

Southport & Formby Clinical Commissioning Group

Integrated Performance Report June 2018

Contents

1. Executive Summary	12
2. Financial Position	15
2.1 Summary	15
2.2 Financial Forecast.....	18
2.3 CCG Reserves Budget	19
2.4 Provider Expenditure Analysis – Acting as One	19
2.5 QIPP	20
2.6 Risk	21
2.7 Risk Adjusted Position	21
2.8 Statement of Financial Position.....	22
2.9 Recommendations	23
3. Planned Care	24
3.1 Referrals by Source	24
3.1.1 E-Referral Utilisation Rates.....	25
3.2 Diagnostic Test Waiting Times.....	26
3.3 Referral to Treatment Performance.....	27
3.3.1 Incomplete Pathway Waiting Times	28
3.3.2 Long Waiters analysis: Top 5 Providers	28
3.3.3 Long waiters analysis: Top 2 Providers split by Specialty.....	29
3.3.4 Provider assurance for long waiters	30
3.4 Cancelled Operations	30
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.....	30
3.4.2 No urgent operation to be cancelled for a 2nd time	31
3.5 Cancer Indicators Performance.....	31
3.5.1 - Two Week Waiting Time Performance.....	31
3.5.2 - 31 Day Cancer Waiting Time Performance	32
3.5.3 - 62 Day Cancer Waiting Time Performance	33
3.6 Patient Experience of Planned Care	34
3.7 Planned Care Activity & Finance, All Providers	35
3.7.1 Planned Care Southport and Ormskirk NHS Trust	36
3.7.2 Southport & Ormskirk Hospital Key Issues.....	36
3.7.3 Aintree University Hospital NHS Foundation Trust.....	37
3.7.4 Renacres Hospital.....	38
3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust	38
3.7.6 iSIGHT Southport.....	39
3.8 Personal Health Budgets	40
3.9 Continuing Health Care (CHC).....	41

3.10 Smoking at Time of Delivery (SATOD).....	43
4. Unplanned Care.....	43
4.1 Accident & Emergency Performance	43
4.2 Ambulance Service Performance.....	45
4.3 NWAS, 111 and Out of Hours	47
4.3.1 111 Calls.....	47
4.3.2 GP Out of Hours Calls	48
NHS 111 Speak To Performance (Emergency).....	49
36.....	49
94.44%	49
NHS 111 Speak To Performance (Urgent)	49
67.....	49
85.07%	49
NHS 111 Speak To Performance (Less Urgent).....	49
137.....	49
92.70%	49
4.4 Unplanned Care Quality Indicators	50
4.4.1 Stroke and TIA Performance.....	50
4.4.2 Mixed Sex Accommodation.....	50
4.4.3 Healthcare associated infections (HCAI).....	51
4.4.4 Mortality	52
4.5 CCG Serious Incident Management.....	52
4.6 Delayed Transfers of Care	53
4.7 ICRAS Metrics	55
4.8 Patient Experience of Unplanned Care	56
4.9 Unplanned Care Activity & Finance, All Providers	57
4.9.1 All Providers.....	57
4.9.2 Southport and Ormskirk Hospital NHS Trust.....	58
4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues	58
4.10 Aintree and University Hospital NHS Foundation Trust.....	58
4.11 Aintree University Hospital NHS Trust Key Issues	59
5. Mental Health.....	59
5.1 Mersey Care NHS Trust Contract	59
5.1.1 Key Mental Health Performance Indicators	60
5.2 Out of Area Placements (OAP's).....	61
5.2.1 Mental Health Contract Quality Overview.....	61
5.3 Patient Experience of Mental Health Services.....	63
5.4 Improving Access to Psychological Therapies	63
5.5 Dementia	65

5.6	Improve Access to Children & Young People’s Mental Health Services (CYPMH)	65
5.7	Waiting times for Urgent and Routine Referrals to Children and Young People’s Eating Disorder Services	66
5.8	Child and Adolescent Mental Health Services (CAMHS).....	66
5.9	Learning Disability Health Checks.....	68
6.	Community Health	69
6.1	Lancashire Care Trust Community Services	69
6.1.2	Quality	69
6.2	Patient Experience of Community Services.....	69
6.3	Any Qualified Provider – Audiology.....	70
6.4	Any Qualified Provider – MSK.....	70
6.5	Percentage of children waiting less than 18 weeks for a wheelchair	70
7.	Third Sector Contracts	70
8.	Primary Care.....	74
8.1	Extended Access (evening and weekends) at GP services.....	74
8.2	CQC Inspections.....	74
9.	Better Care Fund	75
10.	CCG Improvement & Assessment Framework (IAF).....	78
10.1	Background.....	78
11.	NHS England Monthly Activity Monitoring.....	78

List of Tables and Graphs

Figure 1 – CCG Financial Position	15
Figure 2 – Run Rate 2018/19	15
Figure 3 – Financial Dashboard	17
Figure 4 – Forecast Outturn	18
Figure 5 – Reserves Budget	19
Figure 6 – Acting as One Contract Performance (Year to Date)	19
Figure 7 – QIPP Plan and Forecast	20
Figure 8 – CCG Financial Position	21
Figure 9 – Risk Adjusted Position	21
Figure 10 – Summary of working capital	22
Figure 11 - Referrals by Source across all providers for 2017/18 & 2018/19	24
Figure 12 – Southport & Formby CCG E Referral Performance	25
Figure 13 - Diagnostic Test Waiting Time Performance	26
Figure 14- Referral to Treatment Time (RTT) Performance	27
Figure 15 - Total Incomplete Pathways	27
Figure 16 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	28
Figure 17 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	28
Figure 18 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	29
Figure 19 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust	29
Figure 20 – Southport & Formby CCG Provider Assurance for Long Waiters	30
Figure 21 – Southport & Ormskirk Cancelled Operations	30
Figure 22 – Southport & Ormskirk Cancelled Operations for a second time	31
Figure 23 – Two Week Cancer Performance measures	31
Figure 24 – 31 Day Cancer Performance measures	32
Figure 25 – 62 Day Cancer Performance measures	33
Figure 26 – Southport & Ormskirk Inpatient Friends and Family Test Results	34
Figure 27 - Planned Care - All Providers	35
Figure 28 - Planned Care – Southport and Ormskirk NHS Trust by POD	36
Figure 29 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD	37
Figure 30 – Planned Care – Renacres Hospital by POD	38
Figure 31 – Planned Care - Wroughtington, Wigan and Leigh NHS Foundation Trust by POD	38
Figure 32 – Planned Care - iSIGHT Southport by POD	39
Figure 33 - Southport & Formby CCG – 2018/19 PHB Performance	40
Figure 34 - 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	41
Figure 35 - 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	41
Figure 36 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist	42
Figure 37 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	42
Figure 38 - Smoking at Time of Delivery (SATOD)	43
Figure 39 - A&E Performance	43
Figure 40 - A&E Performance – 12 hour breaches	44
Figure 41 - Ambulance handover time performance	45
Figure 42 – 111 Calls	47

Figure 43 – GP Out of Hours Calls	48
Figure 44 – Out of Hours Quality Indicators	49
Figure 45 - Stroke and TIA performance	50
Figure 46 - Mixed Sex Accommodation breaches	50
Figure 47 - Healthcare associated infections (HCAI)	51
Figure 48 - Hospital Mortality	52
Figure 49 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2017 – June 2018	53
Figure 50 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – June 2018	53
Figure 51 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – June 2018	54
Figure 52 – Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – June 2018	54
Figure 53 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – June 2018	54
Figure 54 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – June 2018	55
Figure 55 – ICRAS Metrics	55
Figure 56 - Southport A&E Friends and Family Test performance	56
Figure 57 - Month 3 Unplanned Care – All Providers	57
Figure 58 - Month 3 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	58
Figure 59 - Month 3 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	58
Figure 60 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity	59
Figure 61 - CPA – Percentage of People under CPA followed up within 7 days of discharge	60
Figure 62 - CPA Follow up 2 days (48 hours) for higher risk groups	60
Figure 63 - Figure 16 EIP 2 week waits	60
Figure 64 - OAP Days	61
Figure 65 - Merseycare Friends and Family Test performance	63
Figure 66 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)	63
Figure 67 - Dementia casefinding	65
Figure 68 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)	65
Figure 69 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% Target)	66
Figure 70 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)	66
Figure 71 – CAMHS Referrals	67
Figure 72 – CAMHS Waiting Times Referral to Assessment	67
Figure 73 – CAMHS Waiting Times Referral to Intervention	68
Figure 74 – Learning Disability Health Checks	68
Figure 75 - Lancashire Care Friends and Family Test performance	69
Figure 76 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)	70
Figure 77 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans	74
Figure 78 – CQC Inspection Table	75
Figure 79 – BCF Metric performance	76
Figure 80 – BCF High Impact Change Model assessment	77
Figure 81 – Southport & Formby CCG’s Month 3 Submission to NHS England	79

Summary Performance Dashboard

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		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	R										R	
		Actual	76%	75%	78%											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	R											
		Actual	5.139%	4.667%	4.14%											
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G											
		Actual	92.47%	93.41%	93.3%											
		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	G										R	
		Actual	0	1	0											1
		Target	0	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	R										R	
		Actual	0	0	3											3
		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	G														G	
		Actual	91.39%	93.46%	94.75%															93.21%
		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%	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														R	
		Actual	82.50%	79.55%	92.86%															84.92%
		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%	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														G	
		Actual	94.87%	98.73%	97.01%															96.88%
		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%	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	G														G	
		Actual	83.33%	100%	100%															94.74%
		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%	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														G	
		Actual	100%	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%	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														G	
		Actual	100%	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%	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	G														R	
		Actual	75.00%	87.50%	91.43%															84.68%
		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%	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											G	
		Actual	100%	83.33%	100%												95.24%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
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											G	
		Actual	100%	92.31%	86.67%												93.33%
		Target	85%	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	R														
		Actual	12.8														
		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											R	
		Actual	85.54%	88.58%	90.68%												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%	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											R	
		Actual	3	3	4												10
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R											R	
		Actual	0.8	0.8	1.0												
		Target	0	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														G	
		YTD	0	0	0															-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G														G	
		YTD	3	5	6															6
		Target	4	7	10	13	16	19	22	25	28	31	34	37	37					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	G																G	
		Actual	100%																	100%
		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%

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	FG																	
		Actual	52.5%																	
		Target	50.00%		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%					50.00%
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	R																	
		Actual	3.3%																	
		Target	16.80%		16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	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	G												G	
		Actual	99.4%													99.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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	G												G	
		Actual	100%													100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	462													
		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											G	
		Actual	70.71%	70%	70.3%												
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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	R													R	
		Actual	81.82%														81.82%
		Target	100%														100%
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	R													R	
		Actual	50%														50%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G														
		Actual	0 patients														
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

Financial position

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

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full. The most likely financial out turn position for the CCG assessed at 31st July 2018 is a deficit of £2.838m. This assumes that QIPP delivery during the year will be £3.566m.

Planned Care

Year to date GP referrals in month 3 of 2018/19 are 6% higher when compared to the same period in 2017/18.

The latest information available for e-Referral utilisation is for June, where the CCG reported 78%, an improvement on May but still failing the target.

The CCG failed the less than 1% target for Diagnostics in June recording 4.14%, a slight improvement on last month's performance of 4.67%. Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 4%, again an improvement on last month's performance of 5.1%.

Southport & Ormskirk reported 3 cancelled operations in June due to running out of theatre time.

The CCG are failing 2 of the 9 cancer measures in month three year to date. They include 2 week breast symptom (84.92%) and the 62 days urgent GP referral metric (84.68%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (50%) and 62 days urgent GP referral (82.86%).

For Friends and Family Southport & Ormskirk Hospital NHS Trust has seen a decline in response rates for inpatients, from 18.8% in May to 16.3% in June. The percentage of patients that would recommend the inpatient service in the Trust has remained static at 93% in June and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also declined, from 1% in May to 2% in June but is still in line with the England average of 2%.

Performance at Month 3 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £326k/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a total over spend of approximately £398k/4.5%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for June reached 90.91%, which is above the Trust's agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.1% for June.

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 1,547 calls to the 111 service by Southport and Formby patients in June 2018, a reduction on the previous month, but an increase on the same point in the previous year.

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service reduced in June to 785, this is a similar number to the same point in the previous year.

Southport & Ormskirk failed the stroke target in June recording 60% with 12 out of 20 patients spending 90% of their time on a stroke unit. In relation to the TIAs 0% compliance was reported again in June with 6 reportable patients breaching the target. This is the eighth consecutive month 0% has been reported.

The CCG has reported an MSA rate of 1.0, which equates to a total of 4 breaches in June. All 4 breaches were at Southport & Ormskirk NHS Trust.

There was 1 new case of Clostridium Difficile attributed to the CCG in June, bringing the year to date figure to 6 against a plan of 9. 2 cases were apportioned to an acute trust and 4 to the community. Southport & Ormskirk has reported 2 new cases in June bringing the year to date figure to 4, against a plan of 9.

The average number of delayed transfers of care per day in Southport and Ormskirk hospital increased from 4 in May to 5 in June. Of the 5 delays: 3 were due to patient or family choice, 1 awaiting nursing home placement and 1 community equipment/adaptations. Analysis of average delays in June 2018 compared to June 2017 shows no change.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 66% in May to 71% in June, but this is still below the England average of 87%. The percentage not recommended has also improved from 22% in May to 16% in June but this is still above the England Average of 8%.

Performance at Month 3 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/17.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced overspend of approximately £1m/12.8%.

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 March to May 2018 when 10 OAP days were reported. The CCG is

therefore achieving the target and 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 195 Southport & Formby patients entering treatment in month 3. This is an 11.8% decrease from the previous month when 221 patients entered treatment. The access rate for month 3 was 1.02% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 56.6% compared to 49.7% in the previous month. This exceeds 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 and shared with the CCG for review.

