

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Month 11

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Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals															
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	G	R	R	R	R	R			R
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%	80.98%	83.80%	81%			80.43%
		Target	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%
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	R	R	R	R	R	R	R	R		
		Actual	5.14%	4.67%	4.14%	4.12%	4.20%	4.03%	4.08%	2.57%	2.14%	3.9%	1.5%		
		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	G	G	G	G	G	G	G	G		
		Actual	92.47%	93.41%	93.31%	93.03%	93.6%	93.36%	93.81%	94.21%	94.02%	94%	93.5%		
		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%	
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	R	G	R	R	G	G	G		R
		Actual	0	1	0	1	1	0	2	1	0	0	0	0	6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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	G	G	G	G	R	R	R	R
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%	94.08%	95.58%	95.43%	91.03%	87.59%	92.27%	92.93%
		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%
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	R	G	G	R	R	R	R	R
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%	65%	48.57%	81.52%
		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%
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	G	R	G	G	R	G	G	G
		Actual	94.87%	98.73%	97.02%	96.20%	98.53%	90.48%	97.06%	97.02%	93.10%	98.63%	96.67%	96.44%
		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%
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	G	R	G	G	R	R	G	G
		Actual	83.33%	100%	100%	100%	100%	91.67%	100%	100%	88.89%	92.86%	100%	96.43%
		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%
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	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
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	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	96.3%	100%	96.15%	94.44%	98.79%
		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%
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	R	R	G	R	R	R	R	R
		Actual	75%	87.50%	91.43%	70.73%	67.74%	81.08%	88%	75.76%	71.43%	77.78%	72.73%	77.92%
		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%

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	G	G	R	R	G	G	R		R
		Actual	100%	83.33%	100%	100%	100%	100%	80%	66.67%	100%	100%	0%		88.68%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R	G	R	G	R		G
		Actual	100%	92.31%	86.67%	93.33%	94.12%	75%	80%	92.31%	80%	94.44%	71.43%		87.35%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	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			R			R				R
		Actual	12.8			16.9			19.3				
		Target	67.50			77.10			86.70			96.40	

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%	83.8%	85.66%		87.56%
		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%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	3	3	4	3	5	11	3	3	9	19	22		85
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8	0.8	2.25	4.8	6.3		
		Target	0	0	0	0	0	0	0	0	0	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	R	R	R	R	R	R	R	R	R
		YTD	0	0	0	1	1	1	1	1	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	3	5	6	7	10	12	19	21	23	24	27	27
		Target	4	7	10	13	16	19	21	25	28	30	33	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		G				G
		Actual	100.00%		100%		100%				98.02%
		Target	95.00%		95.00%		95.00%		95.00%		95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	R	G	G	G	G	G	G	G	
		Actual	100%	66.67%	100%	80%	50%	75%	100%	75%	66.67%	80%	100%		79.33%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

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	G		R		G				G
		Actual	52.01%		48.13%		60%				53.01%
		Target	50.00%		50.00%		50.00%		50.00%		50.00%

2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R		R								
		Actual	3.32%	3.12%	3.04%		9.49%								
		Target	4.20%	4.20%	4.20%	4.20%	16.8%								
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	G		G								
		Actual	99.4%	98.5%	99.8%		99.1%								
		Target	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	G		G								
		Actual	100%	99.7%	100%		100%								
		Target	95.00%	95.00%	95.00%	95.00%	95.00%								
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%	69.8%	76.4%	76.5%		70.02%
		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%
Helping People to Recover from Episodes of Ill Health or Following Injury															
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	R		R								
		Actual	81.82%	84%	85.19%		83.78%								
		Target	100%	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	R		R								
		Actual	50%	66.67%	66.67%		62.5%								
		Target	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	R	R		R								
		Actual	100%	40%	57.14%		55%								
		Target	100%	100%	100%	100%	100%								

1. Executive Summary

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

Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 31st March 2019.

The full year financial position for the CCG is a surplus of £1m.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increased the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG delivered £2.745m savings in 2018/19 which brings the total QIPP saving to over the past three financial years to £16.347m.

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

Planned Care

Year to date referrals at month 11 have increased by 3.4% when comparing to the equivalent period in the previous year. Referrals in month 11 have decreased to the previous month this may be because there are fewer working days within month 11. However, this aligned to a trend identified in the previous year where referrals decreased from month 10 to 11 at around the same rate. Month 11 referrals were also above 2017/18 levels and were above a monthly average for 2018/19.

The latest information available for e-Referral utilisation is for January 2019, where the CCG reported 81%, a decline on 84% reported in December 2018.

The CCG failed the less than 1% target for Diagnostics in February recording 1.5%, a significant improvement on last month (3.9%). Out of 2,303 patients, 39 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the target in February recording 1.3%, an improvement on last month (2.7%). Out of 3,016 patients, 40 patients waited over 6 weeks, and 2 of these were waiting over 13 weeks, for their diagnostic test.

For referral to treatment, in February 2019, the CCG had 8,385 incomplete pathways, 1,512 patients more than February 2018. This is the eighth consecutive month in 2018/19 the CCG has not achieved the target with performance steadily declining.

Southport & Ormskirk reported 13 cancelled operations in February, a decrease from 20 reported for the previous month. Of the 13 reported in February, 8 were due to no ward beds, 2 equipment failure, 1 surgeon unavailable and 2 list over ran.

The CCG are failing 4 of the 9 cancer measures in month 11 year to date. They include the 2 week standard (92.93%), the 2 week breast symptoms (81.52%), the 62 day NHS screening service (88.68%) and 62 days urgent GP referral metric (77.92%). Southport & Ormskirk are also failing the 62 day NHS screening service (78.57%) and the 62 days urgent GP referral (78%). In

February, Southport & Ormskirk Trust reported 2 patients waiting longer than 104 days within the 62 day standard metric. One was a haematological patient with a delay due to a complex diagnostic pathway and one lower GI with listed reason 'other'. The longest waiting patient was at 161 days.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 8.7% in January to 11.6% in February, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has increased from 94% in January to 96% in February, in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased from 2% in January to 1% in February, better than the England average of 2%.

Performance at Month 11 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.9m/5.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.1m/6.6%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for February reached 88.24%, which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 86.8% for February, although it shows an improvement on last month's performance. The year to date position is currently achieving the STP target at 88.87%.

In February 2019 there was an average response time in Southport and Formby of 8 minutes 23 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 29 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 36.4% in February; just 8 out of 22 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the CCG is awaiting an update from Southport & Ormskirk. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

The CCG has reported an MSA rate of 6.3, which equates to a total of 22 breaches in February. 21 breaches were at Southport & Ormskirk NHS Trust and 1 was at Lancashire Teaching Hospitals.

There were 3 new cases of Clostridium Difficile attributed to the CCG in February, bringing the year to date figure to 27 against a plan of 33. Year to date 7 cases were apportioned to an acute trust and 20 to the community. Southport & Ormskirk had 3 new cases in February, bringing the total for the year to 11 against a plan of 32.

The CCG had no new cases of MRSA in February, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to A&E response rates reporting 1.4% in January, a decline on last month and remaining significantly

below the England average of 12.2%. The percentage of people who would recommend the service has increased from 74% in January to 94% in February, rising above the England average of 86%. The percentage not recommended has decreased significantly from 22% in January to 5% in February, better than the England average of 8%.

Performance at Month 11 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8m/26.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £7.1m/23.6%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 212 Southport & Formby patients entering treatment in Month 11. This is a slight decrease compared to previous month when 217 patients entered treatment. The access rate for Month 11 was 1.11% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 60.7% compared to 59.8% in the previous month. This satisfies the monthly target of 50%.

In quarter 3 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 85.19% (23/27) for routine and 66.67% (2/3) for urgent referrals.

Community Health 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 included reviews of current reporting practices, validation of caseloads and RTT recording as well as a deep dive with the service leads and teams. A revised activity baseline has been agreed to use as an activity monitoring tool for the purposes of exception reporting to provide assurance to the CCG. The Trust has informed the CCG of their transformation agenda which has begun to impact on activity levels for Therapies, CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

Better Care Fund

A quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. 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 March 2019.

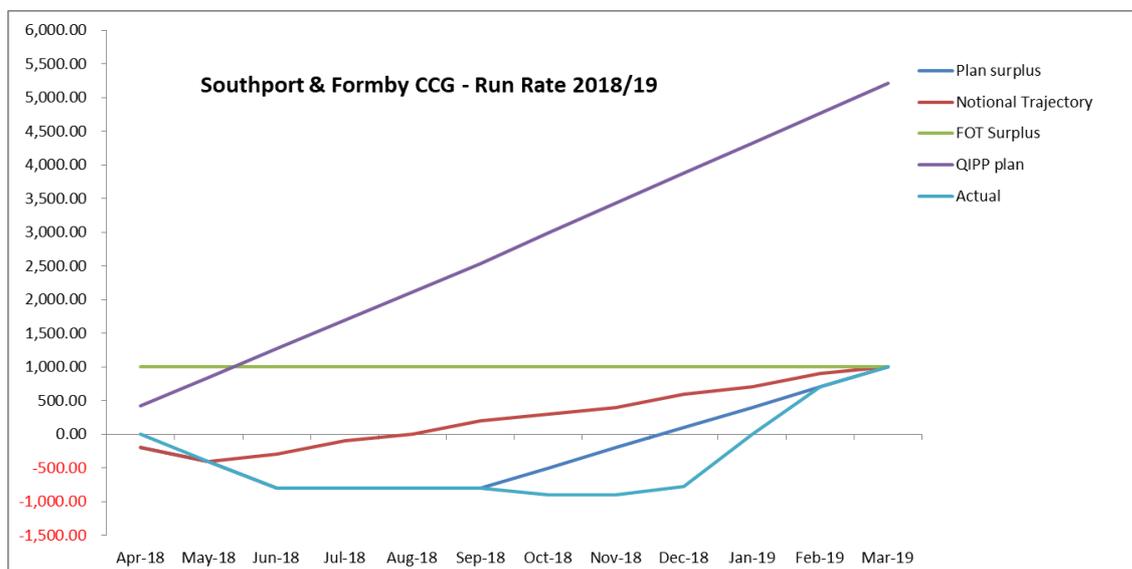
The full year financial position for the CCG is a surplus of £1m. Figure 1 provides a summary of the financial position.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Non NHS Commissioning	24,746	24,746	24,105	(641)
Corporate & Support Services: admin	2,622	2,622	2,418	(204)
Corporate & Support Services: programme	2,444	2,444	2,294	(149)
NHS Commissioned Services	123,591	123,591	127,831	4,241
Independent Sector	5,681	5,681	5,827	146
Primary Care	3,873	3,873	4,071	198
Prescribing	22,390	22,390	22,384	(6)
Total Operating budgets	185,346	185,346	188,930	3,583
Reserves	3,584	3,584	0	(3,584)
In Year Planned (Surplus)/Deficit	1,000	1,000	0	(1,000)
Grand Total (Surplus)/Deficit	189,930	189,930	188,930	(1,000)

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's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the same level of deficit
- Q3 plan was to deliver a surplus of £0.100m which was not achieved due to emerging pressures; the actual position was a deficit of £0.778m.
- Q4 plan was delivered. The CCG delivered the agreed financial plan of £1m surplus through detailed review of expenditure, adjustments to the CCG allocation and implementation of agreed mitigating actions.

CCG Recovery Plan

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increased the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG delivered £2.745m savings in 2018/19 which brings the total QIPP saving to over the past three financial years to £16.347m.

The long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy. This will be reflected in provider contracts for 2019/20. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue in terms of a collective approach to delivering a system wide financial recovery plan.

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

2018/19 Financial Position

Cost pressures have emerged in the financial year which have been offset by underspends in other areas. The main areas of overspend were within the following areas

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases in 2018/19 and an overall increase in activity. This equates to a full year cost pressure of £0.880m.
- Over performance at Southport & Ormskirk Trust of £5.300m for PbR activity which is offset by the application of contract sanctions and CQUIN reductions.
- Overspend on other provider contracts mainly in respect of High Cost Drugs and devices.
- Overspend of £0.117m within prescribing due to increased costs mainly in relation to NCSO pressures.
- Over performance of £0.320m at iSight clinic due to activity for Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.274m within the Local Quality Contract due to 2017/18 and 2018/19 claims on the main scheme and quarterly activity driven claims being higher than expected.
- Cost pressures of £0.226m within Non Contract Activity (NCA's) due to recent high cost cases being confirmed as CCG registered patients.

The forecast cost pressures are partially offset by underspends in running cost, funded nursing care and the reserve budget due to the 0.5% contingency budget held.

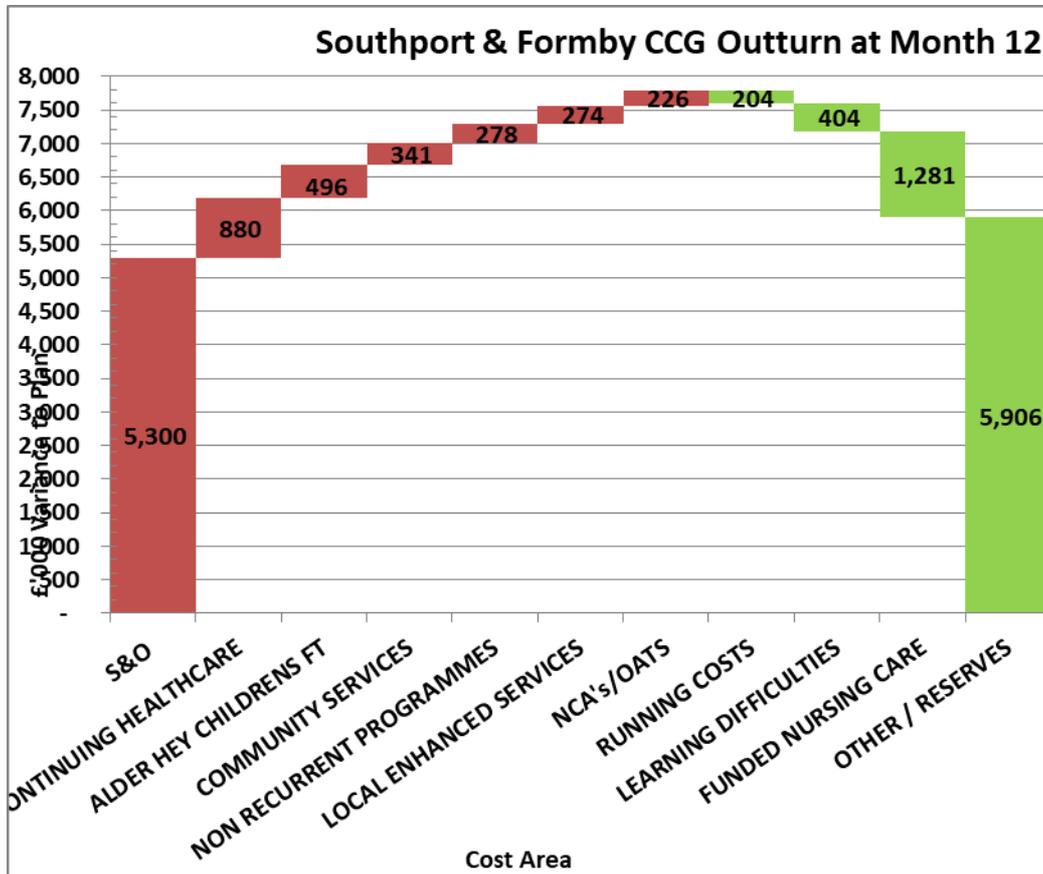
Figure 3 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	n/a
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.745m
4	Running Costs	CCG running costs < 2017/18 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.36%
		NHS - Volume YTD > 95%	95.60%
		Non NHS - Value YTD > 95%	96.17%
		Non NHS - Volume YTD > 95%	95.00%

- The CCG has achieved the NHS England control total to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve has been used to support cost pressures which have emerged in year.
- The financial plan was to achieve a £1m surplus position in year. The CCG reported position for the financial year is a Surplus of £1m.
- QIPP delivery is £2.745m for 2018/19 this is now the final figure for this financial year.
- Expenditure on the Running Cost budget is below the allocation by £0.204m for 2018/19
- BPPC targets have been achieved in 2018/19.

2.2 Financial Forecast

Figure 4 – Forecast Outturn



- The CCG financial position for the financial year is a surplus of £1m.
- The main financial pressures during the financial year 2018/19 related to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Overspend within prescribing due to NCSO and other prescribing cost pressures.
 - Cost pressures within iSight Clinic.
 - Cost pressures within the Local Quality Contract due to part one and quarterly claims being higher cost than expected.
- These pressures were partially offset by application of reserves, underspends in other areas mostly FNC and LD with some variation in Community Services.

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		2.750		2.750
NCSO Adjustment	(1.100)	0.104		1.100	0.104
Primary care additional allocation	(0.500)	0.500			0.000
CAT M expenditure reduction	(0.300)	0.300			0.000
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230			(0.071)	0.159
Community Services investment	0.697			(0.250)	0.447
Intermediate care	0.500		(0.130)	(0.309)	0.061
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	2.316	(0.396)	1.667	3.912
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	2.930	1.623	2.137	3.584

- 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.

