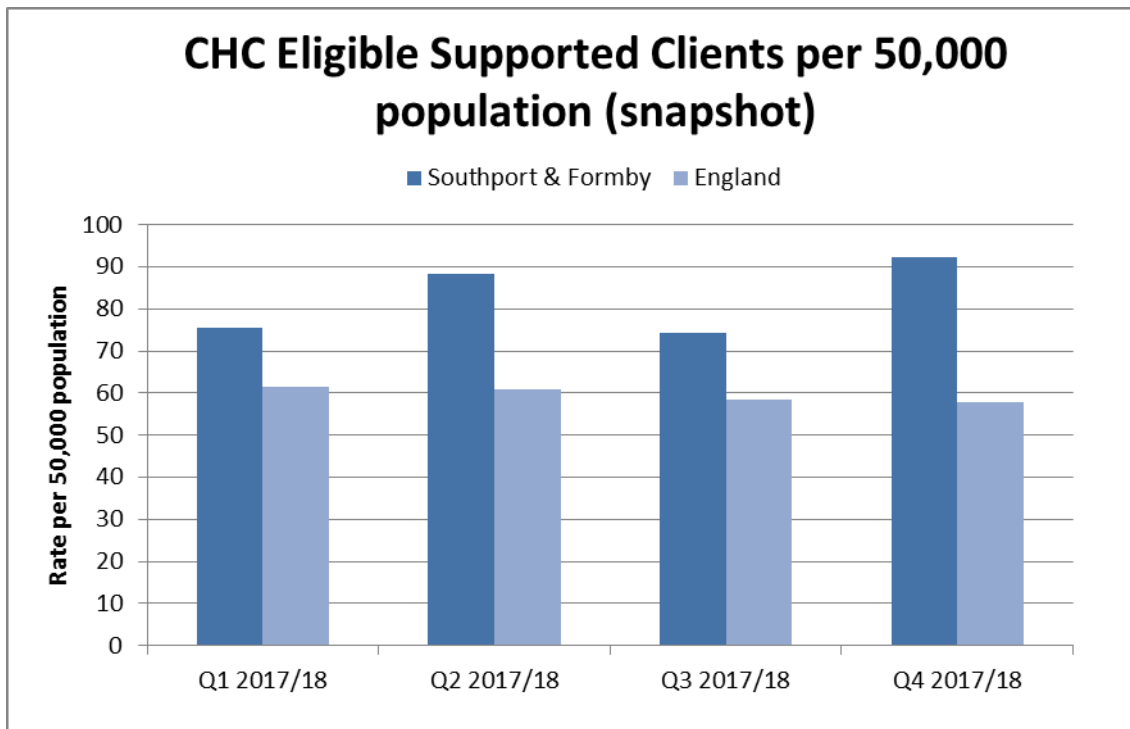


Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

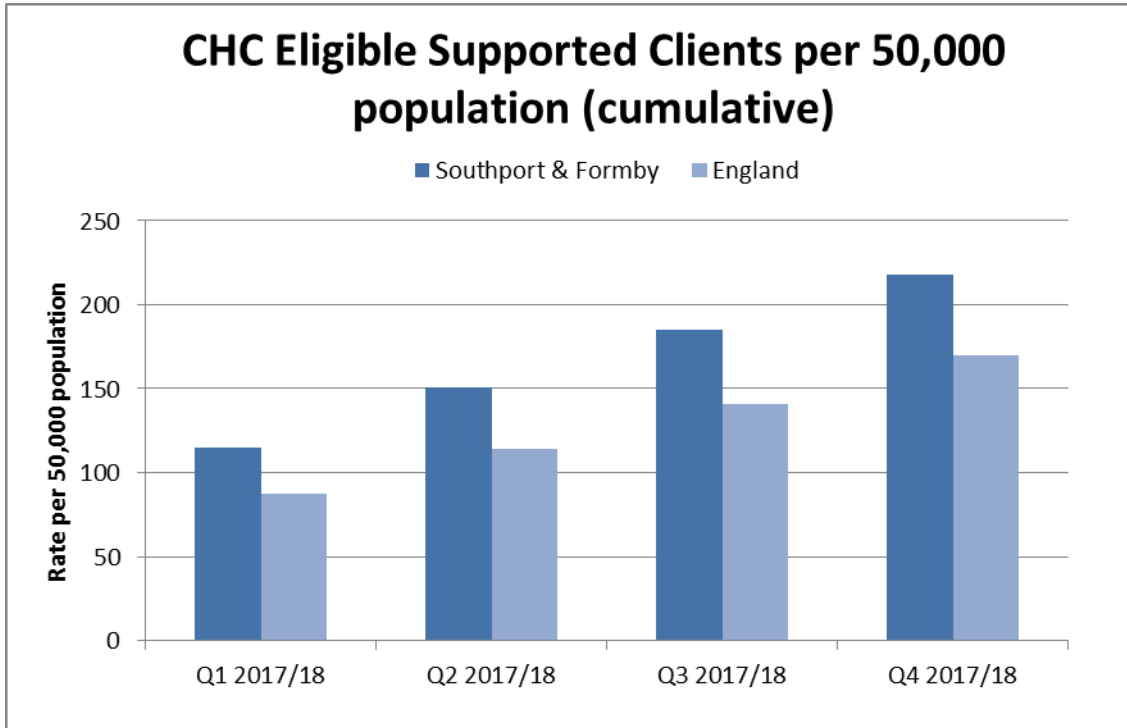


Figure 33 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

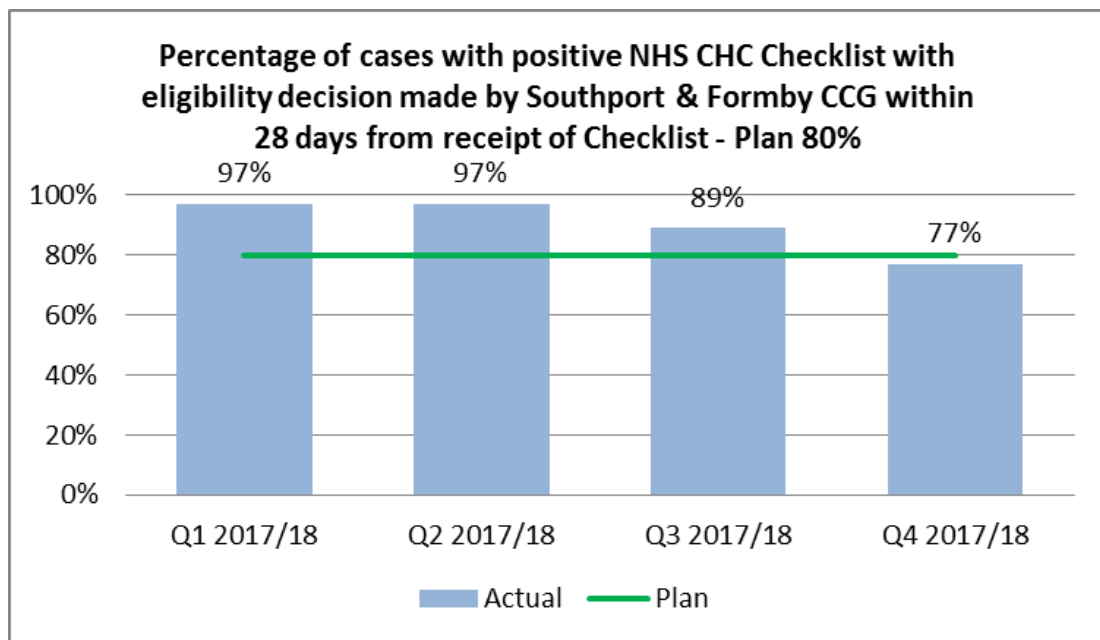
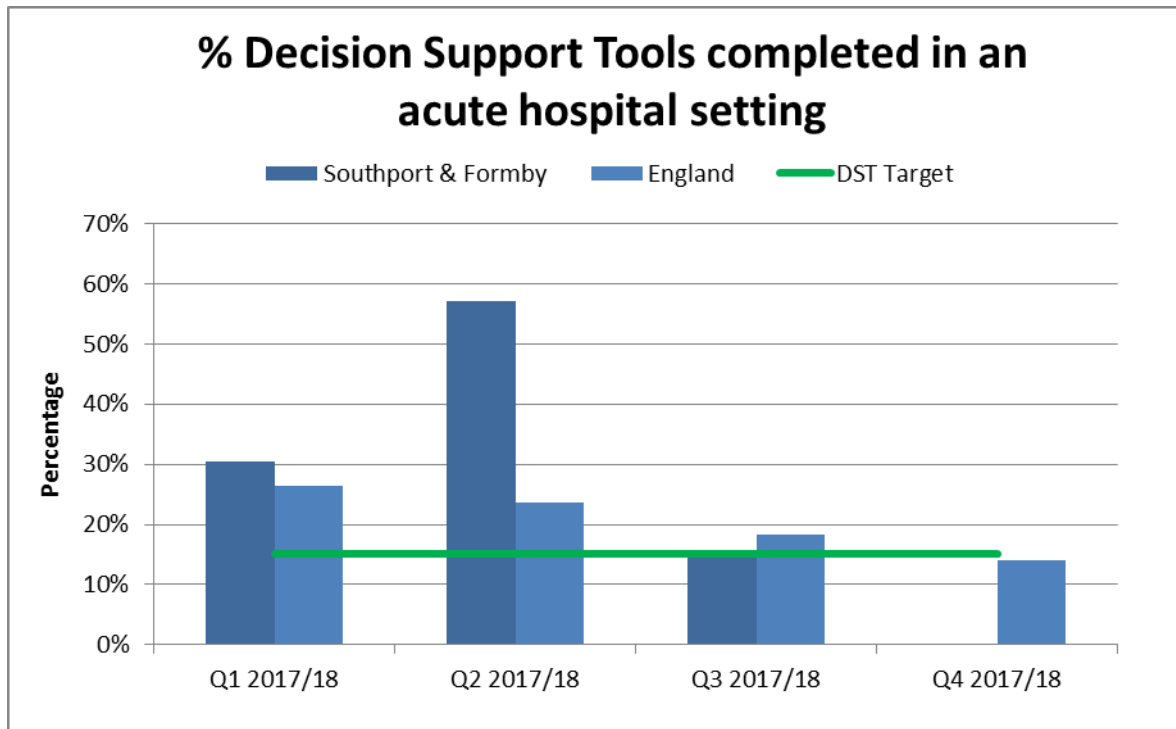