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

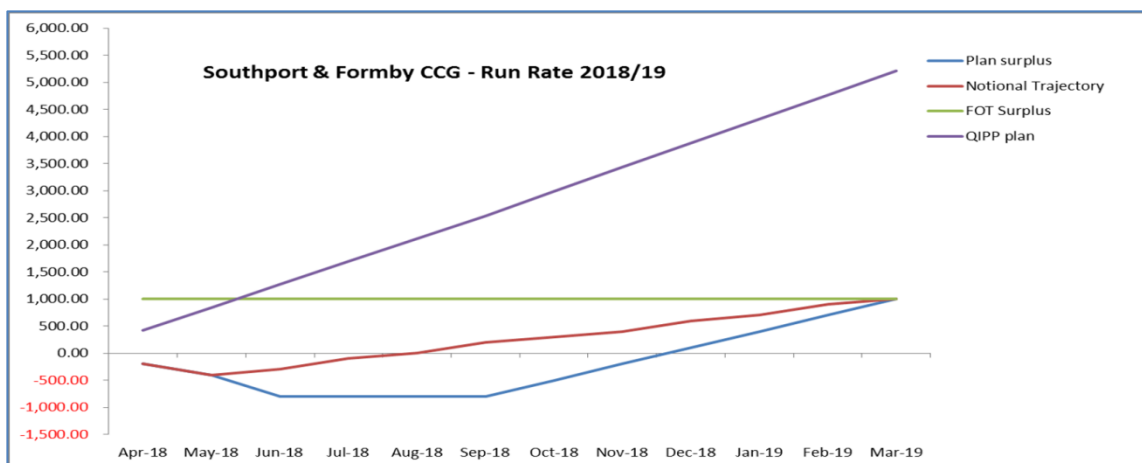
This report focuses on the financial performance for Southport and Formby CCG as at 31 July 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,685	8,080	8,338	258	25,404	719
Corporate & Support Services: admin	2,590	846	771	(75)	2,448	(142)
Corporate & Support Services: programme	2,822	940	899	(42)	2,757	(65)
NHS Commissioned Services	123,513	41,777	42,000	223	124,919	1,406
Independent Sector	5,701	1,940	2,148	207	6,009	308
Primary Care	3,489	1,101	1,183	82	3,616	127
Prescribing	25,231	8,410	8,426	16	25,255	24
Total Operating budgets	188,030	63,095	63,764	669	190,408	2,378
Reserves	(2,353)	669	0	(669)	(4,731)	(2,378)
In Year Planned Surplus/Deficit	1,000	(800)	0	800	0	(1,000)
Grand Total Surplus/Deficit	186,677	62,964	63,764	800	185,677	(1,000)

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 planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – Run Rate 2018/19



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position

- Q2 plans to breakeven
- Q3 & Q4 plan to return to surplus position through delivery of the QIPP plan

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31st July 2018 is a deficit of £2.838m. This assumes that QIPP delivery during the year will be £3.566m. 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.

The CCGs financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and discusses progress made to date at the same time acknowledging that the positive performance in the delivery of QIPP efficiencies in the past two years increases the challenge for the CCG in delivery of further efficiencies in 2018/19.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads in June and July and the risks associated with delivery have been refreshed.

The QIPP plan at Appendix 3 reflects the increasing confidence in the delivery of the medicines optimisation plan discussed at the Finance and Resource Committee in July 2018. The revised QIPP plan in the financial recovery plan included further stretch targets (including medicines optimisation/Right care opportunities). This will be presented to the next QIPP and Financial Recovery Committee meeting and an update will be provided to the Finance and Resource Committee in September 2018.

Regarding the year to date financial position, cost pressures have emerged in the first four months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases 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. This equates to a full year cost pressures of £1.579m
- Over performance of £0.500m at Southport & Ormskirk Trust for PbR activity.
- Increased cost of £0.400m within Lancashire Care Trust relating to continence products.
- Increased cost of £0.325m 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.
- Over performance of £0.240m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.

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.

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 the first four months 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 has been established and it is vital that this is implemented, otherwise the CCG risks not delivering its financial plan.

Figure 3 – Financial Dashboard

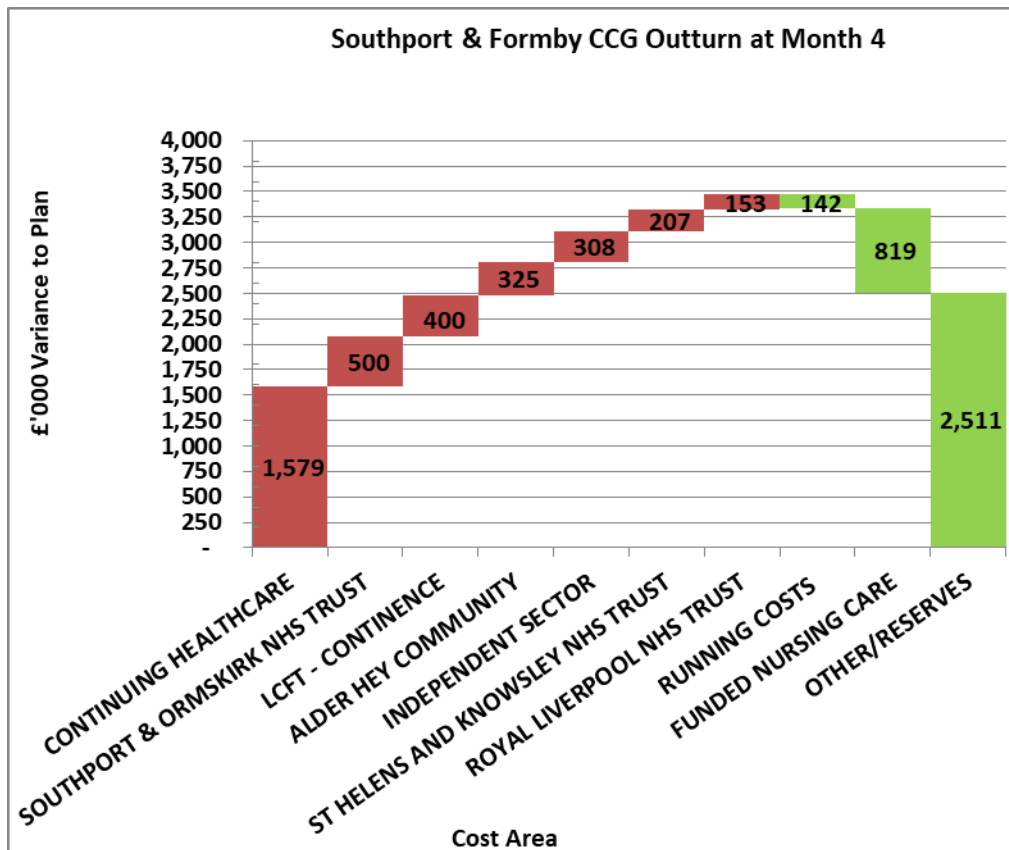
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.5% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£1.235m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPC	NHS - Value YTD > 9%	99.19%
	NHS - Volume YTD > 95%	95.46%
	Non NHS - Value YTD > 95	98.20%
	Non NHS - Volume YTD > 95%	92.73%

- NHS England business rules routinely require CCGs 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.
- A 0.5% Contingency Reserve of £0.934m 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 31st July 2018 for the financial year is a deficit of £2.838m.
- The QIPP target for 2018-19 is £5.210, delivery is £1.235m to date which is £0.560m below the planned delivery at month 4 (see appendix 3).
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.142m.
- BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

2.2 Financial Forecast

The main financial pressures included within the financial position are shown below in figure 4, which presents the CCG's outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a deficit of £2.838m.
- The main financial pressures relate to:
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Increased costs within Lancashire Care Trust relating to continence products.
 - Increased costs within Alder Hey NHS Foundation Trust relating to additional community cost pressures for estates and enteral feeds.
 - Cost pressures within the Independent Sector, iSight Clinic and One to One Midwives.
- The cost pressures are partially offset by underspends in the Acute Commissioning budget due to a benefit in relation to prior year transactions and the reserve budget due to the 0.5% contingency held.

2.3 CCG Reserves Budget

Figure 5 – 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		1.235		1.235
NCSO Adjustment	(1.100)				(1.100)
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230				0.230
Community Services investment	0.697				0.697
Intermediate care	0.500				0.500
CEOV Allocation Adjustment	0.153				0.153
Other investments / Adjustments	0.325	0.808	(0.634)	(0.055)	0.444
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	0.808	0.000	(0.055)	(2.353)

- 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 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.292
Alder Hey Children's Hospital NHS Foundation Trust	0.006
Liverpool Women's NHS Foundation Trust	(0.048)
Liverpool Heart & Chest NHS Foundation Trust	(0.024)
Royal Liverpool and Broadgreen NHS Trust	0.182
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.011)
Grand Total	0.397

- 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 £0.397m under usual contract arrangements.

2.5 QIPP

Figure 7 – QIPP Plan and Forecast

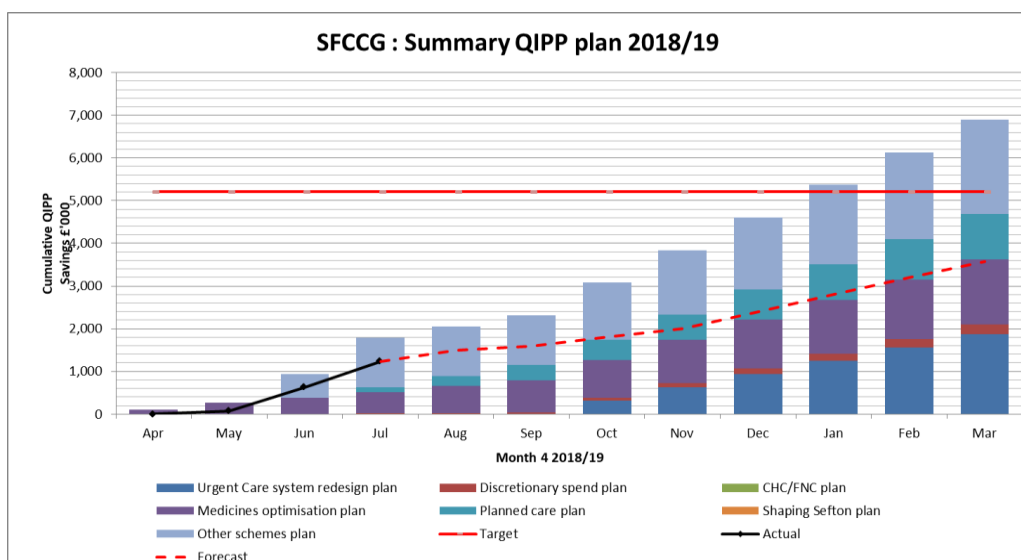


Figure 5 – RAG Rated QIPP Plan

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 £6.896m have been identified; however £4.244m of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved £1.235m QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.6 Risk

Figure 8 – 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 Budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.073	1.162	1.235
Remaining QIPP to be delivered	5.137	(1.162)	3.975
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 9 – 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	3.566	3.566
I&E impact	(1.172)	(2.378)	(2.378)
Forecast Surplus / (Deficit)	(0.172)	(3.022)	(3.022)
Further Risk	(0.700)	(1.650)	(4.800)
Management Action Plan	1.872	1.834	1.834
Risk adjusted Surplus / (Deficit)	1.000	(2.838)	(5.988)

- 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 £2.838m and assumes that QIPP delivery will be £3.566m in total with pressures identified in respect of CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a deficit of £5.988m and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to over performance for Non- Elective activity/costs at Southport and Ormskirk Hospital NHS Trust, 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 10 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2	Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	0	0	0	0	0
Receivables	2,655	2,649	2,241	1,907	2,406
Cash	232	4,733	4,687	3,829	63
Payables & Provisions	(6,331)	(13,154)	(16,042)	(18,558)	(12,162)
Value of Debt> 180 days	1,774	1,721	1,669	1,743	672

- 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 4 is £1.743m and £1.669m of this balance consists 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 £185.341m at Month 4. The actual cash utilised at Month 4 was £62.969m which represents 34.0% of the total allocation. The balance of MCD to be utilised over the rest of the year is £122.372m.
- 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). BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

