



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

April 2019

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Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
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												
		Actual	80%												
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% 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												
		Actual	2.96%												
		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%
% of all Incomplete RTT pathways within 18 weeks Percentage of incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G												
		Actual	93%												
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G											G	
		Actual	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R											R	
		Actual	6												6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are	SOUTHPORT AND ORMSKIRK	RAG	G											G	
		Actual	0												0

cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	HOSPITAL NHS TRUST	Target	0	0	0	0	0	0	0	0	0	0	0	0	0
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Preventing People from Dying Prematurely

Cancer Waiting Times

<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R												R	
		Actual	86.52%													86.52%
		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%	93.00%	93.00%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R												R	
		Actual	51.61%													51.61%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G												G	
		Actual	98.70%													98.70%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u>	Southport And Formby CCG	RAG	R												R	
		Actual	72.22%													72.22%

The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)	Southport And Formby CCG	RAG	G												G
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.		Actual	-												
Target		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)	Southport And Formby CCG	RAG	G												G
% 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.		Actual	86.36%												86.36%
Target		85%													85%

Accident & Emergency

4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)	Southport And Formby CCG	RAG	R												R
% of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)		Actual	84.26%												84.26%
Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

Mixed sex accommodation breaches - All Providers	Southport And Formby CCG	RAG	R												R
No. of MSA breaches for the reporting month in question for all providers		Actual	14												14
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate	Southport And Formby CCG	RAG	R												R
MSA Breach Rate (MSA Breaches per 1,000 FCE's)		Actual	3.7												3.7
Target		0													0

HCAI

Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R													
		YTD	1													
		Target	0													0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G												G	
		YTD	2													2
		Target	3	5	7	9	11	14	16	19	22	25	28	30		30
Number of E Coli infections Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R												G	
		YTD	14													14
		Target	9	18	27	39	48	57	66	75	83	91	100	109		109

Mental Health

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

Episode of Psychosis

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	
		Actual	100.00%													100.00%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%

IAPT (Improving Access to Psychological Therapies)

IAPT Recovery Rate (Improving Access	Southport And	RAG	G												G
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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.	Formby CCG	Actual	56.40%											
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R											
		Actual	1.06%											
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	Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%
		RAG	G											
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	Actual	96.30%											
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	G											
		Actual	100.00%											
	Southport And Formby CCG	Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
		RAG	R											

Dementia

Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G										
		Actual	75.39%										
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG										
		Actual										
		Target	95.00%									
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG										
		Actual										
		Target	95%									

Wheelchairs

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

1. Executive Summary

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

Planned Care

Comparing activity with the equivalent period in the previous year, GP referrals at month 1 2019/20 have decreased by -5.8% and consultant-to-consultant referrals have increased by 16.5%. Therefore total referrals have increased by 5.8% on the previous year.

The CCG failed the less than 1% target for Diagnostics in April recording 3%, a decline on last month (2.93%). This is also above the CCGs improvement trajectory of 2.5% for April 2019. Southport and Ormskirk also failed the less than 1% target in April recording 2.8%, also a decline on last month (2.67%). However, the Trust has achieved their improvement trajectory of 2.9% for April 2019.

For referral to treatment, Southport & Formby CCG had a total 9,126 patients waiting on an incomplete pathway in April 2019; 838 patients over plan.

Southport & Ormskirk reported 6 cancelled operations in April 2019, an improvement on March when 13 were reported. Of the 6 reported in April 2019, 3 were due to no ward beds, 2 lists over-ran and 1 problem in theatre.

Southport & Formby CCG are failing 3 of the cancer indicators and Southport & Ormskirk Trust are failing 2 of the 9 cancer measures in month 1.

Southport & Ormskirk Trust has reported a response rate for inpatients of 12.3% in April 2019. This is significantly below the England average of 24%. The percentage of patients who would recommend the service decreased to 95% below the England average of 96% and the percentage who would not recommend increased to 3% above the England average of 2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for April 2019 reached 86.93% for all types, which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.1%. For type 1 a performance of 78.59% was reported in April.

Southport & Ormskirk Trust reported 10, 12 hour breaches in April, breaching the zero tolerance threshold. This is an increase from last month when 2 breaches were reported.

The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 65.7% in April; just 23 out of 35 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the Trust has begun to report again for April 2019, with a performance of just 8.7%. Out of 23 patients just 2 achieved the target.

The CCG has reported a total of 14 breaches in April and has therefore breached the zero tolerance threshold. All 15 breaches were at Southport & Ormskirk NHS Trust.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In April there were 14 cases against a year to date plan of 9. Southport & Ormskirk Trust reported 22 cases in April. There are no targets set for Trusts at present.

Southport & Ormskirk Trust has reported a response rate for A&E of 0.9% in April 2019. This is significantly below the England average of 11.5%. The percentage of patients who would recommend the service decreased to 76% below the England average of 85% and the percentage who would not recommend increased to 16% above the England average of 9%.

Mental Health

In relation to eating disorders service, out of a potential 15 service users, 4 started treatment within the 18 week target, which is an increase from the previous month (11.8%).