Figure 34 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby has improved dramatically since quarter 2 when reporting was at 57.1%, significantly above the national average. Quarter 3 was just under the national average with 15.6%, and quarter 4 data shows 0% compared to a national average of 14%. This improvement has been influenced by 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.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met for the first time 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	Actual Q4	YTD
Number of maternities	239	276	261	216	992
Number of women known to be smokers at the time of delivery	22	33	28	15	98
Number of women known not to be smokers at the time of delivery	212	241	233	201	887
Number of women whose smoking status was not known at the time of delivery	5	2	0	0	7
Data coverage %	97.9%	99.3%	100.0%	100.0%	99.3%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	6.9%	9.9%

The CCG is above the data coverage plan of 95% at Q4 at 100% and is under the national ambition of 11% for the percentage of maternities where mother smoked, with 6.9%. At year-end the CCG is also achieving with data coverage of 99.3% and percentage of smokers at 9.9%.

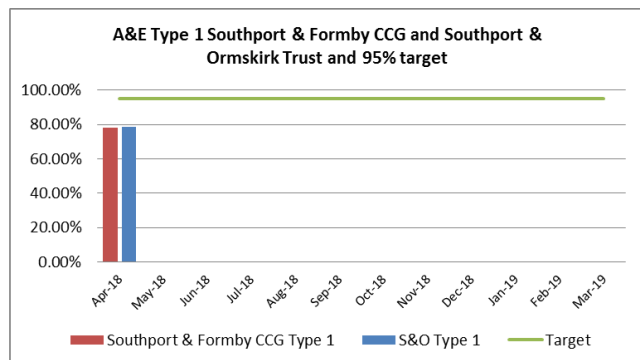
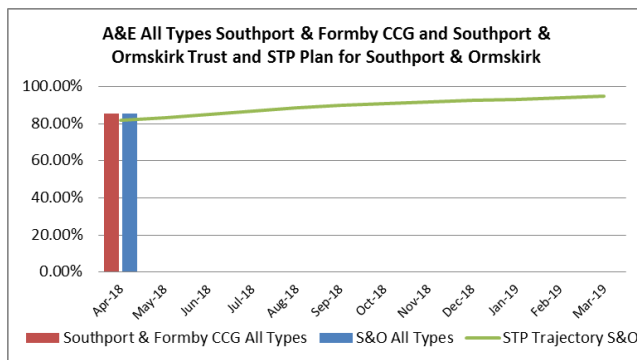
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 36 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Apr	95.00%	85.54%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Apr	95.00%	78.32%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Apr	STF Trajectory Target for Apr 81.7%	85.57%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Apr	95.00%	78.65%	↑

A&E All Types	Apr-18	YTD
STP Trajectory S&O	81.70%	%
S&O All Types	85.57%	85.57%



Southport & Ormskirk's performance against the 4-hour target for April reached 85.57%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 81.7% for April.

The CCG has asked for a full action plan from the Trust to address the current underperformance in relation to ambulance turnaround times, 4 hour target and 12 hour trolley waits which will be closely monitored via contracts and quality forum.

They currently have external support from EY and NHSI ECIP team in order to support AED and flow performance across the system. They have developed a schedule of work to reset the AED priorities of work which will be taking place over the next three months, this includes:

- Temporarily increasing the bed capacity
- Ring fencing flow critical areas to prevent them from being utilised at times of escalation

- Improvements in estates to increase assessment areas and improve streaming.

The Trust feels confident that the internal improvement plan will address the areas of underperformance and patient experience.

Month-on-month compared to last year, the department saw a 4.7% increase in majors category which put significant pressure on available cubicle capacity in the emergency department. At the same time, length of stay, a lack of a discharge lounge, and flow out of the Trust was challenged. A Clinical Decision Unit (CDU) opened on 30/4/18 and saw over 130 patients within the first week of opening, which will support ED in releasing cubicles in a timely way. A temporary discharge lounge was re-opened on ward 7B at the end of April, whilst work on the new lounge takes place.

Figure 37 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Apr	0	1	↑ ↓

Southport & Ormskirk had one 12-hour breach in the month of April during the Easter Bank Holiday weekend. The Trust experienced significant bed pressures, and demand for side rooms had been high. Management of 12 hour breaches had continued across the weekend, with Matrons onsite during the day and overnight supporting the Southport site. On the day leading up to the breach, there had been a 14% increase in attendances and just under 80% of patients had been majors category. Bed pressures were significant with reliance on escalation areas. The patient had required a side room and the plan that had been put into place had to be cancelled at the last minute. The opening of CDU, and the further estates work planned for a protected discharge lounge, and the Surgical Assessment Unit will collectively support improved flow.

Following a meeting with NHS England and the Trust, it was agreed that the Trust would conduct a deep dive which was completed within agreed time frames. The CCG issued a contract performance notice asking that an action plan was developed in response. It was agreed at the contract meeting that the Trust would forward their policies and plan for CCG review. It is anticipated that the performance notice will be closed as a result of this.

4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In April there was an average response time in Southport and Formby of 7 minutes 53 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 22 minutes against a target of 18 minutes. Southport & Formby had the longest 90th percentile response times in Category 1 and 4 in Merseyside, but the shortest for category 3.

Figure 38 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	18/19 - Apr	0	200	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Apr	0	75	↓

In April Southport and Ormskirk failed the target having 200 handovers longer than 30 minutes, a decrease on last month when 275 was reported. Handovers longer than 60 minutes also saw a decrease with 75 in April compared to 187 in the previous month. The Trust has breached these zero tolerance thresholds every month.

The Trust has reported that ambulance handover times remained a challenge in April. The AED Delivery Board requested a workshop across all 3 acute Trusts to share best practice and understand further the difficulties in ensuring handovers are completed timely. It was acknowledged that all 3 ED's have and are in the process of 'creating additional space' when the scale of the problem lies with bed management flow and the knock on effect of delaying release of cubicle capacity within ED's. It was acknowledged by NWS, and the other 2 acute Trusts, that patient demographics in Southport have made it extremely difficult to adopt 'fit to sit' principles that have worked successfully in the other Trusts. CDU opened on 30 April 2018; within 1 week over 130 patients had continued their pathway in CDU. The Trust starts phase 2 of their estate work in June 18, which will see an increase in triage clinical assessment space and creation of 4 cubicles for ambulances to handover to, which will further improve patient experience, privacy and dignity.