2.9 Recommendations

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

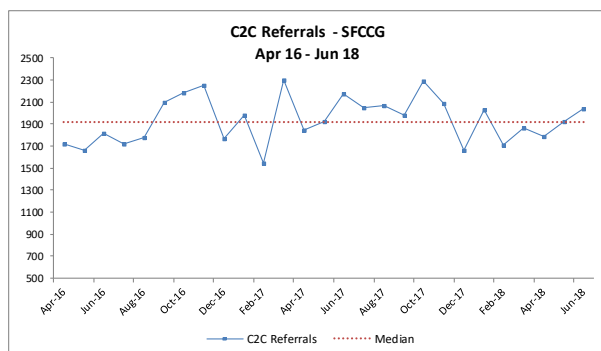
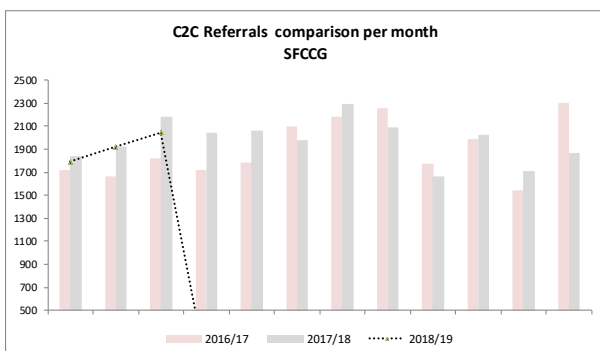
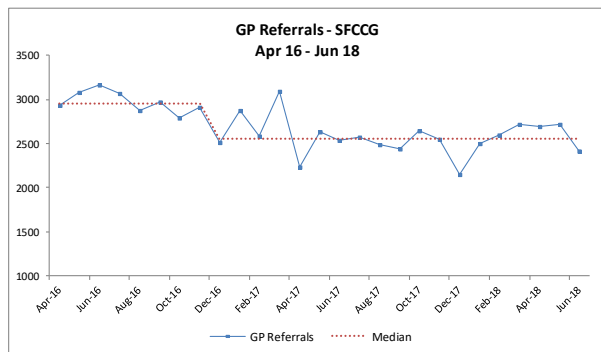
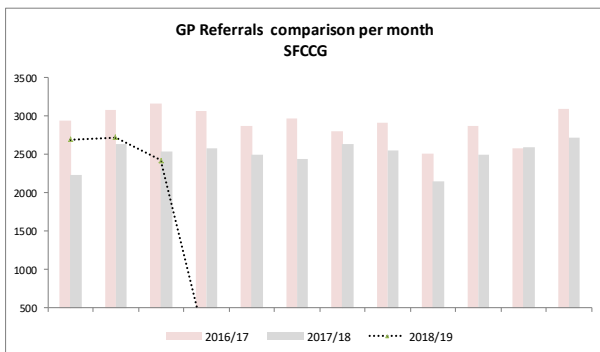
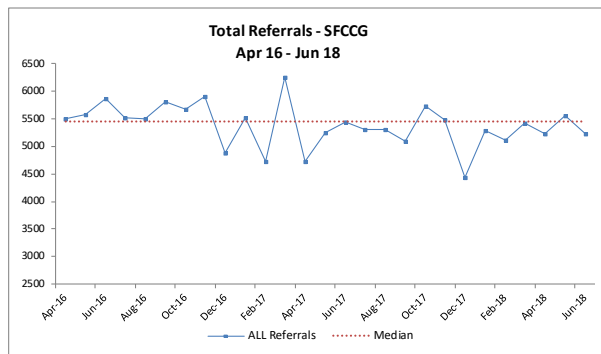
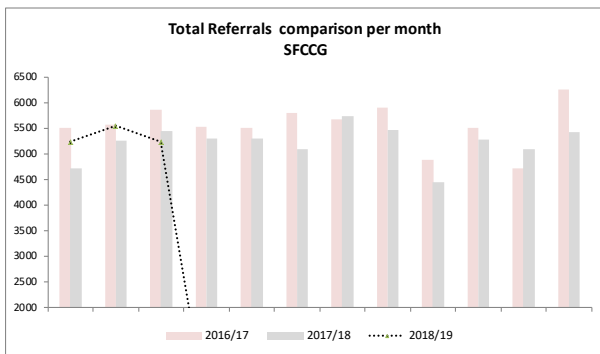
- The full year most likely financial position for the CCG is a deficit of £2.838m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 4 is £1.235m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep online with plan before delivering surplus positions in the last six months of the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support has been evident from member practices which 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 on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

3. Planned Care

3.1 Referrals by Source

Figure 11 - 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	+/-	%
	Month											
April	2235	2694	459	21%	1843	1791	-52	-3%	4725	5237	512	11%
May	2638	2724	86	3%	1922	1923	1	0%	5255	5557	302	6%
June	2543	2420	-123	-5%	2179	2044	-135	-6%	5454	5235	-219	-4%
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	2613	105	4%	1974	1919	-54	-3%	5220	5343	123	2%
YTD Total Month 3	7416	7838	422	6%	5944	5758	-186	-3%	15434	16029	595	4%
Annual/FOT	30088	31352	1264	4%	23684	23032	-652	-3%	62641	64116	1475	2%



Year to date referrals at month 3 are currently up 4% 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 10% compare to 2017/18. In contrast, ENT had seen a significant 38% 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 23%, 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 4% up comparing to 2017/18. GP referrals in 2018/19 to date are 6% up on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 3% 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 June 2018 have had a 5% decrease when compared to last month with further analysis this decrease in activity is due to a drop in GP referrals and with deeper investigation the drop in GP referrals was caused by an decrease in ENT activity and referrals to Southport & Ormskirk Hospital.

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

Data quality note: Walton Neurology Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for physiotherapy 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 physiotherapy 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 12 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - June	80% by Q2 17/18 & 100% by Q2 18/19	78.00%	↑

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 June, where the CCG reported 78%, an improvement on May but still failing the target.

3.2 Diagnostic Test Waiting Times

Figure 13 - 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 - June	<1%	4.14%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - June	<1%	4.00%	↓

The CCG failed the less than 1% target for Diagnostics in June recording 4.14%, a slight improvement on last month's performance of 4.67%. In June, out of 2,150 patients, 95 patients were waiting over 6 weeks, and 6 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in non-obstetric ultrasound (31), MRI (14) and cystoscopy (17).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 4%, again an improvement on last month's performance of 5.1%. In June, out of 2,820 patients, 122 patients waited over 6 weeks, and 9 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for non-obstetric ultrasound (59) and cystoscopy (27).

Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy - For all scopes patient choice is an issue due to holidays. There are also fewer slots to utilise in core hours due to the current nursing staffing levels, which impacts on achieving the three week notice period for all patients. Waiting list initiative sessions continue on a Saturday and in week. An action plan is underway to open up Room 4 which will have a positive impact on numbers of patients the Trust can do in core hours. Staffing and training timescales are currently being discussed. The action plan will be updated to reflect timescales once confirmed.

Cystoscopy – There were 6 outpatient cystoscopies in month, delays due to patient choice. A total of 14 cystoscopies were for general anaesthetic; 4 were urology and 10 urogynaecology patients. Capacity for both outpatient and inpatient lists will be reviewed.

Non Obstetric Ultrasound - Due to the reduction of consultant capacity throughout the whole of April and due to the specialist consultant referral demand, capacity was significantly reduced which was compounded by the waiting list activity also increasing. 38 out of 59 breaches were due to capacity issues and the remainder due to circumstances outside of the Trusts control.

The CCG is working with Southport & Ormskirk to seek assurance that the issues causing the underperformance are being addressed.

3.3 Referral to Treatment Performance

Figure 14- 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 - June	Target being revised	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - June	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 - June	92%	93.30%	↓
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 - June	92%	94.70%	↑

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 is being explored.

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

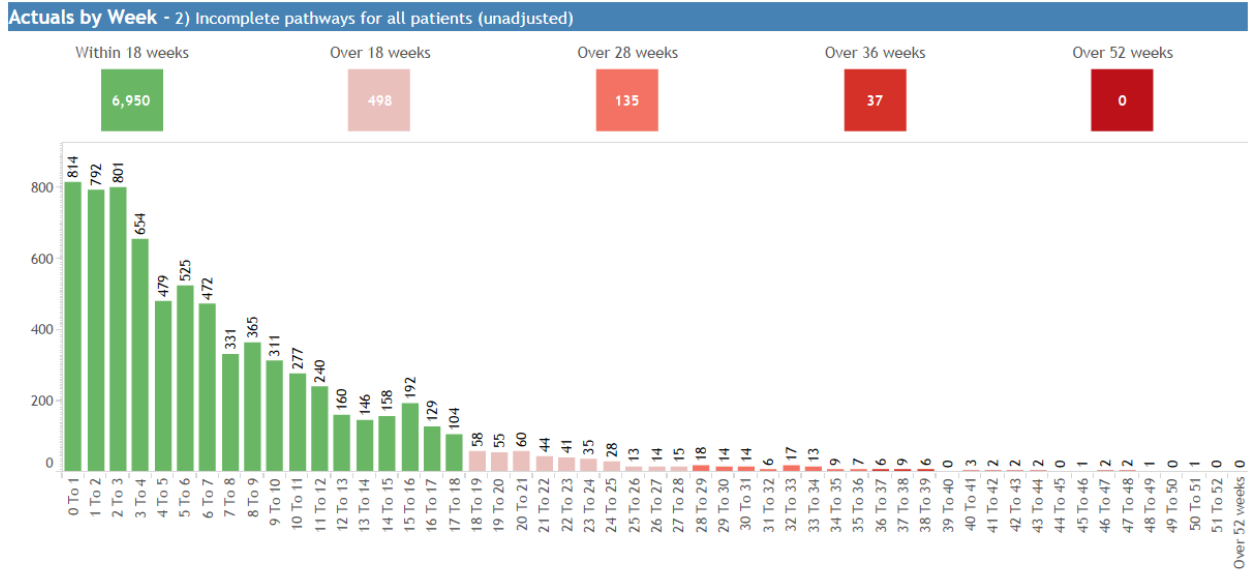
Figure 15 - Total Incomplete Pathways

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	7,448									
Difference	-119	-523	-180									

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In June the CCG reported 7,448 incomplete pathways (180 patients less than June 2017) and is therefore on target to achieve this ambition by March 2019.

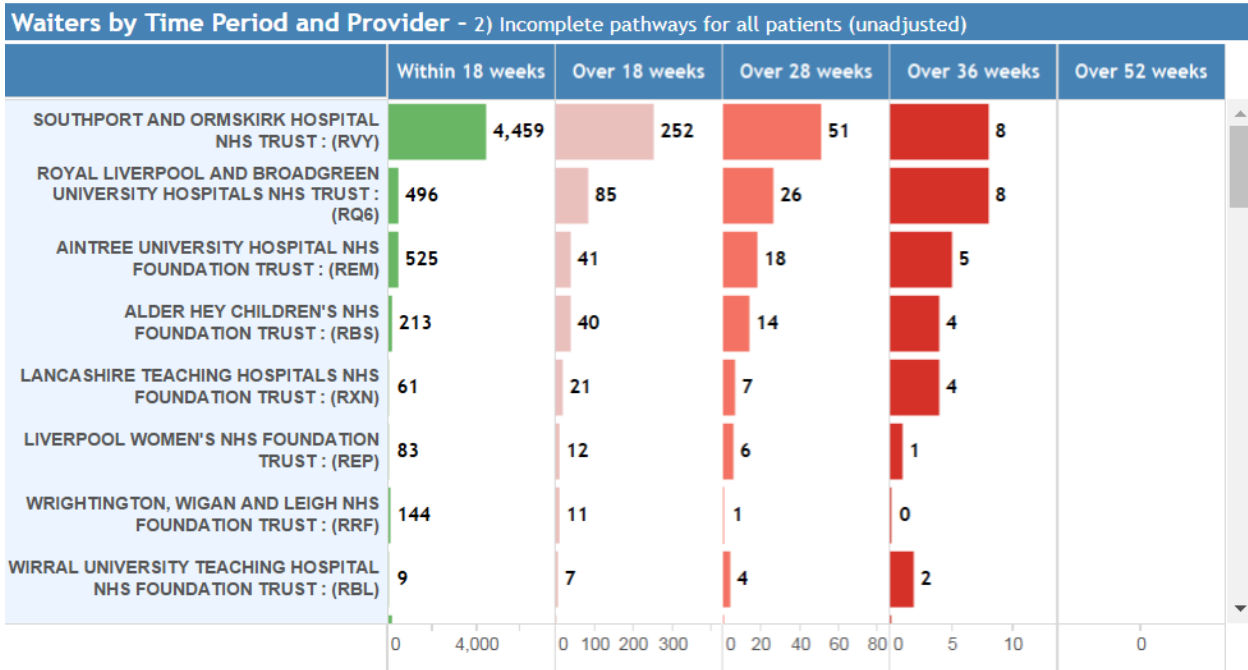
3.3.1 Incomplete Pathway Waiting Times

Figure 16 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 17 - 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 18 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

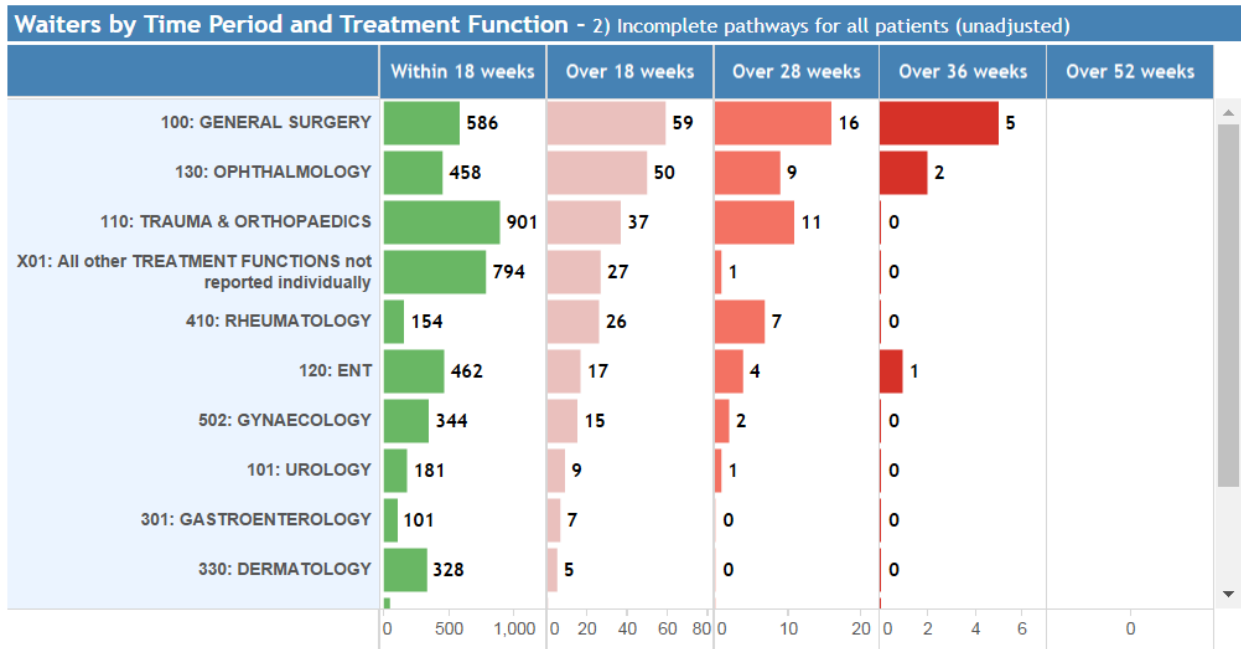
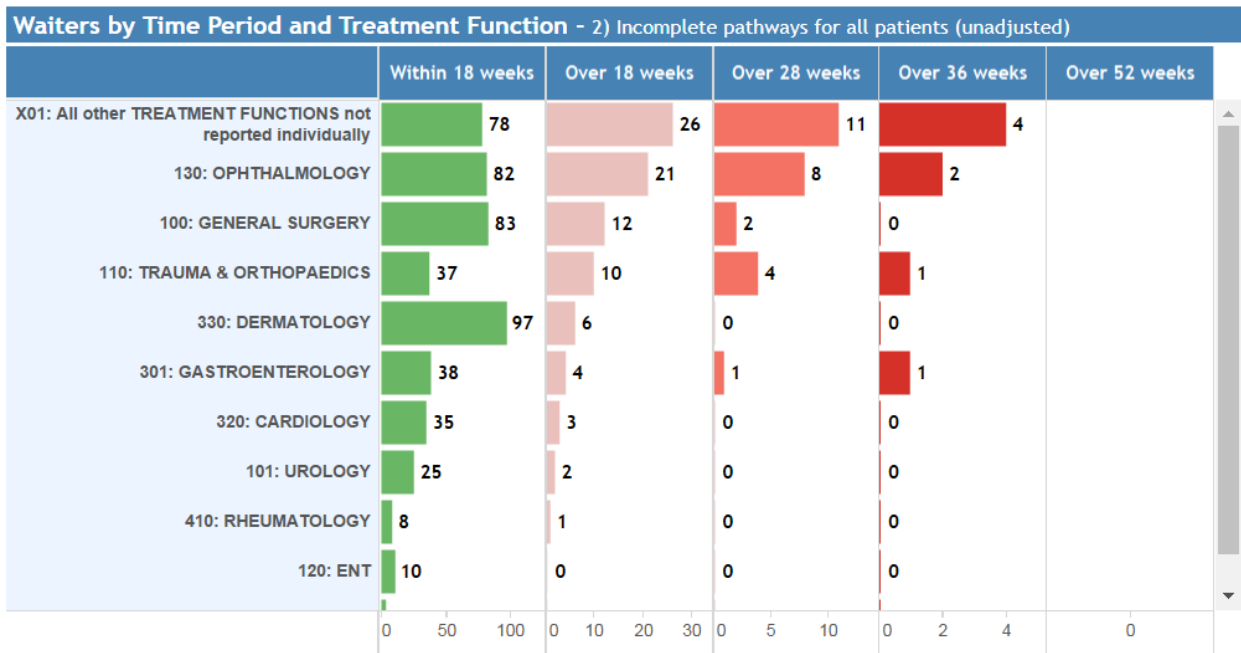


