

Southport & Formby Clinical Commissioning Group

Integrated Performance Report May 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	R												R	
		Actual	76.08%													76.08%
		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%	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	5.139%	4.667%												
		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%	93.41%												
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R												
		Actual	0	1												
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G											G	
		Actual	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Preventing People from Dying Prematurely

Cancer Waiting Times

191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G														R	
		Actual	91.39%	93.46%															92.49%
		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%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R														R	
		Actual	82.50%	79.55%															80.95%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G														G	
		Actual	94.87%	98.73%															96.82%
		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%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G														R	
		Actual	83.33%	100%															92.31%
		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%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G														G	
		Actual	100%	100%															100%
		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%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G														G	
		Actual	100%	100%															100%
		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%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G														R	
		Actual	75.00%	87.50%															81.58%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R											G
		Actual	100%	83.33%											93.75%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G										G	
		Actual	100%	92.31%										96.67%	
		Target	85%	85%										85%	

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG												
		Actual												
		Target		67.45		77.09		86.72		96.36				

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R										R
		Actual	85.54%	88.58%										88.26%
		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%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R										R
		Actual	3	3										6
		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	R	R										R
		Actual	0.8	0.8										
		Target	0	0										0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G										G
		YTD	0	0										-
		Target	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G										G
		YTD	3	5										5
		Target	4	7	10	13	16	19	22	25	28	31	34	37

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

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

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG					
		Target	50.00%	50.00%	50.00%	50.00%	50.00%
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG					
		Actual					
		Target	16.80%	16.80%	16.80%	16.80%	16.80%

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%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG													
		Actual													
		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%
2255: IAPT - Pathways Access Number of ended referrals in the reporting period that finished a course of treatment, against the number of ended referrals that received one treatment appointment	Southport And Formby CCG	RAG													
		Actual													
		Target													

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G											G	
		Actual	70.71%	70%												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%	66.70%	66.70%	66.70%

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%	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	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	1	1

Wheelchairs

<p>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.</p>	<p>Southport And Formby CCG</p>	RAG					
		Actual					
		Target	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 2 (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 30 June 2018.

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage.

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 the plans in full. The full year most likely financial position for the CCG is a deficit of £2.832m. This assumes that QIPP delivery during the year will be £2.535m.

Planned Care

Year to date GP referrals in Month 2 of 2018/19 are 8% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for April, where the CCG reported 76%, a significant improvement on March but still failing the target.

The CCG failed the 1% target for Diagnostics in May recording 4.67%, an improvement on last month's performance of 5.1%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in May recording 5.1%, again an improvement on last month's performance of 5.5%.

The CCG has reported one 52 week waiter in May. This was a patient waiting for treatment in Gynaecology at Liverpool Women's Hospital. The patient did not attend their appointment on 20th June 2018 and has now been discharged.

Southport & Ormskirk reported 1 cancelled operation in May due to running out of theatre time.

The CCG are failing 4 of the 9 cancer measures in month two year to date. They include 2 week urgent referral for suspected cancer (92.49%), 2 week breast symptom (80.95%), 31 day subsequent treatment surgery (92.31%), 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 (81.58%). Southport & Ormskirk are also failing two cancer measures; 62 day screening service (50%) and urgent GP referral (80.11%).

For Friends and Family Southport & Ormskirk Hospital NHS Trust has seen an improvement in response rates for inpatients, from 12.6% in April to 18.8% in May. The percentage of patients that would recommend the inpatient service in the Trust has also improved, from 91% in April to 93% in May but unfortunately is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also improved, from 3% in April to 1% in May and is now in line with the England average of 1%.

Performance at Month 2 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £237k/4%. 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 £236k/4%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for May reached 88.75%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 83.4% for May.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS have submitted a final recovery plan and improvement plan including a recovery trajectory for Category 1 and 2 calls. The plan is being carefully monitored by commissioners along with NHSE and NHSI with improvement to be demonstrated by end of Quarter 2.

There were 1,899 calls to the 111 service by Southport and Formby patients in May 2018, an increase on the previous month of 13%. The number of contacts is also higher than the same point in the previous year.

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service has increased in May to 1,039. This is a greater number than the same time in the previous year.

Southport & Ormskirk failed the stroke target in May recording 52.9% with 18 out of 34 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in May with 5 reportable patients breaching the target. This is the seventh consecutive month 0% has been reported.

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

There were 2 new cases of Clostridium Difficile attributed to the CCG in May bringing the year to date total to 5 against a plan of 6. One case was apportioned to an acute Trust and 4 to the community. Southport & Ormskirk has reported 1 new case in May bringing the year to date total to 2 against a plan of 6.

The average number of delayed transfers of care per day in Southport and Ormskirk hospital decreased from 9 in April to 4 in May. Of the 4 delays: 3 were due to patient or family choice and 1 delayed due to waiting for residential care home placement. Analysis of average delays in May 2018 compared to May 2017 shows no change.

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%, and even further to 66% in May, again falling further below the England average of 87%. The percentage not recommended has increased from 4% in March to 8% in April and to 22% in May, increasing above the England Average of 8%.

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of £794k/14.4%. 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 £536k/9.8%.

Mental Health

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2017/18. The total number of OAP's in quarter 4 2016/17 was 60 therefore the target for 2018/19 is 40. The latest reporting period is February to April 2018 when 55 OAP days were reported. The CCG is therefore failing to meet the target although is lower than the previous reporting period when 55 were reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 222 Southport & Formby patients entering treatment in Month 2. This is a slight increase from the previous month when 218 patients entered treatment. The access rate for Month 2 was 1.16% and therefore failed to achieve the 1.4% standard. The percentage of people moved to recovery decreased with 50.3% compared to 51.9% in the previous month. 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 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 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.

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 30 June 2018.

CCG Financial Position

	Year to Date £m		Full Year £m	
Plan	(0.800)	Deficit	1.000	Surplus
Actual / Likely position	(0.800)	Deficit	(2.832)	Deficit
Variance from plan	0.000	Deficit	(3.832)	Deficit

The year to date financial position is a deficit of £0.800m, which is in line with the CCG's revised planned deficit at this stage. The CCG will need to take action to recover losses in the first quarter of the year over the remaining nine months. It is vital that the CCG returns to a positive monthly run rate position as soon as possible otherwise the financial plan will not be delivered.

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 the plans in full.

The full year most likely financial position for the CCG is a deficit of £2.832m. This assumes that QIPP delivery during the year will be £2.535m. The forecast QIPP delivery has deteriorated by £0.918m from the position reported at Month 2. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan.

The cumulative deficit brought forward from previous years is £10.295m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

Cost pressures have emerged in the first quarter 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 in 2018-19 and the impact of the continuation of the 28 day discharge from hospital to enable better improved patient flow across the health economy.
- Cost pressures within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds following transfer of services from Liverpool Community Health.
- Cost pressures within Lancashire Care Trust relating to continence products.
- Over performance at Southport & Ormskirk Trust for PbR activity.
- Over performance at iSight clinic. Work is underway to review the reason for the cost pressures.

The forecast cost pressures are partially offset by underspends in the Acute Commissioning budget and the reserve budget due to the 0.5% contingency budget held.

The CCG recovery plan was submitted to NHS England on 29 June. Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19.

Early pressures in quarter one of the year have been evident and alongside non-delivery of QIPP plans, this will mean that the CCG will need to take further action in terms of reducing access to services to meet its plan for the year.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind.

A revised savings plan which gives the governing body assurance regarding delivery of the savings target is required immediately, otherwise the CCG has a real risk of non-delivery of plan.

Figure 1 – Financial Dashboard

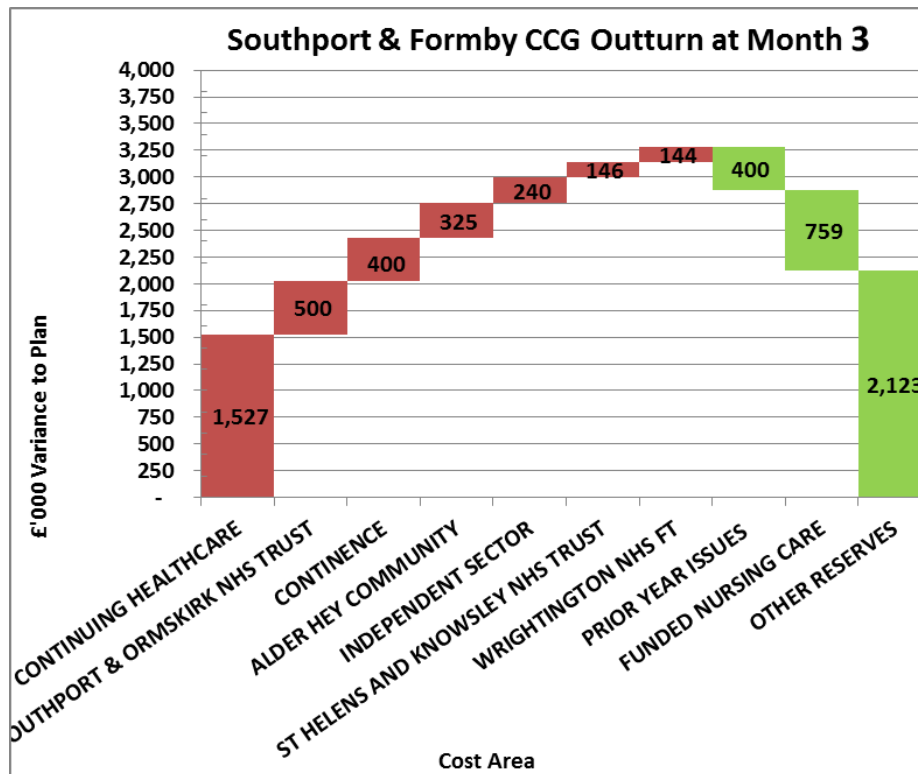
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.5% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£0.634m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.24%
	NHS - Volume YTD > 95%	95.67%
	Non NHS - Value YTD > 95%	96.57%
	Non NHS - Volume YTD > 95%	93.32%

- The CCG will not achieve the standard NHS England business rule to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- 0.5% Contingency Reserve is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30th June 2018 for the financial year is a deficit of £2.832m.
- The QIPP target for 2018-19 is £5.210, delivery is £0.634m to date which is £0.707m below the planned delivery at month 3.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.050m.
- BPPC targets have been achieved to year to date except for non NHS by volume which is slightly 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 £2.832m**.
- 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.
- There are also pressures emerging in provider contracts which need to be managed. Activity at St Helens and Knowsley Hospital and Wrightington Wigan and Leigh Hospital is over performing against plan and has shown an increasing trend over recent months.
- 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.

2.3 CCG Reserves Budget

Figure 3 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		0.634		0.634
NCSO Adjustment	(1.100)				(1.100)
Primary care additional allocation	(0.500)				(0.500)
CATM expenditure reduction	(0.300)				(0.300)
CCG Growth Funding	0.665				0.665
CHC Growth Funding	0.200				0.200
Better Care Fund	0.230			(0.071)	0.159
Community Services investment	0.697				0.697
Intermediate care	0.500				0.500
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	1.385		(0.561)		0.824
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(2.346)	0.000	0.073	(0.071)	(2.344)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The reserve budget assumes a reduction in NSCO cost pressures which will either materialise through an additional allocation from NHS England or reduced costs on the prescribing budget.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

2.4 Provider Expenditure Analysis – Acting as One

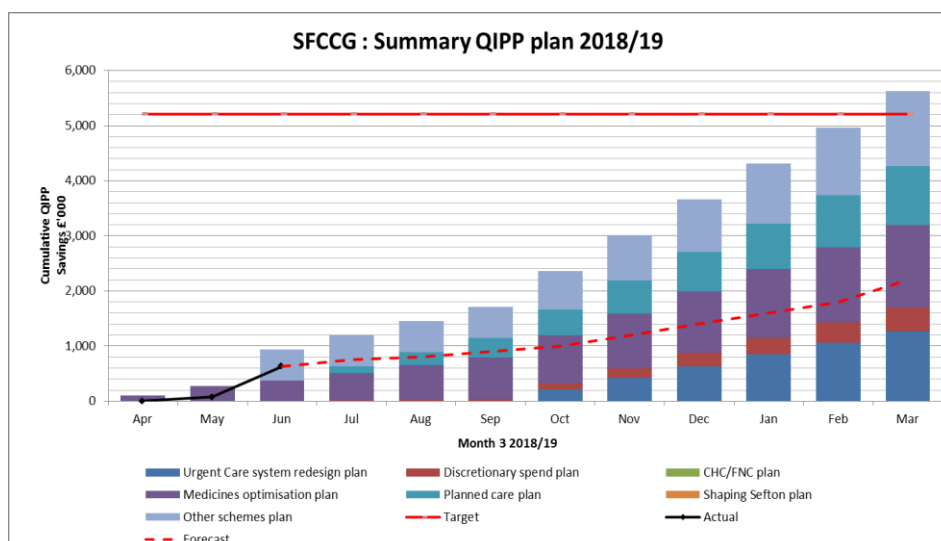
Figure 4 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.196
Alder Hey Children's Hospital NHS Foundation Trust	0.010
Liverpool Women's NHS Foundation Trust	0.009
Liverpool Heart & Chest NHS Foundation Trust	(0.034)
Royal Liverpool and Broadgreen NHS Trust	0.073
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.008
Grand Total	0.262

- 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 not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts 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 an overspend of £0.262m under usual contract arrangements.