As previously reported the North West contract for ambulance services for 2018/19 has been increased by a further £3.5m per annum 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 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 additional clinicians.

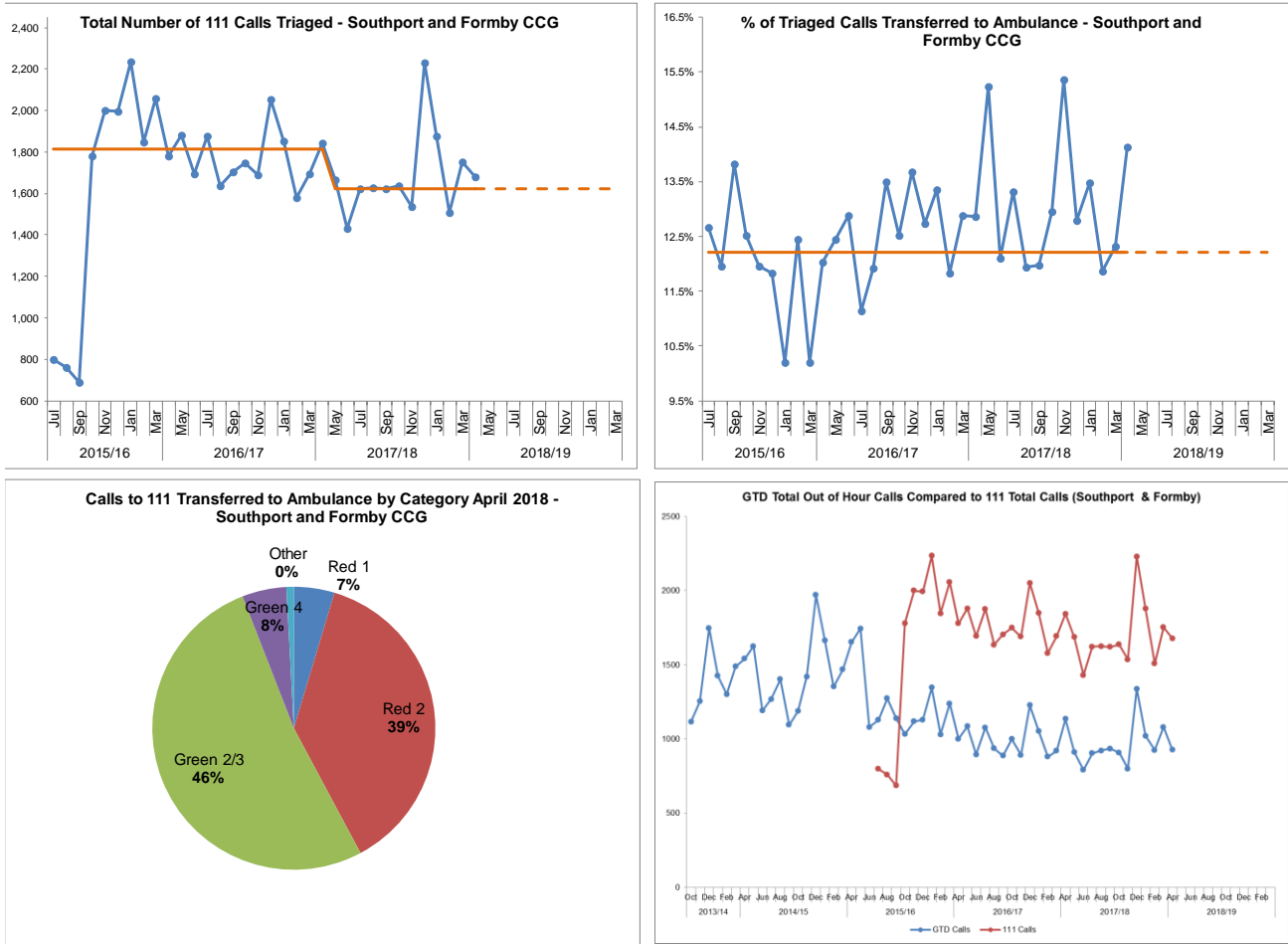
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

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. Locally the CCG Head of Commissioning has raised the issue of performance at the CCG Joint Quality Committee. As a result the Head of Commissioning and Deputy Chief Nurse have added this as a risk to the CCG Corporate Risk Register.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls

Figure 39 – 111 Calls



There were 1,678 calls to the 111 service by Southport and Formby patients in April 2018. This is similar to the monthly average in 2017/18 but a reduction on the same point in the previous year when 1,843 calls were recorded.

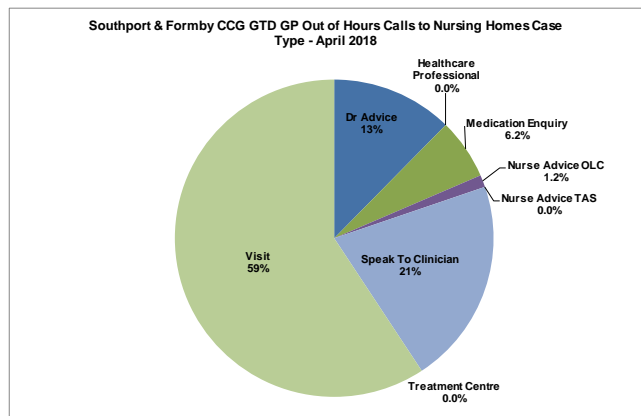
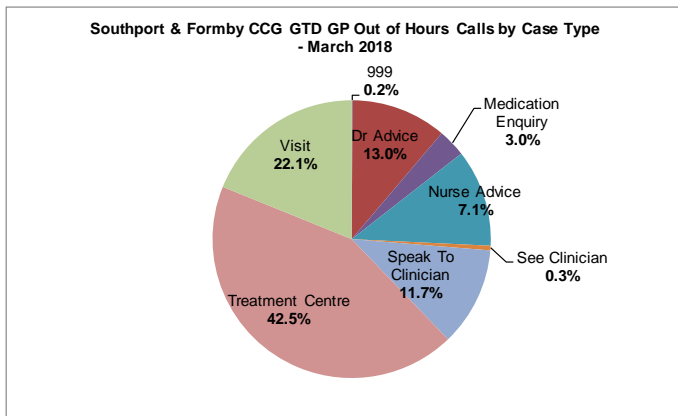
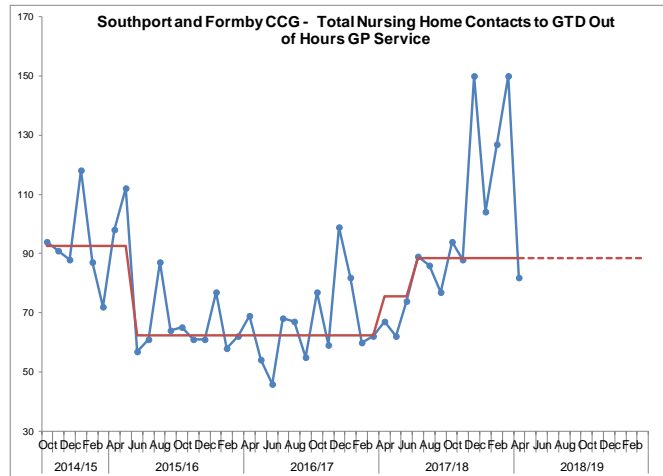
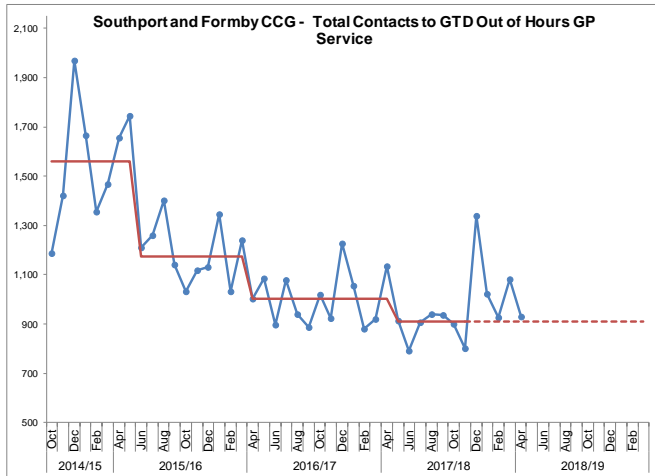
The breakdown for outcomes of 111 calls in April 2018 is as follows:

- 60% advised to attend primary and community care
- 16% closed with advice only
- 14% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

April 2018 saw a greater proportion of 111 calls resulting in a transfer to an ambulance than the 2017/18 average. This increase was met by a reduction in the number of calls which resulted in advice to attend another service, falling to 2.7% from 4.1% the previous year.