Figure 19 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 20 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Aintree	Gastroenterology	40	Awaiting Trust update	
Southport & Formby CCG	Aintree	Thoracic Medicine	47	Awaiting Trust update	
Southport & Formby CCG	Alder Hey	other	40	16/08/2018	Capacity
Southport & Formby CCG	Alder Hey	other	41	22/08/2018	Capacity
Southport & Formby CCG	Alder Hey	other	42	01/08/2018 - cancelled to be rebooked	Capacity
Southport & Formby CCG	Lancashire Teaching	General Medicine	42	Awaiting first appointment to be booked	Capacity first appointment.
Southport & Formby CCG	Royal Liverpool	other	41	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	Gastroenterology	43	No Date Yet	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	Ophthalmology	45	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	Ophthalmology	46	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	other	46	Pathway Stopped	Capacity
Southport & Formby CCG	Southport & Ormskirk	ENT	47	Patient Seen 02/07/18 and discharged	Referred 4/8/17, 1 st Appointment 3/10/17, Referred for Pulse Oximetry with Respiratory Nurse. Patient cancelled 23/11/17 and seen 16/1/18. Results sent back to Consultant and Patient cancelled appointments on 21/5/18 and 11/6/18 (long wait due to capacity)
Southport & Formby CCG	Southport & Ormskirk	General Surgery	40	Treated 24/7/18	Patient on waiting list 21/9/17. TCI date 01/05/18 but cancelled due to an emergency and again on 10/7/18 as no equipment available.
Southport & Formby CCG	Robert Jones	T&O	50	Patient admitted and treated 26/7/18	Patient required complex spinal surgery
Southport & Formby CCG	North Midlands	General Surgery	48	The patients are either waiting for outpatient appointments or TCIs	These patients are waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North west the Directorate agreed to take on the service for those areas, however demand has far exceeded capacity.
Southport & Formby CCG	Wirral	other	43		Trust no Longer responding to 40 week requests

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 21 – 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 - June	0	3	↑

Southport & Ormskirk reported 3 cancelled operations in June. The Trust has reported that all 3 cancellations were due to running out of theatre time.

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

Figure 22 – 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 - June	0	0	↔ ¹

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 23 – 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 - June	93%	93.21%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - June	93%	94.46%	↑
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 - June	93%	84.92%	↑

The CCG has narrowly failed the target of 93% in June for patients referred urgently with breast symptoms with performance of 92.86% and year to date with 84.92%. In June out of a total of 39 patients, 3 breached the target. All 3 breaches were due to patient cancellations.

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 24 – 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 - June	96%	96.88%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - June	96%	98.05%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - June	94%	94.74%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - June	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 - June	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 25 – 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 - June	85% (local target)	93.33%	↓
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 - June	85% (local target)	91.41%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - June	90%	95.24%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - June	90%	50.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - June	85%	84.68%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - June	85%	82.86%	↑

The CCG achieved the 62 day metric for urgent GP referrals in June but narrowly failed to achieve the 85% target year to date with a performance of 84.68%. Year to date 17 patients out of 111 have breached. Delays in June were due to complex diagnostic pathways and health care provider initiated delay to diagnostic test or treatment planning.

Southport & Ormskirk continues to breach the 90% target for the NHS screening service pathway year to date due to April's performance of 50%, with the equivalent of just 0.5 of a breach out of 1. The Trust has not treated any patients under this service in May or June. The patient treated in April waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust achieved the 85% target for urgent GP referrals in June recording 88.30% but is still failing year to date with 82.86%. In June the Trust reported the equivalent of 5.5 breaches out of 41.5 patients. Two patients delays were due to complex diagnostic pathways, one outpatient capacity issue, one health care provider initiated delay to diagnostic test or treatment planning and two unknown.

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 June Southport & Ormskirk Trust reported two patients waiting longer than 104 days within the 62 day standard metric. One patient was an upper gastrointestinal patient with a complex diagnostic pathway who waited 109 days for treatment. The second patient was a lung patient whose first treatment Trust was Clatterbridge, waited 112 days (delay reason not known).

3.6 Patient Experience of Planned Care

Figure 26 – Southport & Ormskirk Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Jun-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%	16.3%	↘	96%	93%	↘	2%	2%	↘
Q1 - Antenatal Care	-	-		97%	NA		1%	NA	—
Q2 - Birth	23.2%	9.0%	↘	97%	100%	↘	1%	0%	—
Q3 - Postnatal Ward	-	-		95%	97%	↘	2%	0%	↗
Q4 - Postnatal Community Ward	-	-		98%	NA		1%	NA	—

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a decline in response rates for inpatients, from 18.8% in May to 16.3% in June. The percentage of patients that would recommend the inpatient service in the Trust has remained static at 93% in June and is therefore still below the England average of 96%. The percentage of people who would not recommend the inpatient service has also declined, from 1% in May to 2% in June but is still in line with the England average of 2%.

For maternity services, in relation to 'Birth' the response rate was just 9%, a further 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 June for the fourth consecutive month, performing better than the England average of 1%.

In relation to the 'Postnatal Ward' the percentage who would recommend the service has increased from 94% in May to 97% in June, rising back above the England average of 95%. The percentage who would not recommend the service has fallen again from 3% in May to 0% in June and is now better than the England average of 2%. The 'Postnatal Community Ward' and the 'Antenatal Care' services did not receive any responses in June 2018.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £326k/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a total over spend of approximately £398k/4.5%.

At individual providers, Warrington, Wigan and Leigh are showing the largest over performance at month 3 with a variance of £113k/43% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£72k/-28%).

Figure 27 - 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	4,394	5,159	765	17%	£948	£983	£36	4%	-£36	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,902	2,046	144	8%	£138	£131	-£6	-5%	£6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	619	387	-232	-37%	£257	£185	-£72	-28%	£72	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	666	520	-146	-22%	£154	£132	-£22	-14%	£22	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,942	4,219	277	7%	£733	£751	£18	2%	-£18	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	634	643	9	1%	£191	£166	-£25	-13%	£25	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	12,157	12,974	817	7%	£2,420	£2,348	-£72	-3%	£72	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101	112	11	11%	£21	£20	-£1	-5%	£0	-£1	-5%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	22	22	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	28	24	-4	-16%	£5	£4	-£1	-20%	£0	£0	-10%
ISIGHT (SOUTHPORT)	1,429	1,966	537	38%	£216	£319	£103	47%	£0	£103	47%
LANCASHIRE TEACHING HOSPITAL	0	310	310	0%	£0	£52	£52	0%	£0	£52	-
RENACRES HOSPITAL	3,224	3,556	332	10%	£935	£924	-£11	-1%	£0	-£11	-1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	62	62	0%	£0	£11	£11	0%	£0	£11	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	25,701	25,501	-200	-1%	£4,688	£4,759	£71	2%	£0	£71	2%
SPIRE LIVERPOOL HOSPITAL	101	83	-18	-18%	£27	£24	-£3	-11%	£0	-£3	-11%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,365	1,449	84	6%	£300	£312	£12	4%	£0	£12	4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	177	235	58	33%	£43	£50	£7	16%	£0	£7	16%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	100	100	0%	£0	£20	£20	0%	£0	£20	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	76	76	0%	£0	£23	£23	0%	£0	£23	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	754	1,119	365	48%	£262	£375	£113	43%	£0	£113	43%
ALL REMAINING PROVIDERS TOTAL	32,880	34,615	1,735	5%	£6,498	£6,896	£398	6%	£0	£398	6%
GRAND TOTAL	45,038	47,589	2,551	6%	£8,918	£9,244	£326	3.7%	£72	£398	4.5%

*PBR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 28 - 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	2,723	2,666	-57	-2%	£1,380	£1,355	£-25	-2%
Elective	336	350	14	4%	£808	£851	£43	5%
Elective Excess BedDays	52	41	-11	-22%	£13	£10	£-3	-21%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	176	347	171	97%	£31	£68	£38	122%
OPFASPCL - Outpatient first attendance single professional consultant led	2,930	2,781	-149	-5%	£504	£480	£-24	-5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	406	870	464	114%	£35	£86	£51	148%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,224	8,455	-769	-8%	£752	£701	£-51	-7%
Outpatient Procedure	7,243	7,252	9	0%	£934	£957	£24	3%
Unbundled Diagnostics	2,610	2,739	129	5%	£232	£251	£18	8%
Grand Total	25,701	25,501	-200	-1%	£4,688	£4,759	£71	2%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Plans for 2018/19 have been 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 increased and are now showing an over-performance against the planned values year to date at month 3. Over performance is focussed principally within three main points of delivery, Elective procedures, multiple professional first attendances, and multiple professional follow-up attendances.

Within Elective activity General Surgery and General Medicine account for a combined overspend of £48k at month 3. General Medicine figures have increased 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 3 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 29 - 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	185	237	52	28%	£115	£180	£65	57%
Elective	102	71	-31	-31%	£234	£144	£-90	-39%
Elective Excess BedDays	26	24	-2	-8%	£6	£6	£-1	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	35	20	-15	-43%	£7	£4	£-3	-38%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	65	62	-3	-5%	£3	£3	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	699	858	159	23%	£121	£149	£28	23%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	40	26	-14	-34%	£4	£3	£-1	-30%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	100	233	133	133%	£2	£6	£3	133%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,826	1,905	79	4%	£151	£152	£1	1%
Outpatient Procedure	644	963	319	50%	£95	£136	£41	43%
Unbundled Diagnostics	438	558	120	28%	£31	£47	£17	55%
Wet AMD	235	202	-33	-14%	£178	£153	£-24	-14%
Grand Total	4,394	5,159	765	17%	£948	£983	£36	4%

Aintree performance is showing a £36k/4% variance against plan at month 3. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £65k/57% and £41k/43% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties seen activity recorded against a number of HRGs with zero plans set including 'Unilateral Major Breast Procedures with CC Score 0-2'.

The over performance within outpatient procedures is primarily within Ophthalmology and primarily a result of increased activity for Intermediate Vitreous Retinal Procedures.

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

3.7.4 Renacres Hospital

Figure 30 – 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	356	370	14	4%	£357	£344	£-13	-4%
Elective	72	61	-11	-15%	£309	£262	£-47	-15%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	633	648	15	2%	£107	£110	£3	3%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	808	847	39	5%	£53	£57	£3	6%
Outpatient Procedure	668	632	-36	-5%	£75	£97	£22	29%
Unbundled Diagnostics	209	283	74	35%	£19	£23	£5	24%
Physio	478	409	-69	-14%	£14	£12	£-2	-15%
Outpatient Pre-op	0	306	306	0%	£0	£18	£18	0%
Grand Total	3,224	3,556	332	10%	£935	£924	£-11	-1%

Renacres performance is showing a -£11k/-1% variance against plan at month 3. Elective and Day case activity are the highest underperforming areas with variances of -£47k/-15% and -£13k/-4% against plan respectively. This is largely a result of reduced activity within Trauma & Orthopaedics against a number of HRGs. However, reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 31 – 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	5	5	0	-5%	£1	£1	£0	-3%
Daycase	41	58	17	41%	£55	£80	£25	46%
Elective	26	38	12	46%	£149	£213	£64	43%
Elective Excess BedDays	7	17	10	135%	£2	£4	£2	121%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)</i>	19	24	5	29%	£1	£2	£0	11%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	97	144	47	49%	£13	£19	£6	48%
OPFUPMPCCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	27	70	43	158%	£2	£4	£2	131%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	37	88	51	138%	£1	£2	£1	138%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	360	486	126	35%	£22	£29	£7	33%
Outpatient Procedure	66	106	40	61%	£9	£14	£5	56%
Unbundled Diagnostics	69	83	14	21%	£8	£8	£-1	-7%
Grand Total	754	1,119	365	48%	£262	£375	£113	43%

Wrightington, Wigan and Leigh performance is showing a £113k/43% variance against plan at month 3 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, the associated costs have contributed to the

over performance at this Trust. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place.