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	1.106
Alder Hey Children's Hospital NHS Foundation Trust	0.123
Liverpool Women's NHS Foundation Trust	(0.087)
Liverpool Heart & Chest NHS Foundation Trust	(0.185)
Royal Liverpool and Broadgreen NHS Trust	0.000
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.037)
Grand Total	0.920

- 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 not protect against pass through costs which are not included in the Acting as One Contract.
- Due to fixed financial contract values, the agreement removes the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should

continue as this will create capacity to release other costs and long term efficiencies within the system.

- The end of the year financial performance for the Acting as One providers shows an over performance expenditure against plan, this would normally represent overspend of £0.920m under usual contract arrangements.

2.5 QIPP

Figure 7 – QIPP Plan and Forecast

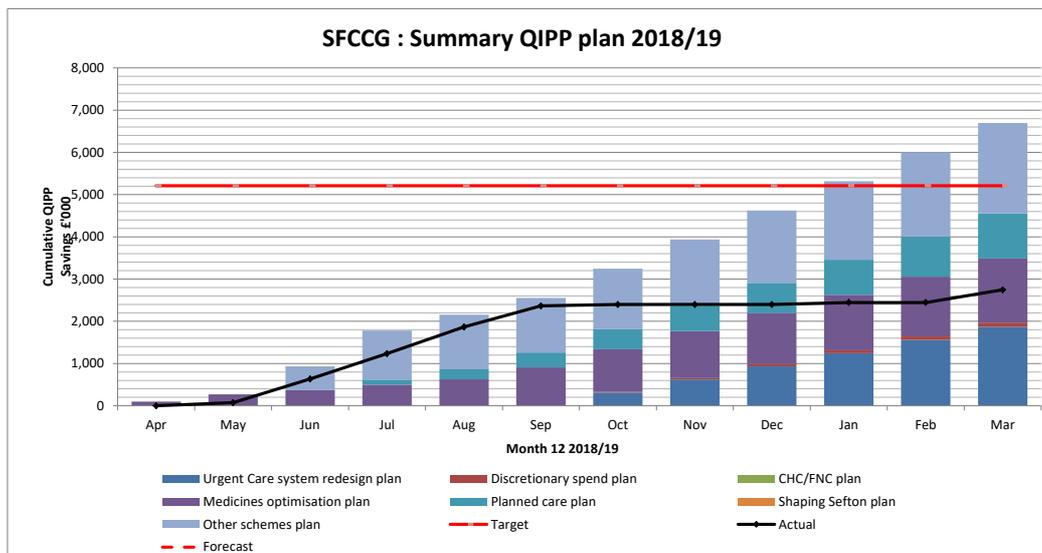


Figure 8 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	0	0	1,067	1,067
Medicines optimisation plan	1,517	0	1,517	1,153	0	364	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	0	100	0	0	100	100
Urgent Care system redesign plan	1,870	0	1,870	0	0	1,870	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,241	2,142	1,592	0	550	2,142
Total QIPP Plan	5,455	1,241	6,696	2,745	0	3,951	6,696
QIPP Delivered 2018/19				(2,745)		0	(2,745)

- The 2018/19 QIPP target was £5.210m.
- QIPP schemes worth £6.696m were identified; however £3.951m of the schemes were identified as high risk.
- The CCG continued to hold challenge and scrutiny sessions with QIPP leads during the year in order to maximise efficiency savings for 2018/19.
- The CCG has delivered £2.745m QIPP savings in respect of prior year technical adjustments and prescribing savings. The remaining £2.465m will be included in the 2019/20 QIPP target.

2.6 Risk

Figure 9 – 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	1.144	1.601	2.745
Other Mitigations	1.053	1.412	2.465
Total Management Action plan	2.197	3.013	5.210
Year End Surplus / (Deficit)	(3.013)	4.013	1.000

- The CCG financial position for 2018/19 is a surplus of £1m.
- The CCG has implemented mitigating actions as agreed with the governing body which have improved the financial position in quarter four resulting in delivery of £1m surplus at the end of 2018/19.
- The underlying position is a deficit of £3.013m and likely to be higher this reflects the non-recurrent mitigations actioned in year to achieve the financial surplus.

2.7 Statement of Financial Position

Figure 10 – Summary of working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3	M6	M9	M12	M12
	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	3,957	2,406
Cash	4,687	3,046	1,534	20	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(12,363)	(12,162)

Value of Debt > 180 days	1,669	1,729	61	38	672
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- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. Movements in this balance between quarter 3 and quarter 4 relates to depreciation charges.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.038m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust (£0.037m) which has been formally disputed as part of the NHS month 12 agreement of balances exercise. The CCG finance team and NHS Shared Business Services continue work to resolve issues associated with recovering this balance.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.206m). At 31 March 2018 the CCG had a cash balance of £0.020m; therefore the cash target was achieved.

2.8 Recommendations

- The full year financial position for the CCG is a surplus of £1m which is in line with the agreed financial plan.
- QIPP delivery for 2018/19 was £2.745m against a target of £5.210m; the remaining efficiency requirement of £2.465m will be included in the efficiency target for 2019/20.
- The CCG has implemented a number of mitigating actions in year to support underperformance against the QIPP plan.
- The CCG's commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan for 2019/20 and future years to come, the CCG requires on-going and sustained support from member practices through Business Partnering, supported by Governing Body GP leads to identify and implement QIPP schemes which deliver the required level of savings to meet future financial plans.

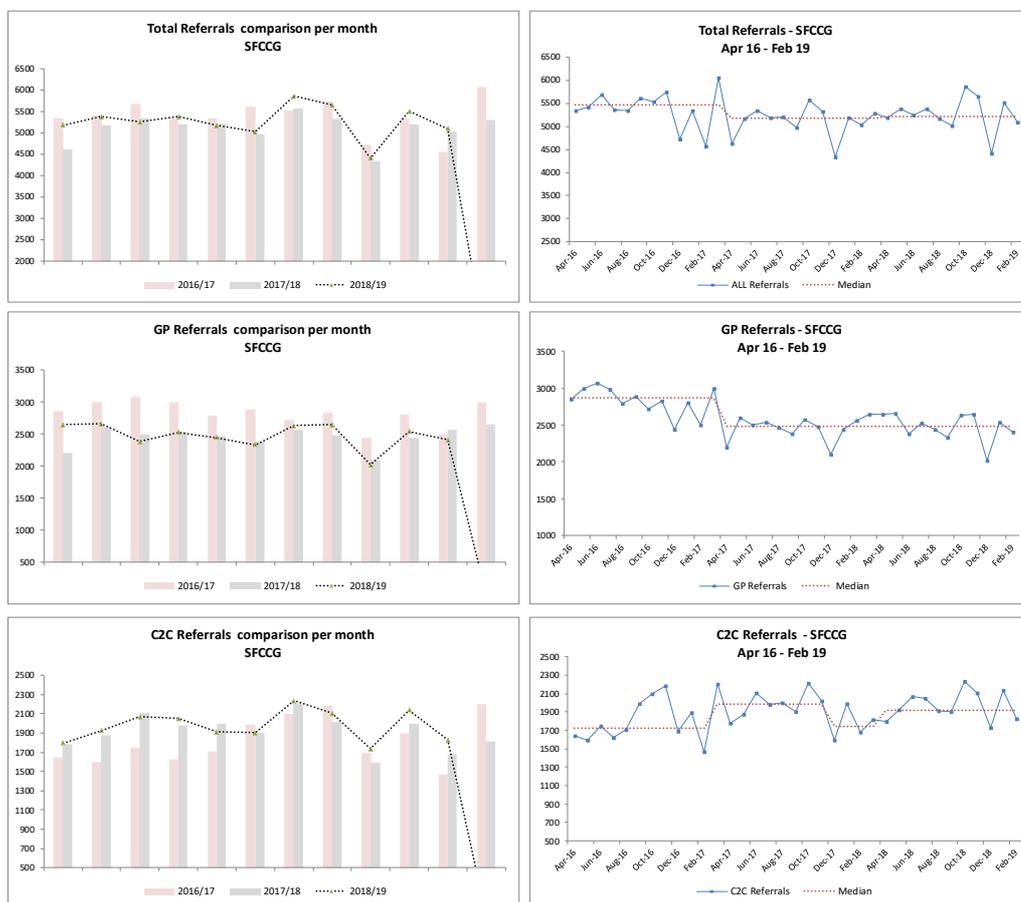
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

3. Planned Care

3.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2202	2643	441	20%	1782	1795	13	1%	4628	5191	563	12%
May	2601	2659	58	2%	1876	1924	48	3%	5180	5382	202	4%
June	2500	2380	-120	-5%	2109	2068	-41	-2%	5348	5255	-93	-2%
July	2540	2528	-12	0%	1979	2053	74	4%	5194	5380	186	4%
August	2464	2446	-18	-1%	2001	1911	-90	-4%	5219	5178	-41	-1%
September	2379	2335	-44	-2%	1904	1904	0	0%	4976	5026	50	1%
October	2570	2630	60	2%	2210	2235	25	1%	5577	5864	287	5%
November	2483	2645	162	7%	2017	2105	88	4%	5331	5652	321	6%
December	2099	2023	-76	-4%	1594	1735	141	9%	4340	4415	75	2%
January	2445	2544	99	4%	1993	2141	148	7%	5200	5515	315	6%
February	2566	2409	-157	-6%	1681	1828	147	9%	5038	5100	62	1%
March	2645				1816				5299			
Monthly Average	2458	2477	19	1%	1914	1973	59	3%	5111	5269	158	3%
YTD Total Month 11	26849	27242	393	1%	21146	21699	553	3%	56031	57958	1927	3%
Annual/FOT	29494	29719	225	1%	22962	23672	710	3%	61330	63227	1897	3%

Figure 11 - Referrals by Source across all providers for 2017/18 & 2018/19



Year to date referrals at month 11 have increased by 3.4% when comparing to the equivalent period in the previous year. Referrals in month 11 have decreased to the previous month, which was anticipated as part of a seasonal trend with fewer working days represented in month. This also aligned to a trend identified in the previous year where referrals decreased from month 10 to 11 at a similar rate. However, month 11 referrals were above 2017/18 levels and were above a monthly average for 2018/19.

At provider level, referrals to Southport Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 2.3%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres and ISight.

Within individual specialties, General Medicine, General Surgery and Gastroenterology are reporting a notable increase in referrals during 2018/19 with each linked to referral increases to Southport Hospital. A coding change at Southport Hospital is also apparent with Paediatric Ophthalmology referrals coded throughout 2018/19, which had not previously been coded at this provider. At Aintree Hospital, there have been increases reported across a number of specialties including Breast Surgery, ENT and Ophthalmology with demand linked predominantly to increased GP referrals but also to referrals from a consultant other than in A&E.

GP referrals in 2018/19 to date are comparable to the previous year with a small decrease of -0.9% at month 11. GP referrals to the main hospital provider are currently 2.4% below 2017/18 levels with a notable increase apparent at Aintree Hospital, particularly for Breast Surgery referrals. The number of GP referrals overall may have been partially impacted by Liverpool Heart & Chest data not being included for the last 3 months (see data quality note below).

In terms of the priority of patients referred, a 4% reduction in routine GP referrals has occurred in 2018/19 with urgent and two week wait referrals increasing by 19% and 25% respectively. Some of the specialties to report the largest increases in two week waits include General Surgery, Dermatology and Breast Surgery.

Consultant-to-consultant referrals are currently 2.6% higher in 2018/19 when comparing to the previous year with increases evident at Southport Hospital and St Helens & Knowsley Hospital. The former has seen increases within a number of specialties including General Medicine, T&O and Cardiology. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

Data quality notes:

An issue has been identified with month 9, 10 and 11 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 138 referrals per month to this provider for Southport & Formby CCG patients at month 8.

3.1.1 E-Referral Utilisation Rates

Figure 12 – Southport & Formby CCG E Referral Published Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Jan	100%	81%	↓

The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. January 2019 is the latest available data which shows a performance of 81%, a decline on 84% reported last month.

The above data (figure 14) is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used to provide a more accurate picture of CCG utilisation.

Figure 13 – Southport & Formby CCG E Referral Local Performance

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84005	CUMBERLAND HOUSE SURGERY	192	222	86.5%	▼
N84006	CHAPEL LANE SURGERY	144	135	106.7%	▲
N84008	NORWOOD SURGERY	132	144	91.7%	▲
N84012	AINSDALE MEDICAL CENTRE	208	240	86.7%	▼
N84013	CHRISTIANA HARTLEY MEDICAL PRACTICE	116	114	101.8%	▲
N84014	AINSDALE VILLAGE SURGERY	51	51	100.0%	▲
N84017	CHURCHTOWN MEDICAL CENTRE	176	199	88.4%	▼
N84018	THE VILLAGE SURGERY FORMBY	178	201	88.6%	▲
N84021	ST MARKS MEDICAL CENTRE	229	226	101.3%	▲
N84024	GRANGE SURGERY	211	213	99.1%	▲
N84036	FRESHFIELD SURGERY				
N84037	LINCOLN HOUSE SURGERY	31	37	83.8%	▼
N84611	ROE LANE SURGERY	74	74	100.0%	▲
N84613	THE CORNER SURGERY (DR MULLA)	82	94	87.2%	▲
N84614	THE MARSHSIDE SURGERY (DR WAINWRIGHT)	64	61	104.9%	▲
N84617	KEW SURGERY	72	75	96.0%	▲
N84618	THE HOLLIES SURGERY	122	128	95.3%	▼
N84625	THE FAMILY SURGERY	61	66	92.4%	▲
Y02610	TRINITY PRACTICE	9	36	25.0%	▼
Southport & Formby CCG Total		2152	2316	92.9%	▲

E-Referral Utilisation Coverage*			
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Change From Previous Month	
▲	Up
▼	Down
▶	No change

The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. Figure 15 (above) shows an overall performance of 92.9% for Southport & Formby CCG, an improvement on last month. Trinity Practice will be contacted to ascertain low number of e-RS referrals. This information is available on the intranet to allow practices to review their performance and compare with similar practices.

How are the issues being addressed?

A review of referral data will be undertaken to understand if underperformance is specifically at provider, specialty or GP level. Initial review of the trust data suggests some gaps in elements of SUS data for some providers which make it difficult to identify what/if certain specialties/GPs are affected. ERS flags can be applied, that support providers to record and identify which referrals have been received via ERS. This ERS flag is not universally utilised across all our local providers.

When is performance expected to recover?

A review of referrals from a practice perspective may need to be undertaken to be understand what the root causes are for this under performance. Until this review is completed, it is difficult to determine when ERS performance will be recovered.

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

3.2 Diagnostic Test Waiting Times

Figure 14 - 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 - Feb	<1%	1.50%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Feb	<1%	1.30%	↓

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in February recording 1.5%, a significant improvement on last month (3.9%). Out of 2,303 patients, 39 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in MRI (12), Cardiology (5) and CT (8).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in February recording 1.3%, an improvement on last month (2.7%). Out of 3,016 patients, 40 patients waited over 6 weeks, and 2 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for MRI (18) and Cystoscopy (5).

The Trust has reported the following issues:

- A high proportion of breaches in February were due to patient choice and staffing issues.
- Unexpected staff sickness in Cardiology.
- On-going lack of capacity in cystoscopy (gynaecology).
- MRI breaches due to telecoms malfunction, interpretation delay, previous surgery issue, referrals back to radiology for discussion and difficulty in contacting patients/patient choice.
- There has been prioritisation of inpatients over routine due to winter pressures to facilitate discharges.

There are also diagnostic issues emanating from Liverpool & Heart & Chest which affect the CCG performance, 9 patients waiting over 6 weeks, 2 of these waiting over 13 weeks, this equates to 0.2% of the under-performance. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who will start in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.

How are the issues being addressed?

Process Mapping sessions have been completed and subsequent Task & Finish Groups have commenced. A list of actions/quick wins have been agreed which will also link in to the work the Trust are doing with Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement.

The Trust have been asked via the Quality and contracting meeting to supply the CCG with actions and timelines against failing specialities.

When is performance expected to recover?