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 1.06% in month 1, therefore failing to achieve the target.

For quarter 4 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 84% (21/25) for routine and 50% (2/4) for urgent referrals.

Community Health Services

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.

Children's Services

Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in Paediatric speech and language remains an issue however discussions are progressing with Alder Hey regarding improvements in provision across SALT and other services.

Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided 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. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2614	2462	-152	-5.8%	1701	1981	280	16.5%	5067	5360	293	5.8%
May	2634				1821				5253			
June	2350				1963				5116			
July	2499				1945				5240			
August	2414				1802				5034			
September	2306				1819				4910			
October	2596				2113				5701			
November	2611				1999				5510			
December	2022				1723				4400			
January	2550				2142				5522			
February	2414				1839				5118			
March	2667				1948				5487			
Monthly Average	2473	2462	-11	-0.4%	1901	1981	80	4.2%	5197	5360	164	3.1%
YTD Total Month 1	2614	2462	-152	-5.8%	1701	1981	280	16.5%	5067	5360	293	5.8%
Annual/FOT	29677	29544	-133	-0.4%	22815	23772	957	4.2%	62358	64320	1962	3.1%

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





Data quality notes



Liverpool Heart & Chest data has been unavailable from month 9 of 2018/19 onwards. Therefore, to allow for consistency, Liverpool Heart & Chest referrals have been removed from 2017/18 data onwards.

- Trends show that the baseline median for total Southport & Formby CCG referrals has remained flat since April 2018.
- Month one referrals are 5.8% up on 2018/19 due to a 16.5% increase in consultant-to-consultant referrals. The majority of this increase is attributed to Southport Hospital.
- In contrast, GP referrals during month one were 5.8% lower than in April 2018.
- Taking into account working days, further analysis has established there were 8 fewer GP referrals per day in April 2019 when comparing to the previous year with specialities such as Clinical Physiology, Ophthalmology and Urology seeing notable decreases.
- At individual providers, Southport & Ormskirk has reported a 7% increase in referrals during month one and is responsible for the majority of the overall increase in total referral numbers. Increases are apparent within specialities such as General Medicine, Gynaecology and Paediatrics.
- Aintree and Liverpool Women's are the two providers with a notable decrease when comparing to April 2018 levels.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Referrals to this speciality in month one has increased by 5% when comparing to an average.

2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		81%	86%	84%	80%		
		Plan: 100%					
Performance Overview/Issues:							
<p>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. April 2019 is the latest available data which shows a performance of 80%, a decline on 84% reported the previous month.</p> <p>The above data 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.</p>							
Actions to Address/Assurances:							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRs data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>A meeting with relevant Trust and CCG staff was organised for the 17th June to discuss issues relating to Advice & Guidance and performance reporting for eRs. This unfortunately was cancelled due to forces outside our control. A new meeting will be reconvened as soon as conveniently possible. A series of actions will be formulated, with agreed actions and timescales for implementation. This will form the basis for a more robust contract management of e-RS with acutes, and the non-payment of activity not referred through e-RS.</p>							
When is performance expected to recover:							
A recovery trajectory will be formulated after discussions with providers.							
Quality impact assessment:							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> - A review of Trust SOPs to be fit for 'business as usual' - NHSE to escalate to NHSE/I concerns regarding e-RS National Reporting 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		CCG	3.90%	1.52%	2.93%		
		S&O	1.80%	1.30%	2.67%	2.80%	
		National Target < 1% <u>April's improvement plans</u> CCG: 2.5% S&O: 2.9% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in April recording 3%, a decline on last month (2.93%). This is also above the CCGs improvement trajectory of 2.5% for April 2019. Out of 2,432 patients, 81 patients were waiting over 6 weeks, and 9 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Urodynamics (19), Non-Obstetric Ultrasound (11), CT (9), Colonoscopy (7) and Cystoscopy (6).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in April recording 2.8%, also a decline on last month (2.67%). However, the Trust has achieved their improvement trajectory of 2.9% for April 2019. Out of 3,293 patients, 112 patients waited over 6 weeks, and 19 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Urodynamics (61), Cardiology (14), Non obstetric ultrasound (10), Colonoscopy (10) and Cystoscopy (9).</p> <p>The Trust has reported the following issues in relation to the specialties highlighted above:</p> <ul style="list-style-type: none"> - Capacity issues in Urodynamics - Staff sickness and patient choice in Cardiology - Capacity issues and patient choice in Non-Obstetric Ultrasound - Patient DNAs in Colonoscopy - Patient choice in Cystoscopy <p>There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. In April, 12 Southport & Formby CCG patients were waiting over 6 weeks; 8 for a CT scan and 4 for an MRI. 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.</p>							
Actions to Address/Assurances:							
<p>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.</p> <p>Recruitment is underway for a local Radiologist and Sonographer which will support delivery of the diagnostic target for non-obstetric ultrasound.</p> <p>Actions and corresponding timescales in the Trusts recovery plan to be reviewed to ensure a robust approach to improvement. CCG escalated the request for a recovery plan via the contract meeting due to on-going poor performance.</p>							
When is performance expected to recover:							
<p>CCG and Provider trajectories in the Operational plans submitted nationally indicated improvements in 2019/20 but no recovery. Post review of the Trusts action plan collaborative work will ensue to enable recovery with discussions expected at the Joint Quality Committee.</p> <p>Southport & Ormskirk Trust has advised that Radiology and Endoscopy are the two major improvement priorities to support diagnostic delivery. The Trust has submitted a detailed recovery plan to the CCG for Radiology, advising performance will recover by December 2019. An Endoscopy recovery plan is awaited.</p>							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance

Figure 2 – RTT Performance & Activity Trend

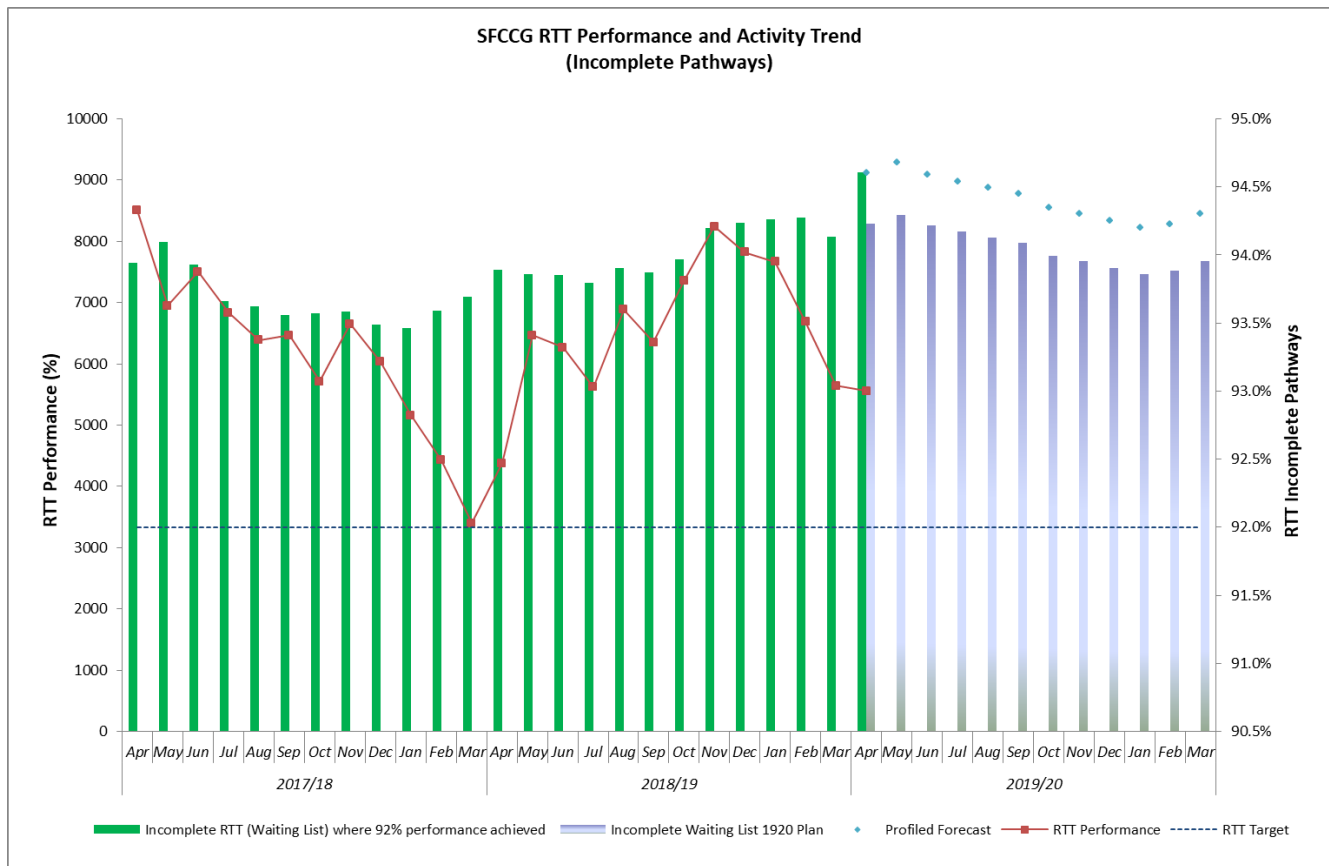


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126												
Difference	838												

Southport & Formby CCG had a total 9,126 patients waiting on an incomplete pathway in April 2019; 838 patients over plan. The CCG saw a 448/5% increase in April 2019 Incomplete Pathways compared to March 2019. Southport & Ormskirk make up 61% of the CCG increase with a Provider variance of 273/5%. iSight make up the second highest proportion of the overall increase with a Provider variance of 89/52%. When we compare Incomplete Pathways in Apr-19 to Apr-18, SFCCG are reporting an increase of 1595 /21%. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 838/10% over plan.