3.7.6 iSIGHT Southport

Figure 32 – 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	269	394	125	47%	£125	£187	£62	50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1	2	1	233%	£0	£0	£0	233%
OPFASPCL - Outpatient first attendance single professional consultant led	209	398	189	90%	£30	£57	£27	90%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	21	0	-21	-100%	£1	£0	-£1	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	646	824	178	28%	£35	£45	£10	28%
Outpatient Procedure	284	348	64	23%	£24	£29	£5	21%
Grand Total	1,429	1,966	537	38%	£216	£319	£103	47%

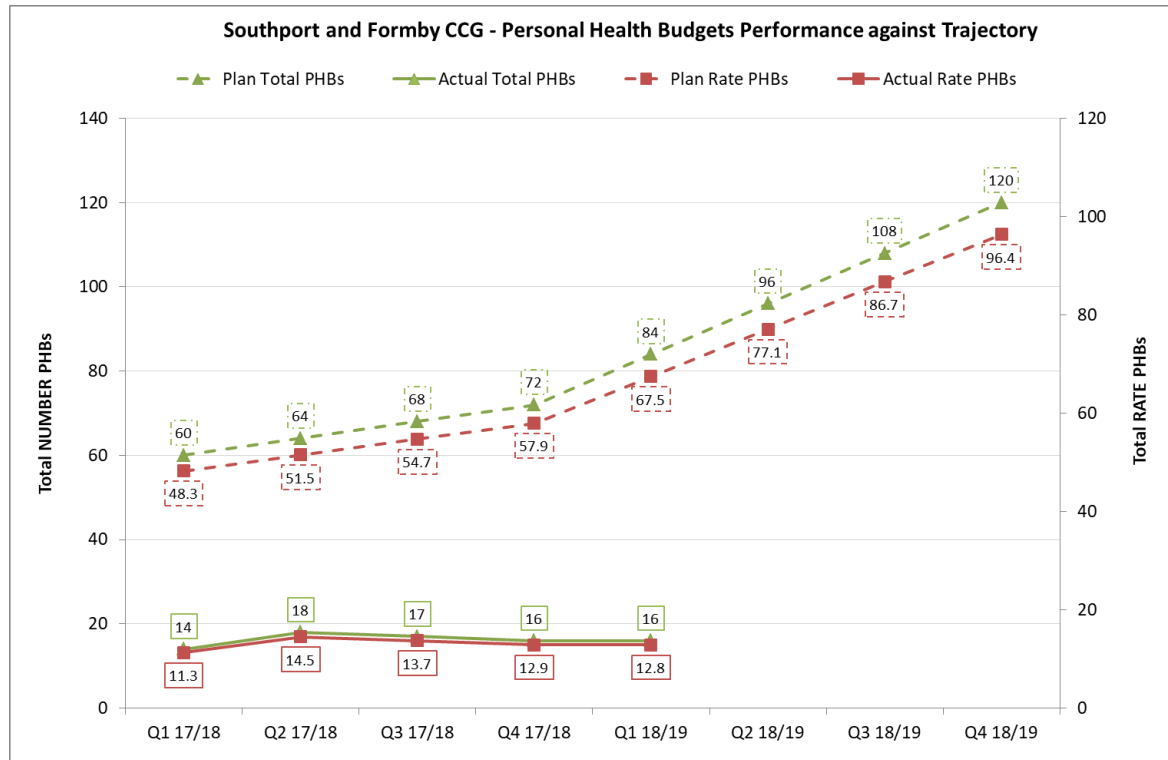
iSight performance is showing a £103k/47% variance against plan with over performance evident against a number of PODs. Day case activity is currently £62k/50% above plan with Cataract Extraction and Lens Implant as well as Minor Cataract Procedures accounting for a large proportion of this over performance.

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 33 - Southport & Formby CCG – 2018/19 PHB Performance



In quarter 1 2018/19 a total of 16 PHBs were reported against a plan of 84. This equates to a rate of 12.8 per 100,000 population compared to the plan of 67.5. This is under the trajectory set by NHS England. A number of initiatives are being explored to increase uptake:

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Community providers and MLCSU have been requested to provide actions to meet compliance at; CQPG, CCQRM and CHC steering group
- **Wheelchairs:** A stakeholder event is scheduled to take place in September with support from Hull CCG, NHS England wheelchair PHB lead. Wheelchair PHBs have been placed as an agenda item at the Integrated Commissioning Group for engagement with Sefton MBC
- **Children Complex Care:** The CCG have been successful with their bid for mentorship from NHS England, with confirmation to be received of the mentor CCG.
- **End of Life Fast Track:** The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead as part of CCG QIPP programme.
- **Mental Health S117:** The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS England event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

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 34 - 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

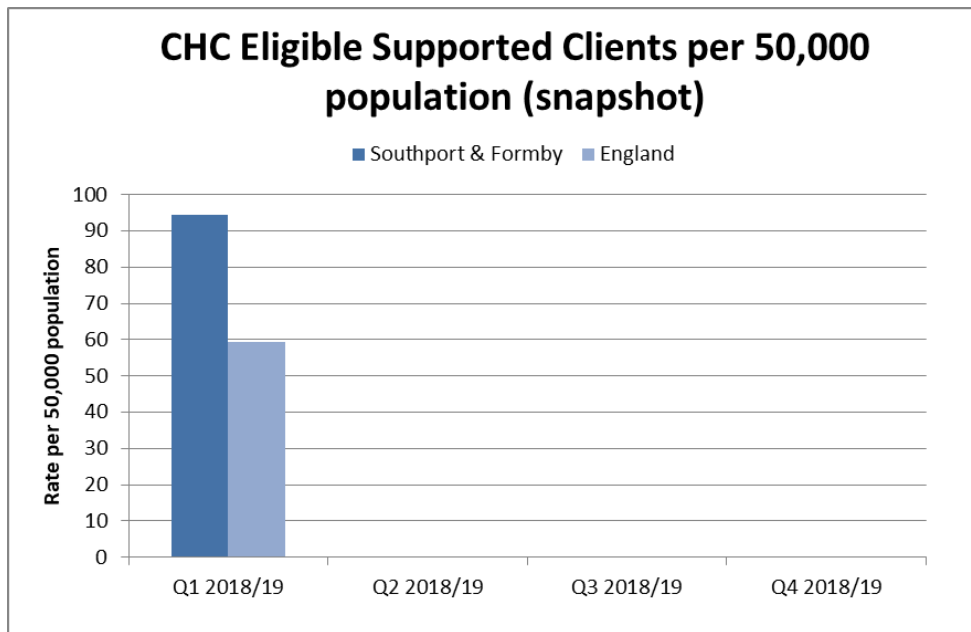


Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

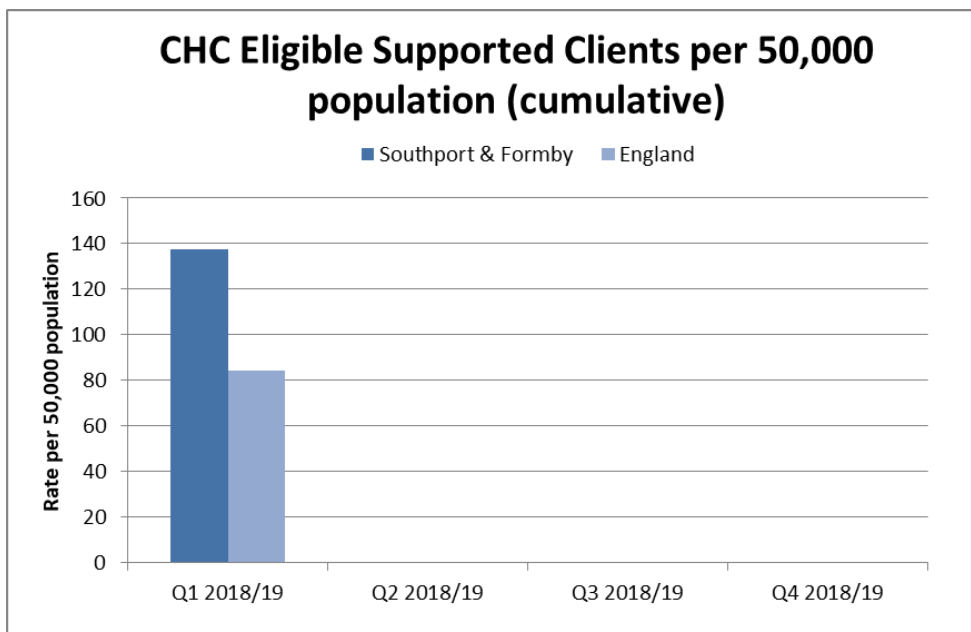
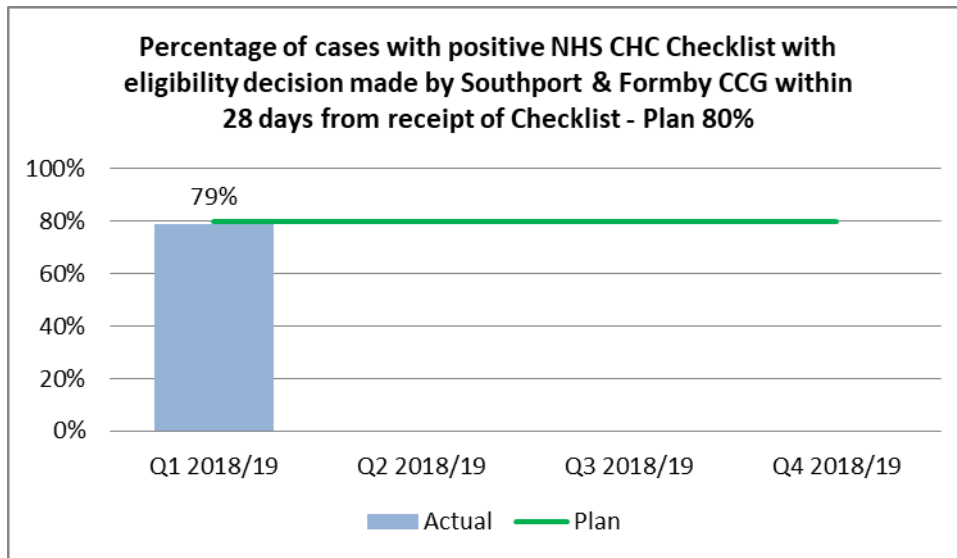
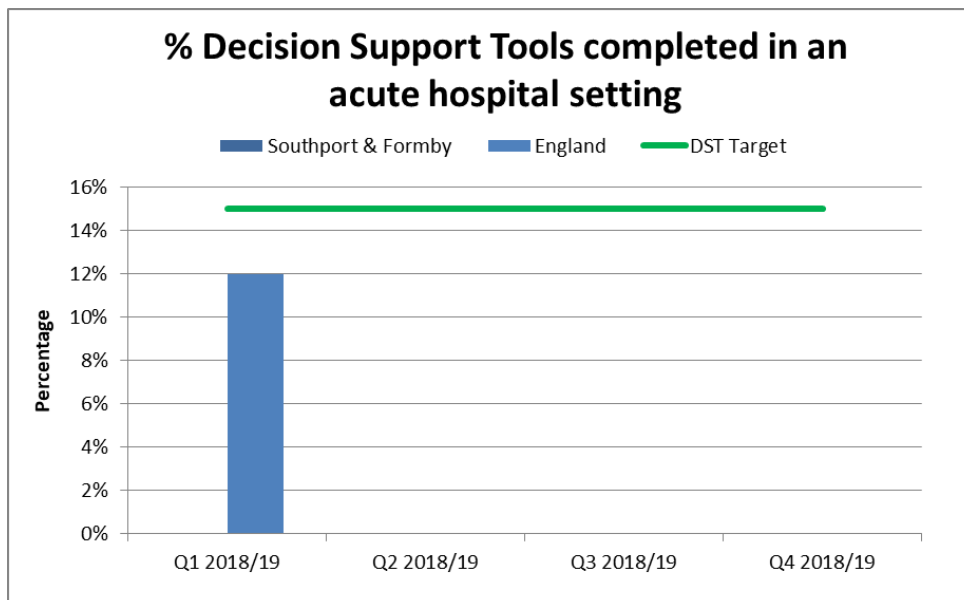


Figure 36 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist



The CCG has performed just under the 80% target for the percentage of decisions within 28 days at 79% in quarter 1 2018/19.

Figure 37 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in Southport and Formby was 0% in quarter 1 2018/19, performing better than the England Average of 12%.

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 38 - Smoking at Time of Delivery (SATOD)

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	231	231	924
Number of women known to be smokers at the time of delivery	24	24	96
Number of women known not to be smokers at the time of delivery	207	207	828
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	10.4%	10.4%	10.40%

The CCG is above the data coverage plan of 95% in Q1 with 100% and is under the national ambition of 11% for the percentage of maternities where mother smoked, with 10.4%.