2.5 QIPP

Figure 5 – QIPP Plan and Forecast



RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	93	974	0	1,067
Medicines optimisation plan	1,517	0	1,517	207	810	500	1,517
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	1,870	0	1,870	0	54	1,816	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	300	1,311	1,611	561	1,050	0	1,611
Total QIPP Plan	4,884	1,611	6,495	991	3,088	2,416	6,495
QIPP Delivered 2017/18				(634)		0	(634)

- The 2018/19 QIPP target is **£5.210m**.

- QIPP schemes worth £6.495m have been identified; however **£5.504m** of the schemes are rated amber and red so there is a high risk of non-delivery in year, which needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved **£0.634m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.6 Risk

Figure 6 – 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	0.561	0.634
Remaining QIPP to be delivered	5.137	(0.561)	4.576
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.

2.7 Risk Adjusted Position

Figure 7 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	5.210	2.535	2.535
I&E impact	(1.172)	(2.191)	(2.191)
Forecast Surplus / (Deficit)	(0.172)	(3.866)	(3.866)
Further Risk	(0.700)	(0.800)	(4.450)
Management Action Plan	1.872	1.834	1.834
Risk adjusted Surplus / (Deficit)	1.000	(2.832)	(6.482)

- 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 £2.832m** and assumes that QIPP delivery will be £2.535m in total with pressures identified in respect of CHC costs and acute overperformance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £6.482m** and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to overperformance for Non-Elective activity/costs at Southport Hospital, increased volume and cost of CHC packages. Also included is an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

2.8 Statement of Financial Position

Figure 8 – 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	0
Receivables	2,655	2,649	2,241	2,406
Cash	232	4,733	4,687	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(12,162)
Value of Debt > 180 days	1,774	1,721	1,669	672
BPPC (value)	98%	100%	98%	98%
BPPC (volume)	95%	93%	94.5%	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 3 is £1.669m. This balance is solely made up of two invoices outstanding with Southport & Ormskirk NHS Trust. Advice from the Trust indicates that these payments are planned for October 2018.

- 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 £185.316m at Month 3. The actual cash utilised at Month 3 was £49.143m which represents 26.5% of the total allocation. The balance of MCD to be utilised over the rest of the year is £136.173m.
- 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 months 2 and 3, the CCG has met these targets for invoices by value and volume for NHS and Non NHS suppliers. The volume performance has increased on Month 3 to within 0.5% of the target. This will continue to be reviewed on a monthly basis to ensure that all targets are achieved

2.9 Recommendations

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

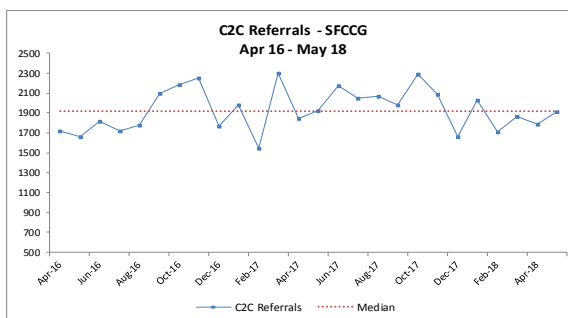
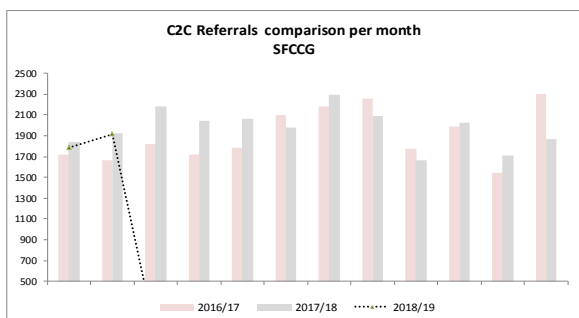
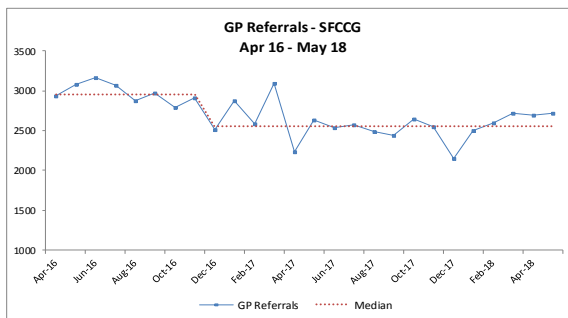
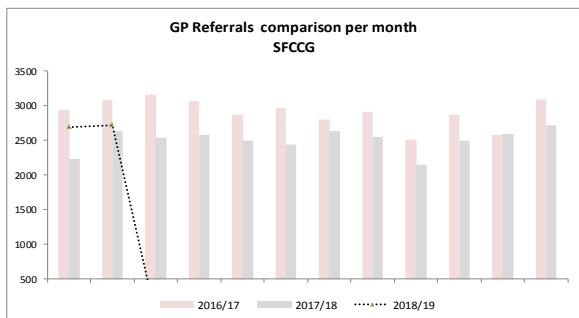
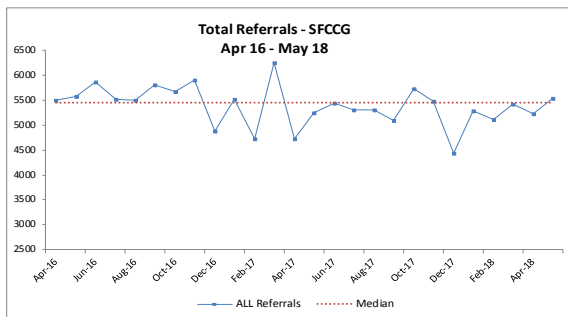
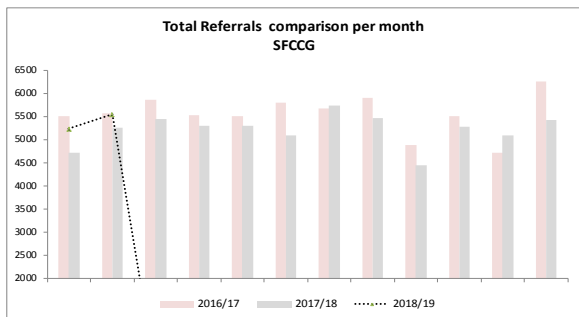
- The full year most likely financial position for the CCG is a deficit of £2.832m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery is £0.634m which relates to a prior year technical adjustment and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- 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 practices which have 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.
- The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19. The CCG will need to take action to recover losses in the first quarter of the year over the remaining nine months. It is vital that the CCG returns to a positive monthly run rate position as soon as possible otherwise the financial plan will not be delivered.

3. Planned Care

3.1 Referrals by Source

Figure 9 - 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	2694	459	21%	1843	1789	-54	-3%	4725	5235	510	11%
May	2638	2723	85	3%	1922	1918	-4	0%	5255	5551	296	6%
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	2709	201	8%	1974	0	-1974	-100%	5220	5393	173	3%
YTD Total Month 2	4873	5417	544	11%	3765	3707	-58	-2%	9980	10786	806	8%
Annual/FOT	30088	32502	2414	8%	23684	22242	-1442	-6%	62641	64716	2075	3%



Year to date referrals at month 2 are currently up 8% when comparing to the equivalent period in the previous year. Within individual specialties, Ophthalmology is the highest referred to specialty for the CCG but is seeing a year to date increase of 18% compared to 2017/18. In contrast, ENT had seen a significant 41% decrease in referrals comparing to the same equivalent period last year. Of the top five providers in 2018/19, Aintree Hospital has the highest growth in referrals compared to the same period last year of 34%, which is due to high increases in Clinical Physiology. April 2017 shows referrals drop to the lowest they have been over the 2 years this is due to significant drops in consultant to consultant referrals and the Physiotherapy and Ophthalmology specialty.

At the beginning of 2018/19, the average for monthly referrals increased by 25% and total referrals are 8% up comparing to 2017/18. GP referrals in 2018/19 to date are 11% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 2% lower when compared to 2017/18. This can be attributed to significant decreases within the Physiotherapy specialty. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. October sees referrals rise to the highest they have been so far over the two financial years. Referrals in May 2018 have had a 8% increase when compared to last month with further analysis this increase in activity is due to a rise in consultant to consultant referrals and with deeper investigation the rise in consultant to consultant referrals was caused by an increase in General Surgery activity and referrals to Southport & Ormskirk Hospital.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

Figure 10 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - April	80% by Q2 17/18 & 100% by Q2 18/19	76.00%	↑

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

The latest information available for this measure is for April, where the CCG reported 76%, a significant improvement on March but still failing the target.

3.2 Diagnostic Test Waiting Times

Figure 11 - 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 - May	<1%	4.67%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - May	<1%	5.10%	↓

The CCG failed the less than 1% target for Diagnostics in May recording 4.67%, an improvement on last month's performance of 5.1%. In May, out of 2,250 patients, 115 patients were waiting over 6 weeks, and 10 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (47), gastroscopy (12) and Cystoscopy (25).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in May recording 5.1%, again an improvement on last month's performance of 5.5%. In May, out of 2,942 patients, 166 patients waited over 6 weeks, and 16 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (73) and Cystoscopy (39).

Non-Obstetric Ultrasound has experienced delays due to a reduction in consultant capacity and increased specialist consultant referral demand. The Trust employed two additional consultant radiologists in May and so it is expected that performance should improve in the next 4-6 weeks.

Colonoscopy continues to be an issue. Reduced nurse staffing levels have contributed to a loss of capacity. Waiting list initiative sessions are happening on Saturdays. An action plan is underway to facilitate the opening of an additional room. The workforce is yet to be identified to enable four rooms to be functional.

Radiology experienced an issue with lost capacity due to bank holidays and plans are in place to get back on track. Two locum radiologists were appointed in May to assist with backlog and demand.

Cystoscopy capacity for both outpatient and inpatient waiting lists is being reviewed.

Urodynamics lists were cancelled due to a broken machine which has now been fixed. Lists were scheduled for Southport whilst the machine was being repaired.

The CCG is to issue a contract performance notice to Southport & Ormskirk Trust due to continued under-performance against the national standard and a lack of recovery plans in place.

3.3 Referral to Treatment Performance

Figure 12- 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 - May	Target being revised	1	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - May	0	0	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - May	92%	93.41%	↑
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 - May	92%	94.33%	↑

The CCG has reported one 52 week waiter in May. This was a patient waiting for treatment in Gynaecology at Liverpool Women's Hospital. The patient did not attend their appointment on 20th June 2018 and has now been discharged. Although there have been delays in patients treatment at the Trust there has been no harm identified. The Backlog of queues are being effectively managed and the governance arrangements and systems and process to manage the patient flow and performance transformed. Issues with clinical capacity still exist but will be rectify with the recruitment of the two additional posts that will be soon out to advert. RTT 18 weeks will be compliant to national target by July, however the 62 day Cancer target is more of a challenge and requires additional support for external diagnostics and redesign of pathways. Overall, significant progress has been made to recover the position from the time of declaring SU1's.

NHS England published guidance for 2018/19 states the target for CCGs is to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time no 52 week waiters had been reported, so the plan submitted was 0, but following that two more were reported 1 in February and 1 March 2018. Submission of a revised plan to NHS England has is being explored.

The CCG has requested information at specific specialty level for RTT specialties failing at Southport and Ormskirk Trust.

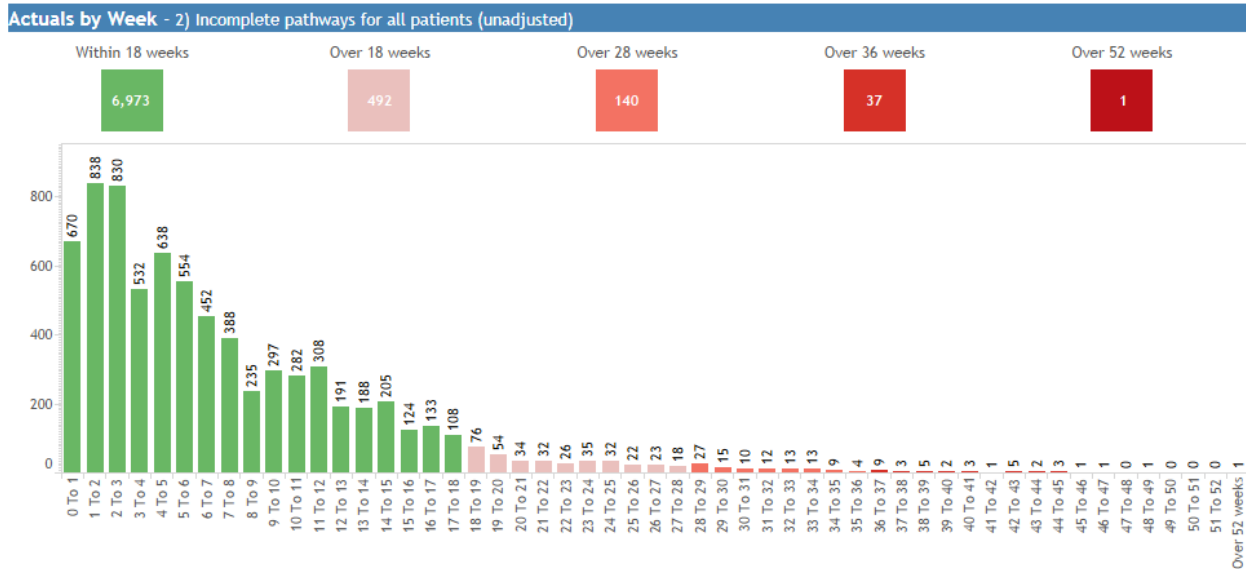
Figure 13 - Total Incomplete Pathways

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	7,465										
Difference	-119	-523										

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In May the CCG reported 7,465 incomplete pathways (523 patients less than May 2017) thus on target to achieve this ambition by March 2019.