Trust and CCG aligned on diagnostic performance for the operational plans which indicates improvements throughout the year and work still to be undertaken regarding recovery in 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

3.3 Referral to Treatment Performance

Figure 15- 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 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Feb	92%	93.50%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Feb	92%	94.50%	↓

Figure 16 – RTT Performance & Activity Trend

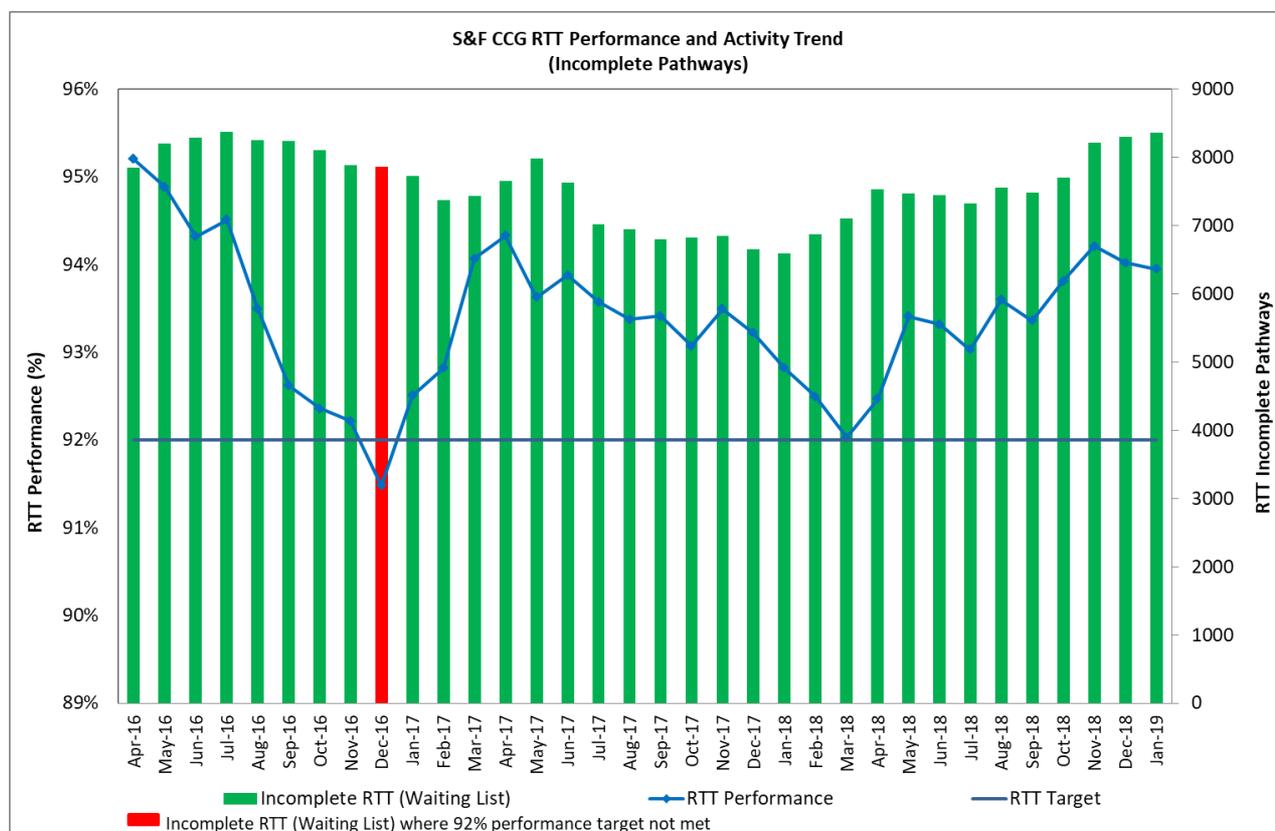


Figure 17 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
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	7,100
2018/19	7,531	7,465	7,448	7,328	7,559	7,487	7,705	8,221	8,297	8,365	8,385		8,385
Difference	-119	-523	-180	308	614	688	879	1,368	1,649	1,776	1,512		1,285
St Helens 17/18 Actuals	118	135	158	174	192	202	217	208					0
Revised 2018/19 Position	7,649	7,600	7,606	7,502	7,751	7,689	7,922	8,429	8,297	8,365	8,385		8,385
Revised Difference	-1	-388	-22	482	806	890	1,096	1,576	1,649	1,776	1,512		1,285

Performance Overview/Issues

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 18 (above) was revised for those months to include a proxy of Southport & Formby CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust is now submitting again from December 2018 onwards. In February 2019, the CCG had 8,385 incomplete pathways, 1,512 patients more than February 2018. This is the eighth consecutive month in 2018/19 the CCG has not achieved the target with performance steadily declining.

How are the issues being addressed?

Despite continuing to exceed the 92% referral to treatment target, Southport & Ormskirk’s waiting list is increasing. Challenges remain in Community Paediatrics, Vascular Surgery, Optometry and Oral Surgery.

Trust Actions

- Tracking patients who are likely to fail the RTT target and to reduce long waits
- Continue with waiting List Initiative Clinics
- Continue to roll out A&G across specialities, presently there are seven specialities available. By the end of the financial year there will be ten A&G specialties available.
- A Referral Assessment Service (RAS) for Urology and Lung is in place. This is being expanded into Gastroenterology in quarter 1 2019/20.
- An action plan has been developed for Endoscopy which is the main area of concern and will be shared with the CCG. The action plan will support the reduction in waiting lists and bring Gastroenterology within the RTT target.

The CCG has tried a number of actions to support the target to be met, i.e. education event(s), encouraging better use of Advice and Guidance, EMIS protocols, Local Quality Contract. Work will continue to reduce waiting lists sizes.

When is performance expected to recover?

The CCG has a waiting list target of 7,100. It is unlikely this will be achieved and is expected to be above the March 2018 target at March 2019.

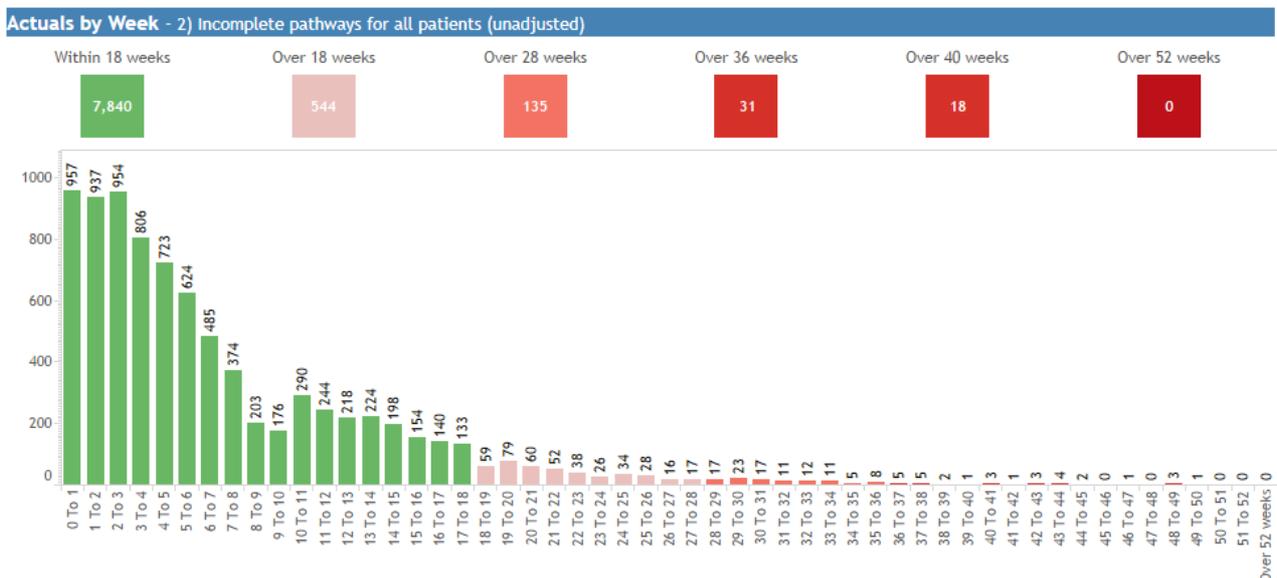
Southport & Ormskirk Trust have advised that they will not achieve the NHS England target of the waiting list in March 2019 being no higher that of March 2018. However they have advised they will be working toward the target during 2019/20. The Trust has agreed to provide an action plan to the CCG detailing how this will be achieved.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

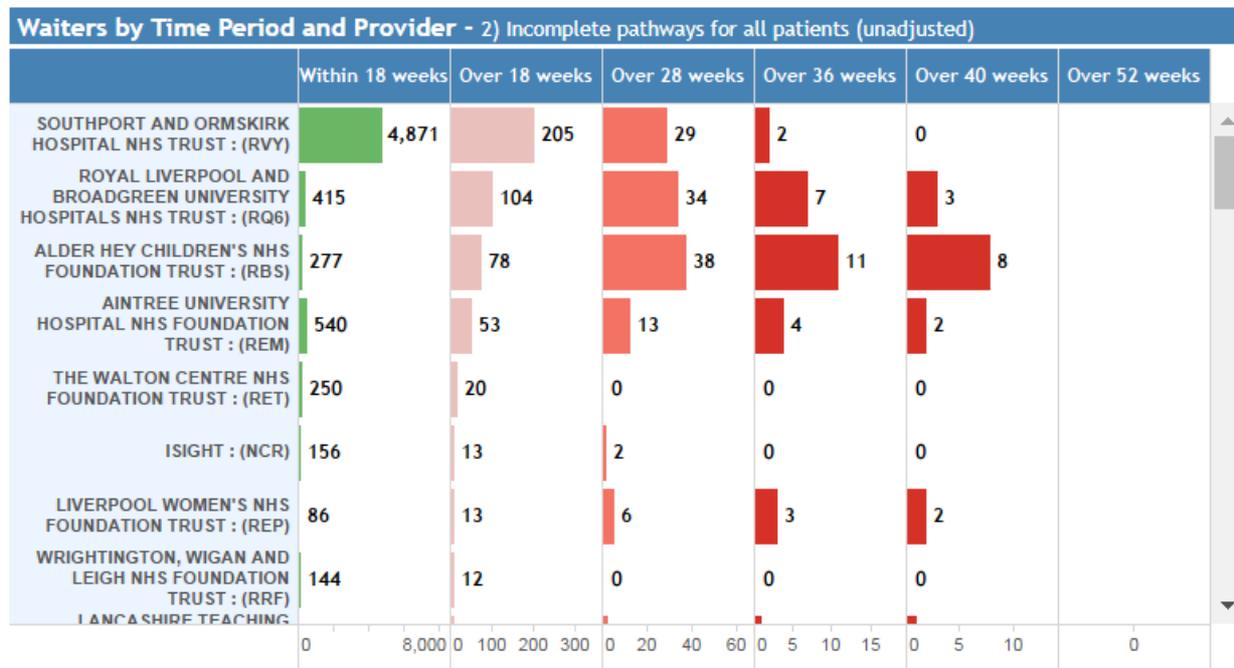
3.3.1 Incomplete Pathway Waiting Times

Figure 18 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - 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 20 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

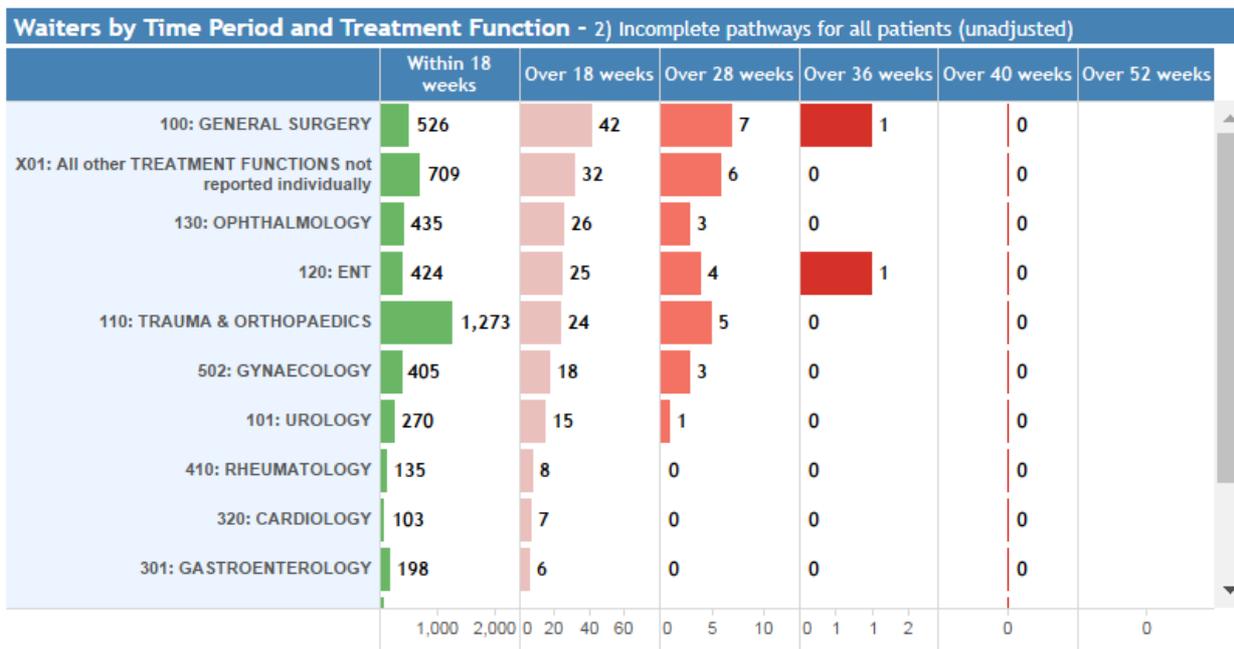
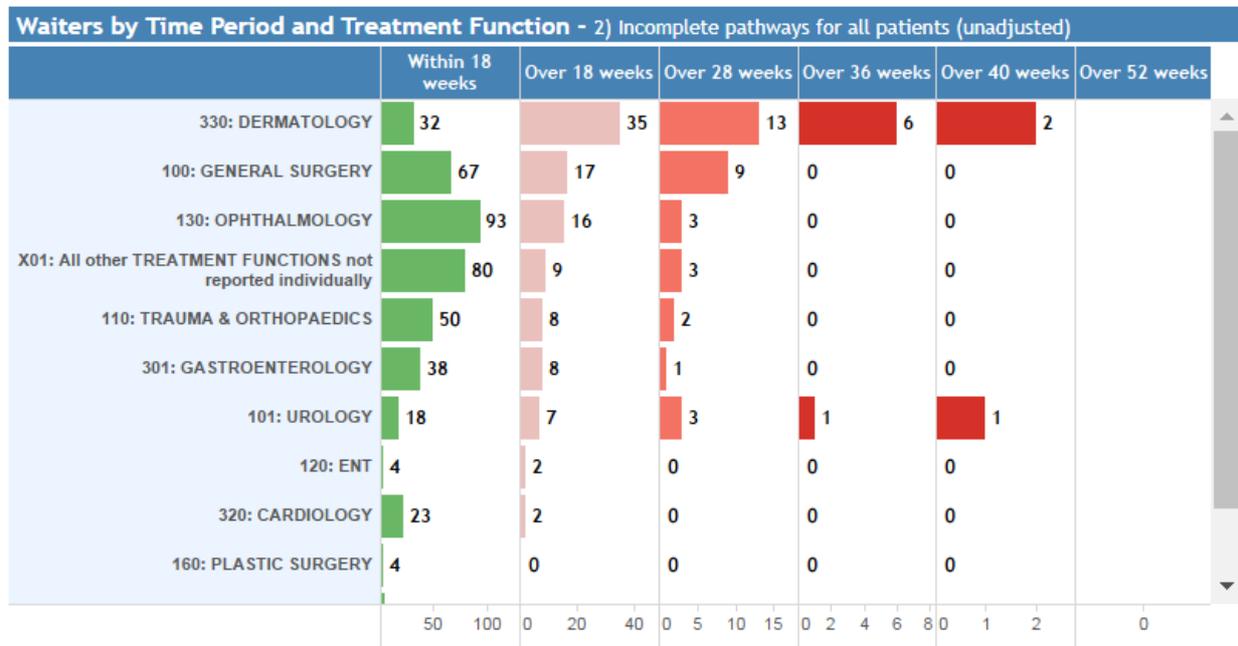


Figure 21 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 22 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Details
Southport & Formby CCG	Aintree	Gastroenterology	37 to 40 weeks	2 patients ; 1 treated, 1 has TCI date
Southport & Formby CCG	Aintree	Thoracic Medicine	37 weeks	Treated 6-3-19
Southport & Formby CCG	Aintree	ENT	40 weeks	Treated 13-3-19
Southport & Formby CCG	Alder Hey	Other	36 to 48 weeks	11 patients ; 3 treated, 1 with TCI date & 7 requires TCI date sent to service
Southport & Formby CCG	Birmingham University	Cardiothoracic Surgery	43 weeks	Not been seen yet, awaiting TCI date
Southport & Formby CCG	Lancashire Teaching	Neurology	46 weeks	First Appt 20/03/19 - patient cancelled appointment 20-3-19
Southport & Formby CCG	Liverpool Womens	Gynaecology	37 to 42 weeks	3 patients ; Trust only providing updates on 52 week waiters
Southport & Formby CCG	Manchester University	Urology	36 weeks	Trust only providing updates on 52 WW
Southport & Formby CCG	Morecambe Bay	Ophthalmology	41 weeks	Treated
Southport & Formby CCG	Royal Liverpool	Dermatology	36 to 43 weeks	6 patients ; 5 treated, 1 has TCI date
Southport & Formby CCG	Royal Liverpool	Urology	49 weeks	Awaiting TCI date
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37 weeks	Seen 21-3-19
Southport & Formby CCG	St Helens & Knowsley	ENT	36 weeks	Patient seen 4-9-18, TCI 11-3-19

The CCG had a total of 31 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 31, 14 patients have been treated, 4 have a TCI date, 9 patients need a TCI date and 4 where trust only provides updates on over 52 week waiters.