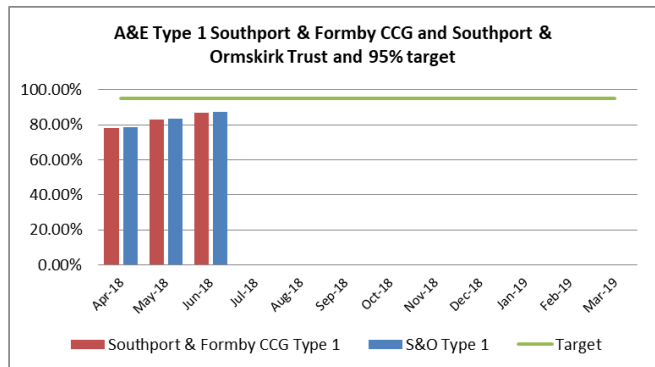
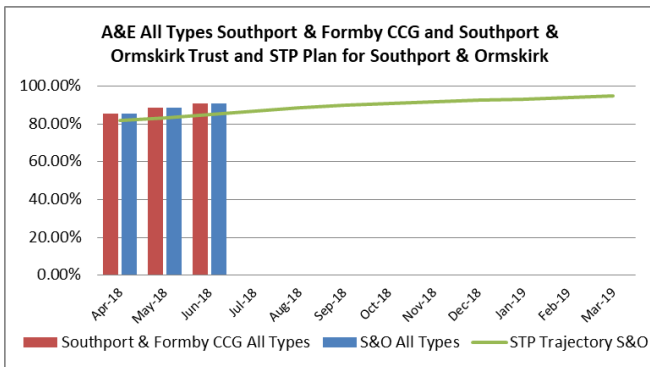
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 39 - 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 - June	95.00%	88.26%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - June	95.00%	82.76%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - June	STF Trajectory Target for June 85.1%	88.40%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - June	95.00%	83.20%	↑

A&E All Types	Apr-18	May-18	Jun-18	YTD
STP Trajectory S&O	81.70%	83.40%	85.1%	%
S&O All Types	85.57%	88.75%	90.91%	88.40%



Southport & Ormskirk’s performance against the 4-hour target for June reached 90.91%, which is above the Trust’s agreed Cheshire & Merseyside 5 Year Forward View (STP) plan of 85.1% for June. 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.

S&O currently have external support from Ernst & Young and NHS Improvement’s Emergency Care Improvement Programme (ECIP) team in order to support Accident & Emergency Department (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 has expressed confidence that the internal improvement plan will address the areas of underperformance and patient experience.

The Clinical Decision Unit has provided some support with flow with the unit regularly seeing 30 patients a day. However, the challenge in inpatient flow and the time that beds on the base wards become available continues to contribute to over-occupancy in ED, and delays to be seen as cubicles become blocked. Phase 3 of the ED estates work (due for completion October 2018) with additional triage, ambulance and ambulant majors’ capacity will support ED in providing additional clinical assessment space. The continued use of the Ambulatory Care Unit as an escalation area has heavily restricted streaming of patients away from ED; where possible ambulatory pathways are used in A&E but patients experience elongated lengths of stay waiting to see the appropriate senior decision maker. Medical Staffing remains a challenge with significant reliance on bank and agency used to fill vacancies, and the variance that this creates.

Figure 40 - 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 - June	0	2	↑

Southport & Ormskirk reported one 12-hour breach in June. Despite the improvements that have been seen in timely access to mental health liaison, there are still some delays in accessing mental health beds once a decision has been made to admit the patient to a mental health bed. This is due to the regional and national pressures on mental health bed availability. Where appropriate, patients are risk assessed for their suitability to be transferred into the Observation Ward. On this occasion, the patient presented a significant risk to their self and others and remained in A&E under the advice from the mental health team with a 1:1 nurse in place for part of their care.

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 (NWS) 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 June there was an average response time in Southport and Formby of 8 minutes 35 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 26 minutes against a target of 18 minutes. Southport and Formby also failed the category 3 90th percentile call times but achieved category 4.

Figure 41 - 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 - June	0	137	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - June	0	15	↓

In June Southport and Ormskirk reported 137 handovers taking between 30 and 60 minutes, a further decrease on last month when 190 was reported. Handovers longer than 60 minutes also saw further a decrease with 15 in June compared to 32 in the previous month. The Trust has breached these zero tolerance thresholds every month; however performance has improved over the past three months.

Ambulance handover times remain a challenge with June. Although June saw an increase in attendances of 5.9% (257 patients) compared to last year, ambulance arrivals remained relatively static. Poor inpatient bed flow coupled with surges in majors attendances put significant pressure on clinical space within the department. Phase 3 of the ED estates work (due for completion Oct 18) with additional triage space, 4 clinical assessment cubicles for ambulance arrivals and an ambulant majors area will support ED in providing additional clinical assessment space to support flow within the department. A meeting has been held with NWS to identify measures to ensure that the times recorded are accurate with a rapid improvement event planned w/c 23 July.

As previously reported the North West contract for ambulance services for 2018/19 has been increased by a further £3.5m per annum as part of two year time-limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes additional clinicians.

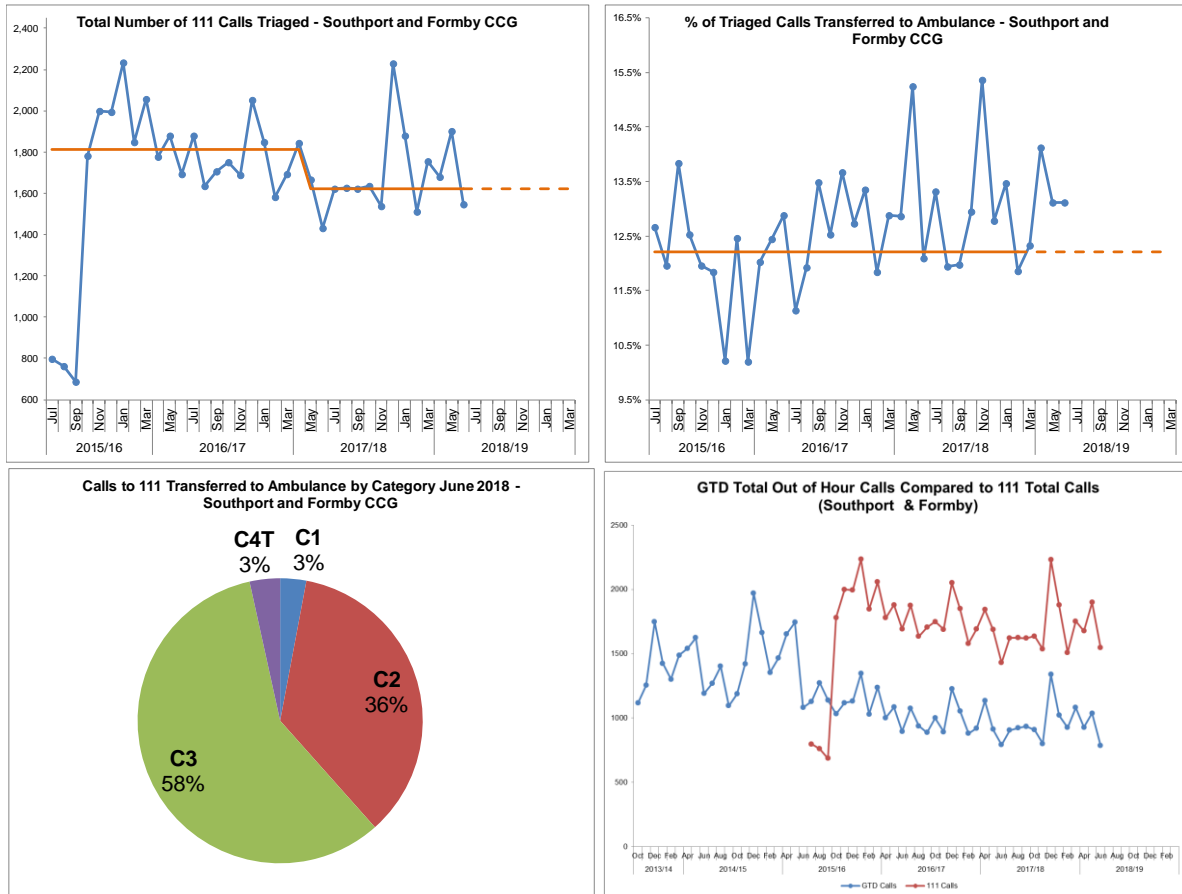
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays. NWS are working in partnership with all acute providers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

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 42 – 111 Calls



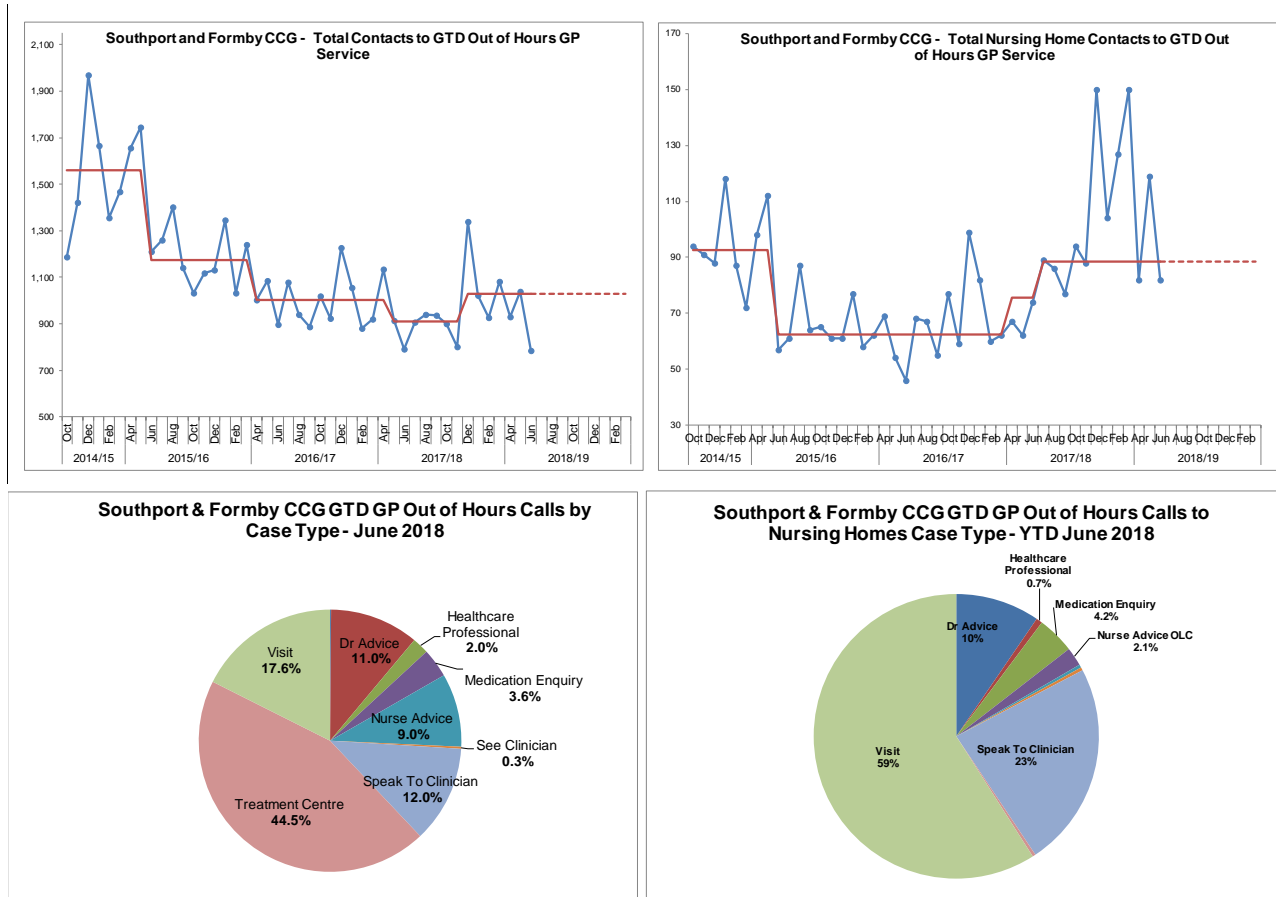
Southport & Formby CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Other Service	Closed with Advice Only
2016/17 %	12.6%	7.8%	58.9%	2.4%	18.3%
2017/18%	13.0%	7.8%	60.7%	3.1%	15.4%
YTD 2018/19 %	13.4%	8.1%	59.9%	3.4%	15.1%

There were 1,547 calls to the 111 service by Southport and Formby patients in June 2018, a reduction on the previous month, but an increase on the same point in the previous year (1,430). Year to date month 3 2018/19 there have been 3.7% more contacts than the same point in the previous year with increases in all call categories except when the call was closed with advice only.

Proportionally, more of the calls in the current year have been advised to attend another service and fewer have been closed with advice only.

4.3.2 GP Out of Hours Calls

Figure 43 – GP Out of Hours Calls



Southport & Formby CCG	999	Dr Advice	Healthcare Professional	Medication Enquiry	Nurse Advice	See Clinician	Speak To Clinician	Treatment Centre	Visit	TOTAL
2016/17 %	0.2%	8.5%	0.1%	2.5%	13.0%	2.7%	14.7%	40.1%	18.4%	100.0%
2017/18 %	0.2%	11.8%	0.1%	4.0%	9.7%	0.6%	13.5%	41.3%	18.8%	100.0%
YTD 2018/19 Month 3 %	0.1%	11.8%	0.8%	3.5%	10.1%	0.3%	11.5%	43.0%	18.9%	100.0%

The number of calls from Southport and Formby patients to the GoToDoc GP out of hours service reduced in June to 785, this is a similar number to the same point in the previous year. Year to date 2018/19 has seen a reduction in the number and proportion of calls which were call category Speak to Clinician, a reduction of 25%. The number of 'Dr Advice' calls have increased by 13% however.

Overall there have been a similar number of calls year to date as the previous year.