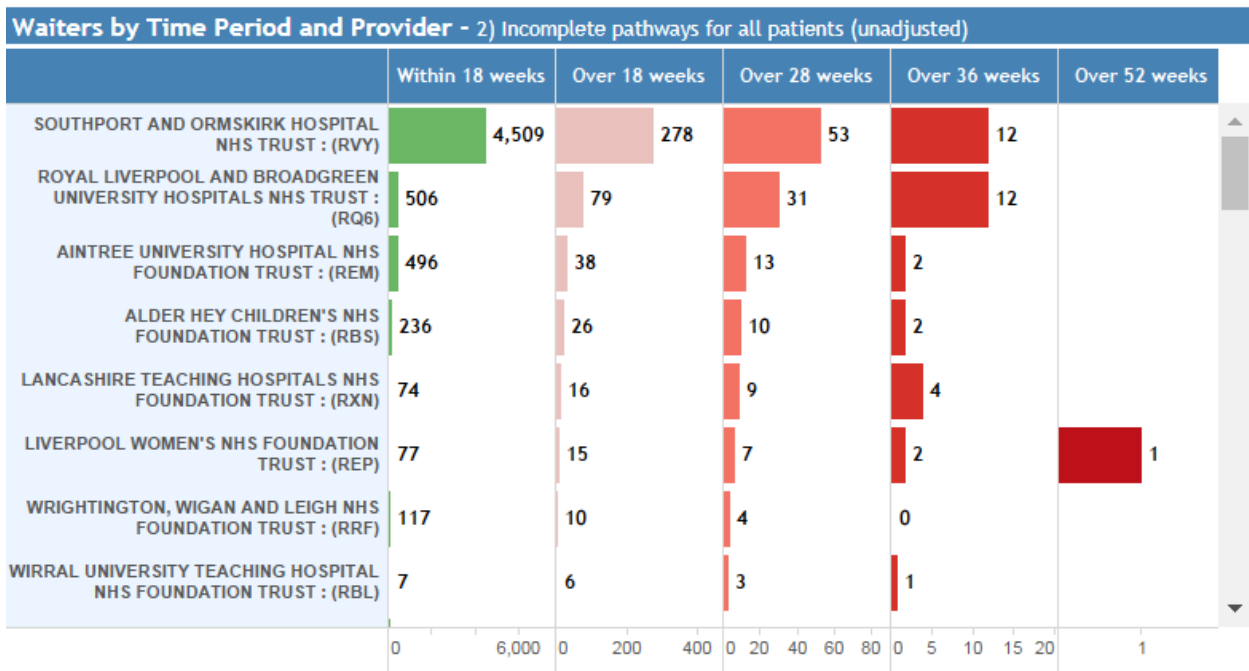
3.3.1 Incomplete Pathway Waiting Times

Figure 14 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 15 - 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 16 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

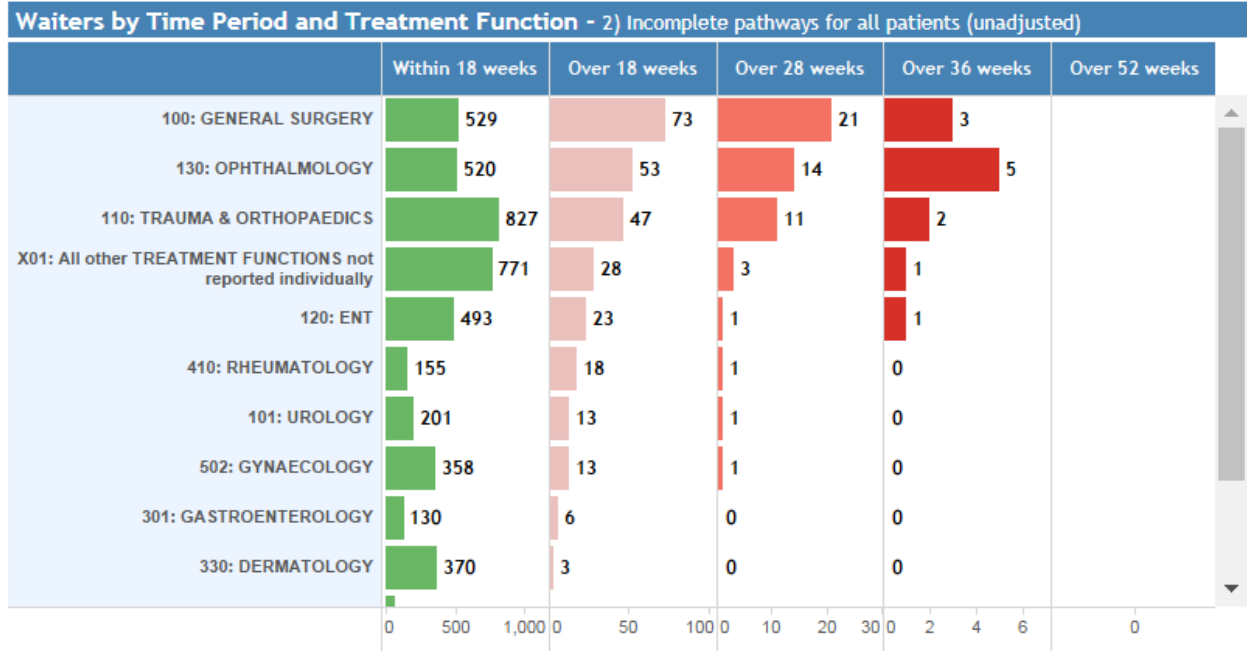
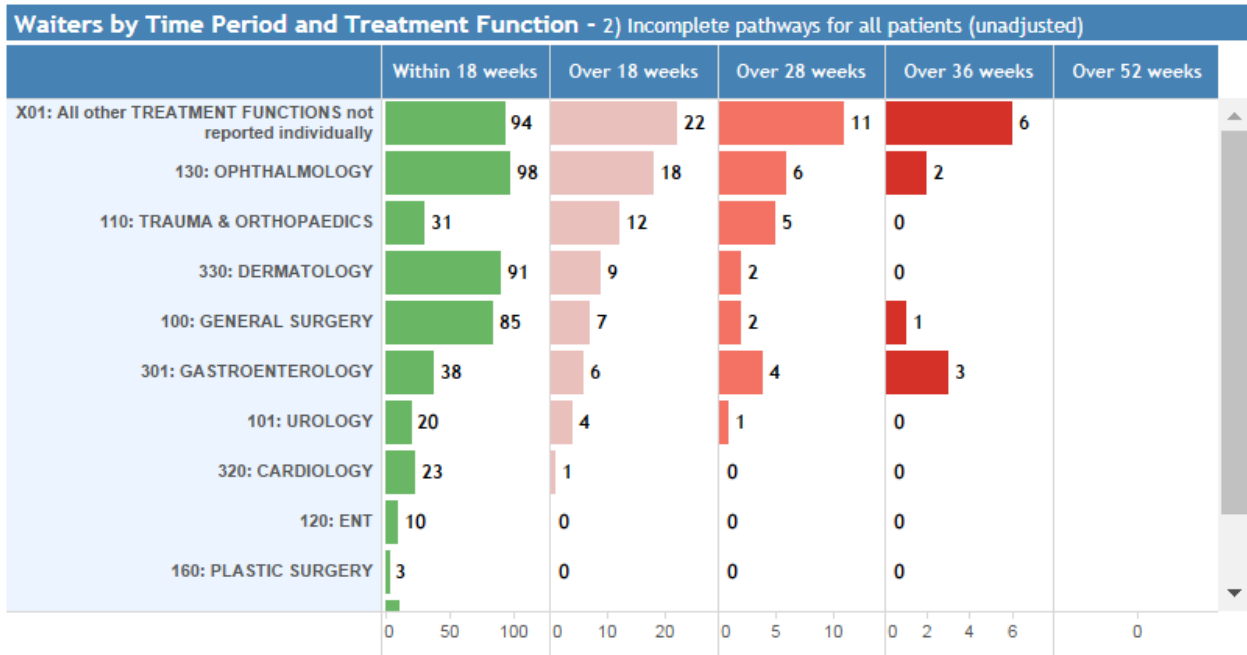


Figure 17 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 18 – 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
Liverpool Womens	Gynaecology	52	Discharged	NEW - appointment DNA'd 20/06/2018 - discharged
Aintree	Thoracic Medicine	42	Clock Stopped 4/7/18 - Decision not to treat	
Lancashire Teaching	ENT	42	Patient seen 16/10/17 at first appointment. Funding request sent to CCG for elective procedure. Patient discharged 18/06/18 as funding declined.	Delay in Funding Request
Lancashire Teaching	General Medicine	44	New Appt Waitlist resolved 26/06/18 prior to patient being seen as the patient is now being seen at Liverpool.	First appointment capacity
Lancashire Teaching	General Medicine	48	Patient seen at New appointment 29/05/18 – returned to clinic 02/07/18 and Treated.	First appointment capacity
Liverpool Womens	Gynaecology	44		
Royal Liverpool	Ophthalmology	40	Pathway Stopped	Capacity
Royal Liverpool	other	40	Pathway Stopped	Capacity
Royal Liverpool	Ophthalmology	42	09/07/2018	Long Wait on Waiting List
Royal Liverpool	other	42	No Date Yet	Long Wait on Waiting List
Royal Liverpool	other	44	Pathway Stopped	Capacity
Royal Liverpool	Gastroenterology	46	Pathway Stopped	Capacity
Southport & Ormskirk	Ophthalmology	40		Referral received 24/8/17, needs LVA appt, no optometrist in place to do clinic, 7/6/18 pt seen elsewhere for LVA transferred by Trust. Pathway stopped
Southport & Ormskirk	T&O	41	TCI 5/6/18 and discharged	Listed 17/18/17, tci date 27/3/18 cancelled by hospital, pts daughter informed 4/4/18 not available until June as she will be looking after pt on discharge.
Southport & Ormskirk	ENT	42	Seen 2/7/18 and discharged	Referral received 4/8/17 seen at 1 st apt 3/10/17, referred for pulse oximetry overnight, 1 st apt with respiratory nurse 23/11/17 cancelled by patient, seen 16/1/18, pt then cancelled 21/5/18 and 11/6/18 to see consultant with results (long wait for appts as consultant retired)
Southport & Ormskirk	General Surgery	43	Treated 15/06/2018	Listed 2/8/17, had 3 pre-ops to check bloods 23/8/17, 1/9/17 and 8/5/18,
Robert Jones	T&O	45	Spinal Disorders is a nationally pressured area.	
North Midlands	General Surgery	43	The Trust has inherited a number of Bariatric Service patients due to the closure of another provider hence the long waits. Most of these long waits are for a first new OP appointments, which is at Aintree, Liverpool or Countess of Chester and the service commissioned is for so many clinics per month. Unvalidated report as at 8th July is reporting 8 x 52+ week breaches, 7 South Sefton and 1 Southport & Formby.	

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 19 – 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 - May	0	1	↑ ↓

Southport & Ormskirk reported 1 cancelled operation in May. The Trust has reported that this cancellation was due to running out of theatre time.

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

Figure 20 – 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 - May	0	0	↑ ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 21 – 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 - May	93%	92.49%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - May	93%	93.75%	↑
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 - May	93%	80.95%	↓

The CCG achieved the target of 93% for urgent referrals with suspected cancer in May reaching 93.46% but are failing year to date with 92.49% due to last month's performance. Year to date, out of 1,092 patients, 82 breached the target. The majority of breaches in May were due to patient cancellations.

The earlier than planned move to e-RS for cancer referrals from April 2018 has resulted in some delays to pathways for patients who require triage to decide between straight to test or clinic. This applies especially for urology and colorectal patients. This will be addressed through the new Referral Assessment Service (RAS) function on e-RS. Nationally there has been a decline in two week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services. A piece of work is being undertaken at a North Mersey level to look at volumes of referrals and whether there has been any shift between providers.

The CCG has also failed the target of 93% in May for patients referred urgently with breast symptoms with performance of 79.55% and year to date with 80.95%. In May out of a total of 44 patients, 9 breached the target. These breaches were due to patient cancellation and patient declines.

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 22 – 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 - May	96%	96.82%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - May	96%	99.26%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - May	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - May	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - May	94%	92.31%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - May	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - May	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 - May	98%	100.00%	↔

The CCG achieved the 94% target for subsequent surgical treatment in May with 100% but are failing year to date with 92.13% due to 1 breach reported in April. This breach was due to inadequate elective capacity and the patient waited a total of 53 days.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 23 – 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 - May	85% (local target)	96.67%	↓
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 - May	85% (local target)	96.12%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - May	90%	93.75%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - May	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - May	85%	81.58%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - May	85%	80.11%	↔

The CCG achieved the 62 day metric for urgent GP referrals in May but failed to achieve the 85% target year to date with a performance of 81.58%. Year to date 14 patients out of 76 have breached.