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 23 – 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 - Feb	0	13	↑ ↓

Performance Overview/Issues

Southport & Ormskirk reported 13 cancelled operations in February, a decrease from 20 reported for the previous month. Of the 13 reported in February, 8 were due to no ward beds, 2 equipment failure, 1 surgeon unavailable and 2 list over ran.

How are the issues being addressed?

Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.

When is performance expected to recover?

Several requests from commissioning leads to Southport & Ormskirk for assurance regarding high number of cancellations have not been responded to. This has now been escalated to Director Level and the CCG awaits a response.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

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

Figure 24 – 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 - Feb	0	0	↑↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 25 – 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 - Feb	93%	92.93%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	93%	94.91%	↑
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 - Feb	93%	81.52%	↓

Performance Overview/Issues

The CCG has failed the two week standard year to date with 92.93%. Monthly performance has failed the 93% target for the past three consecutive months. February has shown a performance of 92.27%, with 43 patients breaching the target out of a total 556 treated. There were 30 breaches at Aintree, 11 at Southport & Ormskirk, 1 at Wirral and 1 at Royal Liverpool. 27 breaches were due to inadequate out-patient capacity, 12 due to patient choice to delay, 3 due to other reason and 1 due to an admin delay. The maximum wait was 47 days and was due to patient choice to delay.

The CCG also failed the 93% target for breast patients in February reporting 48.57% and year to date with 81.52%. February is the fourth consecutive month where the target has not been achieved, with 18 breaches out of a total 35 treated. All breaches were at Aintree and all were due to inadequate outpatient capacity. The maximum wait was 21 days.

How are the issues being addressed?

The majority of Southport and Formby breast patients are referred to the Aintree service which has suffered capacity constraints over recent months.

Aintree Breast clinic capacity has now been increased due to two Associate Specialists being upgraded to Locum Consultants. They will have additional clinic capacity in their job plans in 2019, reducing the reliance on waiting list initiatives. A GP with Special Interest has also been identified to augment capacity and support interface and referral quality aspects. However referrals continue to increase with Aintree seeing a 15% increase in breast referrals for both symptomatic and suspected cancer cohorts over the last year especially over the last 3 months. The unification of the breast teams across Aintree and Royal Liverpool in advance of formal merger of the providers holds promise to deliver efficiencies and provide consistent levels of access.

There has been system wide communication across providers to work collaboratively around breast capacity including re-issuing information to General Practice on the management of symptomatic but not suspected cancer patients.

When is performance expected to recover?
Quarter 1, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 26 – 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 - Feb	96%	96.44%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	96%	98.31%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Feb	94%	98.79%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Feb	94%	96.43%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	94%	97.22%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Feb	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 - Feb	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 27 – 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 - Feb	85% (local target)	87.35%	↓
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 - Feb	85% (local target)	91.74%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Feb	90%	88.68%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	90%	78.57%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Feb	85%	77.92%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Feb	85%	78.00%	↑

Performance Overview/Issues

The CCG failed the 90% target for the NHS screening service in February with 0%; both patients treated breached the target. This brings the year to date performance to 88.68%. 1 patient waited 94 days with HCP initiating delay and the other patient waited 81 days, delay due to 'other reason'.

Southport & Ormskirk Trust also failed the 90% target for the screening service in February with 50%; the equivalent of 1 breach out of 2 treated. This brings the year to date performance below target with 78.57%. Two half breaches equate to the one full breach. Both patients were first seen at Aintree; 1 waited a total 81 days for treatment, delay due to 'other', and 1 waited 94 days with HCP initiated delay.

The CCG failed the 85% target for urgent GP referrals in January with 72.73% and year to date with 77.92%. In February, 12 patients out of 44 breached. 4 HCP initiated delays, 2 complex diagnostic pathways, 1 delay for medical reasons, 1 inadequate elective capacity, 1 patient choice and 3 other.

The Trust also failed the 85% target for urgent GP referrals in January with 70.93% and year to date with 78%. In February, the Trust reported the equivalent of 12.5 breaches out of 43 attributable patients. 2 complex diagnostic pathways, 1 delayed for medical reasons, 6 HCP initiated delay, 2 inadequate elective capacity, 1 patient choice and 4 other.

How are the issues being addressed?

The Trust do not anticipate meeting the 62 day standard in the coming months as they are working to a Cancer Improvement plan which crosses over all specialties within the Trust with the aim of

there never being longer than 7 days between interventions on a cancer pathway. Where this standard has been breached, a root cause analysis is undertaken. This month there has been progress in securing additional colorectal CNS capacity. Radiology capacity constraints remain a concern with 3 consultant vacancies still unfilled.

When is performance expected to recover?

The Trust aims to see some sustainable improvement but not complete recovery by quarter 2 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allan	Sarah McGrath

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.

In February, Southport & Ormskirk Trust reported 2 patients waiting longer than 104 days within the 62 day standard metric. One was a haematological patient with a delay due to a complex diagnostic pathway and one lower GI with listed reason ‘other’. The longest waiting patient was at 161 days.

3.6 Patient Experience of Planned Care

Figure 28 – Southport & Ormskirk Inpatient Friends and Family Test Results

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
Inpatient	24.9%	11.6%		96%	96%		2%	1%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	16.0%		97%	97%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	97%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	*		1%	*	

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 8.7% in January to 11.6% in February, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has increased from 94% in January to 96% in February, in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased from 2% in January to 1% in February, better than the England average of 2%.

For maternity services, in relation to 'Birth' the response rate has improved from 8% in January to 16% in February, but is still below the England average of 21.1%. The percentage who would recommend the service increased from 81% in January to 97% in February, in line with the England average of 97%. The percentage who would not recommend the service decreased from 6% in January to 0% in February, better than the England average of 1%. The percentage recommended for the postnatal ward increased from 84% in January to 97% in February, above the 95% England average, and percentage not recommended decreased from 5% in January to 0% in February, better than the England average of 2%. The postnatal community ward received just 3 responses.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 11 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.9m/5.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.1m/6.6%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 11 with a variance of £781k/78%. This is closely followed by Southport & Ormskirk with a variance of £776/4% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£226k/-24%).

Figure 29 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	16,710	19,205	2,495	15%	£3,608	£3,823	£215	6%	-£215	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,910	7,524	614	9%	£503	£509	£6	1%	-£6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,248	1,527	-721	-32%	£933	£707	-£226	-24%	£226	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,448	1,753	-695	-28%	£565	£470	-£96	-17%	£96	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	14,537	15,118	581	4%	£2,705	£2,654	-£50	-2%	£50	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,337	2,390	53	2%	£705	£629	-£75	-11%	£75	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	45,191	47,517	2,326	5%	£9,018	£8,792	-£226	-3%	£226	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	370	380	10	3%	£77	£88	£12	15%	£0	£12	15%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	64	64	0%	£0	£7	£7	0%	£0	£7	-
FAIRFIELD HOSPITAL	106	78	-28	-27%	£18	£12	-£6	-32%	£0	-£6	-32%
ISIGHT (SOUTHPORT)	5,241	6,418	1,177	22%	£792	£1,036	£244	31%	£0	£244	31%
Lancashire Teaching Hospital	0	1,205	1,205	0%	£0	£259	£259	0%	£0	£259	-
RENACRES HOSPITAL	11,821	12,908	1,087	9%	£3,428	£3,278	-£149	-4%	£0	-£149	-4%
Salford Royal NHS FOUNDATION TRUST	0	221	221	0%	£0	£49	£49	0%	£0	£49	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	94,645	97,314	2,669	3%	£17,264	£18,040	£776	4%	£0	£776	4%
SPIRE LIVERPOOL HOSPITAL	372	336	-36	-10%	£100	£132	£32	32%	£0	£32	32%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	5,139	5,213	74	1%	£1,120	£1,110	-£10	-1%	£0	-£10	-1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	651	894	243	37%	£160	£182	£22	14%	£0	£22	14%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	391	391	0%	£0	£80	£80	0%	£0	£80	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	320	320	0%	£0	£86	£86	0%	£0	£86	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,873	4,545	1,672	58%	£1,003	£1,784	£781	78%	£0	£781	78%
ALL REMAINING PROVIDERS TOTAL	121,219	130,287	9,068	7%	£23,963	£26,144	£2,181	9%	£0	£2,181	9%
GRAND TOTAL	166,410	177,804	11,394	7%	£32,981	£34,936	£1,955	5.9%	£226	£2,181	6.6%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 30 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,029	10,144	115	1%	£5,082	£5,166	£84	2%
Elective	1,237	1,112	-125	-10%	£2,976	£3,089	£114	4%
Elective Excess BedDays	192	175	-17	-9%	£46	£42	-£4	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	648	1,039	391	60%	£113	£227	£114	101%
OPFASPCCL - Outpatient first attendance single professional consultant led	10,788	11,527	739	7%	£1,857	£2,002	£145	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	1,496	2,183	687	46%	£128	£233	£105	82%
OPFUPSCL - Outpatient follow up single professional consultant led	33,969	33,987	18	0%	£2,769	£2,787	£18	1%
Outpatient Procedure	26,672	27,351	679	3%	£3,438	£3,582	£144	4%
Unbundled Diagnostics	9,613	9,796	183	2%	£855	£911	£56	7%
Grand Total	94,645	97,314	2,669	3%	£17,264	£18,040	£776	4%

*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.

The main areas of over performance year to date occurred within the outpatient setting, with both first attendance and procedures increasing against plan. Trauma & Orthopaedics and General Surgery are the top specialties influencing the variance within first appointments.

Outpatient procedures have increased across a number of specialties namely Dermatology, Ophthalmology, Gynaecology, and Urology. At HRG level, minor skin procedures accounts for the majority of increased costs against plan. A significant decrease is noted in T&O which is in contrast to the increased levels across other outpatient points of delivery for this particular speciality.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 31 - 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	700	968	268	38%	£436	£692	£256	59%
Elective	386	262	-124	-32%	£886	£585	£-300	-34%
Elective Excess BedDays	98	138	40	41%	£24	£33	£9	38%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	134	77	-57	-43%	£28	£17	£-11	-39%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	245	167	-78	-32%	£11	£8	£-3	-28%
OPFASPCl - Outpatient first attendance single professional consultant led	2,665	3,241	576	22%	£463	£557	£94	20%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	152	105	-47	-31%	£14	£10	£-4	-27%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	380	855	475	125%	£9	£21	£11	125%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,944	7,048	104	1%	£576	£560	£-16	-3%
Outpatient Procedure	2,467	3,470	1,003	41%	£365	£489	£124	34%
Unbundled Diagnostics	1,638	1,967	329	20%	£114	£160	£45	40%
Wet AMD	901	907	6	1%	£682	£691	£9	1%
Grand Total	16,710	19,205	2,495	15%	£3,608	£3,823	£215	6%

Aintree performance is showing a £215k/6% variance against plan at month 11. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £256k/59% and £124k/34% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery speciality.

The over performance within outpatient procedures is primarily within Ophthalmology and mainly a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support

'Assessment' within Respiratory Medicine has also seen activity exceed planned levels in all months in 2018/19 to date.

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 32 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,304	1,388	84	6%	£1,309	£1,238	£71	-5%
Elective	263	215	-48	-18%	£1,134	£899	£235	-21%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	2,321	2,393	72	3%	£392	£403	£10	3%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,963	3,142	179	6%	£195	£208	£13	7%
Outpatient Procedure	2,450	2,158	-292	-12%	£277	£336	£59	21%
Unbundled Diagnostics	766	1,009	243	32%	£69	£84	£16	23%
Physio	1,754	1,464	-290	-17%	£52	£43	£9	-17%
Outpatient Pre-op	0	1,139	1,139	0%	£0	£67	£67	0%
Grand Total	11,821	12,908	1,087	9%	£3,428	£3,278	£149	-4%

Renacres performance is showing a -£149k/-4% variance against plan at month 11. Day case and Elective activity are the highest underperforming areas with variances of -£235k/-21% and -£71k/-5% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs with day case underperformance predominantly against major shoulder procedures. It is thought that MCAS is the cause of this under performance, along with the Criteria Based Clinical Treatments (CBCT) 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 33 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	19	31	12	60%	£2	£3	£1	62%
Daycase	158	217	59	37%	£211	£308	£98	46%
Elective	100	196	96	96%	£570	£1,139	£569	100%
Elective Excess BedDays	28	23	-5	-17%	£7	£5	-£2	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	71	121	50	70%	£6	£8	£3	47%
OPFASPCL - Outpatient first attendance single professional consultant led	370	649	279	75%	£50	£92	£42	85%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	104	178	74	71%	£6	£10	£4	62%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	136	463	327	241%	£3	£11	£8	247%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,382	1,859	477	35%	£83	£111	£28	33%
Outpatient Procedure	252	451	199	79%	£34	£60	£26	76%
Unbundled Diagnostics	252	357	105	42%	£31	£34	£4	13%
Grand Total	2,873	4,545	1,672	58%	£1,003	£1,784	£781	78%

Wrightington, Wigan and Leigh performance is showing a £781k/78% variance against plan at month 11 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. 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 including comparison of GP referred activity to WWL to the Choice Team reports which detail onward secondary referral from MCAS.

3.7.6 iSIGHT Southport

Figure 34 – 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	985	1,320	335	34%	£458	£626	£168	37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	-9%	£0	£0	£0	-9%
OPFASPCL - Outpatient first attendance single professional consultant led	768	1,139	371	48%	£111	£161	£50	45%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	77	0	-77	-100%	£5	£0	-£5	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,368	2,791	423	18%	£130	£153	£23	18%
Outpatient Procedure	1,041	1,166	125	12%	£88	£96	£7	8%
Grand Total	5,241	6,418	1,177	22%	£792	£1,036	£244	31%

iSight performance is showing a £244k/31% variance against plan with over performance predominantly within the day case point of delivery. Day case activity is currently £167k/37% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over

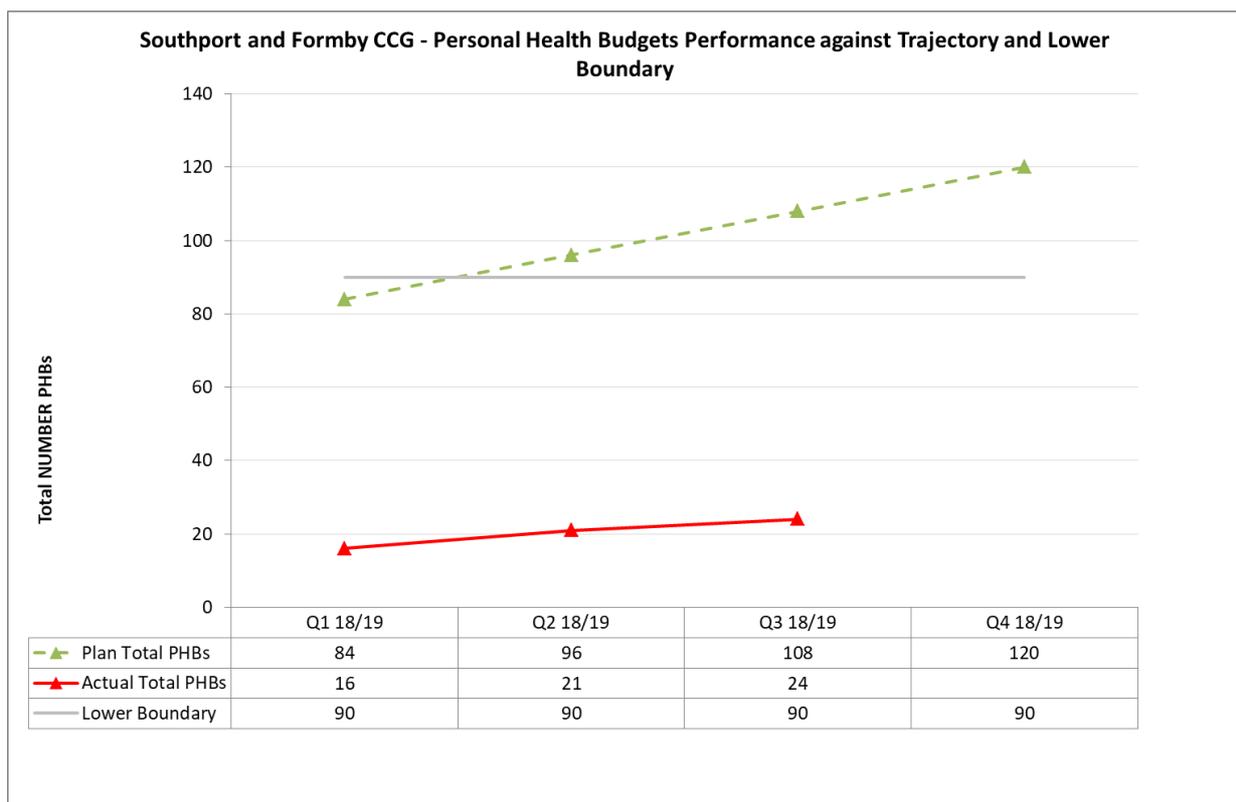
performance. The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have also 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 2019/20. Progress is to be monitored via a contractual DQIP and during Contract Review meetings.