2.3.1 Provider assurance for long waiters



Figure 4 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band (weeks)	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	All Other	38 to 41	15 patients; Community - known capacity constraints action plan in place
Southport & Formby CCG	Guy's and St Thomas'	All Other	43	Awaiting Trust Update
Southport & Formby CCG	Liverpool Womens	Gynaecology	40	2 patients; Awaiting Trust Update
Southport & Formby CCG	Manchester University	Urology	45	Awaiting Trust Update
Southport & Formby CCG	Manchester University	Gynaecology	38	Awaiting Trust Update
Southport & Formby CCG	Warrington & Halton	ENT	39	Trust no longer providing updates on 40 week waiters

The CCG had a total of 25 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 25 patients, 3 patients have been treated, 1 patient declined treatment, 16 patient outcomes are unknown and 5 awaiting Trust update.



2.4 Cancelled Operations

2.4.1 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



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	
		20	13	13	6	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 6 cancelled operations in April 2019, an improvement on March when 13 were reported. In 2018/19 the Trust reported a total of 100 breaches. Of the 6 reported in April 2019, 3 were due to no ward beds, 2 list over-ran and 1 problem in theatre. Primary issues relate to anaesthetic rotas with an expectation that a business case will go to Trust Exec for additional resource.						
Actions to Address/Assurances:						
CCG: The CCG requested a recovery plan via the Contract Review Meeting. 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:						
The CCG are working with the Trust for further clarity and understanding as to the reasons for the cancellations. Once the recovery plan has been received the CCG will work with the Trust and support the recovery.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

2.5 Cancer Indicators Performance



2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					122a	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		CCG	87.59%	92.27%	93.13%	86.52%		
		S&O	93.22%	98.19%	97.55%	94.30%	94.30%	
		Plan: 93%						
Performance Overview/Issues:								
The CCG has failed the two week standard in April 2019 and year to date with 86.52%. In April 2019, 79 patients breached the target out of a total 586 treated. There were 46 breaches at Aintree, 30 at Southport & Ormskirk, 2 at Royal Liverpool and 1 at Whiston. 46 breaches were due to inadequate out-patient capacity, 23 were due to patient choice, 6 due to other reason and 4 due to admin delays. The maximum wait was 43 days and was due to patient choice.								
Actions to Address/Assurances:								
Breast services dominate the underperformance against this standard. As a health economy we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. There will be a detailed review of cancer services for the Planned Care Group with Aintree.								
When is performance expected to recover:								
June 2019.								
Quality impact assessment:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary						Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		65.00%	48.57%	65.85%	51.61%	51.61%		
		Plan: 93% Southport & Ormskirk Trust no longer provide this service. Southport & Formby CCG patients receive treatment at Aintree Hospital.						
Performance Overview/Issues:								
The CCG has failed the two week wait target for patients with breast symptoms in April 2019 and year to date with 51.61%. In April 2019, there were 15 breaches from a total of 31 patients treated. All breaches were at Aintree with 14 due to inadequate out-patient capacity and 1 due to patient choice. The maximum wait was 43 days and was due to patient choice.								
Actions to Address/Assurances:								
As a health economy we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care.								
When is performance expected to recover:								
June 2019.								
Quality impact assessment:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		CCG	77.78%	72.73%	85.71%	72.22%		
		S&O	79.78%	70.93%	81.16%	69.62%	69.62%	
		Plan: 85% Trust's April improvement plan: 80.3%						
Performance Overview/Issues:								
The CCG failed to achieve the 85% target with 72.22% in April 2019, 10 breaches from a total of 36 patients seen. Breach reasons were 3 complex diagnostic pathways, 3 other, 1 inconclusive diagnostic result, 1 admin delay, 1 inadequate outpatient capacity and 1 health care provider initiated delay.								
Southport & Ormskirk Trust also failed the target with a performance of 69.62%. This is also significantly below the Trust's agreed improvement plan for April of 80.3%. In April, there were 12 breaches from a total of 39.5 patients seen.								
Actions to Address/Assurances:								
There has started to be breast breaches for 62 days which is unusual, see actions for 2ww above: The Cancer Alliance has allocated funding in the region of £2.2M across the footprint to optimise pathways for the following cancers and create sustainable operational performance Head and neck Oesophago-gastric Urology Colorectal Gynae-oncology								
When is performance expected to recover:								
Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory which indicates that the operational standard for 62 days will be met in June 2019.								
Quality impact assessment:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 - 62 Day NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		CCG	100%	0%	0 Patients	0 Patients		
		S&O	0 Patients	50%	0 Patients	0%	0%	
		Plan: 90%						
Performance Overview/Issues:								
Southport & Ormskirk Trust failed the 90% target in April 2019 with 0%; 0 breaches out of 2. Breach details are currently unavailable.								
Actions to Address/Assurances:								
When is performance expected to recover:								
Quality impact assessment:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.5 104+ Day Breaches