Southport & Ormskirk reported zero patients on the NHS screening service pathway in May and are therefore failing year to date with 50% due to last month’s performance, when the equivalent of just 0.5 out of 1 breach was reported. 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 May recording 80% and year to date with 80.11%. In May the Trust reported the equivalent of 11.5 breaches out of a total 46 patients. The longest waiting patient was a Urological patient waiting a total of 133 days. Delays were due to health care provider initiating delays to diagnostic tests or treatment planning, treatment delayed for medical reasons and unable to make contact with patient by telephone.

3.5.4 104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national backstop policy for managing long waiting cancer patients.

In May Southport & Ormskirk Trust reported two patients waiting longer than 104 days within the 62 day standard metric. Delays were due to the provider unable to make contact with patient by telephone and initiated delay due to diagnostic test or treatment planning. The longest waiting patient reported as waiting 133 days.

3.6 Patient Experience of Planned Care

Figure 24 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: **May-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%	18.8%	/	96%	93%	/	1%	1%	/
Q1 - Antenatal Care	-	-	/	97%	NA	-	1%	NA	-
Q2 - Birth	23.2%	7.0%	/	97%	100%	/	1%	0%	/
Q3 - Postnatal Ward	-	-	/	95%	94%	/	2%	3%	/
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 an improvement in response rates for inpatients, from 12.6% in April to 18.8% in May. The percentage of patients that would recommend the inpatient service in the Trust has also improved, from 91% in April to 93% in May but unfortunately is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also improved, from 3% in April to 1% in May and is now in line with the England average of 1%.

For maternity services, in relation to ‘Birth’ the response rate was just 7%, a slight improvement on last month but still 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 May for the third consecutive month, performing better than the England average of 1%.

In relation to the ‘Postnatal Ward’ the percentage who would recommend the service has declined from 96% in April to 94% in May, falling below the England average of 95%. The percentage who would not recommend the service has increased from 0% in April to 3% in May and is now worse

than the England average of 2%. The 'Postnatal Community Ward' did not receive any responses in May 2018 and the 'Antenatal Care' receive just one response.

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 2 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £237k/4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there remaining a total over spend of approximately £236k/4%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 2 with a variance of £116k/69% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£64k/-38%).

Figure 25 - 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	2,830	3,489	659	23%	£603	£679	£76	13%	-£76	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,272	1,303	31	2%	£91	£82	-£9	-10%	£9	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	404	245	-159	-39%	£169	£105	-£64	-38%	£64	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	431	346	-85	-20%	£99	£92	-£7	-7%	£7	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,543	2,824	281	11%	£473	£477	£4	1%	-£4	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	410	446	36	9%	£123	£124	£1	1%	-£1	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	7,890	8,653	763	10%	£1,558	£1,559	£1	0%	-£1	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67	73	6	8%	£14	£13	-£1	-6%	£0	-£1	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	16	16	0%	£0	£2	£2	0%	£0	£2	-
FAIRFIELD HOSPITAL	19	18	-1	-4%	£3	£3	£0	1%	£0	£0	1%
ISIGHT (SOUTHPORT)	953	1,232	279	29%	£144	£212	£68	47%	£0	£68	47%
LANCASHIRE TEACHING HOSPITAL	0	193	193	0%	£0	£35	£35	0%	£0	£35	-
RENACRES HOSPITAL	2,149	2,295	146	7%	£623	£609	-£14	-2%	£0	-£14	-2%
SALFORD ROYAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£8	£8	0%	£0	£8	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	17,134	16,640	-494	-3%	£3,125	£3,130	£5	0%	£0	£5	0%
SPIRE LIVERPOOL HOSPITAL	65	51	-14	-22%	£18	£4	-£14	-77%	£0	-£14	-77%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	903	921	18	2%	£199	£203	£4	2%	£0	£4	2%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	114	145	31	27%	£28	£30	£2	7%	£0	£2	7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	64	64	0%	£0	£11	£11	0%	£0	£11	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	44	44	0%	£0	£13	£13	0%	£0	£13	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	497	744	247	50%	£168	£284	£116	69%	£0	£116	69%
ALL REMAINING PROVIDERS TOTAL	21,902	22,476	574	3%	£4,322	£4,558	£236	5%	£0	£236	5%
GRAND TOTAL	29,792	31,129	1,337	4%	£5,881	£6,117	£237	4.0%	-£1	£236	4.0%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 26 - 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	1,816	1,769	-47	-3%	£920	£900	£20	-2%
Elective	224	239	15	7%	£539	£568	£29	5%
Elective Excess BedDays	35	23	-12	-34%	£8	£6	£3	-33%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	117	224	107	91%	£20	£43	£23	112%
OPFASPCL - Outpatient first attendance single professional consultant led	1,953	1,789	-164	-8%	£336	£311	£26	-8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	271	507	236	87%	£23	£48	£25	108%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,150	5,582	-568	-9%	£501	£467	£34	-7%
Outpatient Procedure	4,829	4,719	-110	-2%	£622	£624	£2	0%
Unbundled Diagnostics	1,740	1,788	48	3%	£155	£163	£8	5%
Grand Total	17,134	16,640	-494	-3%	£3,125	£3,130	£5	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.

Planned care levels have marginally increased and are now showing a slight over-performance against the planned values year to date at month 2. The increases in month 2 are focussed within three main points of delivery, Elective procedures, multiple first attendances, and multiple follow-up attendances.

Within Elective activity Trauma & Orthopaedics and General Medicine saw the largest increases for month 2, a combined overspend for the month of £45k. T&O performance, although above plan, is in line with levels noted in 2017/18. General Medicine figures have increases significantly with the unit cost levels at its highest when looking at previous months, this is being investigated further.

Increases within the multiple professional outpatients setting continue the rise in month 2 with the Trust looking into the reasons for the increase. The specialties with the largest increase are General Surgery and Rheumatology, although a number of other specialties are showing a similar trend.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 27 - 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	125	163	38	30%	£73	£123	£50	69%
Elective	65	50	-15	-23%	£147	£115	-£32	-22%
Elective Excess BedDays	17	18	1	7%	£4	£4	£0	6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	22	17	-5	-23%	£5	£4	-£1	-16%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	42	29	-13	-31%	£2	£1	-£1	-31%
OPFASPCL - Outpatient first attendance single professional consultant led	452	593	141	31%	£79	£106	£27	35%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	25	19	-6	-25%	£2	£2	-£1	-24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	65	140	75	115%	£2	£3	£2	115%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,183	1,284	101	9%	£98	£102	£3	3%
Outpatient Procedure	408	675	267	65%	£60	£95	£35	58%
Unbundled Diagnostics	278	379	101	36%	£19	£32	£13	66%
Wet AMD	148	122	-26	-18%	£112	£93	-£19	-17%
Grand Total	2,830	3,489	659	23%	£603	£679	£76	13%

Aintree performance is showing a £76k/13% variance against plan at month 2. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £50k/69% and £35k/58% 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 at 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 the 2018/19 plan was agreed post reporting of month 2 and figures presented are aligned to 2017/18 planned figures.

3.7.4 Renacres Trust

Figure 28 – 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	237	231	-6	-3%	£238	£224	£-14	-6%
Elective	48	42	-6	-12%	£206	£182	£-24	-12%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	422	421	-1	0%	£71	£71	£0	0%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	539	553	14	3%	£36	£37	£2	4%
Outpatient Procedure	446	400	-45	-10%	£50	£61	£11	21%
Unbundled Diagnostics	139	182	43	31%	£12	£15	£2	19%
Physio	319	269	-50	-16%	£9	£8	£-1	-16%
Outpatient Pre-op	0	197	197	0%	£0	£12	£12	0%
Grand Total	2,149	2,295	146	7%	£623	£609	£-14	-2%

Renacres performance is showing a -£14k/-2% variance against plan at month 2. Elective and Day case activity are the highest underperforming areas with variances of -£24k/-12% and -£14k/-6% against plan respectively. This is largely a result of reduced activity within Trauma & Orthopaedics against a number of HRGs.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 29 – 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	4	5	1	42%	£0	£1	£0	46%
Daycase	26	31	5	18%	£35	£42	£7	20%
Elective	17	32	15	94%	£94	£187	£92	98%
Elective Excess BedDays	5	17	12	270%	£1	£4	£3	249%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	12	15	3	22%	£1	£1	£0	-29%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	64	94	30	47%	£9	£13	£4	50%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	18	47	29	162%	£1	£2	£1	133%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	25	58	33	135%	£1	£1	£1	135%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	238	326	88	37%	£14	£20	£5	36%
Outpatient Procedure	43	69	26	59%	£6	£9	£3	51%
Unbundled Diagnostics	46	50	4	9%	£6	£5	£-1	-14%
Grand Total	497	744	247	50%	£168	£284	£116	69%

Wrightington, Wigan and Leigh performance is showing a £116k/69% variance against plan at month 2 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although only small amounts of procedures against this HRG have been recorded in month's 1 and 2, the associated costs have contributed to the over performance at this Trust.

3.7.6 iSIGHT Southport

Figure 30 – 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	179	271	92	51%	£83	£131	£48	57%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	0	2	2	400%	£0	£0	£0	400%
OPFASPCL - Outpatient first attendance single professional consultant led	140	241	101	73%	£20	£35	£15	73%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	14	0	-14	-100%	£1	£0	-£1	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	431	477	46	11%	£24	£26	£3	11%
Outpatient Procedure	189	241	52	27%	£16	£20	£4	27%
Grand Total	953	1,232	279	29%	£144	£212	£68	47%

iSight performance is showing a £68k/47% variance against plan with over performance evident against a number of PODs. Day case activity is currently £48k/57% above plan with Cataract Extraction and Lens Implant as well as Minor Cataract Procedures accounting for a large proportion of this over performance.

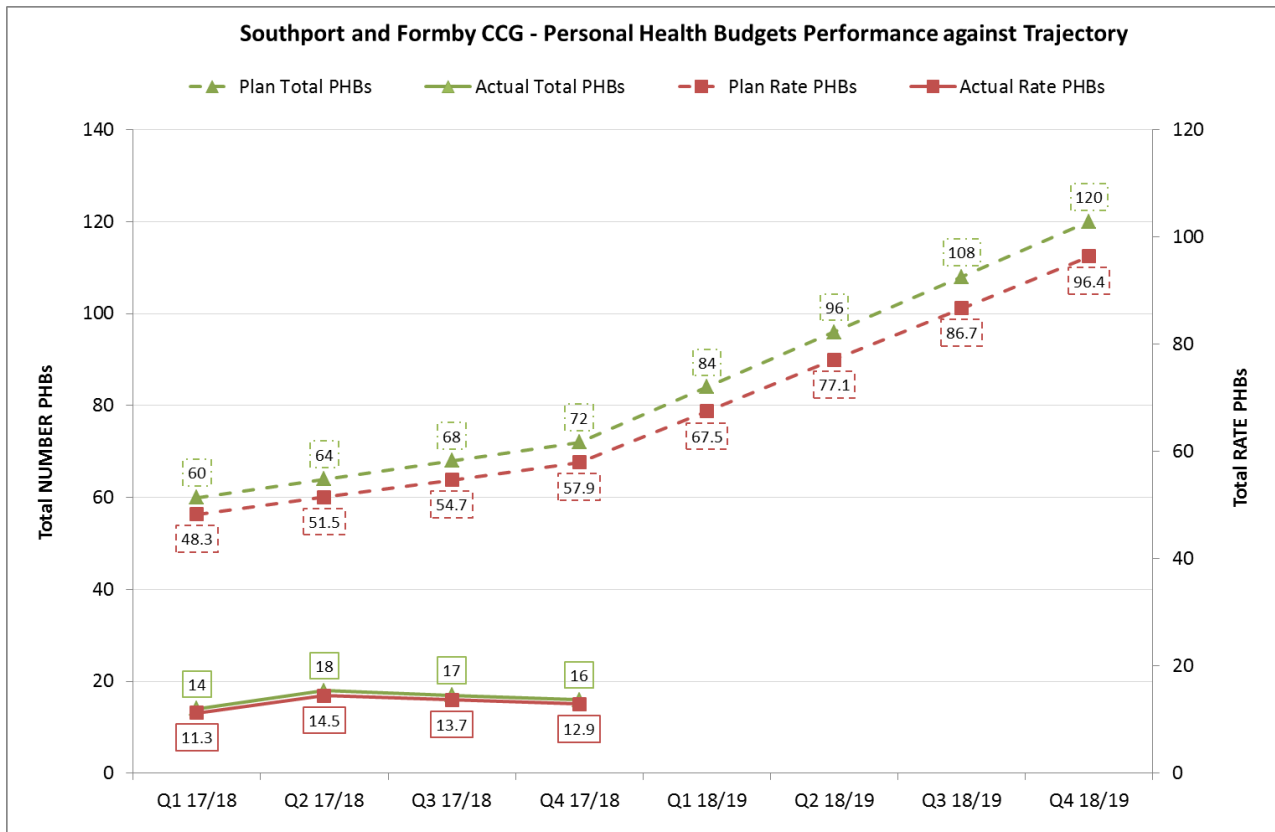
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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 31 - 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 32 - 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