Figure 44 – Out of Hours Quality Indicators

Jun-18	Total	%
	Southport & Formby	
QR02 Supply of Clinical Details Compliance	785	97.32%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	71	80.28%
NHS 111 Speak To Performance (Emergency)	36	94.44%
NHS 111 Speak To Performance (Urgent)	67	85.07%
NHS 111 Speak To Performance (Less Urgent)	137	92.70%
QR12 Base Time to Consultation (Emergency)	0	0.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	0	0.00%
QR12 Base Time to Consultation (Urgent)	39	92.31%
QR12 Base Time to Consultation (Urgent Patient Choice)	39	92.31%
QR12 Base Time to Consultation (Less Urgent)	309	99.03%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	309	99.03%
QR12 Visit Time to Consultation (Emergency)	1	100.00%
QR12 Visit Time to Consultation (Urgent)	34	76.47%
QR12 Visit Time to Consultation (Less Urgent)	104	83.65%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	73	84.93%
QR12 Face To Face (Less Urgent)	413	95.16%

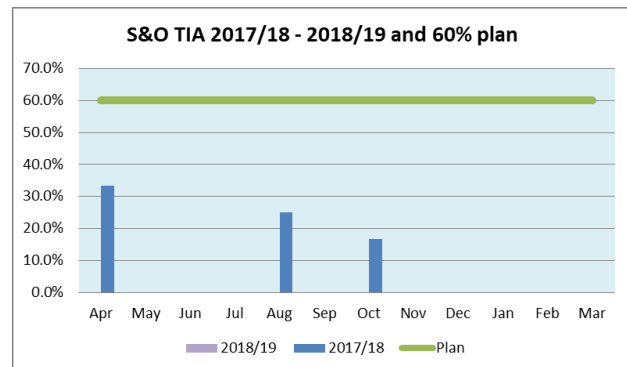
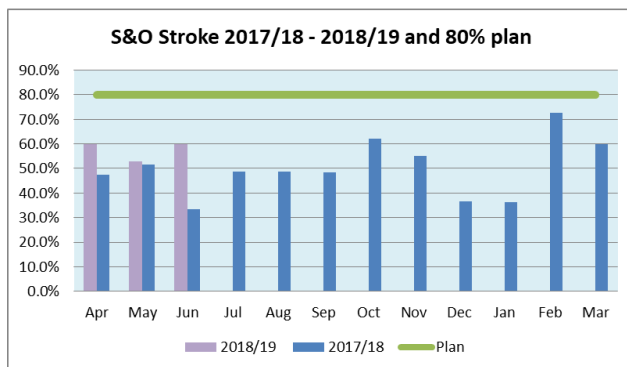
The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 45 - 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 - June	80%	60.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - June	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in June recording 60%, with 12 out of 20 patients spending 90% of their time on a stroke unit. Delays occurred out of stroke nurse hours and a typical stroke presentation making initial diagnosis problematic.

In relation to the TIAs 0% compliance was reported again in June with 6 reportable patients breaching the target. This is the eighth consecutive month where 0% has been reported. Following the loss of a consultant, a process review is being undertaken by the consultant.

4.4.2 Mixed Sex Accommodation

Figure 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - June	0.00	1.00	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - June	0.00	2.60	↑

The CCG has reported an MSA rate of 1.0, which equates to a total of 4 breaches in June. All 4 breaches were at Southport & Ormskirk NHS Trust.

In June the Trust had 14 mixed sex accommodation breaches (a rate of 2.6) and has therefore breached the zero tolerance threshold. Of the 14 breaches, 4 were for Southport & Formby CCG, 9 for West Lancashire CCG and 1 for South Sefton CCG. All breaches were on critical care, the majority 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 47 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - June	9	6	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - June	9	4	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - June	27	42	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - June	No Plan	48	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in June, bringing the year to date figure to 6 against a plan of 9. 2 cases were apportioned to an acute trust and 4 to the community. Southport & Ormskirk has reported 2 new cases in June bringing the year to date figure to 4, against a plan of 9.

The CCG and Southport & Ormskirk are both complaint in June 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 June, 13 new cases were reported bringing the year to date total to 42, therefore the CCG has failed the target of 27. Southport & Ormskirk has reported 14 cases in June, 4 less than in May. There are no targets for Trusts at present.

4.4.4 Mortality

Figure 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - June	100	120.40	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	117.73	↑

The 12 month rolling HSMR for February 2018 is 120.4 which remains high and outside of expected limits. While this is slightly higher than the preceding months, the ratio is relatively stable and requires improvement. The activity below gives the detail of the main work streams of the Reducing Avoidable Mortality Project which has been designed to improve mortality and morbidity. The Safety Hub is now up and running and is home to bed, escalation and operational meetings. Processes to improve communication, team work and escalation are to be developed as part of the project.

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

A meeting took place with NHS England Cheshire & Merseyside on 12th July 2018. Areas of learning have influenced changes to the serious incident reporting group (SIRG) terms of reference and added to the action plan reported through to Joint Quality Committee on a monthly basis. As part of the improvement work Southport Hospital are now invited to attend the SIRG. A report is due to be submitted to NHS England in August. An external MIAA review will take place in Q2.

Southport and Ormskirk Hospitals NHS Trust – There were nine new incidents reported in Month 3 (21 YTD) with one Never Event YTD. 12 were closed in month, 17 closed YTD, with 1 downgraded and removed from StEIS. 56 remain open on StEIS with 29 open for >100 days. A letter of escalation has been sent to the Director of Nursing in relation to number of RCA's which have breached (5). Verbal assurance was requested to come through the July 2018 CCQRM with a formal paper to follow.

Reporting themes; Falls, IG breach and pressure ulcers with actions taken by the Trust which are either coming through CCQRM or at the Quarterly meeting with the Chief Nurse, DoN and MD.

MerseyCare NHS Foundation Trust – There was one incident raised in month with 1 YTD. There are 6 open on StEIS with 5 being open for > 100 days.

Lancashire Care NHS Foundation Trust – There were zero incidents raised in month (4 YTD) with zero Never Events and one closed in month (1 YTD). There are six 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

There are 75 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
7	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 49 - Average Delayed Transfers of Care per Day at Southport and Ormskirk Hospital - April 2017 – June 2018

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

The average number of delays per day in Southport and Ormskirk hospital increased from 4 in May to 5 in June. Of the 5 delays: 3 were due to patient or family choice, 1 awaiting nursing home placement and 1 community equipment/adaptations.

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

Figure 50 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – June 2018

Agency Responsible	2017-18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	196	292	138	166
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 166 in June, compared to 138 last month. Analysis of these in June 2018 compared to June 2017 shows similar figures with 158 in June 2017 (5.1% increase).

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

Figure 51 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – June 2018

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

The average number of delays per day at Mersey Care decreased to 29 in May. Of the 29 delays: 2 were awaiting a completion assessment, 4 public funding, 3 waiting further NHS non-acute care, 6 awaiting nursing home placement, 1 awaiting care package in own home, 5 patient or family choice, 5 housing and 3 other.

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 5 (-14.7%).

Figure 52 – Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – June 2018

Agency Responsible	2017/18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486	827	397
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277	404	261
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127	84	220

The total number of days delayed caused by NHS was 397 in June, compared to 827 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 447 to 397 (-11.2%). The total number of days delayed caused by Social Care was 261 in June, compared to 404 in May. Mersey Care also have delays caused by both which were 220 in June, an increase from last month when 84 were reported.

Figure 53 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – June 2018

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

The average number of delays per day at Lancashire Care decreased slightly to 6 in June, from the 7 reported in May. Of the 6 delays, 3 were awaiting public funding, 1 awaiting residential care home placement and 2 disputes.

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 11 (-64.7%).

Figure 54 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – June 2018

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

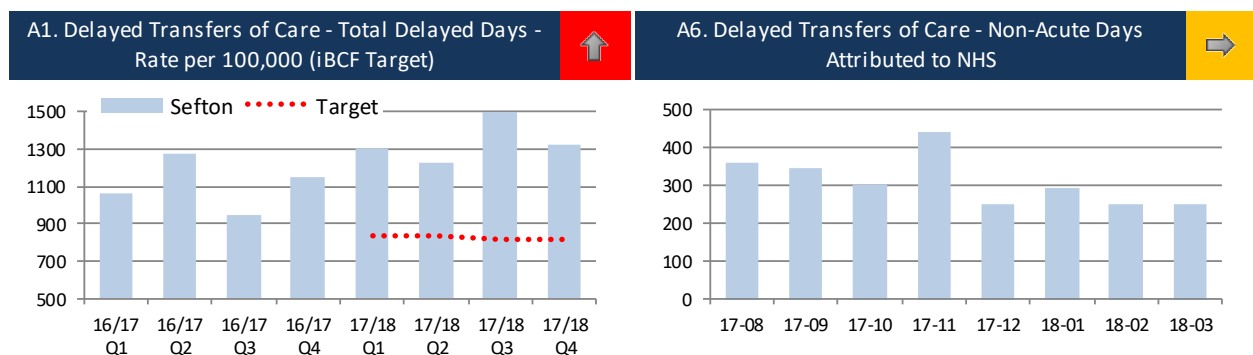
The total number of days delayed caused by NHS was 120 in June, compared to 128 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 199 to 120 (-39.7% decrease). The total number of days delayed caused by Social Care was 0 in June, compared to 31 in May. Lancashire Care also have delays caused by both which was 60 in June, an increase from the previous month when 54 were reported.

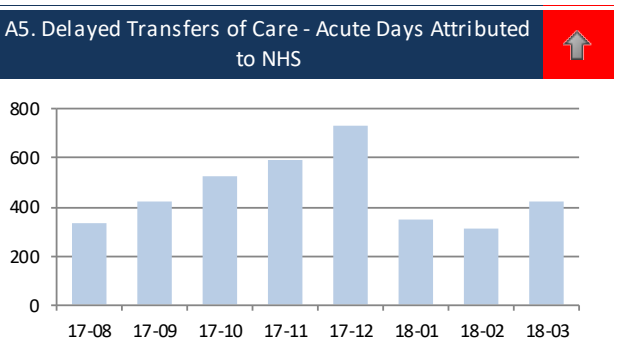
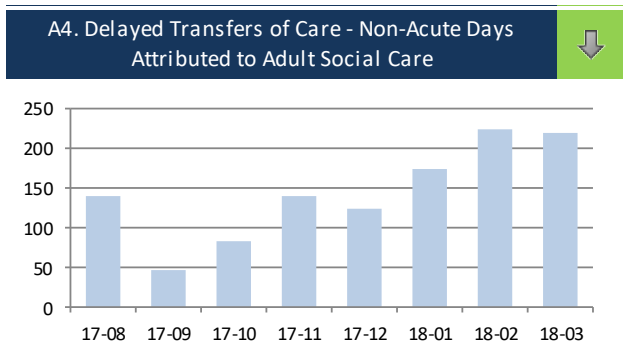
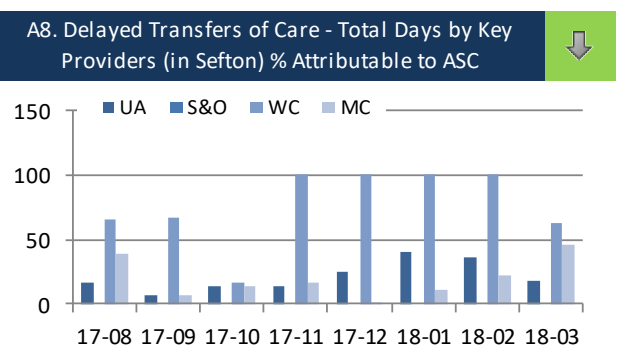
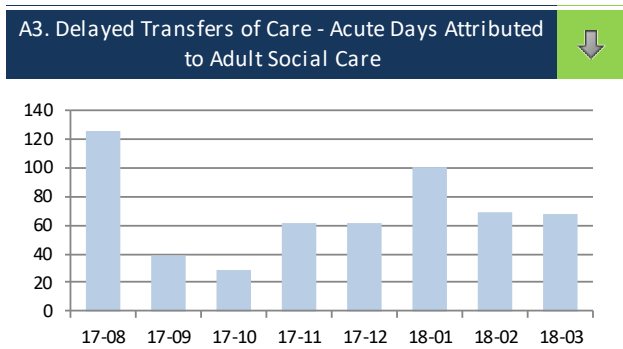
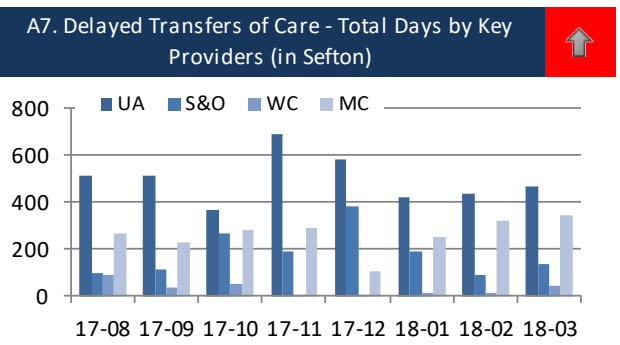
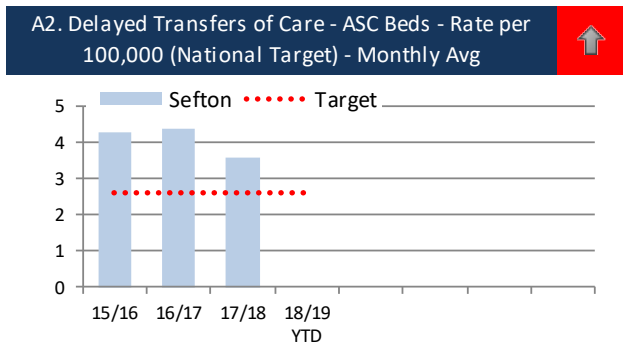
4.7 ICRAS Metrics

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. The ICRAS model is well established within South Sefton but with plans now to extend the range of services which can be accessed through this pathway e.g. reablement support. The aim is to present a streamlined and co-ordinated system to support hospital discharge. Further work is examining a single point of contact which although in place within South Sefton is being reviewed in terms of a North Mersey wide process again to eliminate duplication and potential confusion.

ICRAS continues to support significant savings in terms of admissions avoided. The service will form a key component of future winter planning. 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 55 – ICRAS Metrics





4.8 Patient Experience of Unplanned Care

Figure 56 - Southport A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Jun-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%	71%	↘	8%	16%	↗

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.3% in June, showing no improvement since last month and remaining below the England average of 12.9%.

The Trusts A&E department has seen an improvement in the percentage of people who would recommend the service from 66% in May to 71% in June, but this is still below the England average of 87%. The percentage not recommended has also improved from 22% in May to 16% in June but this is still 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 3 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.4m/17.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £1m/12.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital who have a variance of £969k/13% against plan at month 3. Aintree Hospital are also seeing an over performance of £235k/98%.