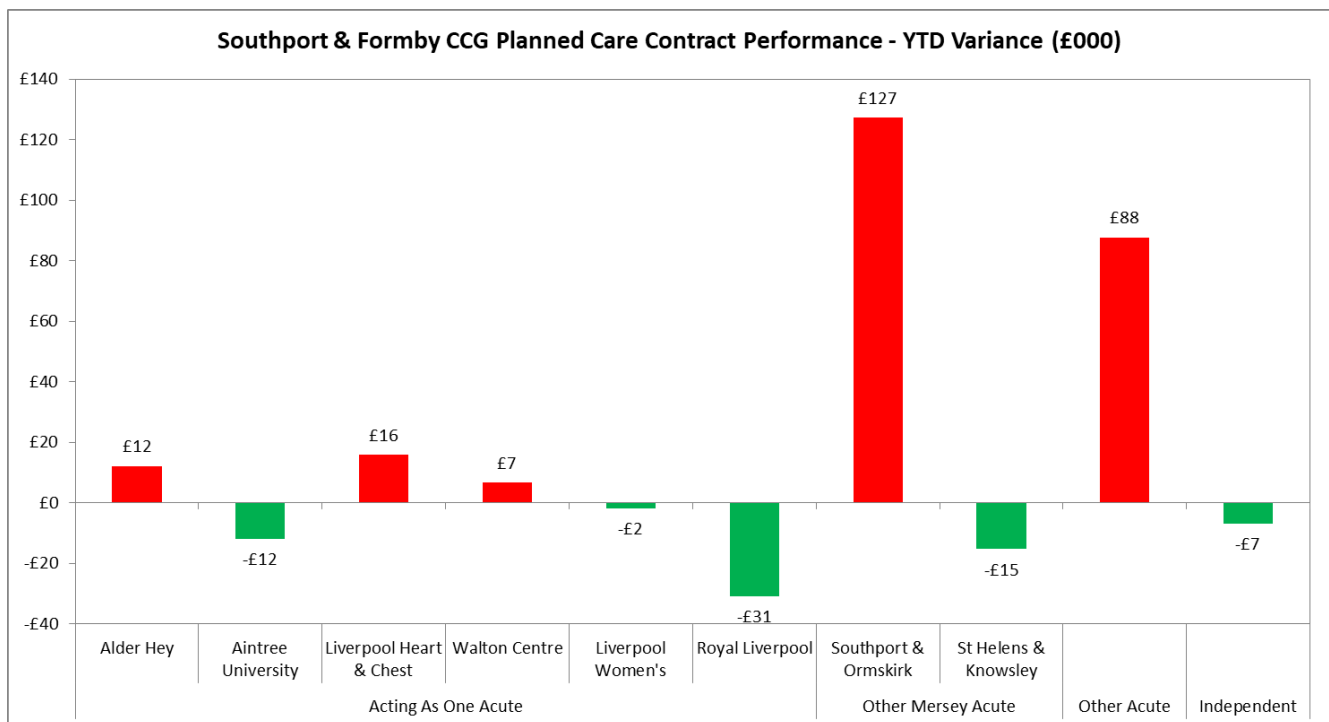
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	
		3	2	5	1	
Plan: No plan						
Performance Overview/Issues:						
Southport & Ormskirk Trust had 1 patient waiting over 104 days in April 2019. The patient waited a total 133 days for treatment in upper GI, delay due to a complex diagnostic pathway.						
Actions to Address/Assurances:						
Application of new re-allocation policy will promote more timely treatment for patients who have already breached 62 days.						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: Inpatients		Previous 3 months and latest					
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		RR	8.7%	11.6%	15.0%		12.3%
		% Rec	94.0%	96.0%	96.0%		95.0%
		% Not Rec	2.0%	1.0%	1.0%		3.0%
April 2019 England Averages Response Rates: 24% % Recommended: 96% % Not Recommended: 2%							
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for inpatients of 12.3% in April 2019. This is significantly below the England average of 24%. The percentage of patients who would recommend the service decreased to 95% below the England average of 96% and the percentage who would not recommend increased to 3% above the England average of 2%.							
Actions to Address/Assurances:							
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.							
When is performance expected to recover:							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Amanda Gordon			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 1 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £184k/6.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly increased over spend of approximately £193k/6.6%.

At individual providers, Southport & Ormskirk are showing the largest over performance at month 1 with a variance of £127k/8%. Day cases and outpatient appointments (first and follow ups) account for the majority of the variances against plan. However, a 2019/20 contract is yet to be agreed with this Provider and variances against plan relate to 2018/19 plan values.

For other Acute Providers, Wrightington, Wigan and Leigh make up the majority of over performance at month one, which represents a continuing theme from 2018/19. Over performance is focussed within the elective point of delivery and the Trauma & Orthopaedics speciality.



NB. There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement.

It should also be noted that 2019/20 activity plans are yet to be agreed for a number of Providers. Therefore, contract performance values included in the above chart may relate to variances against 2018/19 plan values.