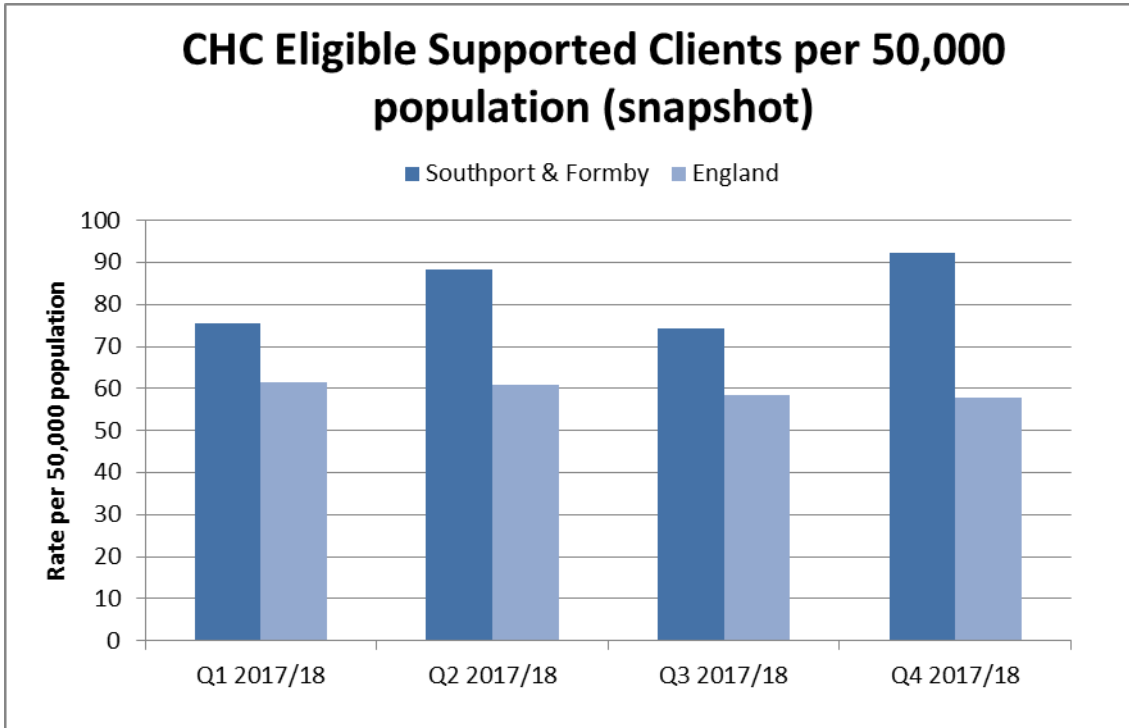


Figure 33 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

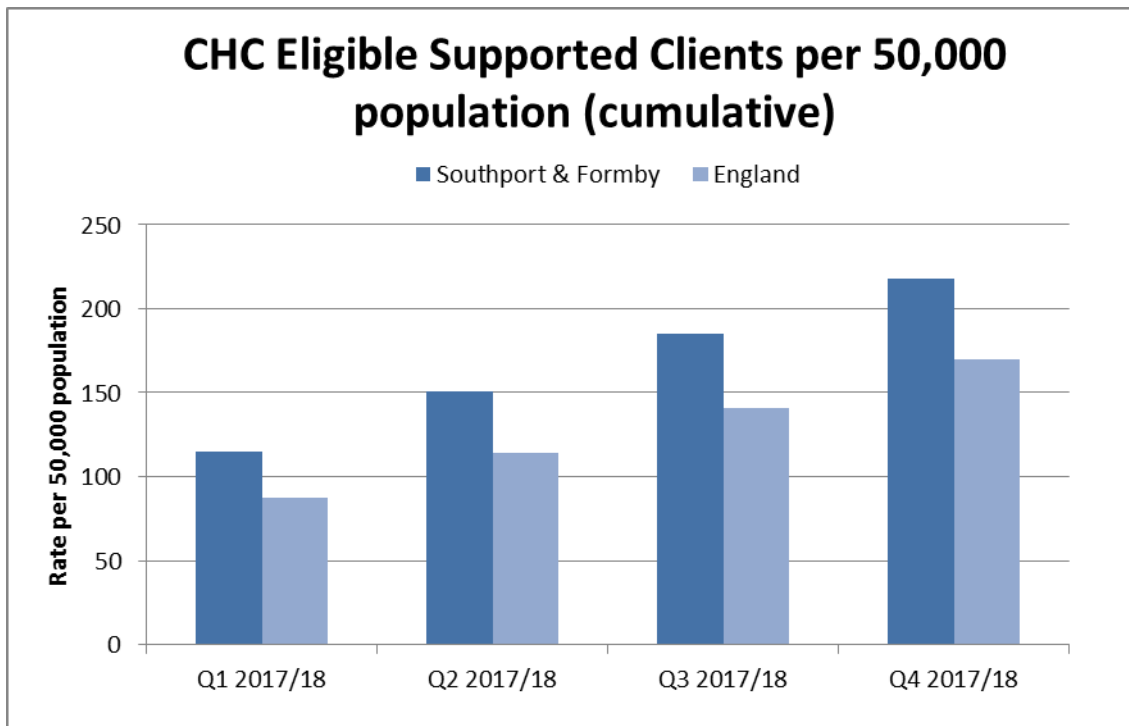


Figure 34 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

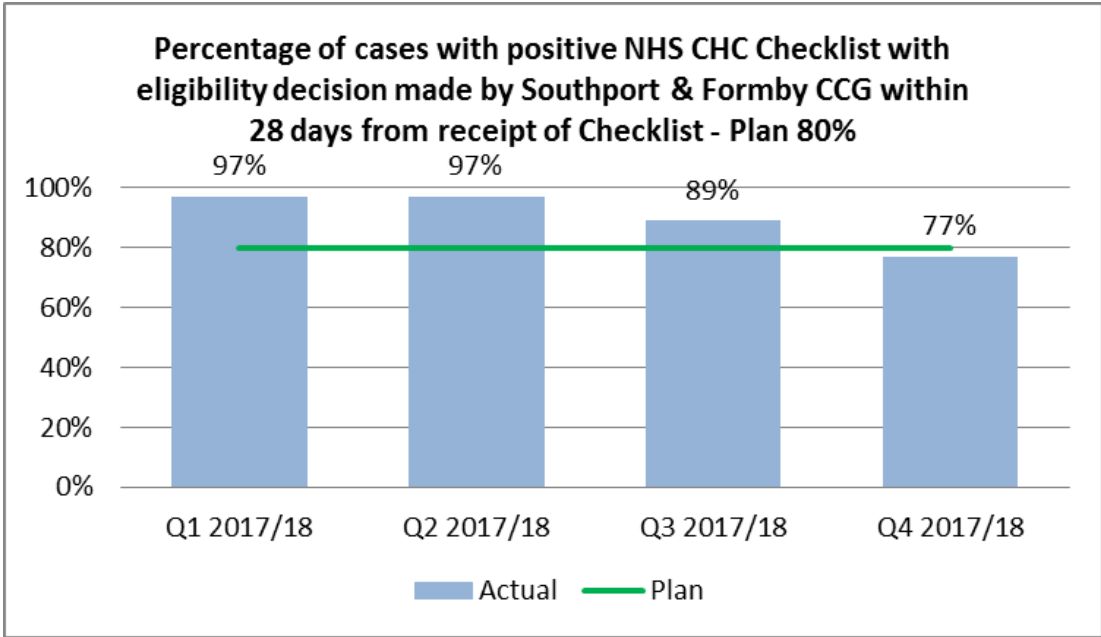
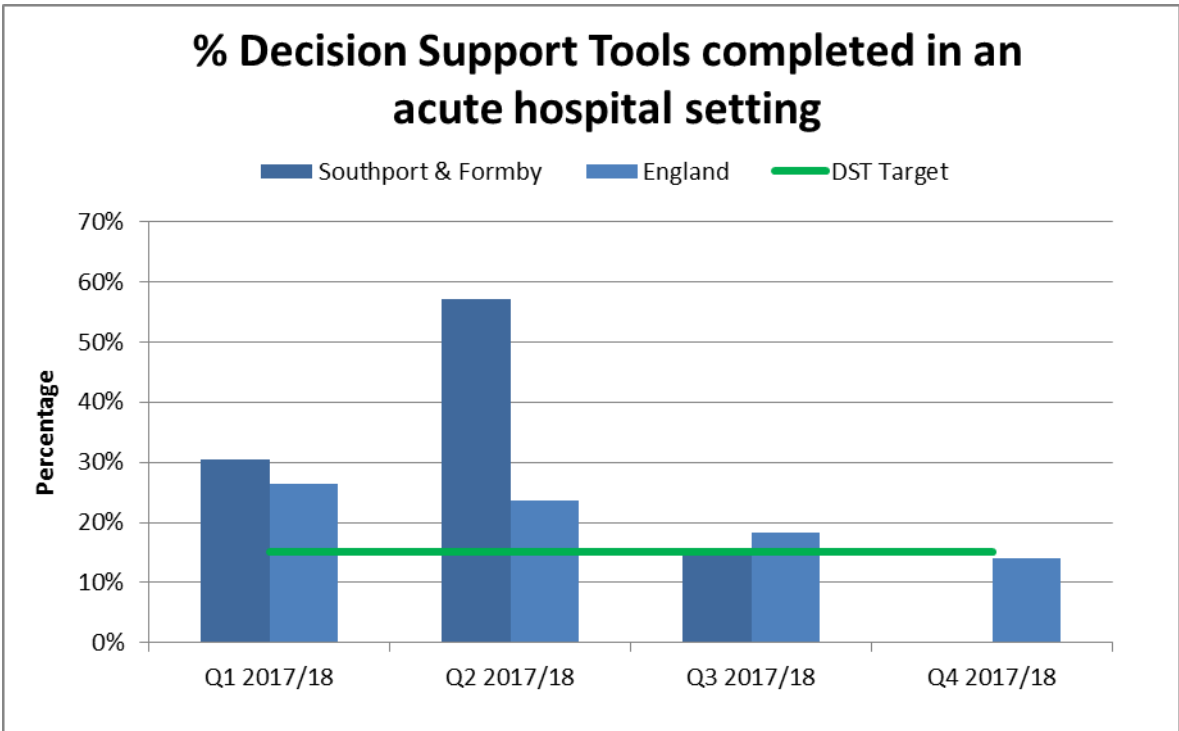


Figure 35 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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 36 - 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%.

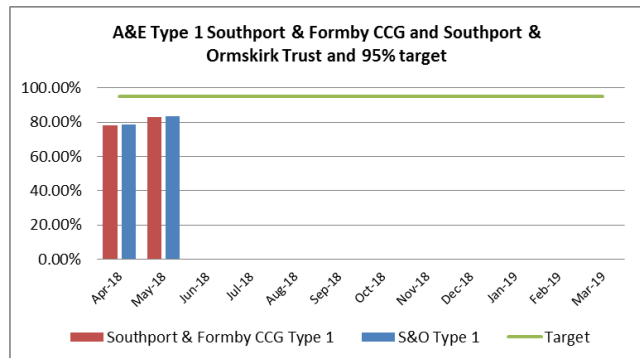
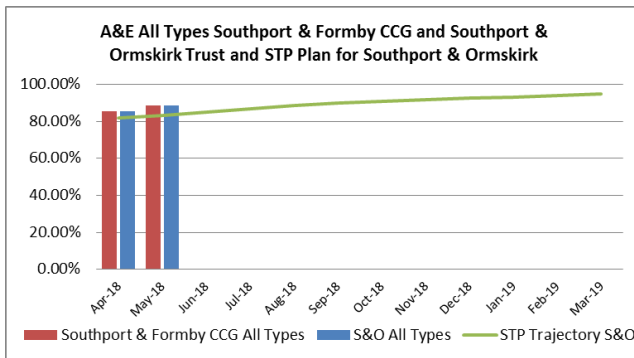
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 37 - 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 - May	95.00%	87.11%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - May	95.00%	80.79%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - May	STF Trajectory Target for May 83.4%	87.21%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - May	95.00%	81.18%	↑

A&E All Types	Apr-18	May-18	YTD
STP Trajectory S&O	81.70%	83.40%	%
S&O All Types	85.57%	88.75%	87.21%



Southport & Ormskirk’s performance against the 4-hour target for May reached 88.75%, which is above the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 83.4% for May. This is also an improvement on last month’s performance.

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.

There was a 5.1% increase in attendances in May compared to May 17 (an extra 230 patients compared to last year). The previous year had seen an increase of over 300 patients compared to the previous year so there has been a growth of over 500 patients in 2 years for the month of May. May saw an increase in patients streamed to minors pathways. ED held an enhanced care week with all SPAs and admin sessions for 1 week cancelled to increase consultant support in the department. On a number of occasions across May, 40% of attendances were minors. ED continues to work with EY partners addressing improvements at the front door whilst work continues to inpatient flow.

Figure 38 - 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 - May	0	1	↗ ↔

Southport & Ormskirk had no 12-hour breaches in the month of May. 1 breach was reported in April during the Easter Bank Holiday weekend when 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 May there was an average response time in Southport and Formby of 10 minutes 46 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes. Southport & Formby had the longest 90th percentile response times in Category 1 and 4 in Merseyside, with the 90th percentile times for category 4 calls at 6 hours 46 minutes against a target of 3 hours.

Figure 39 - 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 - May	0	190	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - May	0	32	↓

In May Southport and Ormskirk reported 190 handovers taking between 30 and 60 minutes, a further decrease on last month when 200 was reported. Handovers longer than 60 minutes also saw further a decrease with 32 in May compared to 75 in the previous month. The Trust has breached these zero tolerance thresholds every month; however performance has improved over the past two months.