Figure 57 - Month 3 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	399	703	304	76%	£240	£475	£235	98%	£-235	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	231	236	5	2%	£99	£91	£-8	-9%	£8	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	38	38	0	1%	£130	£185	£55	42%	£-55	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	73	67	-6	-8%	£104	£96	£-7	-7%	£7	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	412	310	-102	-25%	£208	£293	£85	41%	£-85	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	2	1	97%	£10	£20	£10	94%	£-10	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	1,154	1,356	202	18%	£792	£1,160	£368	47%	£-368	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	29	28	-1	-5%	£11	£22	£11	97%	£0	£11	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	9	9	0%	£0	£1	£1	0%	£0	£1	-
LANCASHIRE TEACHING HOSPITAL	0	64	64	0%	£0	£18	£18	0%	£0	£18	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£3	£3	0%	£0	£3	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	14,528	14,919	391	3%	£7,347	£8,316	£969	13%	£0	£969	13%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	129	163	34	27%	£63	£87	£23	37%	£0	£23	37%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	18	6	-12	-67%	£21	£25	£4	20%	£0	£4	20%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	9	9	0%	£0	£7	£7	0%	£0	£7	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	25	25	0%	£0	£10	£10	0%	£0	£10	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	21	17	-4	-18%	£12	£22	£11	94%	£0	£11	94%
ALL REMAINING PROVIDERS TOTAL	14,725	15,248	523	4%	£7,453	£8,509	£1,056	14%	£4	£1,056	14%
GRAND TOTAL	15,879	16,604	725	5%	£8,245	£9,669	£1,424	17.3%	£-368	£1,056	12.8%

*PbR only

4.9.2 Southport and Ormskirk Hospital NHS Trust

Figure 58 - Month 3 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	9,747	10,089	342	4%	£1,401	£1,409	£8	1%
NEL/NELSD - Non Elective/Non Elective IP Same Day	2,590	2,903	313	12%	£4,700	£5,694	£994	21%
NELNE - Non Elective Non-Emergency	302	246	-56	-19%	£674	£608	-£66	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	30	8	-22	-73%	£9	£3	-£6	-68%
NELST - Non Elective Short Stay	273	440	167	61%	£192	£313	£121	63%
NELXBD - Non Elective Excess Bed Day	1,585	1,233	-352	-22%	£371	£288	-£83	-22%
Grand Total	14,528	14,919	391	3%	£7,347	£8,316	£969	13%

*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.

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 59 - Month 3 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospital Urgent Care PODS								
AandE	236	405	169	72%	£32	£58	£26	81%
NEL - Non Elective	97	211	114	118%	£171	£365	£194	114%
NELNE - Non Elective Non-Emergency	6	5	-1	-10%	£17	£20	£3	20%
NELST - Non Elective Short Stay	12	25	13	105%	£8	£17	£9	104%
NELXBD - Non Elective Excess Bed Day	49	57	8	17%	£12	£14	£3	24%
Grand Total	399	703	304	76%	£240	£475	£235	98%

4.11 Aintree University Hospital NHS Trust Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £235k/98% is mainly driven by a £194k/114% over performance in Non Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by ENT. The Non-Elective over performance can be attributed to the aforementioned 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.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 60 - 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

Due to disruption caused by the implementation of the RiO system this report stands as at May and will be updated in future reports.

5.1.1 Key Mental Health Performance Indicators

Figure 61 - 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%	100%
Rolling Quarter				100%

Figure 62 - 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%	No Patients
Rolling Quarter				100%

Figure 63 - 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%	100.0%
Rolling Quarter				80%

The 2 week waiting standard for EIP continues to be met by the CCG. 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 the VCF provider 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.

5.2 Out of Area Placements (OAP's)

Figure 64 - 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
	Mar 18 to May 18	10

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 2017/18 was 60 therefore the target for 2018/19 is 40. The latest reporting period is March to May 2018 when 10 OAP days were reported. The CCG is therefore achieving the target and is lower than the previous reporting period when 55 were reported.

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 planned CRHTT developments on 21st August 2018.

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 has been 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 have been on-going to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal will be presented to the LMC in September 2018.

Psychotherapy waits

The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address previously reported waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. At the June CQPG the Trust outlined plans to remodel the psychotherapy workforce to enable psychotherapy to be undertaken within CMHT settings aligned to GP practices localities. The plans included:

- Psychological staff to directly deliver routine time limited interventions (16 – 24 sessions).
- Supervision of CMHT nursing staff to deliver low intensity interventions that are currently being undertaken in the existing service configuration.
- Within the CMHT and inpatient settings there will be a tiered approach to Psychological interventions with a much more skilled workforce to deliver interventions.

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.

Rio Update

The Trust implemented its new RiO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

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.

5.3 Patient Experience of Mental Health Services

Figure 65 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Jun-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%	3.3%	↗	89%	87%	↗	4%	4%	↘

In June, Merseycare recorded a response rate of 3.3%, which is above the England average of 2.8%. This is a slight decline on last month when 3.4% was reported. 87% of respondents reported they would recommend the service in June, a decline on last month's performance of 91% and falling below the England average of 89%. The percentage who would not recommend increased to 4% in June, a decline on last month of 2% but still in line with the England average of 4%.

5.4 Improving Access to Psychological Therapies

Figure 66 - 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	221	195										634
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%	1.02%										3.3%
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%	49.7%	56.6%										52.5%
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%	99.3%										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%	100.0%										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	162	133										462
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	4										20
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	73										232
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	89.3%	89.4%	89.3%										89.2%

Cheshire & Wirral Partnership reported 195 Southport & Formby patients entering treatment in Month 3. This is an 11.8% decrease from the previous month when 221 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 3 was 1.02% and therefore failed to achieve the standard.

Referrals reduced in Month 3 with 253 compared to 264 in Month 2. 72.7% of these were self-referrals, which is higher than the previous month. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this easier to complete and is shared at appropriate meetings. GP referrals decreased in Month 3 with 34 compared to 41 in the previous month.

The percentage of people moved to recovery increased with 56.6% compared to 49.7% in the previous month. This exceeds the monthly target of 50%.

Cancelled appointments by the provider saw a slight increase in Month 3 with 44 compared to 40 in Month 2. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs decreased slightly from 127 in Month 2 to 124 in Month 3. 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 3 99.3% 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.

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 1000 individuals waiting for step 2 therapy 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.

In July 2018 the number of people who have waited over 90 days for follow up appointments reduced from 94 in May 2018 (32 in South Sefton, 62 in Southport & Formby) to 24 people (9 in South Sefton, 15 in Southport & Formby). This is a result of on-going work with ring-fencing long internal waiters and proactively contacting clients.

5.5 Dementia

Figure 67 - 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	1537									
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2									
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%									
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 Digital website shows that Southport & Formby CCG are recording a dementia diagnosis rate in June 2018 of 70.3%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

Figure 68 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)

E.H.9	17/18 Revised Estimate*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	150	150	150	151	601
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	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.	21.3%					32.0%

The data is published nationally by NHS Digital. The CCG target is to achieve 32% by the end of the financial year. Quarter 1 performance is awaited from NHS Digital.

**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

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

Figure 69 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% 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	18	2		5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2		5		3	
%	100.00%	81.82%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

In quarter 1, out of 22 routine referrals to children and young people's eating disorder service, 18 were seen within 4 weeks recording 81.82% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

Figure 70 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% 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	1	1	1		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1		2		2	
%	100.00%	50.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

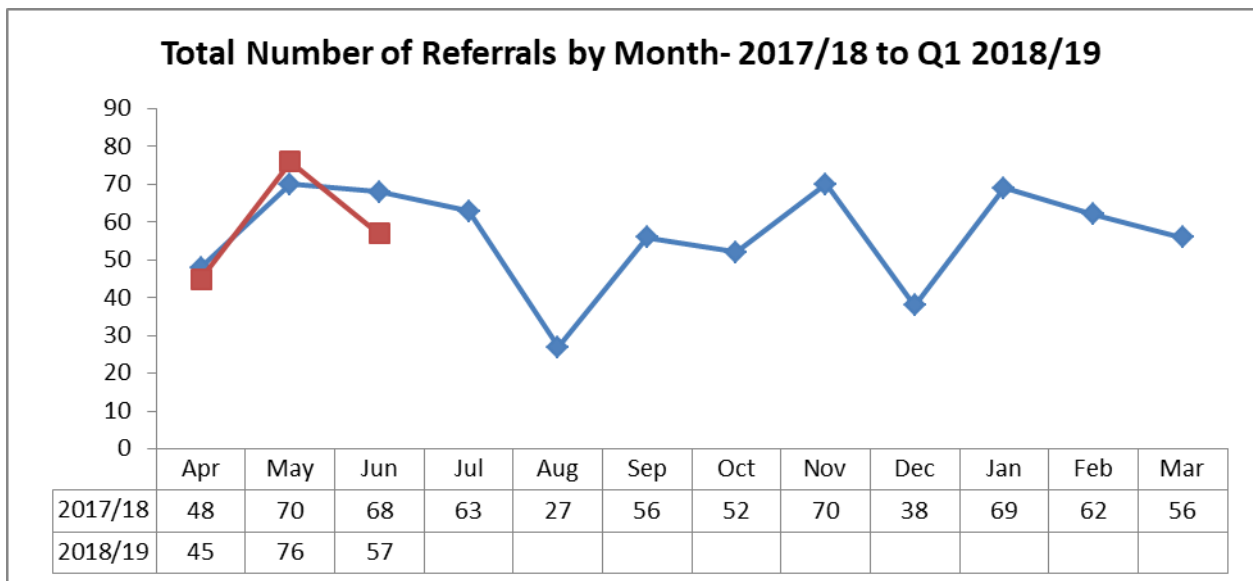
In quarter 1, the CCG had 2 patients under the urgent referral category, 1 of which met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks.

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

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 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. 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 71 – CAMHS Referrals



Throughout quarter 1 2018/19 there were a total of 178 referrals made to CAMHS from Southport and Formby CCG patients. May saw a 68.9% increase in total referrals (76) compared to the previous month, although the level in June subsequently decreased to 57.

Figure 72 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	9	33.3%
2-4 Weeks	3	11.1%
4- 6 Weeks	1	3.7%
6-8 weeks	2	7.4%
(blank)	12	44.4%
Total	27	100%

Of those referrals during April to June 2018/19 that have been allocated and an assessment taken place, 33.3% (9) waited between 0 and 2 weeks for the assessment. 44.4% of the allocated referrals in the given time period had no date of assessment suggesting this has yet to take place. An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Figure 73 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	11.1%	33.3%
2-4 Weeks	1	3.7%	11.1%
4- 6 Weeks	3	11.1%	33.3%
6-8 weeks	1	3.7%	11.1%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	3.7%	11.1%
(blank)	18	66.7%	
Total	27	100%	100%

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

66.7% (18) 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 18 referrals were discounted, that would mean 44.4% (4) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 12 weeks.

5.9 Learning Disability Health Checks

Figure 74 – Learning Disability Health Checks

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Actual	98	64	65.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 1 all 19 practices submitted data, but 2 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

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 and shared with the CCG for feedback.

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 focuses 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 75 - Lancashire Care Friends and Family Test performance

Friends and Family Response Rates and Scores

Lancashire Care NHS Foundation Trust

Latest Month: Jun-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%	1.0%	↗	96%	98%	↔	2%	1%	↔

Lancashire Care is reporting a response rate of 1% in June against an England average of 3.7%, a slight decline in performance from 1.1% reported in May. The percentage who recommended the service was 98%, showing no change from last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 1% for the sixth consecutive month, below the England average of 2%.

6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts are due to expire on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

6.4 Any Qualified Provider – MSK

AQP MSK activity continues to significantly decline across all providers. The Merseyside AQP contracts are due to expire at 30th September 2018 and there has been communications to providers and GPs regarding the arrangements around expiry.

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

Figure 76 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% 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	10	1	10		10		10	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10		10		10	
%	100.00%	100.00%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%	#DIV/0!

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

Quarter 1 shows a performance of 100%; just 1 patient received equipment within 18 weeks.

7. Third Sector Contracts

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant Third Sector Quarter 1 2018-19 Report has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans

detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the Let's Talk Mental Health, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physiotherapy & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial

outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

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

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 77 - 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%

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 78 – 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 79 – 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 80 – 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 3 performance and narrative detailed in the table below.

Figure 81 – Southport & Formby CCG’s Month 3 Submission to NHS England

May 2018 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2631	2361	-10.3%	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. Other referrals were slightly above average in both May and June. GP referrals have increased over the past few months with the main focus within Aintree/Renacres Hospitals 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. Despite this, analysis by providers has shown that a large majority have seen decreases in GP referrals during June.
Other	2098	2244	7.0%	
Total (in month)	4729	4605	-2.6%	
Variance against Plan YTD	13598	14304	5.2%	
Year on Year YTD Growth			4.7%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4146	3798	-8.4%	Local monitoring of outpatient first attendances have shown them to be in line with a trend of the previous year and as such is not statistically against the trend. Activity was below plan in June but in line with an expected average for 2018. Outpatient follow up attendances were above plan in April and June but in line with an average. Seasonal profile of the plan expects July levels to be closer in line with planned values for both first and follow-up attendances. A decrease in activity is expected in August.
Follow Up	8598	8024	-6.7%	
Total Outpatient attendances (in month)	12744	11822	-7.2%	
Variance against Plan YTD	35674	34294	-3.9%	
Year on Year YTD Growth			0.6%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1436	1390	-3.2%	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	245	207	-15.5%	
Total Elective spells (in month)	1681	1597	-5.0%	
Variance against Plan YTD	4967	4710	-5.2%	
Year on Year YTD Growth			-4.1%	
Urgent & Emergency Care				
Type 1	3583	3617	0.9%	The CCGs main provider recorded the highest number of A&E attendances in May (with high levels recorded across North Mersey during this period). Although attendances decreased in June, they remain above average. This recent increase in activity is being monitored closely as higher levels have been noted over the past four 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 3.4% variance and not 8.3% 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			7.1%	
All types (in month)	3997	4168	4.3%	
Variance against Plan YTD	11826	12806	8.3%	
Year on Year YTD Growth			9.0%	
Total Non Elective spells (in month)	1256	1533	22.1%	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 June, which 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	3716	4229	13.8%	
Year on Year YTD Growth			11.5%	