3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: Southport & Formby CCG

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		All Types	83.80%	85.66%	84.09%	84.23%	84.23%	
		Type 1	78.21%	79.59%	77.72%	69.10%	69.10%	
		National Standard: 95%						
Performance Overview/Issues:								
Southport & Formby CCG's performance against the 4-hour target for April 2019 reached 84.23% for all types, and 69.1% for type 1, both of which are significantly below the national standard of 95%.								
Actions to Address/Assurances:								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however we are not meeting the agreed NHSI improvement trajectory. As a system we continue to work together to improve admission avoidance, improve LOS and timely discharge pathways. The area's for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. To assist with capacity and demand modelling a programme of work has been commissioned from Venn group to give a robust service gap analysis.								
When is performance expected to recover:								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for April 88.1%								
Quality impact assessment:								
The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Tim Quinlan			Sharon Forrester			

3.1.2 A&E 4 Hour Performance: Southport & Ormskirk Hospital

Indicator		Performance Summary					Potential organisational or patient risk factors	
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Jan-19	Feb-19	Mar-19	Latest	YTD		
		All Types	86.53%	88.24%	86.77%	86.93%		86.93%
		Type 1	78.21%	79.86%	77.90%	78.59%		78.59%
National Standard: 95% April's improvement plan: 88.1% Yellow denotes achieving improvement plan but not national standard of 95%								

Performance Overview/Issues:

Southport & Ormskirk's performance against the 4-hour target for April 2019 reached 86.93% for all types, which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.1%. For type 1 a performance of 78.59% was reported in April.

Actions to Address/Assurances:

Performance against the 4-hour standard for April was a marginal improvement compared to March 2019. April saw a 12.3% increase in attendances (additional 585 patients). Of the total number of attendances, an additional 696 patients were classed as majors category compared to the previous year. April was a significantly challenging month bed-wise with a number of wards experiencing infection control closures due to norovirus, in addition to beds closed in the community, and there was a high reliance on escalation bed usage across the Southport site to maintain patient safety. ED and Medicine continued to enhance staffing levels wherever possible, with continued senior specialty inreach into ED to consider alternative pathways to admission. Despite the increase in attendances, the conversion rate from attendance to admission was 7% lower than April last year, as significant work up is undertaken in ED across specialties and diagnostic services to consider alternative pathways to admission. ED has 2 new consultants joining the team in Summer 2019 whilst Acute Medicine is back out to advert to recruit against the approved business case. Workstream 1 for PFIB reviewing front end processes, including triage, streaming, and workforce has been relaunched, whilst workstream 2 is reviewing in-hospital pathways.

When is performance expected to recover:

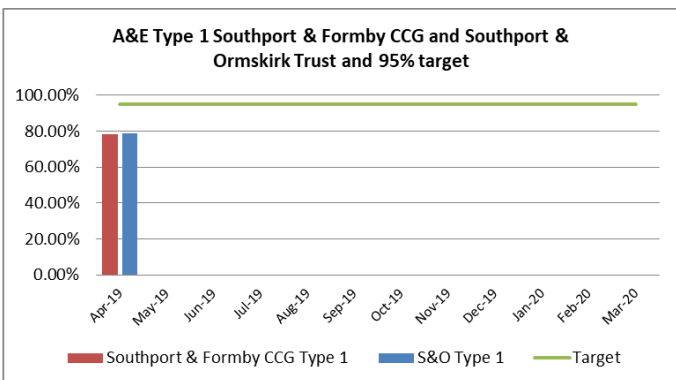
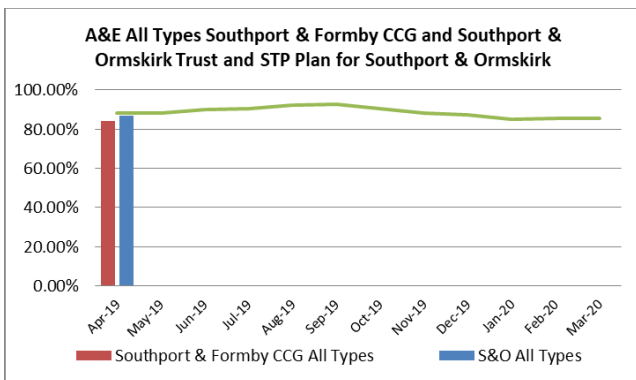
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory is 88.1%

Quality impact assessment:



The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Tim Quinlan	Sharon Forrester