Ambulance handovers within 15 minutes remains a significant challenge with the current ED estate. A number of meetings have been held across North Mersey to review challenges in ambulance handovers. Clinical teams from neighbouring acute trusts have recognised the difference in demographics of the Southport population and the challenges this presents with very few fitting 'fit to sit' initiatives. The planned estate work due for completion Sept 2018 will see 4 dedicated cubicles for ambulance patients, and triage and reception moved to the front door of the department. The much needed additional clinical assessment space will aid more timely ambulance handovers. In the interim, an improvement programme around triage is due to commence later this month with the ED nursing team to ensure consistency and drive improvements.

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 NWAS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes additional clinicians.

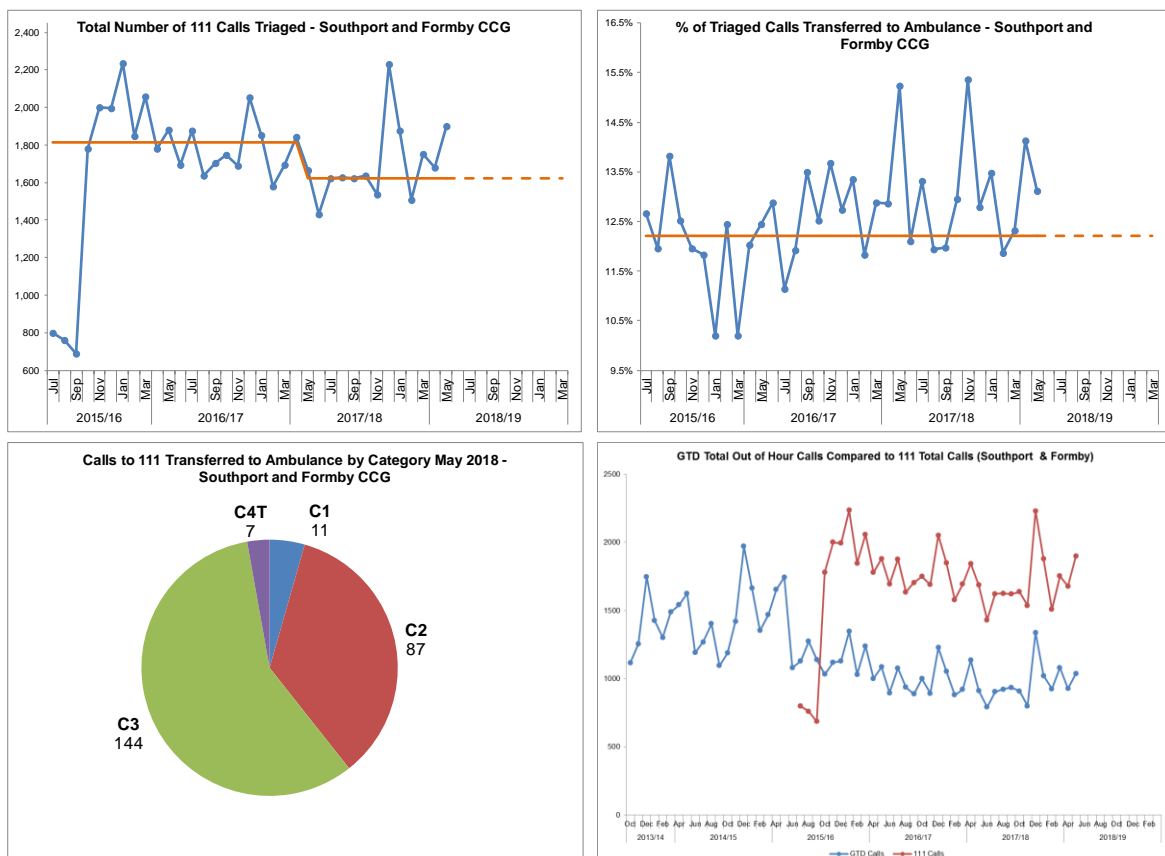
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWAS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

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 40 – 111 Calls



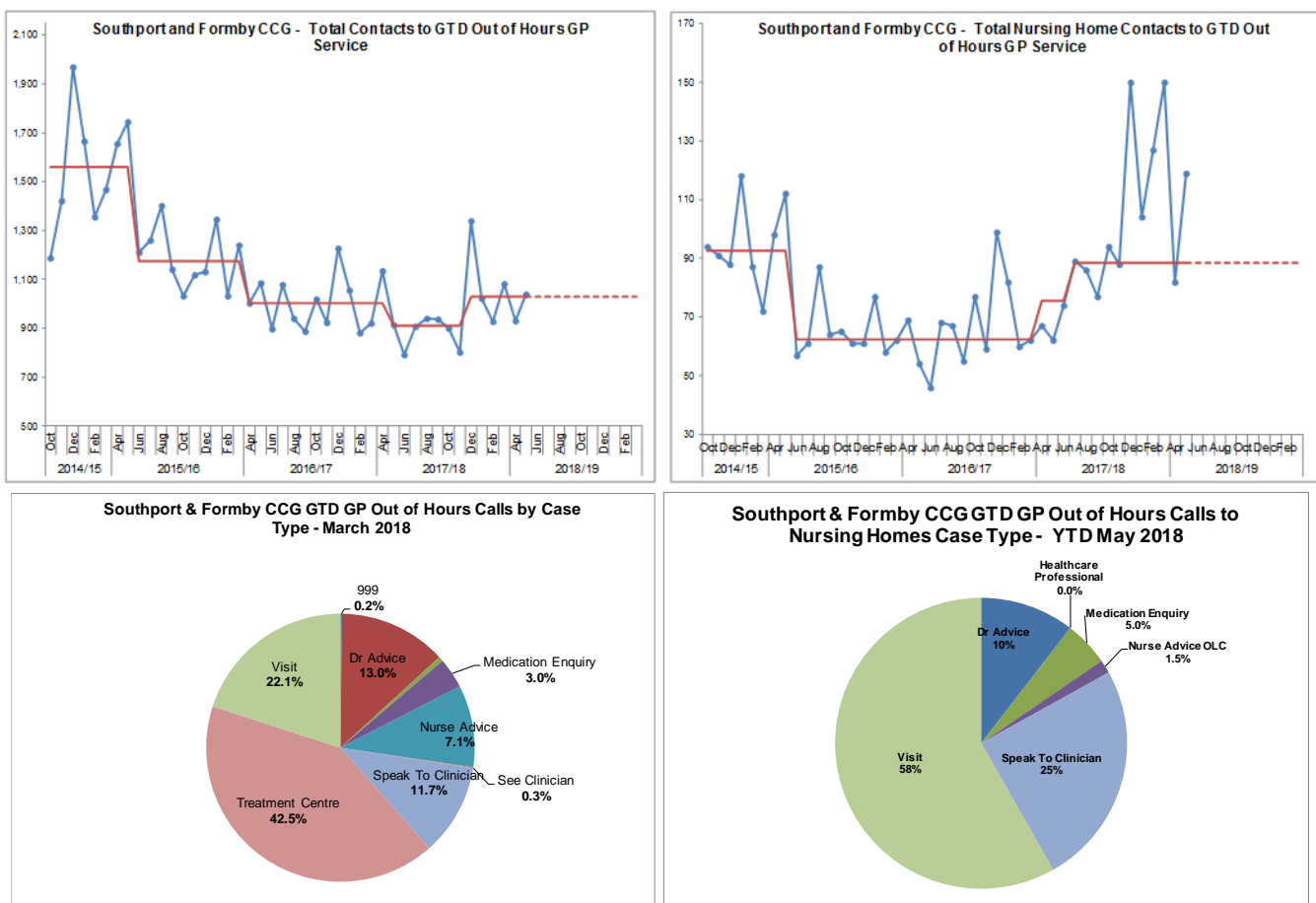
Southport & Formby CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Other Service	Closed with Advice Only
2016/17 %	12.6%	7.8%	58.9%	2.4%	18.3%
2017/18%	13.0%	7.8%	60.7%	3.1%	15.4%
YTD 2018/19 %	13.6%	7.7%	60.6%	3.3%	14.8%

There were 1,899 calls to the 111 service by Southport and Formby patients in May 2018, an increase on the previous month of 13%. The number of contacts is also higher than the same point in the previous year.

As of month 2 2018/19, there has been a higher proportion of calls resulting in a transfer to ambulance and advised to other service. The rate of those being advised to attend an accident and emergency department has remained level along with being advised to primary and community care, with the rate of calls closing with advice only reducing.

4.3.2 GP Out of Hours Calls

Figure 41 – 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
2016/17 %	0.2%	8.5%	0.1%	2.5%	13.0%	2.7%	14.7%	40.1%	18.4%
2017/18 %	0.2%	11.8%	0.1%	4.0%	9.7%	0.6%	13.5%	41.3%	18.8%
YTD 2018/19 Month 2 %	0.2%	13.0%	0.6%	3.7%	9.9%	0.1%	11.1%	41.5%	20.0%

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service has increased in May to 1,039. This is a greater number than the same time in the previous year. So far, 2018/19 has seen a larger proportion of calls in the category Dr. Advice, Visit and Healthcare Professional. There has also been an increase in the number of calls from nursing homes, with an increase of 48% on the previous month.

Figure 42 – Out of Hours Quality Indicators

May-18	Total	%
	Southport & Formby	
QR02 Supply of Clinical Details Compliance	1038	98.94%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	118	81.36%
NHS 111 Speak To Performance (Emergency)	50	96.00%
NHS 111 Speak To Performance (Urgent)	95	85.26%
NHS 111 Speak To Performance (Less Urgent)	162	91.36%
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)	42	100.00%
QR12 Base Time to Consultation (Urgent Patient Choice)	42	100.00%
QR12 Base Time to Consultation (Less Urgent)	390	99.49%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	390	99.49%
QR12 Visit Time to Consultation (Emergency)	1	100.00%
QR12 Visit Time to Consultation (Urgent)	42	80.95%
QR12 Visit Time to Consultation (Less Urgent)	166	97.59%
QR12 Face To Face Consultation (Emergency)	2	100.00%
QR12 Face To Face Consultation (Urgent)	84	90.48%
QR12 Face To Face (Less Urgent)	556	98.92%

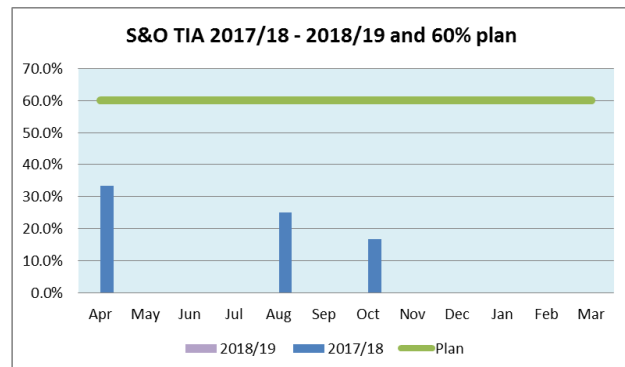
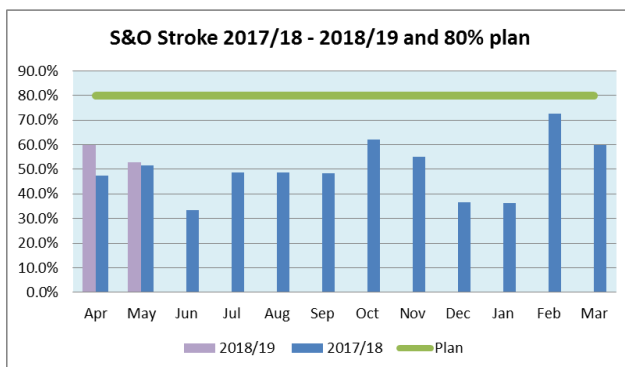
The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 43 - 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 - May	80%	52.90%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - May	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in May recording 52.9%, with 18 out of 34 patients spending 90% of their time on a stroke unit. The Trust has reported undertaking significant actions to improve performance in the last few 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 relation to the TIAs 0% compliance was reported again in May with 5 reportable patients breaching the target. This is the seventh 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 44 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - May	0.00	0.80	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - May	0.00	1.40	↓

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

In May the Trust had 7 mixed sex accommodation breaches (a rate of 1.4) and has therefore breached the zero tolerance threshold. Of the 7 breaches, 3 were for Southport & Formby CCG, 2 for West Lancashire CCG and 2 for South Sefton CCG. All breaches were on critical care, the majority of which were 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 45 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - May	6	5	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - May	6	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - May	18	29	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - May	No Plan	34	↑

There were 2 new cases of Clostridium Difficile attributed to the CCG in May, bringing the year to date figure to 5 against a plan of 6. One case was apportioned to an acute trust and 4 to the community. Southport & Ormskirk has reported 1 new case in May bringing the year to date figure to 2, against a plan of 6.

The CCG and Southport & Ormskirk are both complaint at month 2 and year to date 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 May, 16 new cases were reported bringing the year to date total to 29, therefore the CCG has failed the target of 18. Southport & Ormskirk has reported 18 cases in May, 2 more than in April. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 46 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - May	100	136.80	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	117.73	↑

The monthly HSMR for January 2018 is 136.8 which remains high and outside of expected limits and a significant increase on December 2017 when the 12 month position had been 114.42. The ratio could be improved if the depth of coding was increased to include patient comorbidities. The inclusion of comorbidities will increase the relative risk of dying, into the ratio calculation, which in turn will reduce the HSMR. An External Mortality Review into Pneumonia, Lower Respiratory Infections, Bronchitis and Stroke has commenced and will be concluded on 3rd July, the findings will be reported to the September Board. 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. An action plan for sustainable quality improvement activity with Advancing Quality Alliance (AQuA) and the North West Innovation Agency; has been created on the back of the Mortality Improvement Meeting of 31st May.