4.3.2 GP Out of Hours Calls

Figure 40 – GP Out of Hours Calls



Southport & Formby CCG	999	Dr Advice	Healthcare Professional	Medication Enquiry	Nurse Advice	See Clinician	Speak To Clinician	Treatment Centre	Visit	TOTAL
2016/17 %	0.2%	8.5%	0.1%	2.5%	13.0%	2.7%	14.7%	40.1%	18.4%	100%
2017/18 %	0.2%	11.8%	0.1%	4.0%	9.7%	0.6%	13.5%	41.3%	18.8%	100%
YTD 2018/19 %	0.1%	11.1%	0.0%	3.2%	11.3%	0.5%	11.5%	43.3%	18.9%	100%

The number of calls from Southport and Formby patients to the Go To Doc GP out of hours service has reduced in April to 928. A reduction has also been seen in the number of contacts to the service from nursing homes, with 82 calls in April, down from 150 in March.

Figure 41 – Out of Hours quality indicators

Apr-18	Total	%
	Southport & Formby	
QR02 Supply of Clinical Details Compliance	928	99.46%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	96	88.54%
NHS 111 Speak To Performance (Emergency)	48	83.33%
NHS 111 Speak To Performance (Urgent)	82	85.37%
NHS 111 Speak To Performance (Less Urgent)	140	95.71%
QR12 Base Time to Consultation (Emergency)	1	100.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	1	100.00%
QR12 Base Time to Consultation (Urgent)	56	92.86%
QR12 Base Time to Consultation (Urgent Patient Choice)	56	92.86%
QR12 Base Time to Consultation (Less Urgent)	341	99.41%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	341	99.12%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Time to Consultation (Urgent)	32	93.75%
QR12 Visit Time to Consultation (Less Urgent)	143	90.91%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	88	93.18%
QR12 Face To Face (Less Urgent)	484	96.90%

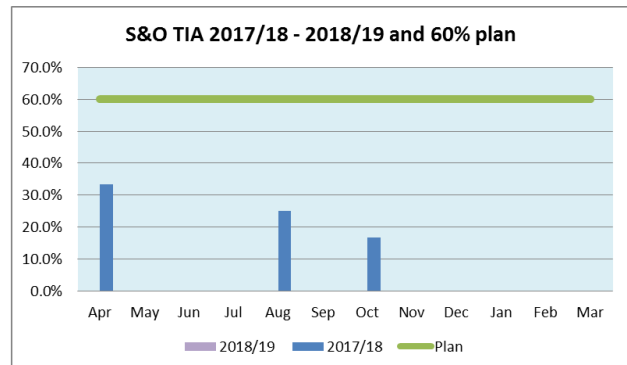
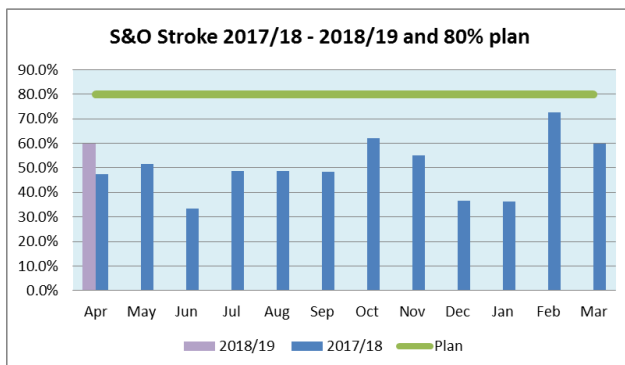
The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 42 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	18/19 - Apr	80%	60.00%	↔
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Apr	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in April recording 60% with 6 out of 10 patients spending 90% of their time on a stroke unit. The Trust has reported undertaking significant actions to improve performance in the last 2 months, since moving the stroke unit to 15 B and getting the stroke therapy bay back in March. This has been in conjunction with the patient flow work in the Trust. In April the Trust admitted 615 stroke patients within 4 hours to the stroke unit which is a significant improvement from less than 25%. In addition, 78% of patients were admitted directly to the stroke unit as their first ward which will impact positively on aiming to achieving the 90% target.

In relation to the TIAs 0% compliance was reported again in April with 4 reportable patients breaching the target. This is the sixth consecutive month where 0% has been reported. The Trust reports that this target continues to be an issue although it has not had any clinical impact. The Trust are to undertake another audit of the validity of their TIA data, as previously there have been data quality issues with ED patients who are seen by the stroke team but not included in the TIA figures.

4.4.2 Mixed Sex Accommodation

Figure 43 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Apr	0.00	0.80	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Apr	0.00	1.70	↓

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in April. All 3 breaches were at Southport & Ormskirk NHS Trust.

In April the Trust had 8 mixed sex accommodation breaches (a rate of 1.7) and has therefore breached the zero tolerance threshold. Of the 8 breaches, 3 were for Southport & Formby CCG, 4 for West Lancs CCG and 1 for Manchester CCG. The majority of breaches on Critical Care are due to awaiting transfer to acute beds within the hospital. Actions to address poor flow are both system-wide and internal.

4.4.3 Healthcare associated infections (HCAI)

Figure 44 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Apr	3	3	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Apr	3	1	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Apr	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Apr	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Apr	9	13	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Apr	No Plan	16	↓

There were 3 new cases of Clostridium Difficile attributed to the CCG in April against a monthly plan of 3. All 3 cases were apportioned to the community. Southport & Ormskirk has reported 1 case against a plan of 3.

The CCG and Southport & Ormskirk are both complaint at month 1 with no cases of MRSA being reported.

There has been a target set for CCGs for E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In April 13 cases have been reported and therefore the CCG has failed the monthly target of 9. Southport & Ormskirk has reported 16 cases in April, 9 less than in March. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 45 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Apr	100	109.10	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec 16 rolling	100	115.88	↓

The 12 month rolling HSMR for December 2017 is 114.4 with an in month position of 109.1, which remains high and outside of expected limits. These figures show a very slight decline from November 2017 when the rolling 12 month position had been 113.2 with an in-month position 90.1. (The in-month figure for the same month the previous year, December 2016 had been significantly lower and within confidence intervals at 99.69).

An External Mortality Review into Pneumonia and Stroke is to be undertaken in June. The 'Reducing Avoidable Mortality' Project is currently delivering six work streams to improve quality and improve patient care to reduce mortality with a project end date of April 2019. Opportunities for quality improvement are also being scoped with the Advancing Quality Alliance (AQuA) and the North West Innovation Agency, the first meeting for which will be on 30th May.

4.5 CCG Serious Incident Management

The CCG serious incident process remains on the CCG register which is a statutory function for the CCG. In addition to the deep dive which has been conducted by the CCG Corporate Governance Manager, additional activity is being undertaken to support robust process:

- Peer review by Bolton NHS Foundation Trust and Bolton CCG
- Team visit and peer review from West Cheshire CCG
- To commission a review of internal serious incident processes by MIAA
- Review of the current CCG serious incident standard operating procedure
- To source root cause analysis training (RCA) for CCG staff
- To raise awareness of the requirements with the NHS Serious Incident Framework for CCG staff
- Review to be undertaken of the CCG serious incident review group
- Review to be undertaken by NHS E C&M of the CCG serious incident review group

All actions have been completed with the development of a serious incident action plan which will be monitored by Joint Quality Committee on a monthly basis.

The Chief Nurse has highlighted to Leadership Team the recommendation from the Deep Dive for a serious incident administrator to support the process which has been supported for six months starting 1st May 2018. Additional data cleansing is being undertaken by the Programme Manager for Quality and Risk.

Southport and Ormskirk Hospitals NHS Trust – There were seven incidents reported in April with zero Never Events. Five were closed in month. 52 remain open on StEIS with 25 open for >100 days. There are four main emerging themes;

- Pressures Ulcers – pressure ulcer action plan to be revitalised and submitted via CQPG
- Harm related falls – audit to be conducted on stoke and frail elderly with the report to come through CQPG
- IG (maternity services) – an external review is to be undertaken by the Information Commissioners Office
- SI governance arrangements – relating to the reports and number of RCA's breaching Highlighted to the new Director of Nursing with new arrangements being put in place

The RTT RCA was received in and has been sent out as part of consultation to NHSI, NHS E, and West Lancashire CCG

MerseyCare NHS Foundation Trust – There was one incident raised in month with zero Never Events. There are 8 open on StEIS with 6 being open for > 100 days.