There is an over performance for Cataract, AMD and YAG lasers at iSight; however market share analysis of Ophthalmology indicates that activity is reducing at other Acute Providers. Referrals for cataract surgery also indicate that the majority of Southport & Formby CCG patients are opting to be treated by iSight.

3.8 Personal Health Budgets

Figure 35 - Southport & Formby CCG – 2018/19 PHB Performance



Performance Overview/Issues

In quarter 3 2018/19 a total of 3 new PHBs were reported, bringing the year to date total to 24 against a plan of 108. This equates to a rate of 19.3 per 100,000 population compared to the plan of 86.7. This is under the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.

How are the issues being addressed?

- Adults CHC: PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the

service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3rd party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget. Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.

- Wheelchairs: The CCG has identified a commissioning support lead from March 2019 to further progress the developments for specialist wheelchair PHBs.
- Children Complex Care: NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- End of Life Fast-track: The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.
- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is performance expected to recover?

End of Q3, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Tracey Forshaw	Tracey Forshaw

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 36 - 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

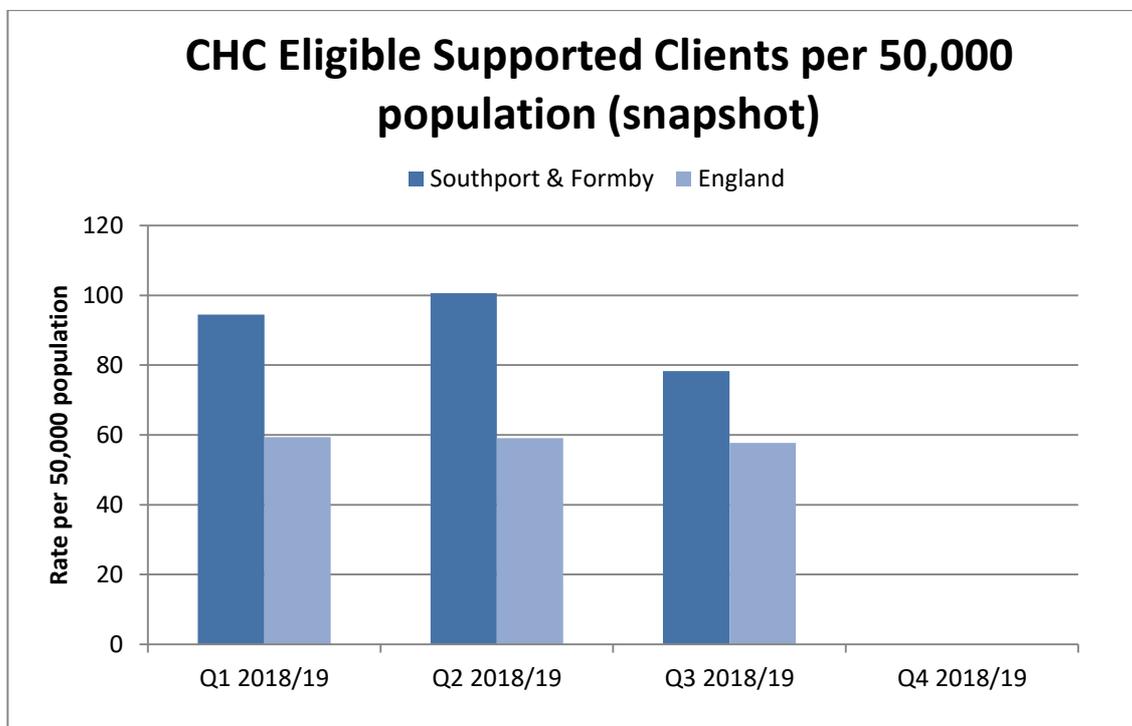


Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

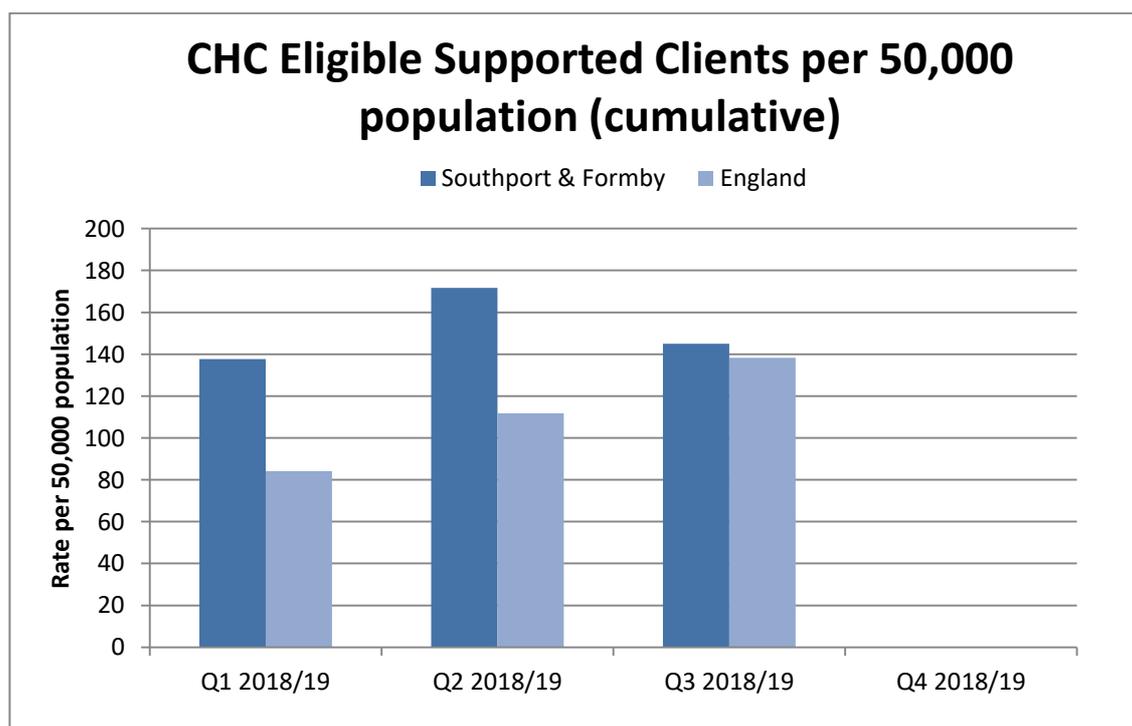


Figure 38 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

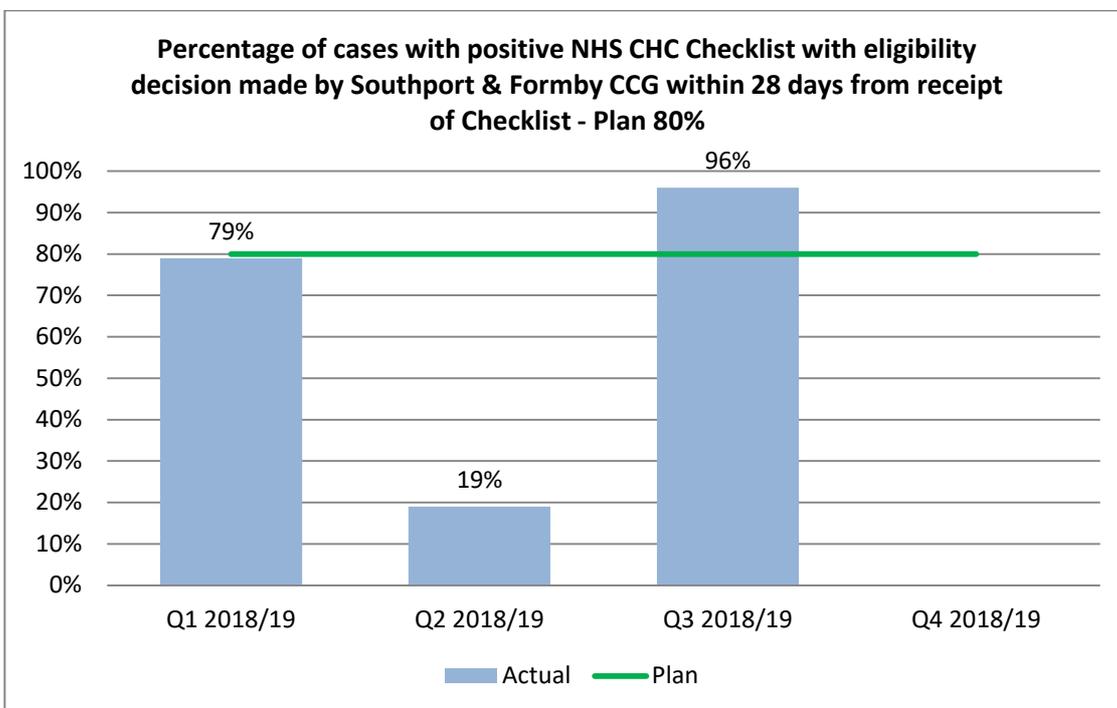
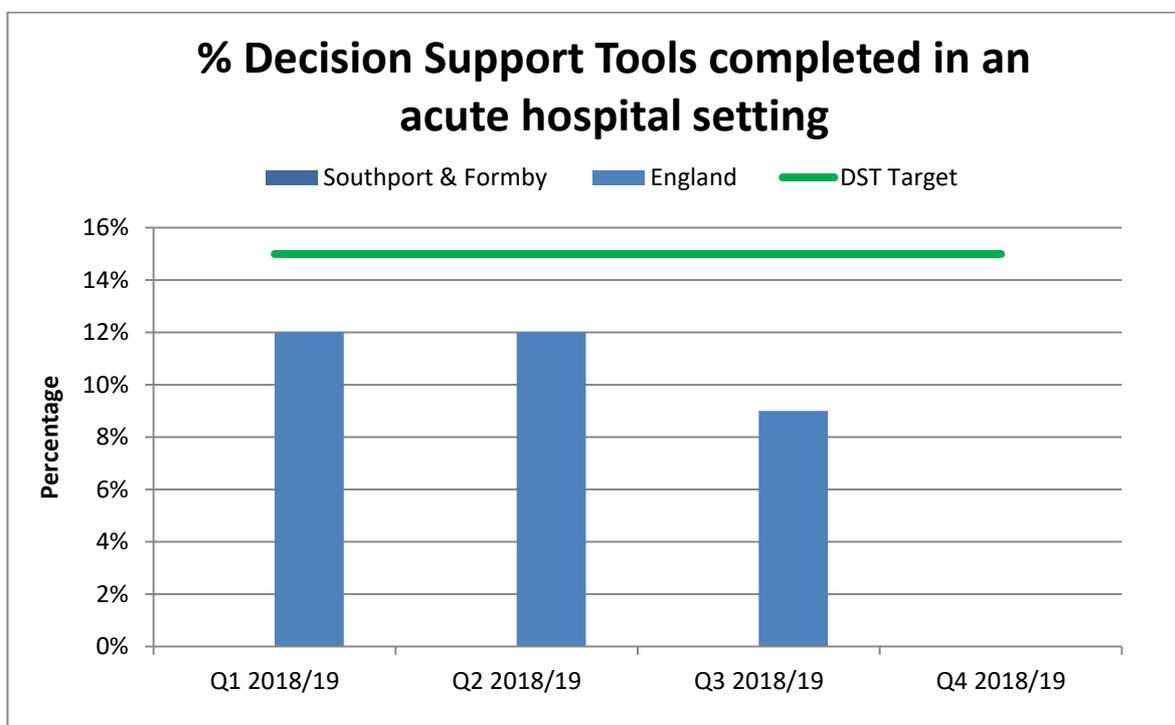


Figure 39 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

3.10 Smoking at Time of Delivery (SATOD)

Figure 40 - Smoking at Time of Delivery (SATOD)

Quarter 3

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	237	700	933
Number of women known to be smokers at the time of delivery	29	68	91
Number of women known not to be smokers at the time of delivery	208	632	843
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	12.2%	9.7%	9.7%

4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 41 - 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 - Feb	95.00%	87.56%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Feb	95.00%	82.60%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Feb	STP Trajectory Target for Jan 86.8%	88.87%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Feb	95.00%	82.95%	↓

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	88.1%	85.90%	86.80%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	91.05%	86.53%	88.24%	88.87%

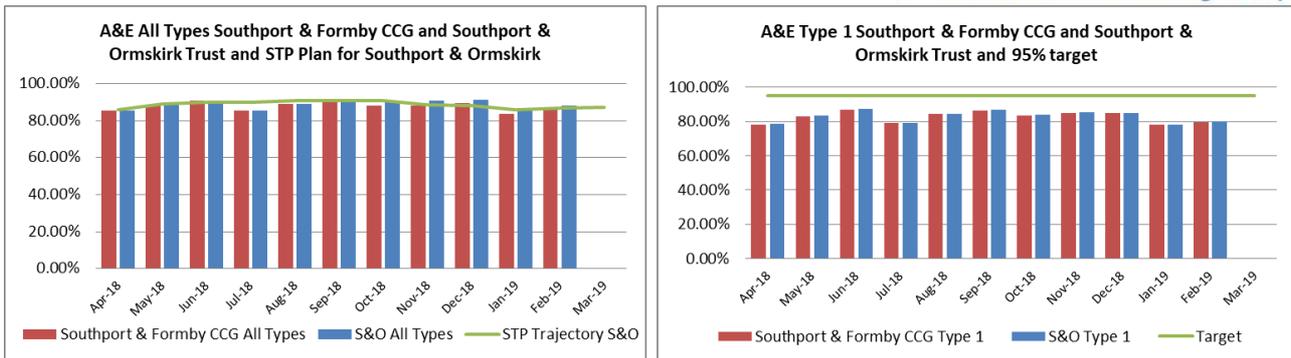


Figure 42 - A&E Performance – 12 hour breaches

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 - Feb	0	57	↑

Performance Overview/Issues

Southport & Ormskirk’s performance against the 4-hour target for February reached 88.24%, which is below the Trust’s revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 86.8% for February, although it shows an improvement on last month’s performance. The year to date position is currently achieving the STP target at 88.87%.

There were 27 12-hour breaches across the month of February, bring the year to date total to 57. 2 were down to mental health delays with the remainder due to bed pressures.

How are the issues being addressed?

The Trust has reported a 5% improvement in overall Trust performance against the 4-hour target. There was a 12.8% improvement on the Southport site with 309 fewer patients spending longer than 4 hours in the department. February 2019 saw a 13.2% increase in attendances (equating to 569 patients of which 525 were majors category). The conversion rate from attendance to admission was 29.92% compared to 32.2% in February 2018. There has been successful recruitment to substantive Consultant and the next cohort of Physicians Associates and the department are currently scheduling Skype interviews with 2 potential middle grade doctors (who have RCEM). Bed occupancy levels remained high across February with on-going reliance on escalation bed capacity, in addition to infection control pressures which resulted in bed closures across a number of wards. The final elements of the ED re-design are due for completion before the end of March.

The Trust reported that delays for patients requiring admission to mental health beds continue to cause concern despite continued escalations to all parties involved, which NHSE is fully cited on. With regards to the 12-hour breaches related to hospital beds, these were predominantly during or immediately following weekends, as the deficit between admissions and discharges increased, despite high numbers of escalation beds utilised. In addition, February saw beds closed across up to 5 wards for periods of time due to noro virus, and infection control pressures were also experienced in the community with a number of care homes closing to admission, in addition to patients presenting to A&E requiring side rooms. A&E and Medicine continued to bolster rotas wherever possible with increased senior decision making presence, and specialty in-reach into ED to ensure timely patient reviews and treatment. February also saw the introduction of the weekend huddle with attendance from social care and therapy to collectively work together to support next

steps for patients considered suitable for discharge. RCAs for all 12 hour breaches are completed and presented at SIRG.

When is performance expected to recover?

Performance is expected to improve by March 2019 in line with agreed A&E trajectory.