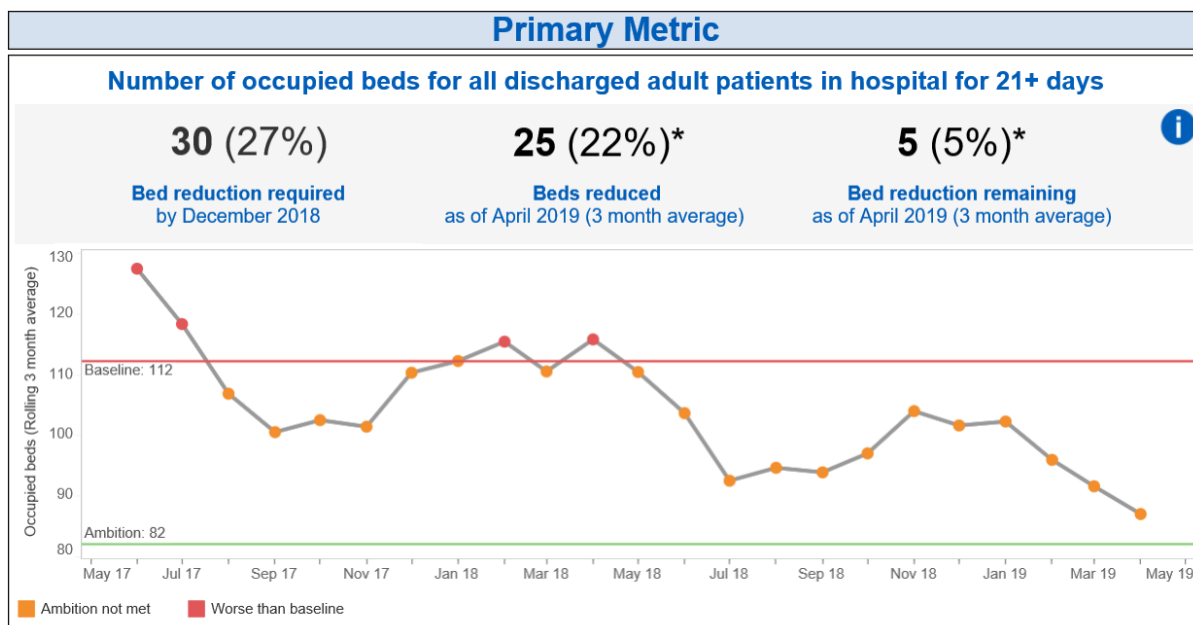
3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		13	27	2	10		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk Trust reported 10, 12 hour breaches in April, breaching the zero tolerance threshold. This is an increase from last month when 2 breaches were reported.							
Actions to Address/Assurances:							
Disappointingly there were x10 12-hour breaches across the month of April as a result of bed pressures experienced on the Southport site. All occurred as a result of pressures on Monday and Tuesday following weekends. Full clinical timelines have been completed and RCAs are being presented through SIRG. April was particularly challenging as a result of the increase in activity levels, and the infection control pressures that resulted in closed beds both on the Southport site and also in a number of care homes. Towards the end of April, capacity was restricted further with a lack of community bed availability (particularly ICB). MADE reviews were held as part of pre and post Easter planning, with positive feedback from stakeholders regarding tracking of patients, in addition to the partnership working across clinical and community teams. The weekend daily discharge huddles continue to take place with input from 1st and Exec oncalls, and staffing has remained in place to enable escalation bed usage where clinically appropriate.							
When is performance expected to recover:							
Performance is expected to recover in May 2019							
Quality impact assessment:							
The CCG have receipt of 48 hr timelines and 60 day RCA's which are reviewed as part of PQIRP meeting internally, this will be completed jointly with NHSE as part of revised process. Despite the prolonged waits in ED the CCG are assured that respect and dignity has been maintained at times of severe pressure. Breaches are mostly reported due to lack of bed capacity.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

3.2 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 6 – 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 April 2019 (rolling 3 months) shows 87 occupied beds (a reduction of 25 beds). This shows a decrease of 4 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles assessment model and community pathways to facilitate earlier discharge. Patient Flow Telecoms reviews and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