Lancashire Care NHS Foundation Trust – There were four incidents raised in month with zero Never Events with zero closed. There are seven open on StEIS with two open > 100 days (1 pressure ulcer legacy).

Three of the incidents raised in month relate to pressure ulcers. Lancashire Care have acknowledged a rise in pressure ulcer reporting not just in relation to the Southport and Formby CCG area but in other CCG areas. There has been agreement for an aggregated review to be undertaken and submitted to determine learning, trends and themes to be included in the current Trust pressure ulcer action plan.

Liverpool Women's – There are 2 incidents open of StEIS which have been open for > 100 days. These incidents relate to:

Test of Cure – Independent review being conducted as part of the SI process, which is being led by Deputy Director of Nursing Halton CCG. All Southport and Formby patients discharged as part of this cohort have been recalled by Liverpool Women's Hospital with smears to be carried out in colposcopy clinic. There are further learning events planned to support the review of the pathway including NHS E Public Health, CCGs commissioners in liaison with LMC.

RTT backlog – a further incident has since been highlighted which wasn't previously included on data, involving 12 SFCCG patients, no harm has been reported to date.

There are 104 incidents open on StEIS where Southport and Formby CCG as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and or for a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are attributed to:

Number	Provider
2	Cheshire & Wirral Partnership NHS Foundation Trust
2	Liverpool Women's
1	North West Ambulance Service
8	Merseycare
1	Ramsay Healthcare UK
2	The Walton Centre NHS Foundation Trust
1	5 Boroughs Partnership Foundation Trust

Assurance is sought via the lead commissioner for these organisations.

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.

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 46 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2017 – April 2019

Average Delays per day

Reason For Delay	2017-18												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	2	2	0	0	0
B) PUBLIC FUNDING	0	0	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	0	0
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	1	1	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	1	1	1	2	1	0	2	1	1	1	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	1	1	1	1	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	1	1	1	0	1	0	0	1
G) PATIENT OR FAMILY CHOICE	3	4	3	3	3	2	7	4	5	3	3	5	8
H) DISPUTES	1	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	7	4	5	3	7	7	13	9	14	10	5	6	9

The average number of delays per day in Southport and Ormskirk hospital increased slightly to 9 in April. Of the 9 delays: 8 were due to patient or family choice and 1 delayed due to waiting for community equipment or adaptations.

Analysis of average delays in April 2018 compared to April 2017 shows a 28.6% increase (from 7 to 9).

Figure 47 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – April 2019

Agency Responsible	2017-18												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	196	292
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 292 in April, compared to 196 last month. Analysis of these in April 2018 compared to April 2017 shows an increase from 198 to 292 (47.5% increase).

The average days delayed caused by social care and by both NHS and social care remain at zero in April.

Figure 48 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – April 2018

Average Delays per Day

Reason for Delay	2017/18												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	1
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	8
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	3
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	4
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	1
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	0
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	2
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	1	1	0	0	0	0	0	0	1	2
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7
Grand Total	35	29	34	37	41	40	41	40	32	29	32	30	30

The average number of delays per day at Mersey Care remained at 30 in April. Of the 30 delays: 8 were waiting for nursing home placements, 7 were classified as 'Other', 4 for public funding, 3 due to patient or family choice, 2 for housing, 2 were awaiting care package in their own home, 2 for community equipment or adaptations, 1 was waiting for further NHS non-acute care and 1 was delayed due to waiting for a residential care home placement.

Analysis of average delays in April 2018 compared to April 2017 shows them to be lower by 5 (14.3%).

Figure 49 – Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – April 2018

Agency Responsible	2016/17												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127

The total number of days delayed caused by NHS was 486 in April, compared to 420 last month. Analysis of these in April 2018 compared to April 2017 shows an increase from 409 to 486 (18.8%). The total number of days delayed caused by Social Care was 277 in April, compared to 342 in March. Mersey Care also have delays caused by both which were 127 in April, a decrease from last month when 138 were reported.

Figure 50 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – April 2018

Average Delays per Day

Reason for Delay	2017-18												2018-19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	0	0	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	4	4
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1	0	1	1
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2	1	1	1
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2	2	1	1
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	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	0	0
H) DISPUTES	2	2	3	3	2	2	2	1	1	1	1	2	2
I) HOUSING	5	6	5	3	1	0	0	0	0	0	0	0	0
O) OTHER	1	0	0	0	0	0	0	0	0	0	0	1	0
Grand Total	16	15	17	13	13	14	13	12	9	11	8	10	9

The average number of delays per day at Lancashire Care decreased slightly to 9 in April, from the 10 reported in March. Of the 9 delays, 4 awaiting public funding, 2 disputes, 1 awaiting nursing home placement, 1 awaiting further NHS non-acute care and 1 awaiting residential care home placement.

Analysis of average delays in April 2018 compared to April 2017 shows them to be lower by 7 (-43.8%).

Figure 51 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – April 2018

Agency Responsible	2017-18												2018-19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80	79	236	173
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102	46	0	18
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141	112	77	60

The total number of days delayed caused by NHS was 173 in April, compared to 236 last month. Analysis of these in April 2018 compared to April 2017 shows a decrease from 212 to 173 (18.4% decrease). The total number of days delayed caused by Social Care was 18 in April, compared to 0 in March. Lancashire Care also have delays caused by both which was 60 in April, a decrease from the previous month when 77 were 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.

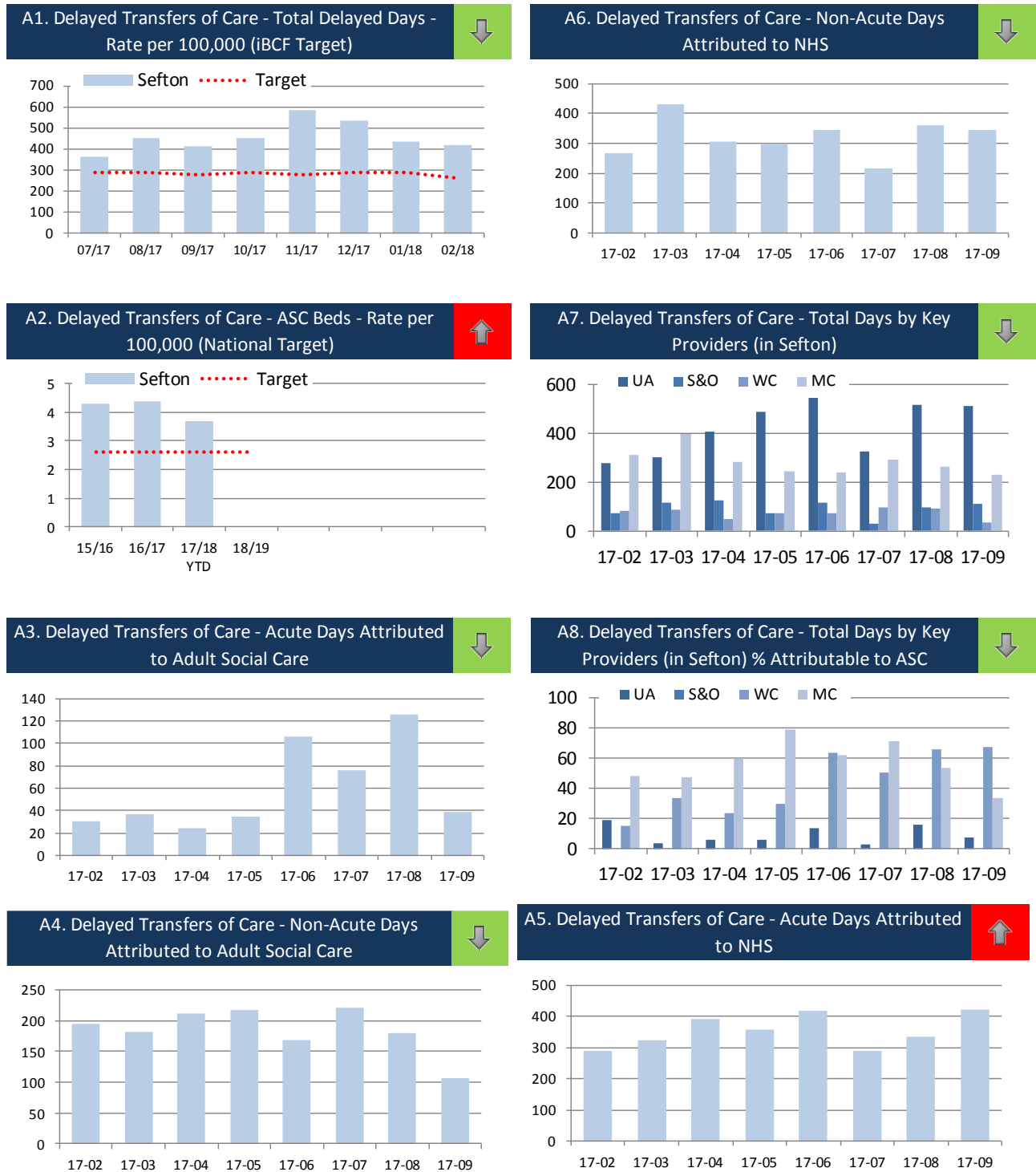
Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- 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.