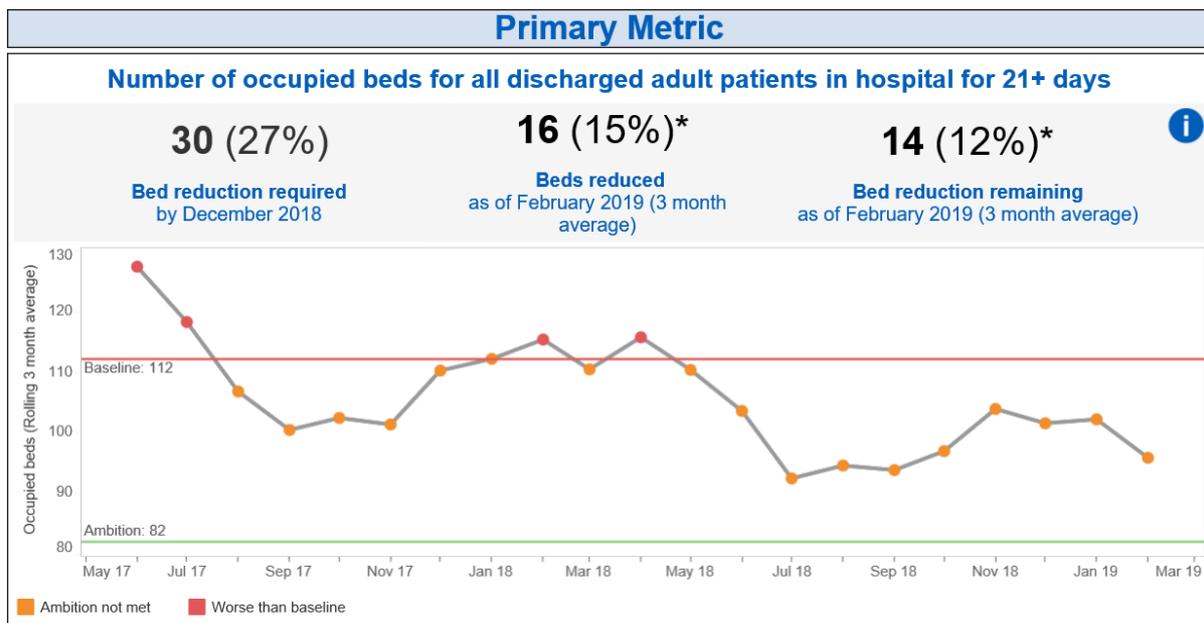
Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.2 Occupied Bed Days

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.

Figure 43 – Occupied Bed Days, Southport & Ormskirk Hospitals



Data Source: NHS Improvement – Long Stays Dashboard

The Trust’s target is to reduce total occupied beds by 30 (27%) by December 2018; therefore the target is 82 or less. This target is yet to be achieved as current reporting for February 2019 (rolling 3 months) shows 96 occupied beds (a reduction of 16 beds). This shows a decrease of 6 occupied beds compared to last month.

4.3 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 February 2019 there was an average response time in Southport and Formby of 8 minutes 23 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 29 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Figure 44 - 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 - Feb	0	143	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Feb	0	39	↓

Performance Overview/Issues

In February, Southport and Ormskirk reported 143 handovers between 30 and 60 minutes, a decrease on last month when 181 were reported. Handovers longer than 60 minutes also saw a decrease with 39 in January compared to 69 in the previous month. The Trust has breached these zero tolerance thresholds every month but recent performance has shown significant improvements.

How are the issues being addressed?

The Trust has reported that 49.56% of patients brought in by ambulance were handed over within 15 minutes of arrival in February 2019. This was a significant improvement compared to February 2018, when just 33.06% of patients were handed over within 15 minutes. The re-designed ED environment continues to support handover processes. February 2019 was a challenging month with an additional 569 patients attending across the month and the associated pressures that this creates in releasing ED cubicle capacity. The increase in attendances remains largely patients who self-present to ED, rather than those brought in by ambulance.

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWS meeting has identified that significant strides are being made by NWS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus now will be on how the combined performance of NWS and Southport & Ormskirk Hospital supports the on-going requirements of the ARP Programme.

When is performance expected to recover?

ARP performance is expected to continued positive progress (incorporating ambulance handover times) against targets by March 2019.

Who is responsible for this indicator?

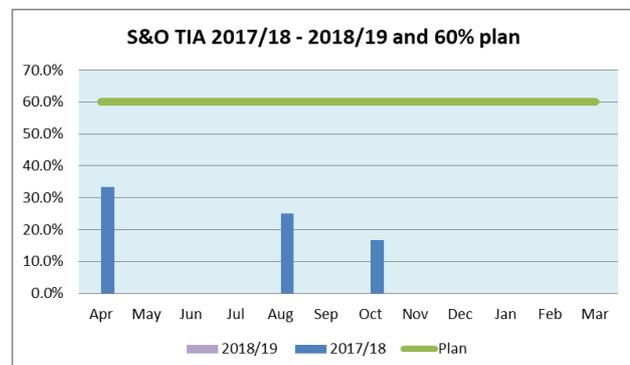
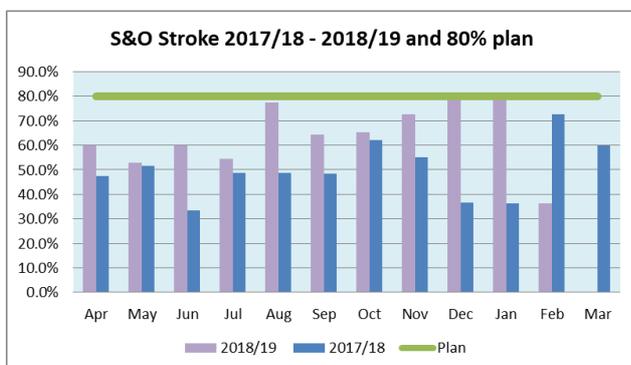
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

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 - Feb	80%	36.4%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Oct	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 36.4% in February; just 8 out of 22 patients spent at least 90% of their time on a stroke unit.

In relation to the TIAs the CCG is awaiting an update from Southport & Ormskirk. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

How are the issues being addressed?

The Trust have been unable to submit TIA figures recently due to problems collecting key information on the referral and clinic outcome forms for TIA and problems with the data collection spread sheet in being used to collate the figures. However the Trust would like to provide the following re-assurances regarding the service:

- 3 designated TIA Consultant led clinics per week minimum of 4 slots per clinic
- Flexible/ad hoc clinics set up to accommodate time critical patients if necessary
- TIA referrals are triaged by Consultant to assess clinical urgency of patient and appointments made in-line with this assessment

A task & finish group has been set up to review the current process for recording the outcomes of TIA referrals and the following immediate actions have been agreed:

- Existing clinic outcome form to be revised to ensure all necessary information is recorded
- Working with EPR team for the form to become electronic on Medway
- Redeveloping the data collection spread sheet used to collate the figures in the interim to make it more robust to incomplete data and better at highlighting problems
- Audit to be undertaken on sample of patients over period while Trust has not been reporting performance

When is performance expected to recover?

March 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	TBC	Geraldine O'Carroll

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 - Feb	0.00	6.30	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Feb	0.00	10.60	↑

Performance Overview/Issues

The CCG has reported an MSA rate of 6.3, which equates to a total of 22 breaches in February. 21 breaches were at Southport & Ormskirk NHS Trust and 1 was at Lancashire Teaching Hospitals.

In February the Trust had 51 mixed sex accommodation breaches (a rate of 10.6) and has therefore breached the zero tolerance threshold. Of the 51 breaches, 21 were for Southport & Formby CCG, 29 for West Lancashire CCG and 1 for Chorley & South Ribble CCG.

How are the issues being addressed?

Southport & Ormskirk Trust has reported that breaches have risen significantly, from 5 in November, to 15 in December, 31 in January and 51 in February. All single sex breaches were from Critical care and were recorded on Datix. The Trust has undertaken a review of all patients to step down from critical care and put plans in place dependant on overall trust capacity. The safety of patients throughout the trust is reviewed; manager from critical care unit now attends 12:30 bed meeting to provide update and identify suitable plans. CCG assured of privacy and dignity, breaches mainly relate to delayed discharges from critical care/capacity and flow. The Trust is working collaboratively with system partners to address flow.

When is performance expected to recover?

This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

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 - Feb	33	27	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Feb	32	11	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Feb	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Feb	100	132	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Feb	No Plan	211	↑

Performance Overview/Issues

There were 3 new cases of Clostridium Difficile attributed to the CCG in February, bringing the year to date figure to 27 against a plan of 33. Year to date 7 cases were apportioned to an acute trust and 20 to the community. Southport & Ormskirk had 3 new cases in February, bringing the total for the year to 11 against a plan of 32.

The CCG had no new cases of MRSA in February, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which has been exceeded. In February, 11 new cases were reported (132 YTD), against a YTD target of 100. Southport & Ormskirk reported 24 cases in February (211 YTD). There are no targets for Trusts at present.

How are the issues being addressed?

The E. coli bacteraemia rate at Southport & Ormskirk Hospital remains high and the Quality Committee were advised that this is multifactorial. NW Mersey GNBSI Steering Group is leading

on a piece of work regarding E. Coli reduction and working with Local Authority colleagues to strengthen public health messages.

When is performance expected to recover?

Quarter 4, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.4.4 Mortality

Figure 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Feb	100	111.70	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Apr 18 to Jun 18	100	115.50	↓

In February, Southport & Ormskirk Trust has reported HSMR 12 Month Rolling Total to October 2018. HSMR is improving sequentially. The current HSMR of 111.7 is the best figure since the commission of the Reducing Avoidable Mortality project, is the lowest single figure on the reported data since April 2017 and represents an improved position on the comparator period in 2017. This improved position is due to multiple factors improved through the individual work streams.

SHMI Quarter 1 2018/19 - SHMI decreased from 118 in Q4 2017/18 to 115.46 in Q1 2019/20 and is lower than June 2017 which was 117.39.

4.5 CCG Serious Incident Management

The Serious Incident Management Improvement Action Plan was presented and closed at Joint Quality Committee in March 2019. The CCG commissioned a successful Outcomes Focussed Action Planning session that was well attended and well received by our local providers. The CCG also commissioned an RCA evaluation training session for SIRG panel members as well as members of the Primary Care Team which will be taking place in May 2019.

A serious incident report will continue to be reported through to Joint Quality Committee on a Quarterly basis and closure of the serious incident management risk on the corporate risk register has been agreed.

There are 71 incidents open on StEIS (up from 69 last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Figure 49 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M11)	SIs Reported (YTD)	Closed SIs (M11)	Closed SIs (YTD)	Open SIs (M11)	SIs Open >100 Days (M11)
Southport and Ormskirk Hospital	4	58	3	67	44	24
Lancashire Care	1	9	0	2	10	7
Southport & Formby CCG	1	3	0	1	3	0
Mersey Care Trust	1	15	4	15	7	2
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	0	2	0	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Womens	0	0	0	0	1	1
North West Boroughs	0	1	0	1	0	0
North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Spire Healthcare	0	1	0	1	0	0
Bridgewater Community Trust	1	1	0	0	1	0
Total	8	90	7	90	71	39

Figure 50 - Timescale Performance for Southport and Ormskirk Hospital

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
S&O	25	33	32	27	59	5	4	5	45

**N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.*

The CCG will continue to monitor the trust SI performance and improvements have been noted in relation to submissions of outstanding breached RCA's. The CCG subsequently scheduled a number of extraordinary SIRG meetings in order to cope with the increase in RCAS requiring review. This has enabled the CCG to adhere to the SI framework timescales and provide the trust with feedback in a timely manner. It was also encouraging to note that the trust continues to submit good standard RCAs despite the pressures of working through a backlog of investigations.

The Trusts Assistant Director of Governance and CCGs Programme Manager for Quality and Risk will continue to meet on a monthly basis to review the progress on the Trusts action plan and timelines for submission of RCA's. The action plan will be submitted to the CCQRM for oversight and on-going monitoring, however the majority of the work to be undertaken outside of the CCQRM.

Figure 51 - Timescale Performance for Lancashire Care Community Trust

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
Lancashire Care	7	2	3	6	-	9	1	5	0	3

N.B. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

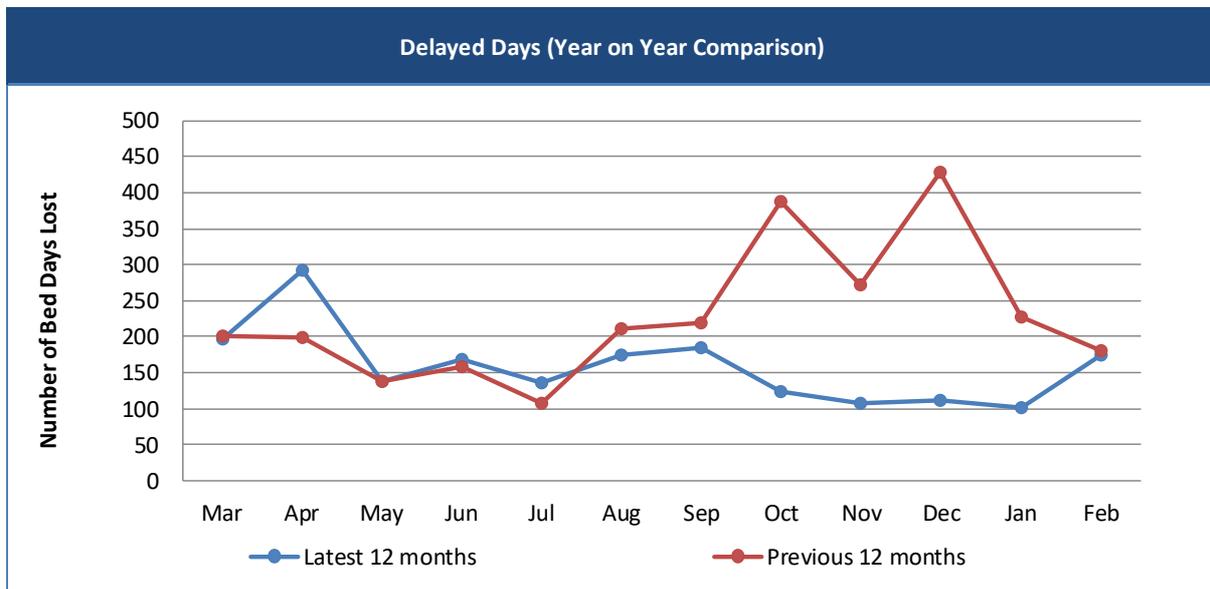
The CCG will continue to monitor the trusts overarching Pressure Ulcer Reduction Programme Action with an update being providing at the February 2019 CCQRM. The following was noted:

- There has been a decrease in reported pressure ulcers for December 2018, which can be seen year on year with a visible spike in January 2019.
- There have been no category 4 pressure ulcers reported in December 2018
- There was 1 category 3 reported in December 2018 and reviewed at the Safety Senate
- The trust have amended their local pressure ulcer guidance/policy and documentation to ensure changes to classifications and language are incorporated as per the NHS Improvement Pressure ulcers: revised definition and measurement framework

4.6 Delayed Transfers of Care

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

Figure 52 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Feb-19	Jan-19	Feb-18
Total	175	102	181
NHS	100.0%	98.0%	100.0%
Social Care	0.0%	2.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Feb-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.6%
Community Equipment Adapt	19.4%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	0.0%
Housing	0.0%
Nursing Home	5.1%
Patient Family Choice	74.9%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in February 2019 was 175, a decrease compared to February 2018 with 181. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in February 2019 were due to patient family choice and community equipment adapt.

4.7 Patient Experience of Unplanned Care

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

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
A&E	12.2%	1.4%		86%	94%		8%	5%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to A&E response rates reporting 1.4% in January, a decline on last month and remaining significantly below the England average of 12.2%. The percentage of people who would recommend the service has increased from 74% in January to 94% in February, rising above the England average of 86%. The percentage not recommended has decreased significantly from 22% in January to 5% in February, better than the England average of 8%.

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

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 11 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8m/26.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £7.1m/23.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £6.7m/25% against plan at month 11. Aintree Hospital are also seeing an over performance of £789k/90%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 54 - Month 11 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,444	2,747	1,303	90%	£877	£1,667	£789	90%	£-789	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	817	835	18	2%	£344	£323	£-21	-6%	£21	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	135	125	-10	-8%	£472	£540	£69	15%	£-69	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	266	263	-3	-1%	£382	£400	£18	5%	£-18	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,514	1,101	-413	-27%	£785	£863	£78	10%	£-78	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	7	3	88%	£38	£57	£19	51%	£-19	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	4,180	5,078	898	21%	£2,898	£3,850	£952	33%	£-952	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	108	114	6	5%	£40	£62	£22	54%	£0	£22	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£18	£18	0%	£0	£18	-
LANCASHIRE TEACHING HOSPITAL	0	183	183	0%	£0	£84	£84	0%	£0	£84	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	43	43	0%	£0	£32	£32	0%	£0	£32	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	52,834	57,945	5,111	10%	£26,812	£33,597	£6,785	25%	£0	£6,785	25%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	474	548	74	16%	£236	£258	£22	9%	£0	£22	9%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	67	50	-17	-26%	£75	£134	£59	78%	£0	£59	78%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	37	37	0%	£0	£14	£14	0%	£0	£14	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	75	75	0%	£0	£36	£36	0%	£0	£36	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	75	71	-4	-5%	£43	£72	£29	68%	£0	£29	68%
ALL REMAINING PROVIDERS TOTAL	53,558	59,106	5,548	10%	£27,206	£34,306	£7,100	26%	£4	£7,100	26%
GRAND TOTAL	57,738	64,184	6,446	11%	£30,103	£38,156	£8,052	26.7%	£-952	£7,100	23.6%

*PbR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 55 - Month 11 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,367	38,157	2,790	8%	£5,085	£5,491	£406	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	9,460	12,381	2,921	31%	£17,167	£23,573	£6,406	37%
NELNE - Non Elective Non-Emergency	1,109	1,047	-62	-6%	£2,472	£2,185	£-287	-12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	111	354	243	220%	£32	£9	£-23	-73%
NELST - Non Elective Short Stay	998	2,043	1,045	105%	£701	£1,410	£709	101%
NELXBD - Non Elective Excess Bed Day	5,790	3,963	-1,827	-32%	£1,355	£929	£-426	-31%
Grand Total	52,834	57,945	5,111	10%	£26,812	£33,597	£6,785	25%

*PbR only

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

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

Over performance related to emergency admissions continues to be seen within month 10 with the majority due to changes made by the trust linked to pathway coding and activity flow. Activity

linked to the Ambulatory Care Unit are now included in the NEL and NELSD position which had previously been recorded under GPAU. Also included are Clinical Decision Unit activity levels which are currently driving a national tariff for short stay admissions. The CDU activity has been disputed with the Trust due to the lack of notice given and an impact assessment of the activity and costing changes.