NHS Digital has recently published Trust-level SHMI data for October 2016 to September 2017. For this time period Southport & Ormskirk are reporting 117.73.

4.5 CCG Serious Incident Management

The CCG action plan remains in place and monitored by Joint Quality Committee on a monthly basis. Follow Peer review with Bolton CCG and Bolton NHS FT, and SIRG feedback from NHS E C&M are due to take place in July 2018.

Southport and Ormskirk Hospitals NHS Trust – There were five incidents reported in May (12 YTD) with one Never Event Maternity/obstetrics. 1 was closed in month, 6 YTD and 1 downgraded and removed from StEIS. 49 remain open on StEIS with 23 open for >100 days. Concerns have been highlighted to the Trust in relation to the number of non-submission of RCA's in line with National Framework, which has been highlighted to the Director of Nursing verbally and formally.

MerseyCare NHS Foundation Trust – There were zero incidents raised in month with zero YTD. There are 8 open on StEIS with 6 being open for > 100 days.

Lancashire Care NHS Foundation Trust – There were zero incidents raised in month (4 YTD) with zero Never Events and zero closed. There are seven open on StEIS with two open > 100 days (1 pressure ulcer legacy).

Liverpool Women's – There is 1 incident open of StEIS which have been open for > 100 days which is the 'Test of Cure' incident.

There are 88 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
1	Liverpool Women's
1	North West Ambulance Service
6	Merseycare
2	The Walton Centre NHS Foundation Trust (NHS E Specialist Commissioning)

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 47 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2017 – May 2018

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

The average number of delays per day in Southport and Ormskirk hospital decreased from 9 in April to 4 in May. Of the 4 delays: 3 were due to patient or family choice and 1 delayed due to waiting for residential care home placement.

Analysis of average delays in May 2018 compared to May 2017 shows no change.

Figure 48 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – May 2018

Agency Responsible	2017-18												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	196	292	138
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 138 in May, compared to 292 last month. Analysis of these in May 2018 compared to May 2017 shows very similar figures with 137 in May 2017 (0.7% increase).

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

Figure 49 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – May 2018

Reason for Delay	2017/18												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2	4
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	8	12
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	4	5
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	2	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	1	2
DJ) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	3	7
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	2	0
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	1	0
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0	1
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	1	1	0	0	0	0	0	1	0	1	1
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7	7
Grand Total	35	29	34	37	41	40	41	40	32	29	32	30	30	43

The average number of delays per day at Mersey Care increased to 43 in May. Of the 43 delays: 4 were waiting for housing, 12 for further NHS non-acute care, 5 for nursing home placements, 4 patient or family choice, 2 public funding, 7 awaiting residential care home placements, 1 dispute, 1 community equipment/adaptations and 7 other.

Analysis of average delays in May 2018 compared to May 2017 shows them to be higher by 14 (48.3%).

Figure 50 – Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – May 2018

Agency Responsible	2016/17												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486	827
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277	404
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127	84

The total number of days delayed caused by NHS was 827 in May, compared to 486 last month. Analysis of these in May 2018 compared to May 2017 shows an increase from 488 to 827 (69.5%). The total number of days delayed caused by Social Care was 404 in May, compared to 277 in April. Mersey Care also have delays caused by both which were 84 in May, a decrease from last month when 84 were reported.

Figure 51 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – May 2018

Reason for Delay	2017-18												2018-19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
A) COMPLETION ASSESSMENT	0	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	3
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1	0	1	1	0
DJ) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2	1	1	1	1
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2	2	1	1	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	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	0
H) DISPUTES	2	2	3	3	2	2	2	1	1	1	1	2	2	3
I) HOUSING	5	6	5	3	1	0	0	0	0	0	0	0	0	0
O) OTHER	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Grand Total	16	15	17	13	13	14	13	12	9	11	8	10	9	7

The average number of delays per day at Lancashire Care decreased slightly to 7 in May, from the 9 reported in April. Of the 7 delays, 3 were awaiting public funding, 1 awaiting residential care home placement and 3 disputes.

Analysis of average delays in May 2018 compared to May 2017 shows them to be lower by 8 (-53.3%).

Figure 52 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – May 2018

Agency Responsible	2017-18												2018-19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80	79	236	173	128
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102	46	0	18	31
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141	112	77	60	54

The total number of days delayed caused by NHS was 128 in May, compared to 173 last month. Analysis of these in May 2018 compared to May 2017 shows a decrease from 214 to 128 (40.2% decrease). The total number of days delayed caused by Social Care was 31 in May, compared to 18 in April. Lancashire Care also have delays caused by both which was 54 in May, a decrease from the previous month when 60 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:

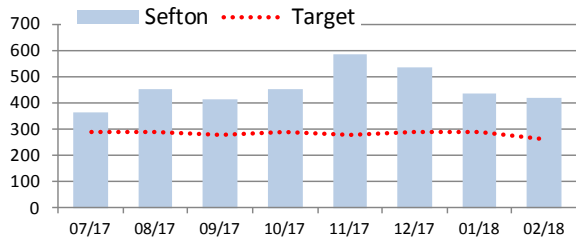
- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.


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 .

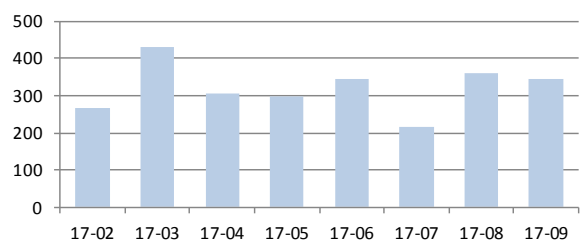
In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated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


Figure 53 – ICRAS Metrics

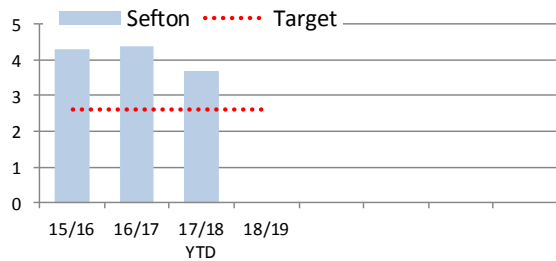
A1. Delayed Transfers of Care - Total Delayed Days - Rate per 100,000 (IBCF Target) 




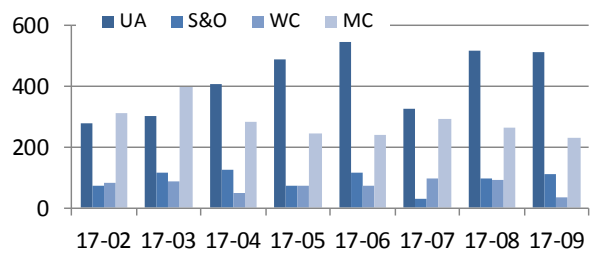
A6. Delayed Transfers of Care - Non-Acute Days Attributed to NHS 



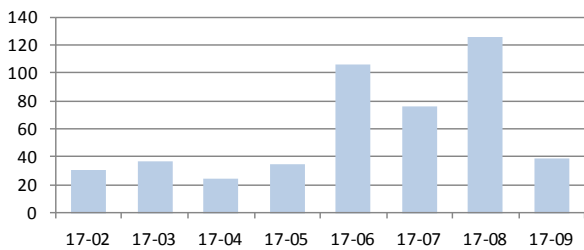
A2. Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target) 



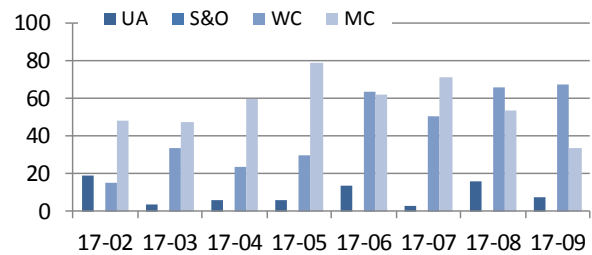
A7. Delayed Transfers of Care - Total Days by Key Providers (in Sefton) 




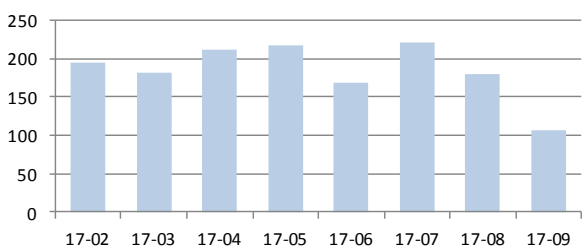
A3. Delayed Transfers of Care - Acute Days Attributed to Adult Social Care 




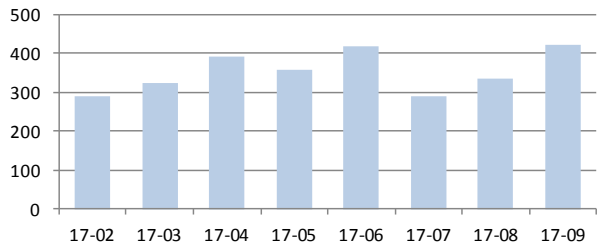
A8. Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC 



A4. Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care 



A5. Delayed Transfers of Care - Acute Days Attributed to NHS 



4.8 Patient Experience of Unplanned Care

Figure 54 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: **May-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%	1.3%		87%	66%		8%	22%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.3% in May, falling further below the England average of 12.9%. This is a decline on last month when 2.4% 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%, and even further to 66% in May, again falling further below the England average of 87%. The percentage not recommended has increased from 4% in March to 8% in April and to 22% in May, increasing above 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 2 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £794k/14.4%. 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 £536k/9.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital who have a variance of £497k/10% against plan at month 2. Aintree Hospital are also seeing an over performance of £146k/100%.

Figure 55 - Month 2 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	242	476	234	96%	£145	£291	£146	100%	£-146	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	156	160	4	3%	£67	£69	£2	3%	£-2	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	25	24	-1	-3%	£86	£118	£32	38%	£-32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	49	43	-6	-12%	£70	£79	£9	13%	£-9	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	276	211	-65	-24%	£140	£206	£67	48%	£-67	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	1	0	47%	£7	£9	£2	29%	£-2	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	749	915	166	22%	£515	£772	£258	50%	£-258	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20	24	4	22%	£7	£19	£12	161%	£0	£12	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	4	4	0%	£0	£0	£0	0%	£0	£0	-
LANCASHIRE TEACHING HOSPITAL	0	48	48	0%	£0	£15	£15	0%	£0	£15	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	7	7	0%	£0	£3	£3	0%	£0	£3	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	9,706	9,859	153	2%	£4,914	£5,412	£497	10%	£0	£497	10%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	86	94	8	10%	£42	£49	£7	16%	£0	£7	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	12	4	-8	-67%	£14	£10	£-4	-28%	£0	£-4	-28%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	3	3	0%	£0	£0	£0	0%	£0	£0	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	16	16	0%	£0	£8	£8	0%	£0	£8	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	14	11	-3	-21%	£8	£6	£-1	-17%	£0	£-1	-17%
ALL REMAINING PROVIDERS TOTAL	9,837	10,070	233	2%	£4,985	£5,521	£536	11%	£4	£536	11%
GRAND TOTAL	10,587	10,985	398	4%	£5,499	£6,294	£794	14.4%	£-258	£536	9.8%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 2 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	6,507	6,758	251	4%	£936	£924	£-11	-1%
NEL/NELSD - Non Elective/Non Elective IP Same Day	1,733	1,874	141	8%	£3,145	£3,713	£568	18%
NELNE - Non Elective Non-Emergency	202	248	46	23%	£451	£423	£-28	-6%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	2	-18	-90%	£6	£0	£-6	-96%
NELST - Non Elective Short Stay	183	255	72	39%	£128	£181	£53	41%
NELXBD - Non Elective Excess Bed Day	1,061	722	-339	-32%	£248	£170	£-78	-31%
Grand Total	9,706	9,859	153	2%	£4,914	£5,412	£497	10%

*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 continue to show slightly above planned levels for activity but below in cost in month 2. Both activity and cost are within the normal range statistically when comparing against the trend of 2017/18.

Emergency admissions continue to show a much higher cost level when compared against the contract plan and previous trend. The reasons for the increased cost levels are being investigated and queried with the Provider as unit cost levels have increased significantly from October 2017 onwards. Initial findings appear to show shifts within HRG groups to higher complexity scores which results in higher costs.

Activity levels have increased to the highest levels seen when comparing 2017/18 admissions, this is due to the inclusion of the Clinical Decisions Unit in the emergency admissions data. Clinical pathway agreement has not yet been finalised for CDU as well as ACU and SAU services within urgent care. As such activity will remain within non-elective admissions. Local agreement regarding costs for such pathways will progress once clinical agreement reached.