Figure 52 – ICRAS Metrics



4.8 Patient Experience of Unplanned Care

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

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: **Apr-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	12.9%	2.4%		87%	83%		8%	8%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 2.4% in April against an England average of 12.9%. This is an improvement on last month when 0.4% was reported.

The Trusts A&E department has seen a decline in the percentage of people who would recommend the service from 88% in March to 83%, so has fallen below the England average of 87%. The percentage not recommended has increased from 4% in March to 8% in April but is still in line with the England Average of 8%.

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

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £294k/10.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £160k/5.9%.

This over performance is clearly driven by Southport & Ormskirk Hospital who have a variance of £294k/10.9% against plan at month 1. Aintree Hospital are also seeing an over performance of £78k/10.9%.

Figure 54 - Month 1 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	120	230	110	92%	£72	£150	£78	109%	£78	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	74	73	-1	-1%	£30	£42	£12	40%	£12	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	12	13	1	6%	£42	£74	£32	76%	£32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	24	24	0	0%	£34	£41	£6	18%	£6	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	136	111	-25	-18%	£69	£68	£1	-1%	£1	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	0	1	1	199%	£3	£9	£5	161%	£5	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	366	452	86	23%	£251	£384	£133	53%	£133	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	10	10	0%	£0	£7	£7	0%	£0	£7	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	1	1	0%	£0	£0	£0	0%	£0	£0	-
LANCASHIRE TEACHING HOSPITAL	0	9	9	0%	£0	£7	£7	0%	£0	£7	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	3	3	0%	£0	£1	£1	0%	£0	£1	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4,731	4,707	-24	0%	£2,420	£2,571	£151	6%	£0	£151	6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	41	36	-5	-11%	£20	£12	£8	-40%	£0	£8	-40%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	6	3	-3	-50%	£7	£5	£2	-26%	£0	£2	-26%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST									£0	£0	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	4	4	0%	£0	£7	£7	0%	£0	£7	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	7	2	-5	-71%	£4	£0	£4	-97%	£0	£4	-97%
ALL REMAINING PROVIDERS TOTAL	4,784	4,775	-9	0%	£2,451	£2,611	£160	7%	£4	£160	7%
GRAND TOTAL	5,150	5,227	77	1%	£2,702	£2,995	£294	10.9%	£133	£160	5.9%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 55 - Month 1 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	3,082	3,230	148	5%	£423	£421	£-2	0%
NEL/NELSD - Non Elective/Non Elective IP Same Day	959	861	-98	-10%	£1,612	£1,764	£152	9%
NELNE - Non Elective Non-Emergency	84	137	53	64%	£195	£233	£38	19%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	5	-4	-41%	£3	£0	£-3	-100%
NELST - Non Elective Short Stay	100	85	-15	-15%	£69	£60	£-9	-14%
NELXBD - Non Elective Excess Bed Day	498	389	-109	-22%	£118	£93	£-25	-21%
Grand Total	4,731	4,707	-24	0%	£2,420	£2,571	£151	6%

*PbR only

4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 rebased using the 2017/18 forecasted outturn position with some additional growth in line with national requirements.

Accident and emergency levels are slightly above planned levels for activity but below in cost. Both activity and cost are within the normal range statistically when comparing against the trend of 2017/18.

Emergency admissions under the Non Elective POD are within 1% variance against planned activity levels but a much higher variance within cost noted at 14% (£210k). Looking at the average unit cost per admission based on April 2018 it is coming out much higher than contracted plan levels as well as the average of months 1 to 9 last, which the plans were based on. The average unit cost for April 2018 was £2,152 that is £254 higher than planned.

A number of specialties have seen low patients numbers but high cost treatment but the main area affecting the overall over-performance is within General Medicine where the individual unit cost has risen from £2,269 in the plan to £2,689 in month 1. Further work is underway to understand the nature of the increase.

Other notable developments within urgent care are the review of pathways regarding the existing Ambulatory Care Unit (ACU) as well as the proposed Clinical Decisions Unit (CDU), and the Surgical Assessment Unit (SAU). Once the clinical review has taken place a cost model for these areas can be developed and agreed. ACU figures are currently flowing with activity above the increased rebased plan by 22% (67).

Please note plan figures shown above relate to 2017/18, plans for 2018/19 agreed after month 1 reporting.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 56 - Month 1 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	71	124	53	75%	£9	£17	£8	83%
NEL - <i>Non Elective</i>	29	64	35	119%	£52	£109	£57	111%
NELNE - <i>Non Elective Non-Emergency</i>	2	3	1	78%	£5	£15	£10	197%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	4	3	-1	-18%	£3	£2	-£1	-22%
NELST - <i>Non Elective Short Stay</i>	15	31	16	110%	£4	£8	£4	118%
NELXBD - <i>Non Elective Excess Bed Day</i>	0	5	5	#DIV/0!	£0	£0	£0	#DIV/0!
Grand Total	120	230	110	92%	£72	£150	£78	109%

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 £78k/109% is mainly driven by a £57k/111% over performance in Non Elective costs. ENT is the key over performing specialty within Non-Electives followed by Acute Medicine. The Non-Elective over performance can be attributed to a pathway change implemented by the Trust from October 2017 onwards. Despite this indicative overspend there is no financial impact of this to the CCG due to the Acting As One block contract arrangement. It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 57 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M1	2018/19 Plan	Variance from Plan	Variance from Caseload 2018/18 M1
0 Variance	43	38	5	1
1 Com Prob Low Sev	3	5	-2	1
2 Prob Low Sev/Need	10	13	-3	5
3 Non Psychotic Mod	56	64	-8	-20
4 Non Psychotic Sev	183	212	-29	-29
5 Non Psychot V Sev	57	41	16	22
6 Non Psychotic Dis	23	22	1	-1
7 Endur Non Psychot	132	131	1	-10
8 Non Psychot Chaot	76	70	6	-1
10 1st Ep Psychosis	75	75	0	12
11 Ongo Rec Psychos	202	210	-8	-7
12 Ongo/Rec Psych	241	246	-5	6
13 Ong/Rec Psys High	104	106	-2	4
14 Psychotic Crisis	19	11	8	3
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	24	25	-1	-2
18 Cog Impairment	151	159	-8	-56
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	464	482	-18	-129
20 Cognitive Impairment or Dementia Complicated (High Need)	364	370	-6	18
21 Cognitive Impairment or Dementia (High Physical or Engagement)	173	159	14	85
97	123	98	128	37
98	103	156		
Total	2648	2714	90	-58

5.1.1 Key Mental Health Performance Indicators

Figure 58 - CPA – Percentage of People under CPA followed up within 7 days of discharge

Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%										
Rolling Quarter			100%									

Figure 59 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%											
Rolling Quarter				100%									

Figure 60 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%											
Rolling Quarter				100%									

5.2 Out of Area Placements (OAP's)

Figure 61 - 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
	Dec 17 to Feb 18	50
Q4 2017/18	Jan 18 to Mar 18	60

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 January to March 2018 when 60 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days and is higher than the previous reporting period when 50 were reported.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) in months 9, 10, 11 and 12 within the Trust's footprint. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs.

It should be noted that some mental health trusts are continuing to report solely external OAPS on NHS Digital.

5.2.1 Mental Health Contract Quality Overview

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

Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge.
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they would be classified as internal OAPs. In the last rolling quarter (February 2018) the following OAP internal activity has taken place:

- NHS Southport & Formby CCG: 10 OAPs accounting for 130 occupied bed days
- NHS South Sefton CCG 5 OAPs accounting for 50 occupied bed days.