4.9 Aintree and University Hospital NHS Foundation Trust

Figure 56 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	844	1,410	566	67%	£115	£202	£87	76%
NEL - <i>Non Elective</i>	355	747	392	110%	£627	£1,212	£585	93%
NELNE - <i>Non Elective Non-Emergency</i>	20	24	4	17%	£61	£70	£9	15%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	38	38	0%	£0	£9	£9	0%
NELST - <i>Non Elective Short Stay</i>	45	107	62	138%	£31	£72	£41	131%
NELXBD - <i>Non Elective Excess Bed Day</i>	180	421	241	134%	£43	£101	£59	136%
Grand Total	1,444	2,747	1,303	90%	£877	£1,667	£789	90%

4.10 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. 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 £789k/90% is mainly driven by a £585k/93% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Accident & Emergency and Geriatric Medicine. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite the indicative overspend reported at this Trust; 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 57 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Caseload 2018/19 M11	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M11
0 Variance	26	38	-12	-16
1 Com Prob Low Sev	32	5	27	31
2 Prob Low Sev/Need	36	13	23	32
3 Non Psychotic Mod	72	64	8	-4
4 Non Psychotic Sev	167	212	-45	-45
5 Non Psychot V Sev	53	41	12	16
6 Non Psychotic Dis	21	22	-1	-3
7 Endur Non Psychot	128	131	-3	-15
8 Non Psychot Chaot	86	70	16	8
10 1st Ep Psychosis	88	75	13	22
11 Ongo Rec Psychos	210	210	0	2
12 Ongo/Rec Psych	208	246	-38	-33
13 Ong/Rec Psysc High	86	106	-20	-17
14 Psychotic Crisis	14	11	3	-1
15 Sev Psychot Cris	3	4	-1	-3
16 Dual Diagnosis	20	17	3	7
17 Psy & Affect Dis	25	25	0	3
18 Cog Impairment	123	159	-36	-83
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	450	482	-32	-128
20 Cognitive Impairment or Dementia Complicated (High Need)	218	370	-152	-131
21 Cognitive Impairment or Dementia (High Physical or Engagement)	138	159	-21	38
Cluster 97	879	98	781	675
Cluster 98		156		
Total	3083	2714	525	355

5.1.1 Key Mental Health Performance Indicators

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

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

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

Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	No Patients	100%	50.0%	100%	No Patients	80.0%
Cumulative Quarter			100%	100%	100%	100%	100%	85.7%	90.0%	N/A	80.0%	

There was 1 breach of a total of 5 patients. This patient was discharged to a 24 hour supported residential care setting on a Friday and was followed up on Monday. Although this was outside of the 48 hours follow up the RC felt it would be more appropriate for someone that knows the person to do the visit rather than the on-call professional. The person was safe with 24 hour support and no harm came to the patient.

Figure 60 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
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)	53%	100%	66.7%	100.0%	80.0%	50.0%	75.0%	100%	100%	66.7%	80.0%	100%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%	77.8%	80.0%	88.9%

5.2 Out of Area Placements (OAP's)

Figure 61 - 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
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0
	Sep 18 to Nov 18	0
	Oct 18 to Dec 18	0
	Nov 18 to Jan 19	0

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 under take CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust 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 has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

In Month 11 2018 there were no mental health related 12 hour breaches reported.

Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 11 the following performance was reported.

- Southport & Formby CCG – 15.38% (2/13)

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. Due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The Trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

The CCGs have discussed the need for investment in the Eating Disorders Service and commissioners are meeting the trust on 17th May to develop a business case.

Mersey Care NHS RiO M11 update

1. As part of the implementation of RiO a plan was agreed between the Trust and CCGs the Trust was required to provide shadow data for month five, where available, in order to demonstrate the development work undertaken by the Trust extracting data from the new clinical information system. For month six reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.
2. There has been extensive work undertaken within the Business Intelligence (BI) team in relation to the rollout of cohort 4 for RiO and, as shown in the month five and six data shared with the CCGs there had been good progress for reporting the KPIs. The BI team have developed reporting for the KPIs as per the process maps the RiO team developed with the services before RiO go live; however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified. As such some of the data is not available to report from although the mechanism for reporting has been developed.
3. Since the introduction of RiO there has also been an issue whereby appointments that have been booked in have not all been 'outcomed' (as in, classified whether the appointment was attended or did not attend) as a result, this has seen a drop in activity and has a wider impact on some of the local KPIs and also the SLA report which the CCGs receive

separately. PLEASE NOTE although the 'un-outcomed' cases will impact on activity they will NOT affect the clinical entries of the patient record which has been completed.

4. There were 7,649 'un-outcomed' appointments as at October 2018 before a solution was implemented that originally utilised a focussed clerical resource to rectify the issue but on review this only captured a small amount of the errors and would take longer than envisaged.
5. As at March 4th 2019, the level of un-outcomed appointment was at 4,125. The rate of reduction of errors did not meet the increased target and this has been reported into the weekly within the divisional safety huddle for escalation and a recovery plan is in progress at a Senior Management level.
6. There are still some KPIs which have been excluded at the request of the services whilst the validation exercise continues.
7. On the next page is a breakdown of the KPIs excluded with reasoning for exclusion and next steps/updates.

KPI	Description	Reasoning	Next Step/Updates										
65	Communication - (Inpatients). Estimated Date of Discharge Discussed.	A task and finish group are reviewing this area to ensure the developments in RiO will be embedded into the operational process.	<p>Further to M10 update the below draft improvement trajectory has been produced and has been approved for 19/20 KPI sign off.</p> <table border="1"> <thead> <tr> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>25%</td> <td>35%</td> <td>50%</td> <td>70%</td> <td>98%</td> </tr> </tbody> </table> <p>M12 will provide the update on Q4 in line with the trajectory plan.</p>	Q4	Q1	Q2	Q3	Q4	25%	35%	50%	70%	98%
Q4	Q1	Q2	Q3	Q4									
25%	35%	50%	70%	98%									
64	All patients seen in Out-Patients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays). Communication documentation is electronically constructed.	In order to accurately record these, a process map is in place. However when investigating, the process map is not being followed correctly and is being added as free text to the progress notes, a field which the BI team is unable to pull data from.	<p>The embedding process is in progress.</p> <p>The improvements that will be made to embedding the process map into the operational process will see improvements by Q4.</p>										
67	Carers of people with newly diagnosed dementia will have a preliminary assessment of their needs when seen for the first time by secondary care mental health services and referred for a detailed assessment by relevant agencies where appropriate	Historically this was an audit carried out with manual intervention. RiO can now maximise the potential of recording the KPIs.	<p>The issue remains as previously reported. The difficulty remains in the complexity of identifying paid and non paid carers and the ability to audit the current data which is split into free form text.</p> <p>The meeting arranged for January took place and confirmation has been received with the type of</p>										

KPI	Description	Reasoning	Next Step/Updates
68	A statement of carers` needs (those caring for someone with dementia) will be part of all new service user assessments and follow up letters will include similar statements when carers needs have changed		data that is reportable for dementia from RiO. The detail of data that RiO is capturing relating to dementia is limited. The system records a diagnosis, but this is recorded upon discharge. There is also the clustering tool with clusters 19 – 21 indicating the patient has dementia.
69	<p>People newly diagnosed with dementia and their carers will be offered to attend a post diagnostic support group or equivalent.</p> <p>The post-diagnostic support group/equivalent will include access to</p> <ul style="list-style-type: none"> • Counselling • Advanced directives • Appropriate training for carers • Advice and information around welfare and benefits. 		<p>The historical KPIs relating to dementia patients' carers are not reportable via Rio as there is insufficient data capture ability within the system.</p> <p>The way forward is to continue the dialogue with CCGs to develop new dementia KPIs that reflect a more outcome focus rather than historical CQUIN measures.</p>
70	Dementia - Carers Assessment - All identified carers will be referred to adult social care for assessment for Carer Support/Breaks		
9	Out Patient DNA rates. Percentage of outpatient appointments where the patient DNA a first appointment	Not all appointments have been 'outcomed' therefore data is not a true reflection of position and is less than expected.	Carrying on from M10 narrative. To date, the level of un-outcomed appointment is at 4,125. The rate of reduction of errors did not meet the increased target for week commencing 4 th March and this has been reported into the weekly within the divisional safety huddle for escalation and a recovery plan is in progress at a Senior Management level.
10	Out Patient DNA rates. Percentage of outpatient appointments where the patient DNA a follow up appointment	PLEASE NOTE although the unoutcomed cases will impact on activity they will NOT affect the clinical entries of the patient record which has been completed	
146	Care plans. Electronic recording of number of patients on CPA who have been offered a copy of their care plan.	RiO Screen doesn't specify 'Offered' copy of care plan, wording just stipulates 'Provided' so field not being used correctly.	A SOP continues to be embedded into the operational process and trained into the embedding team process and will continue across Jan / Feb. The aim for the reporting of this KPI is by Q4.

5.3 Patient Experience of Mental Health Services

Figure 62 - Merseycare Friends and Family Test performance

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	3.4%	3.5%		89%	89%		4%	3%	

5.4 Improving Access to Psychological Therapies

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

Southport & Formby IAPT KPIs Summary

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	220	197	225	184	186	247	204	130	217	212		2,240
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%	1.15%	1.03%	1.18%	0.97%	0.97%	1.29%	1.07%	0.68%	1.14%	1.11%		11.7%
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	52.3%	49.7%	54.4%	45.9%	45.5%	53.4%	60.0%	62.1%	55.1%	59.8%	60.7%		53.9%
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%	97.6%	98.9%	98.3%	100.0%	99.3%	100%	100.0%	100.0%		99.2%
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%	100%	99%	100%	100%	100%	100%	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	163	140	162	100	118	112	147	80	101	87		1,377
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	12	6	4	3	1	2	2	7	2	4	3		46
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	74	73	45	62	66	87	43	58	51		718
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	89.9%	89.4%	90.9%	89.9%	89.8%	88.8%	88.8%	85.1%	86.1%	76.6%	81.7%		88.1%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 212 Southport & Formby patients entering treatment in Month 11. This is a slight decrease compared to previous month when 217 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 4 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 11 was 1.11% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 60.7% compared to 59.8% in the previous month. This satisfies the monthly target of 50% for the sixth consecutive month.

How are the issues being addressed?

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity.

When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Gordon Jones

5.5 Dementia

Figure 64 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540	1687	1691
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8	2208.8	2211.8
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%	69.9%	69.6%	69.7%	69.8%	76.4%	76.5%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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

Figure 65 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Performance

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	150	348	150	124	150	128	151		450	600
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	18.5%	8.0%	6.6%	8.0%	6.8%	8.0%		24.0%	32.0%

The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating variation on historical data.

Quarter 3 performance shows the CCG not achieving the 8% target, with 128 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a

performance of just 6.8%. Despite this performance the year to date access rate is already meeting the 32% target with another quarter to go in the year.

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 66 - 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
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	18	2	21	5	23
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5	27
%	100.00%	81.82%	100.00%	84.00%	100.00%	85.19%

In quarter 3, out of 27 routine referrals to children and young people's eating disorder service, 23 were seen within 4 weeks recording 85.19% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

Figure 67 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% Target)

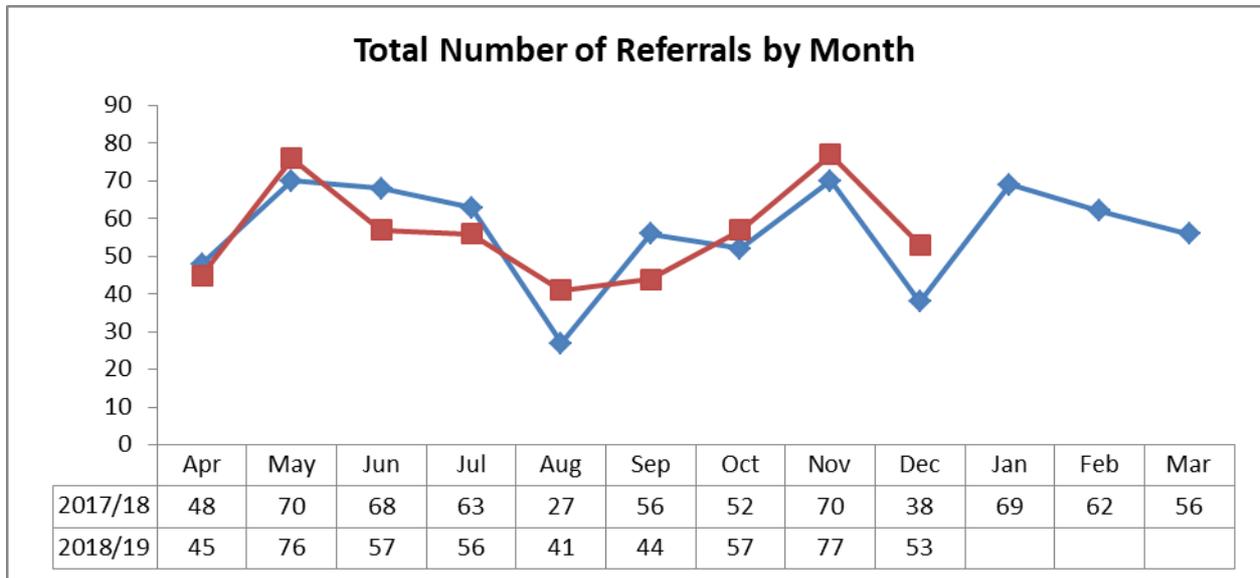
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3
%	100.00%	50.00%	100.00%	66.67%	100.00%	66.67%

In quarter 3, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

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 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during October to December 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 68 – CAMHS Referrals



Throughout quarter 3 2018/19 there were a total of 187 referrals made to CAMHS from Southport and Formby CCG patients. As with South Sefton CCG patients, there was an upward trend as of August which declined in December.

The remaining tables within this section will focus on only those 81 Referrals that have been accepted and allocated.

Figure 69 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	36	44.4%
2-4 Weeks	7	8.6%
4- 6 Weeks	7	8.6%
6-8 weeks	21	25.9%
8-10 Weeks	7	8.6%
Over 10 Weeks	2	2.5%
(blank)	1	1.2%
Total	81	100%

Of those Referrals during October to December 2018/19 that have been allocated and an assessment taken place, 44.4% (36) waited between 0 and 2 weeks for the assessment. All allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

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.

Alder Hey has received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

Figure 70 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	8	9.9%	21.1%
2-4 Weeks	8	9.9%	21.1%
4- 6 Weeks	4	4.9%	10.5%
6-8 weeks	6	7.4%	15.8%
8- 10 weeks	6	7.4%	15.8%
10-12 Weeks	2	2.5%	5.3%
Over 12 Weeks	4	4.9%	10.5%
(blank)	43	53.1%	
Total	81	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.

53.1% (43) 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 43 referrals were discounted, that would mean 42.1% (16) of referrals waited 4 weeks or less from referral to intervention. Collectively 89.5% of referrals where an intervention took place had their first intervention within 12 weeks.

5.9 Learning Disability Health Checks

Figure 71 – Learning Disability Health Checks

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Q1	98	64	65.3%
Q2	76	43	56.6%
Q3	119	83	69.7%

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 is 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 3 the total performance for the CCG was 69.7%, above the planned 15.6%. However just 119 are registered compared to the plan of 754, with just 83 being checked against a plan of 118.

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 included reviews of current reporting practices, validation of caseloads and RTT recording as well as a deep dive with the service leads and teams. A revised activity baseline has been agreed to use as an activity monitoring tool for the purposes of exception reporting to provide assurance to the CCG. The Trust has informed the CCG of their transformation agenda which has begun to impact on activity levels for Therapies, CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

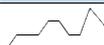
6.1.2 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) are in the process of discussing possible new indicators for inclusion in 2019/20 quality schedule. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

Concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services. The CCG has commissioned an external review of the current provision.