4.10 Aintree and University Hospital NHS Foundation Trust

Figure 57 - Month 2 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	143	271	128	90%	£19	£39	£20	103%
NEL - <i>Non Elective</i>	59	132	73	124%	£104	£217	£113	109%
NELNE - <i>Non Elective Non-Emergency</i>	3	4	1	18%	£10	£17	£7	69%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	7	11	4	48%	£5	£8	£3	53%
NELST - <i>Non Elective Short Stay</i>	30	41	11	38%	£7	£10	£3	41%
NELXBD - <i>Non Elective Excess Bed Day</i>	0	17	17	0%	£0	£0	£0	0%
Grand Total	242	476	234	96%	£145	£291	£146	100%

4.11 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £146k/100% is mainly driven by a £113k/109% over performance in Non Elective costs. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT. 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 the 2018/19 plan was agreed post reporting of month 2 and figures presented are aligned to 2017/18 planned figures.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	40	38	2	-2
1 Com Prob Low Sev	7	5	2	6
2 Prob Low Sev/Need	11	13	-2	7
3 Non Psychotic Mod	53	64	-11	-23
4 Non Psychotic Sev	171	212	-41	-41
5 Non Psychot V Sev	54	41	13	17
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	132	131	1	-11
8 Non Psychot Chaot	76	70	6	-2
10 1st Ep Psychosis	77	75	2	11
11 Ongo Rec Psychos	197	210	-13	-11
12 Ongo/Rec Psych	238	246	-8	-3
13 Ong/Rec Psyc High	106	106	0	3
14 Psychotic Crisis	15	11	4	0
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	141	159	-18	-65
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	434	482	-48	-144
20 Cognitive Impairment or Dementia Complicated (High Need)	353	370	-17	4
21 Cognitive Impairment or Dementia (High Physical or Engagement)	174	159	15	74
Cluster 97	103	98	111	5
Cluster 98	106	156		
Total	2,558	2,714	0	-170

5.1.1 Key Mental Health Performance Indicators

Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	
Rolling Quarter				100%

Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	
Rolling Quarter				100%

Figure 61 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	66.7%	
Rolling Quarter				75%

5.2 Out of Area Placements (OAP's)

Figure 62 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2017/18. The total number of OAP's in quarter 4 2016/17 was 60 therefore the target for 2018/19 is 40. The latest reporting period is February to April 2018 when 55 OAP days were reported. The CCG is therefore failing to meet the target although is lower than the previous reporting period when 55 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 Trust will be updating the Leadership Team on CRHTT on 21st August 2018.

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 November 2017. 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.

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

Up to May 2018 there have been no reported mental health related 12 hours breaches relating to Mersey Care FT patients (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 with the next meeting to take place on 31st July 2018.

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 –

- Dragon 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

Psychotherapy and Eating Disorder wait times continue to be sub –optimal. The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address ongoing waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. Quality and BI colleagues will need to be involved to agree the process for reporting activity plan, waiting times and trajectories for reducing the number waiting over 18 weeks.

Early Intervention Psychosis

The 2 week waiting standard continues to be met by both CCGs, however the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) audit report identified service deficits in the interventions being offered including physical health interventions and these were the subject of discussion at an NHS England “Deep Dive “ visit held on 21st May 2018. The audit was run between October and January 2018, during which the Family Therapist post only commenced in January 2018 in addition the STP allocated additional resource towards Individual Placement Support advisors in Q1 2018/19 which are provided by Imagine. The CCQI audit will be re-run later in 2018/19 and these developments will have a positive impact on any future result. In respect of physical health the Trust is working to improve monitoring across all areas.

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.

IAPT Internal waits

Internal waits, i.e. the wait from referral to treatment continues to improve with support from NHSE. At the start of the contract, there were in excess of 1,000 individuals waiting for step 2 therapies alone.

In 2017/18 the decision was made to ring fence the longest waiters at Step 2, with an identified cohort of practitioners working specifically with these clients. This was successful in reducing waits for step 2 (CBT based interventions) to an average of less than six weeks. These average waits have been maintained, with fluctuations between the two CCGs as resource is shifted to meet demand. In an effort to address the need to continually flex resource, telephone work at Step 2 has increased. This prevents the need for a practitioner to be based in a specific location and enables the service to move quickly to address peaks in demand in given areas.

As a result of the success of the above work, more recently the same principles have been applied to the counselling waiting list. This work is continuing but has so far seen a significant reduction in waiting times, with clients not requiring specific times/venues currently waiting less than 12 weeks to access therapy. This is expected to continue to reduce further.

Requests for out of hours appointments and specific times continue to impact on waiting lists and efforts have been made to address this, including re-phrasing of information given at the point of assessment and amended correspondence.

The tables below show the improvement in waits from November 2017 to the end of May 2018.

IAPT internal waits Nov 2017	Less than 28 days	More than 28 days less than 6 weeks	More than 6 weeks less than 90 days	More than 90 days less than 128 days	More than 128 days	Total
NHS South Sefton CCG	274	49	118	58	100	599
NHS Southport & Formby CCG	192	78	116	30	31	447
Total internal waiters	466	127	234	88	131	1,046
%	44.6%	12.1%	22.4%	8.4%	12.5%	100.0%

IAPT internal waits May 2018	Less than 28 days	More than 28 days less than 6 weeks	More than 6 weeks less than 90 days	More than 90 days less than 128 days	More than 128 days	Total
NHS South Sefton CCG	238	136	66	20	50	510
NHS Southport & Formby CCG	187	68	51	12	12	330
Total internal waiters	425	204	117	32	62	840
%	50.6%	24.3%	13.9%	3.8%	7.4%	100.0%

Waiting times are significantly impacted by patients' specific requests for appointments within narrow time periods, on certain days of the week and at a venue of choice. It is possible that the co-location of therapists into physical health settings will reduce the requests to be seen in alternative venues or at restricted times, and improve the flow of patients through pathways.

5.3 Patient Experience of Mental Health Services

Figure 63 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: **May-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%	3.4%	/	89%	91%	/	4%	2%	/

In May, Merseycare recorded a response rate of 3.4%, which is above the England average of 2.8%. This is an improvement on last month when 2.9% was reported. 91% of respondents reported they would recommend the service in May, an improvement on last month's performance of 90% and above the England average of 89%. The percentage who would not recommend is 2% in May, a slight decline on last month of 1% but still less than the England average of 4%.

5.4 Improving Access to Psychological Therapies

Figure 64 - 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	222											440
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%	1.16%											2.3%
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	51.9%	50.3%											51.1%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%											99.4%
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%	100.0%											100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	160											327
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	5											16
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78											159
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	89.4%	88.6%											89.0%

Cheshire & Wirral Partnership reported 222 Southport & Formby patients entering treatment in Month 2. This is a slight increase from the previous month when 218 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 2 was 1.16% and therefore failed to achieve the standard.

Referrals reduced in Month 2 with 264 compared to 291 in Month 1. 68.94% 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 increased in Month 2 with 41 compared to 37 in the previous month.

The percentage of people moved to recovery decreased with 50.3% compared to 51.9% in the previous month. This still satisfies the monthly target of 50%.

Cancelled appointments by the provider saw a slight increase in Month 2 with 40 compared to 35 in Month 1. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased slightly from 121 in Month 1 to 127 in Month 2. 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 2 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 65 - 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	1528										
Estimated Prevalence (Age 65+)	2177.9	2181.3										
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%										
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 May 2018 of 70%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

Figure 66 - 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		Q4 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	100	80	125	85	155	80	185	75	565	320
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	4.3%	6.7%	4.5%	8.3%	4.3%	9.9%	4.0%	30.1%	17.0%

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 4 performance shows 4.0% of children and young people receiving treatment (75* out of an estimated 1,877 with a diagnosable mental health condition), against a target of 9.9%. 110* more patients needed to have received treatment to achieve the quarter 4 target. The Access rate for the year was 17.0% against the target of 30%.

**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 67 - 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 68 - 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.

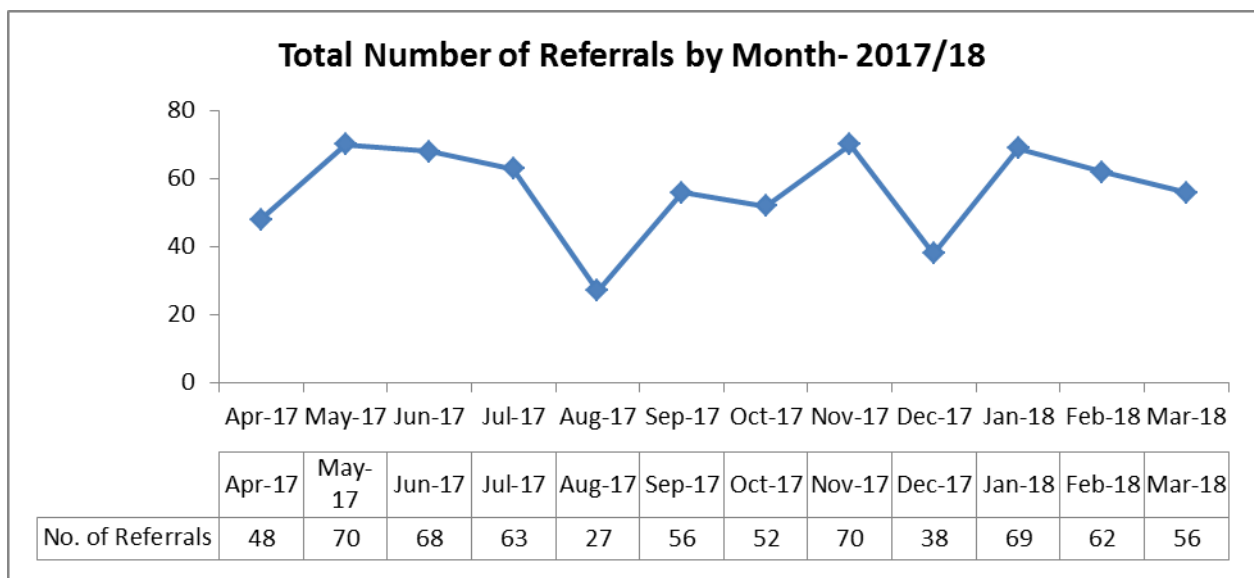
Quarterly plans have been set for 2018/19 with the expectation 100% of routine referrals will start treatment within 4 weeks, and 100% of urgent cases within 1 week.

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 69 – 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 70 – 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 71 – 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 72 – 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 73 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores
Lancashire Care NHS Foundation Trust
Latest Month: May-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%	1.1%	/	96%	98%	/	2%	1%	-

Lancashire Care is reporting a response rate of 1.1% in May against an England average of 3.7%, a slight improvement in performance from 0.7% reported in April. The percentage who recommended the service was 98%, a slight improvement from last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 1% for the fifth consecutive month, below the England average of 2%.

6.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 2 2018/19 the year to date costs for Southport & Formby CCG patients were £32,493, compared to £19,382 at the same time last year. Comparisons of activity between the two time periods show that activity has increased from 129 in 17/18 to 145 in 18/19.

6.4 Any Qualified Provider – Specsavers

Adult Hearing

At month 2 2018/19 the year to date costs for Southport & Formby CCG patients were £37,149, compared to £36,410 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 141 in 17/18 to 131 in 18/19.

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

Figure 74 - 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 75 - 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 76 – 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 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 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.

A summary of the Q1 BCF performance is as follows:

Figure 77 – 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	Data not available to assess progress
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 78 – 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 2%, this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 2 performance and narrative detailed in the table below.

Figure 79 – Southport & Formby CCG’s Month 2 Submission to NHS England

May 2018 Month 02	Month 02 Plan	Month 02 Actual	Month 02 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2476	2732	10.34%	Referral plans were revised for 2018/19 in line with changes in trend throughout 2017/18. Other referrals should come back in line as the months progress due to the seasonal nature of the plan. GP referrals have increased over the past few months with the main focus within Aintree Trust and not the CCGs main provider. The increased levels of GP referrals to Aintree are across a number of specialties such as Breast Surgery, ENT, Nephrology, and Dermatology. Work is on-going looking at levels of growth across the system alongside shifts in 'market share'.
Other	1941	2219	14.32%	
Total (in month)	4417	4951	12.09%	
Variance against Plan YTD	8869	9699	9.36%	
Year on Year YTD Growth			6.60%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3698	3732	0.92%	
Follow Up	7763	7724	-0.50%	
Total Outpatient attendances (in month)	11461	11456	-0.04%	
Variance against Plan YTD	22930	22472	-2.00%	
Year on Year YTD Growth			0.90%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1364	1318	-3.37%	Elective and Day Case activity plan reduced in line with trend of 17/18 with plan and actual to be more closely aligned as the months progress. Current activity follows trend of 17/18 and as such is not beyond the statistical range.
Elective Ordinary spells	243	245	0.82%	
Total Elective spells (in month)	1607	1563	-2.74%	
Variance against Plan YTD	3286	3113	-5.26%	
Year on Year YTD Growth			-2.80%	
Urgent & Emergency Care				
Type 1	3593	3821	6.35%	The CCGs main provider recorded the highest number of A&E attendances in May. This spike in activity is being monitored closely as higher levels have been noted over the past three months. A&E performance at the Trust remains in a good position despite increases in activity. Local monitoring of activity levels suggests plan and actual are closer to 5% variance and not 10% YTD. Increases in the plan due to seasonality in the coming months is expected the bring activity levels closer to the 2% margin.
Year on Year YTD			7.10%	
All types (in month)	4008	4489	12.00%	
Variance against Plan YTD	7829	8638	10.33%	
Year on Year YTD Growth			9.50%	
Total Non Elective spells (in month)	1242	1465	17.95%	Changes in pathway and recording within urgent care at the CCGs main provider, mainly within short stay admissions. Introduction of CDU at Southport Trust has caused a large spike in activity in May, this is expected to continue throughout the year due to reporting changes. CCG currently in the process of reviewing and agreeing new urgent care pathways from a clinical viewpoint to then agree a local price structure. Liaising with the Trust to capture CDU specific activity to report on the activity impact since inclusion in the inpatient dataset.
Variance against Plan YTD	2460	2696	9.59%	
Year on Year YTD Growth			5.20%	