It should be noted that some mental health trusts are continuing to report solely external OAPs on NHS Digital.

No mental health related 12 hours breaches relating to Mersey Care FT patients have 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.

Communication related KPIs within the contract continue to be a focus of concern with continuing underperformance. In order to address this continued underperformance, and to ensure that the Trust is able to meet its 2018/19 Hospital Contract obligations (all letters within 7 days from 1st April 2018; electronically delivered from 1st October 2018) the Trust is undertaking a number of additional actions to improve the efficiency and effectiveness of letter production; these include –

- Voice recognition software pilot completed across the Division involving assessment service practitioners and medical staff. Initial results and user feedback very positive – users have voluntarily continued with software following ending of pilot. Evaluation will be undertaken for potential roll-out to all medical staff by end of 2018 as part of Global Digital Exemplar programme
- Dedicated outsourcing of postal functions to identified NHS 3rd party supplier – freeing up admin staff to focus on letter production
- Outsourcing of delayed clinical correspondence backlog in order to address the potential risks to patient care from unduly delayed letters.
- Engagement work with Consultant staff re: Hospital contract obligations and to support adoption of more efficient letter production and checking (i.e. all electronic)

Despite the pending complete elimination of the backlog, the Trust continues to face challenges in relation to meeting its KPIs for timely clinical correspondence. Issues include; recruitment to new admin model; clinical demands on medical staff; inefficient administration process amongst some medical staff; error rates/checking of errors in letters; use of traditional postal methods.

Psychotherapy and Eating Disorder wait times

The Trust will be presenting to the June 2018 CQPG meeting the work it is doing to reduce psychotherapy wait times.

Safeguarding

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

RiO Clinical Information System

The Trust went live with its RiO clinical system on 1st June 2018 and prior to this date there have been discussions on the potential impact on contract reporting requirements. The CCG contract, quality and commissioning leads have agreed the following reporting schedule of KPIs in 2018/19 to allow time for the Trust to develop and implement reporting.

KPI Reporting for 2018/19 (Schedule 4 A-C)

Month	Reporting
1	Reporting of KPIs as normal.
2	
3	Reporting of nationally mandated KPIs only, plus any KPIs that are not generated via RiO (e.g. staff sickness etc.) – as set out in Trust proposal.
4	
5	Shadow reporting of full set of KPIs. These will not be used for contract monitoring purposes.
6	Reporting of full set of KPIs, backdated to month 1.
7	Reporting of KPIs as normal.

Trust Information Schedule Proposal for 2018/19 (Schedule 6 A)

Month	Reporting
1	Reporting as normal.
2	
3	National reporting only, plus some local reporting as set out in Trust proposal.
4	
5	Shadow reporting of monthly reports. These will not be used for contract monitoring purposes.
6	Full reporting, backdated to month 1.
7	Reporting of KPIs as normal.

The Clinical Commissioning Forum reviewed the Trust’s proposed list of reports to be suspended in months 3-5. And they were willing to support the majority of these proposals to allow time for the Trust to develop and implement reporting, however they are not able to agree the full list being proposed given the importance of the reports and also the lateness in notifying CCGs of the proposal.

5.3 Patient Experience of Mental Health Services

Figure 62 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Apr-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	2.8%	2.9%		89%	90%		4%	3%	

In April, Merseycare recorded a response rate of 2.9%, which is slightly above the England average. 90% of respondents reported they would recommend the service, an improvement on last month’s performance and above the England average of 89%. The percentage who would not recommend is 1% in April, again an improvement and less than the England average of 2%.]

5.4 Improving Access to Psychological Therapies

Figure 63 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218												218
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%												1.1%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	53.3%												53.3%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%												99.4%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%												100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	163												163
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	11												11
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81												81
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	88.0%												88.0%

Cheshire & Wirral Partnership reported 218 Southport & Formby patients entering treatment in Month 1. This is a 5.3% increase from the previous month when 207 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is set for Quarter 1 at 4.2% which equates to 1.4% per month. The access rate for Month 1 was 1.14% and therefore failed to achieve the standard.

Referrals remained stable in Month 1 with 291 compared to 272 in Month 1. 70.45% of these were self-referrals, which is comparable with the previous month. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this easier to complete and is shared at appropriate meetings. GP referrals decreased in Month 1 with 37 compared to 44 in the previous month.

The percentage of people moved to recovery decreased with 53.3% compared to 58.0% in the previous month. This still satisfies the monthly target of 50%.

Cancelled appointments by the provider saw a decrease in Month 1 with just 35 compared to 63 in Month 12. 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 142 in Month 12 to 121 in Month 1. 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 1 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have 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.

5.5 Dementia

Figure 64 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1540											
Estimated Prevalence (Age 65+)	2177.9											
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%											
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the NHS England website shows that Southport & Formby CCG are recording a dementia diagnosis rate in April 2018 of 70.7%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

Figure 65 - 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
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	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.

NHS Digital are currently validating quarter 4 data, and it is due to be published with next month's publications.

**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 66 - 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	6
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2	5	2	8
%	100.00%	0.00%	100.00%	100.00%	100.00%	60.00%	100.00%	75.00%

In quarter 4, out of 8 routine referrals to children and young people's eating disorder service, 6 were seen within 4 weeks recording 75% against the 100% target. Of the two breaches, 1 waited between 4 and 5 weeks and the other between 5 and 6 weeks.

Figure 67 - 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	0
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2	2	2	0
%	100.00%	100.00%	100.00%	0 Patients	100.00%	0.00%	100.00%	0 Patients

In quarter 4, the CCG had 0 patients under the urgent referral category.

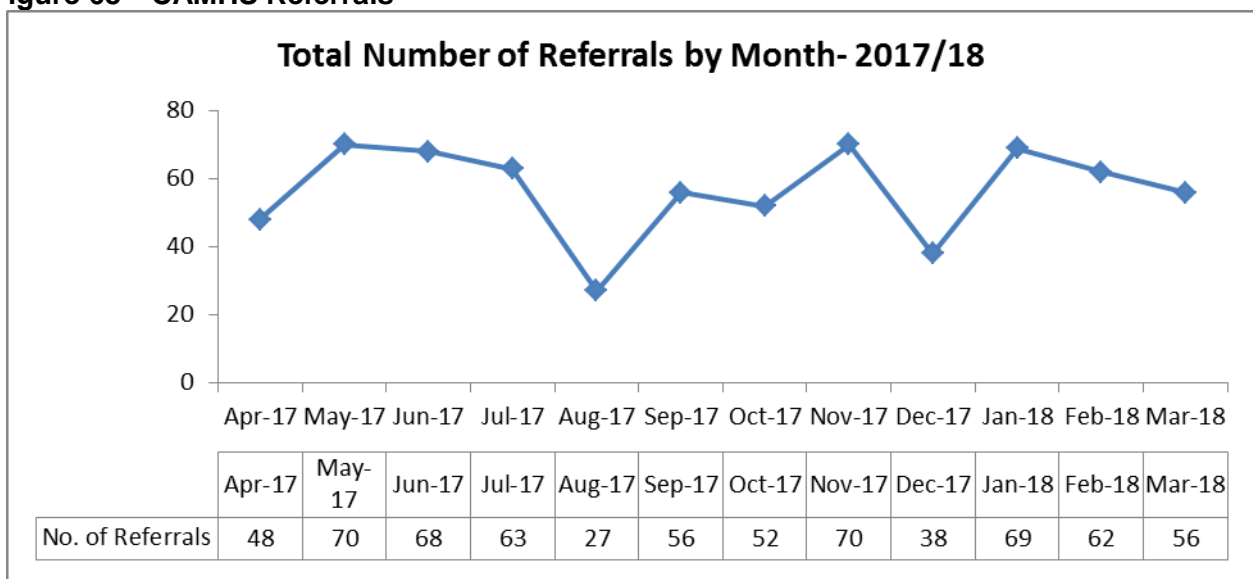
Quarterly plans have been set for 2018/19 with the expectation 100% of routine referrals will start treatment within 4 weeks, and 100% of urgent cases within 1 week.

The performance in this category is calculated against completed pathways only.

5.8 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 68 – CAMHS Referrals



Throughout 2017/18 there were a total of 679 referrals made to CAMHS from Southport and Formby CCG patients. During the year there was no significant trend emerging although there has been a slightly downward trend from January 2018 onwards.

In relation to the source of referral, 54.6% (371) of the total referrals made during 2017/18 derived from a GP Referral and 27.8% (189) came from an 'Allied Health Professional'.