6.2 Patient Experience of Community Services

Figure 72 - Lancashire Care Friends and Family Test Performance

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	3.3%	0.7%		96%	98%		2%	1%	

Lancashire Care is reporting a response rate of 0.7% in February against an England average of 3.3%, a slight decline in performance and remaining significantly below average.

6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts expired 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 Alder Hey Community Services

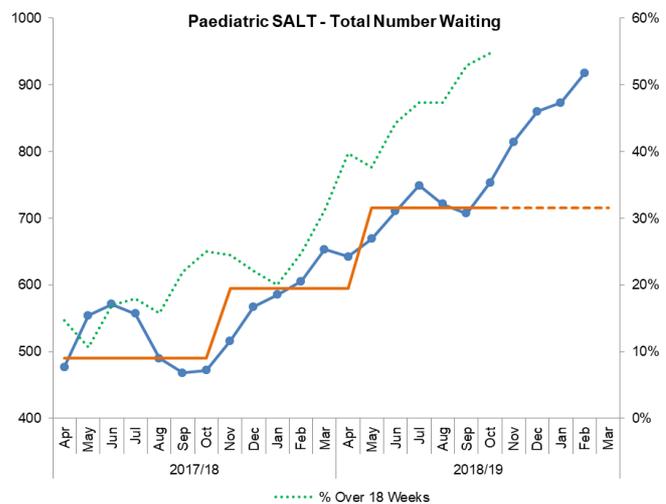
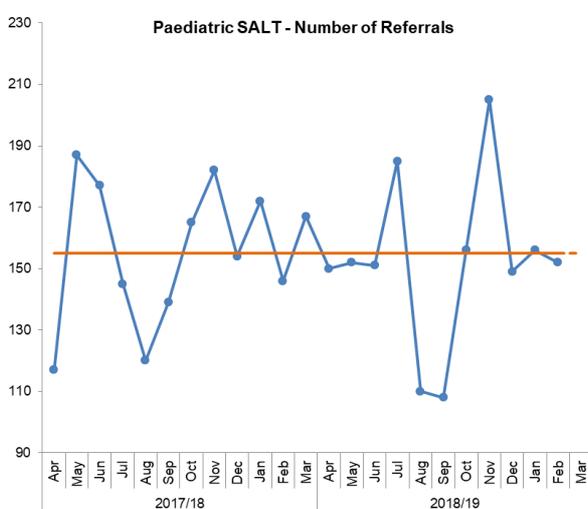
6.4.1 Services

An internal group is set up within the CCG which includes Finance, Contracts, Business Intelligence, and the Children’s Commissioning Manager for the CCG. This group is designed to assess current information flows and performance of the services which have transferred to Alder Hey, these services include Continence, Dietetics, Occupational Therapy, and Speech and Language.

6.4.2 Waiting Times

The following issues arose in February 2019.

Paediatric SALT: In February the Trust reported an average wait of 30.8 weeks for Southport & Formby CCG patients. Performance has been volatile throughout the year and the 18 week standard has not been met. The longest waits reported to date were in January 2019 with an average of 31.4 weeks.



*Includes overall Sefton activity

Prior to April 2017 work was undertaken by Liverpool Community Health to address access & waiting times in Sefton SALT. Whilst this ensured that an 18 week referral to initial appointment was achieved this resulted in an internal waiting list of 52 weeks until second appointment.

The SALT service transacted to Alder Hey in April 2017 and as a result significant work has been undertaken to address access and waiting times to the service including the management of those children to whom a duty of care had been opened. In addition, the demand on SALT for social & communication assessment as part of the ASD diagnosis process has had significant impact on access and waiting times to the generalist SALT service.

In 2018, Alder Hey submitted a business case to the CCG's to secure appropriate resource to deliver a timely and effective ASD diagnostic pathway (5 x WTE SALT). Funding for 2x WTE SALT

was agreed in October 2018 and recruitment commenced. From May 2019 this additional resource will be in place with 1 WTE SALT for ASD assessment and 1 WTE SALT for the general SALT service.

Community Paediatrics: In February, an average waiting time of 27.5 weeks for both Sefton CCGs combined was reported by the Trust. Average waits for this service have been volatile throughout the year, and the 18 week standard has not been met.

6.4.3 Patient DNA's and Cancellations

Paediatric Dietetics: DNA rates have shown no improvement in February with 10% of children not being brought to their appointment.

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

Figure 73 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 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	2	10	8
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	5	10	14
%	100.00%	100.00%	100.00%	40.00%	100.00%	57.14%

Lancashire Care has reported just 8 patients out of 14 receiving equipment within 18 weeks for quarter 3, a performance of 57.14%. This is an improvement on Q2 but still significantly below target.

Trust Actions

- The role of band 3 rehabilitation assistant is due to go out for advert and is a new role to increase capacity
- Administrator now monitoring weekly activity and reporting to service manager and deputy head of operations
- Subcontracts are being reviewed with Ross Care to ensure assurance around delivery of equipment timescales.
- Service reviewing SOP to include more robust timescales and escalation. There is a delay in finalising the SOPs due to a decrease in clinical staffing to support winter pressures and the delay will continue as staffing has now decreased again due to what is likely to be long term sickness. The current timescale will require extending until end of March 2019. Work continues to progress. Further work to be done on stop clocks against national guidance.
- Task and finish group meets weekly to monitor activity and long waits. Deputy Head of operations now supporting service by attendance at the meeting.

7. Third Sector Contracts

Introduction

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 3 2018-19 Report has been circulated to relevant commissioning leads. Providers continue to report that individual service user issues (and their accompanying needs) are increasing in complexity, causing pressure on staffing and resources.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q3 264 service users engaged with the service. 27 cases were closed and 41 referrals received. All referred clients were assessed within 14 days of initial referral and received plans detailing Reablement outcomes, whilst 102 care plan reviews took place within 6 weeks of service commencement. GP's, local NHS Trusts and Community Mental Health Teams accounted for 15% of referrals. Volunteer recruitment also continues apace.

Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q3 (1 in South Sefton and 7 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. Moving forward the Society has a further two new surgeries lined up. During Q3 58 new referrals were received with 46% via the local health economy and 77 cases were closed. The Side-by-Side service continues to progress well. Four new volunteers have been recruited and will be matched with service users during the next quarter to enable them to enjoying a range of activities, conversations and social events. Dementia Community Support conducted 62 Individual Needs Assessments. The Dementia Peer Support Group ran 10 Singing for the Brain, 5 Active & Involved and 10 Reading sessions, plus 11 Memory Cafes.

Citizens Advice Sefton

The Bureau provides advice sessions to in-patients at Clock View Hospital, Walton. During Q3 31 new referrals were received. 55% were from Mental Health Professionals or GPs with 32% Self/Carers and 13% from other sources. 81% of new referrals had mental health problems, 10% long-term health conditions 6% another disability (or type not given), and 3% multiple impairments. 73% of enquiries were for general benefits and tax credits, 26% other benefits and 1% travel and transport issues. 58% of service users were Female, 39% Male and 3% Other. During Q3 17 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase; or following a revision/appeal; or money put back into payments) financial outcomes totalled £213,583.

Crosby Housing and Reablement Team (CHART)

During Q3 the service received 64 new referrals, with the main source being Mersey Care NHS Foundation Trust 91%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care and floating support staff. Case outcomes during the period included accommodating 15 service users and supporting a further 17 people to stay in their current residence. The service helped 2 people avoid hospital admission (and enabled 10 patients to be discharged). It prevented 15 people from becoming homeless; moved 8 into more supported accommodation; assisted 1 person move into independent accommodation; and 1 into accommodation with the same level of support.

Expect Limited

Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain

independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered

Imagine independence

During Q3 Imagine Independence carried forward 35 existing cases. A further 109 were referred to the service via IAPT and 23 cases were closed during the period. Of the new referrals 51% were female and 49% male. All completed personal profiles and commenced job searches. A total of 29 service users attended job interviews; 14 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 56 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 27%, employment courses attended 7%, commenced job search 27%, job interviews attended 22%, employment engagement meetings attended by service 2% and service contact with employers 14% (with 1% requiring interpretation services).

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q3 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 70 people accessing the service. Referral routes included GP practices, mental health professionals, self/carer and solicitors. The vast majority of clients were drawn from either Litherland 49% or Netherton & Orrell 39% electoral wards as well as Birkdale 9% and Harrington 3%. 52% of clients were female and 48% male, with an ethnicity of White British. An example of work undertaken during Q3 included working with a service user with complex development trauma.

Parenting 2000

During Q3 the service received 18 adult and 114 child referrals. A total of 74 service users accessed counselling for the first time. Of the 725 appointments available during this period a total of 660 were booked and 519 were actually used. There were 89 cancellations whilst 52 did not attend their scheduled appointment. 59% of service users were female and 41% male. Referral sources during Q3 comprised GP practice and recommendations to service users 34%, Sefton MBC 2%, CAMHS and Alder Hey 14%, Other health professionals 2%, Self/Carer/Parent 26%, Other VCFSE 8%, Schools 12%, Social Workers 1% and unknown 1%.

Sefton Advocacy

During Q3 228 existing cases were brought forward. A total of 133 new referrals were received. 22 referrals were signposted to more appropriate support, whilst 8 comprised general enquiry /information-only queries. 84 cases were closed, the reasons being Cases completed 73%, Advocacy not wanted 2%, Service user deceased 1% and Unable to contact service user 24%. During Q3 there were a total of 2,080 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 16%, Information supplied 21%, Client empowerment 13%, Signposted 6% and Support 24%. During Q3 these case outputs resulted in financial outcomes worth a total of £467,927 being achieved.

Sefton Carers Centre

October saw the highest number of carers supported and Carers Assessments completed or closed this financial year. Outstanding ICT issues relating to the training suite have been a key focus along with delivering the National Carers Rights Day in Sefton. Following the successful roll

out of the GPs Carers Charter in the Crosby locality, the scheme has now been rolled out to all practices in Sefton. During the period 160 new carers were registered (21 are Parent Carers). 250 Care Needs Assessments were completed or closed. £208k of additional or maintained annual income was secured, plus £19k back payments. 136 information and guidance contacts were made. 6 new volunteers were recruited during the quarter, 100 hours of sitting service provided, whilst volunteer value at the Centre equated to £14k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 67% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 91 carers, 30 Emergency Cards issued (for peace of mind) and 38 carers signposted to additional support. The Centre made a total of 58 home visits, received 1,440 telephone contacts and delivered 131 counselling appointments.

Sefton Council for Voluntary Service

During Q3 the BME Community Development Worker received 15 new referrals and a total of 62 BME/Migrant people were supported. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, finance, debt immigration and benefits. Every Child Matters (ECM) Forum meetings are currently under review and a consultation is due to be circulated to all providers. During Q3 the ECM Forum shared 10 articles via ECM bulletins, contributed to 1 strategic plan and input to 5 wider consultations. Training delivered during the period comprised Safeguarding Good Governance course and Safeguarding Children course. Health and Wellbeing Trainers saw 156 new referrals during Q3 with service users helped to address accommodation needs 15%, social exclusion 32%, health issues (including smoking and weight loss) 10%, financial problems 14%, family and relationships issues 6%, drug and alcohol problems 2% and attitude/confidence building 21%. The Reablement/Signposting service had 73 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 420 whilst there were 2,532 distinct users of the online service directory. Areas of support included health-related issues 9%, social inclusion 37%, money matters 5%, everyday living/food 16%, volunteering/employment/training 1%, risk management 8%, transport/travel 5% and other 19%.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q3 there were 618 new referrals. 171 assessments were completed and 22 are pending further action; 83 were already active in the service; 79 were placed on the waiting list; 6 were referred to a partner agency and 7 recorded under the Other category; and 16 were found to be not within SWACA's remit. 232 were closed due to support being refused. 191 women and 63 children received support during the quarter. The refuge accommodated 6 women along with 4 children. 92% were female service users and 8% male. Referrals came from various sources, with the top three being Legal (Police - Family Crisis Intervention Unit) 43%, Children & Young People's Services 25% and Self 17%.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby. Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. The service also attends weekly discharge planning meetings with the Early

Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During December 69 women were part-way through their 12 allocated counselling sessions whilst 6 have exceeded twelve weeks and are continuing. There were 48 new referrals for Counselling. The main referral sources were GP referral 20%, Self-referral/Carer 55%, Mersey Care NHS Trust 7% and Other Professionals 12%. Of the counselling sessions available during this period 73% were booked and used, 22% were cancelled by the client and just 5% were recorded as Did Not Attend. 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. 1 referral was made to the Outreach Service (with 27 people supported and 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 11 new referrals were received during the period with 97 attendances in total.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

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

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

A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live from 1st October 2018 and all GP practices are now offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

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. The Corner Surgery was inspected on 11th March achieving an overall rating of 'Good'. All the results are listed below

Figure 75 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
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)	11 March 2019	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 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. 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 Q3 BCF performance is as follows:

Figure 76 – BCF Metric Performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement,	Development of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers care. There are weekly calls between partners, MDT flying

Figure 77 – BCF High Impact Change Model Assessment

						Narrative
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	This Chg is in already established for SFCCG area and work in place to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this is being implemented through the ICRAS programme and the discharge lanes system. Work is monitored through ICRAS through to the North Mersey A&E subgroup. On track for established by end Q4.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established	Currently established in Southport and Formby in S&O and system working well to progress to mature. In Aintree the Medworxx system is in development to be used in conjunction with SAFER and discharge lanes approach. On track to be established by March 19.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Making good progress towards mature in South Sefton - robust ICRAS development in place which is supporting Newton Europe work plans on Decision Making around Aintree. E.g daily MDT flying squads with engagement from all providers resulting in improved flow. Also good progress in Southport towards mature with effective MDTs working well and with good progress on complex discharges.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established	Progress in hand with opportunities to work towards development of jointly funded pathway. Financial modelling to be undertaken. Integrated working on short stay enablement beds with model of care now in place.
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established	Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review impact alongside social work activity at weekend to move to more mature assesment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established	Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being developed. Domiciliary Care Trusted assessor established across Sefton footprint.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established	The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments - this will facilitate it being fully established by end of Q4
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established	Many key components in place such as Telehealth, Care Home Matrons (south Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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 11 performance and narrative detailed in the table below.

Figure 78 – Southport & Formby CCG’s Month 11 Submission to NHS England

February Month 11 2019	Month 11 Plan	Month 11 Actual	Month 11 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,513	2,348	-6.6%	A decrease in GP referrals occurred in month 11 as expected due to seasonal trends with reductions evident at a number of providers. This may be a result of reduced working days in month 11. Other referrals remain high against the plan. The referral patterns identified in 1819 are due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway. Rebased plans attempted to factor in this change. Discussions regarding referrals are raised at the information sub group with the provider.
Other	2,151	2,420	12.5%	
Total (in month)	4,664	4,768	2.2%	
Variance against Plan YTD	50,804	52,872	4.1%	
Year on Year YTD Growth			5.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,871	3,587	-7.3%	Variances against plan year to date are showing total outpatients (first attendances and follow ups) are within the 2% tolerance against planned levels. Local monitoring has established that first and follow up appointments have decreased in month 11 aligning to seasonal trends and the reduced referral rates noted above. First and follow ups were slightly below an average for 18/19 but were not outside of the statistical norm.
Follow Up	8,472	8,029	-5.2%	
Total Outpatient attendances (in month)	12,343	11,616	-5.9%	
Variance against Plan YTD	132,210	131,743	-0.4%	
Year on Year YTD Growth			3.5%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,349	1,490	10.5%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends but with higher numbers reported each month as a result of activity at the main hospital provider. The CCG has also seen an increase in day cases at Aintree Hospital in month 10 and 11 with increased scopes being performed. The YTD position for total electives is within the 2% threshold.
Elective Ordinary spells	243	206	-15.2%	
Total Elective spells (in month)	1,592	1,696	6.5%	
Variance against Plan YTD	18,062	18,281	1.2%	
Year on Year YTD Growth			1.6%	
Urgent & Emergency Care				
Type 1	3,260	3,596	10.3%	Local A&E monitoring had shown that the CCGs A&E activity has increased to the highest levels of the last three years in month 10. Attendances have decreased in month 11 to the lowest monthly total since Apr-18. However, YTD levels remain high and despite 4hr performance in month improving to 88.2%, this is the second month to see performance below 90% at the main hospital provider (there had previously been five consecutive months of performance exceeding 90%. CCG urgent care leads and the main hospital provider continue to work together to understand the increase in attendances and address issues with patient flow in the department. UC leads are sighted on remedial actions implemented to improve flow.
Year on Year YTD			11.1%	
All types (in month)	3,637	4,146	14.0%	
Variance against Plan YTD	43,713	47,947	9.7%	
Year on Year YTD Growth			11.8%	
Total Non Elective spells (in month)	1,074	1,622	51.0%	The CCGs main provider has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging in excess of 500 admissions a month since May-18. Excluding this newly included CDU activity, the CCG would be more aligned to planned levels YTD.
Variance against Plan YTD	13,333	17,723	32.9%	
Year on Year YTD Growth			36.2%	