In terms of severity of referrals received that was allocated within the service, for 41.3% (112) were described as 'Moderate'. 20.3% (55) were categorised as 'Severe' and 6.6% were described as 'Mild'. There were also 86 records where the severity field had not been populated.

Figure 69 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0 - 3 Weeks	144	53.1%
4 - 8 Weeks	28	10.3%
9 -12 Weeks	30	11.1%
13 - 17 Weeks	53	19.6%
18 -26 Weeks	13	4.8%
27 - 52 weeks	2	0.7%
(blank)	1	0.4%
Total	271	100%

The biggest percentage (53.1%) of referrals where an assessment has taken place waited between 0 and 3 weeks from their referral to assessment. Collectively 94.1% of referrals waited 17 weeks or less from point of referral to an assessment being made.

Figure 70 – CAMHS Waiting Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0 - 3 Weeks	117	43.2%	62.9%
4 - 8 Weeks	25	9.2%	13.4%
9 -12 Weeks	11	4.1%	5.9%
13 - 17 Weeks	6	2.2%	3.2%
18 -26 Weeks	20	7.4%	10.8%
27 - 52 weeks	7	2.6%	3.8%
(blank)	85	31.4%	N/A
Total	271	100%	100%

31.4% (85) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 85 referrals were discounted, that would mean 62.9% (117) of referrals waited 3 weeks or less from assessment to intervention. Collectively 76.3% (142) of those referrals where an intervention took place waited 8 weeks or less from assessment to intervention.

5.9 Learning Disabilities

Figure 71 – Learning Disability Health Checks

2018/19 Target for CCG	472	E.K.3	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
AHCs delivered by GPs for patients on the Learning Disability Register	2017/18	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	38	64		
		Population on the GPs Learning Disability Register	754	754	754	754
		%	5.0%	8.5%	0.0%	0.0%
	2018/19 Plan	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	118	118	118	118
		Population on the GPs Learning Disability Register	754	754	754	754
		%	15.6%	15.6%	15.6%	15.6%

6. Community Health

6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This includes reviews of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams. The Trust is now in the process of building reports to meet the CCG's requirements.

Discussions have taken place at the information sub group meetings around rebasing the plans for 2018/19. The Trust has informed of changes in services which will have an impact on current activity levels, i.e. the levels of activity for the Continence service are anticipated to increase due to increases in the staffing establishment. A proposal document has been collated by the Trust for internal review before sharing with the CCG for sign off.

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 72 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: Apr-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	3.7%	0.7%		96%	97%		2%	1%	

Lancashire Care is reporting a response rate of 0.7% in April against an England average of 3.7%, showing no improvement in performance since March. The percentage who recommended the service was 97%, a slight decline from last month but still above the England average of 96%. Performance for the percentage who would not recommend remains at 1% for the fourth consecutive month, below the England average of 2%.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 1 2018/19 the costs for Southport & Formby CCG patients were £16,177, compared to £6,726 at the same time last year. Comparisons of activity between the two time periods show that activity has increased from 54 at month 1 17/18 to 83 in 18/19.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 1 2018/19, the costs for Southport & Formby CCG patients were £15,223, compared to £14,009 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 61 at month 1 17/18 to 55 in 18/19.

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

Figure 73 - 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	1
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	1
%	93.75%	100.00%	93.75%	Nil Return	93.75%	91.67%	93.75%	100.00%

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 4 shows the number of children receiving a wheelchair in less than 18 weeks as 1 and 0 over 18 weeks, resulting in performance of 100%. This has been achieved at year end with a total of 19 patients, and of those 18 within target (94.74%).

Quarterly plans for 2018/19 have been set with the expectation 100% of equipment will be delivered within 18 weeks.

7. Third Sector Contracts

Reports detailing activity and outcomes during Q4 have now been finalised and a copy of this report has been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q4 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 the impacts of funding efficiencies have impacted back office functions in the main and 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 Q4, Age Concern has a total of 316 service users engaging with the service during this quarter. 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 155 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 Q4 Alzheimer's Society received a total of 113 new referrals and closed 147 cases (40% where the case was completed with outcomes met), the service currently has around 147 active cases. New referrals this year compared to Q4 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 128 existing clients across Sefton. The centre has had 1,948 contacts during Q4. Approximately 1,948 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. 247 carers registered, including 43 parent carers and 115 school age young carers. During Q4 there have been 146 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. The centre has also reported that the age of parent carers has increased significantly. A number of parent carers who are well into retirement continue to care for their adult children with long term conditions. In contrast to this, referrals are starting to trickle through from schools and colleges for help and support for children caring for parents with long term conditions Work is on-going to address this issue with commissioners and localities across Sefton. 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 288 have been completed by the centre in Q4. Sefton Carers Centre has also secured £204,190 in backdated welfare benefits for the residents of Sefton during Q4 bringing the total year to date figure to more than £1.3m. The service currently has 54 volunteers, and the volunteer value at the centre during Q4 equates to £21k.

Sefton CAB

Sefton CAB has received 67 new referrals during Q4; slightly more referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 45% and Self referrals 48%. 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 just under £1.3m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 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 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% 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 72 new referrals in Q4 with 56 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 Q4, Imagine Independence carried forward 38 existing cases. A further 153 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 30 service users attended job interviews, 21 managed to secure paid work and the service supported 41 people in retaining their current employment.

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

SWACA received 338 new referrals during Q4 from a variety of sources; the top 3 referrals were received from Police (40%), 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 86 referrals within South Sefton and a further 87 within Southport & Formby during Q4. 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 Q4 the service received 10 adult referrals and 100 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 Q4 the service received 71 new referrals, of these new referrals 33 people have been accommodated, a further 20 people have been supported to stay in their current residence. Of these referrals, the service has enabled 17 patients to be discharged from hospital and have prevented 25 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (83%).

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 74 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	133,825	133,825	133,825	133,825	133,825	133,825
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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 is 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 at this stage. A CCG working group have developed 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. Roe Lane Surgery was inspected on 22nd May and received an overall 'Good' rating. Cumberland House Surgery was inspected on 31st May and received an overall 'Good' rating. All the results are listed below:

Figure 75 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	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	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

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

9. Better Care Fund

A quarter 4 2017/18 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 76 – 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 77 – 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 each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 1 performance and narrative detailed in the table below.

Figure 78 – Southport & Formby CCG’s Month 1 Submission to NHS England

April 2018 Month 01	Month 01 Plan	Month 01 Actual	Month 01 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2488	2615	5.1%	GP referrals increased over the past four months but within the statistical norm in April, plan profiled seasonally and as the months progress it is expected the YTD position to be within the tolerance. Other referrals showing similar levels as 2017/18, plan increases later on in year and YTD position expected the fall within the 3% tolerance.
Other	1964	2133	8.6%	
Total (in month)	4452	4748	6.6%	
Variance against Plan YTD	4452	4748	6.6%	
Year on Year YTD Growth			4.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3665	3365	-8.2%	Local monitoring suggests plan and actual in line overall. April figures within the statistical norm and follows trend of previous months.
Follow Up	7804	7651	-2.0%	
Total Outpatient attendances (in month)	11469	11016	-3.9%	
Variance against Plan YTD	11469	11016	-3.9%	
Year on Year YTD Growth			-4.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1460	1326	-9.2%	Trend continuing from previous years levels which had significantly reduced. Plans for 2018/19 lowered in line with trend and activity levels are expected to come back in line with plans as the year progresses. The CCGs main provider are working to increase elective care activity after struggling throughout 2017/18.
Elective Ordinary spells	219	224	2.3%	
Total Elective spells (in month)	1679	1550	-7.7%	
Variance against Plan YTD	1679	1550	-7.7%	
Year on Year YTD Growth			-5.9%	
Urgent & Emergency Care				
Type 1	3425	3530	3.1%	Although within the statistical norm of the previous years trend, activity for April is on the higher spectrum. Plans increased from 2017/18 and seasonal profile indicates higher levels in the latter part of the year. The CCG is expecting YTD plan and actual to align as the months progress. Local monitoring suggests variance just below 4%.
Year on Year YTD			6.5%	
All types (in month)	3821	4149	8.6%	
Variance against Plan YTD	3821	4149	8.6%	
Year on Year YTD Growth			8.1%	
Total Non Elective spells (in month)	1218	1231	1.1%	
Variance against Plan YTD	1218	1231	1.1%	
Year on Year YTD Growth			-0.7%	