3.3 Ambulance Service Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Feb-19	Mar-19	Latest		
		Cat 1 mean	<=7 mins	00:08:23	00:08:48	00:08:31		
		Cat 1 90th Percentile	<=15 mins	00:15:08	00:15:55	00:18:45		
		Cat 2 mean	<=18 mins	00:29:25	00:24:52	00:25:16		
		Cat 2 90th Percentile	<=40 mins	01:11:07	00:55:54	01:00:34		
		Cat 3 90th Percentile	<=120 mins	02:56:46	02:31:18	02:33:10		
Cat 4 90th Percentile	<=180 mins	04:07:20	04:04:47	03:49:34				
Performance Overview/Issues:								
<p>In April 2019 there was an average response time in Southport and Formby of 8 minutes 31 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 25 minutes and 16 seconds 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.</p> <p>Category 1 and 2 will remain an area of major focus with performance 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. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.</p>								
Actions to Address/Assurances:								
<p><u>Trust Actions</u> April saw a total 12.3% increase in attendances (additional 585 patients). Of the total number of attendances, an additional 696 patients were classed as majors category compared to the previous year. There is a continued reduction in ambulances held over 30 minutes, which is heavily supported by the estates work and provision of dedicated cubicles for patients brought in by ambulance. Pressures continue to be experienced during periods of surge and bed pressures, and the impact that this has on timely release of ED cubicle capacity. NWS have offered to run a 2 day pilot using autoclear for handover processes, which has been piloted in Aintree with positive results. The triage competency framework currently underway in ED will also support consistency in streaming, and in conjunction with NWS, 'fit to sit' is being pursued.</p> <p><u>CCG Actions</u> Through 2018/19 NWS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards, critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
Quality impact assessment:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	Feb-19	Mar-19	Latest		
		(a) <=15 mins	143	163	231		
		(b) <=15 mins	39	38	69		
Performance Overview/Issues:							
Southport & Ormskirk reported an increase in ambulance handover times in April 2019. Handovers between 30 and 60 minutes increased to 231 and those over 60 minutes increased to 69.							
Actions to Address/Assurances:							
<p><u>Trust Actions</u> 10% improvement in ambulance handovers within 15 minutes than April 2018. This is despite a total 12.3% increase in attendances (additional 585 patients). Of the total number of attendances, an additional 696 patients were classed as majors category compared to the previous year. There is a continued reduction in ambulances held over 30 minutes, which is heavily supported by the estates work and provision of dedicated cubicles for patients brought in by ambulance. Pressures continue to be experienced during periods of surge and bed pressures, and the impact that this has on timely release of ED cubicle capacity. NWAS have offered to run a 2 day pilot using autoclear for handover processes, which has been piloted in Aintree with positive results. The triage competency framework currently underway in ED will also support consistency in streaming, and in conjunction with NWAS, 'fit to sit' is being pursued.</p>							
When is performance expected to recover:							
Performance is expected to improve in May 19							
Quality impact assessment:							
NWAS quality impact assessments are reported regionally to NHS Blackpool CCG as the lead commissioner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		Stroke	78.60%	36.40%	42.90%		
		TIA	-	-	-	8.70%	
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 65.7% in April; just 23 out of 35 patients spent at least 90% of their time on a stroke unit.							
In relation to the TIAs the Trust has began to report again for April 2019, with a performance of just 8.7%. Out of 23 patients just 2 achieved the target.							
Actions to Address/Assurances:							
<u>Stroke</u>							
April saw a significant improvement on the previous two months and continues to show a positive direction of travel.							
<u>TIA</u>							
April's performance figure well below the plan of 60%. The Trust are currently refining the operational processes around data collection which we expect will improve performance for subsequent months. One of the expected benefits is the ability to split out follow up activity which will allow us to more accurately measure the pathway times against the 24 hour standard.							
When is performance expected to recover:							
Quarter 1 2019/20							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary					Potential organisational or patient risk factors
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND		Jan-19	Feb-19	Mar-19	Latest	
		CCG	19	22	15	14	
		S&O	31	51	37	32	
		Plan: Zero					
Performance Overview/Issues:							
The CCG has reported a total of 14 breaches in April and has therefore breached the zero tolerance threshold. All 15 breaches were at Southport & Ormskirk NHS Trust.							
In April the Trust had 32 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 32 breaches, 14 were for Southport & Formby CCG and 18 for West Lancashire CCG.							
Actions to Address/Assurances:							
Breaches remain at a high level. In April there were 32 breaches in total. Performance has improved since the February high number of breaches of 57 with improved performance over the past couple of months.							
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. Sustained recovery not expected within the year.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Brendan Prescott		Amanda Gordon			

3.5.3 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months					
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		20	11	10	14		
		Plan: 109 YTD for the CCG					
Performance Overview/Issues:							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In April there were 14 cases against a year to date plan of 9. Southport & Ormskirk Trust reported 22 cases in April. There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli).							
When is performance expected to recover:							
Quarter 1, 2019/20							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Amanda Gordon			

3.5.4 Hospital Mortality

Figure 7 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Apr	100	109.90	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	113.20	↓

In April the Trust reported a steady improvement towards target. The HSMR continues to reduce and currently stands at 109.90. The likely drivers are similar to the SHMI, although as HSMR excludes patients receiving specialist palliative care input and palliative care coding has seen an increase in the past few months; it is likely that this is also an important element. As this is a 12 month rolling figure and the monthly HSMRs have been acceptable it is likely that this rolling figure will continue to improve.

For SHMI the Trust reports an improved position on same period previous 12 months. SHMI, by its construction changes very slowly and will alter after crude mortality and HSMR. The current figure represents an improved position on the comparator period of 2017.

3.6 CCG Serious Incident Management

In April there were 50 incidents open on StEIS (down from 55 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 8 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M1)	SIs Reported (YTD)	Closed SIs (M1)	Closed SIs (YTD)	Open SIs (M1)	SIs Open >100 Days (M11)
Southport and Ormskirk Hospital NHS Trust	4	4	12	9	31	12
Lancashire Care NHS Foundation Trust	0	0	0	0	4	1
NHS Southport & Formby CCG	0	0	0	0	1	0
Mersey Care NHS Foundation Trust (Mental Health)	4	4	1	1	10	1
Aintree University Hospital NHS Foundation Trust	0	0	0	0	1	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	0	0	0	0	1	0
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
Total	8	8	13	10	52	18

Of the 12 SIs open > 100 days for Southport and Ormskirk Hospital (S&O), the following applies at the time of writing this report:

- 5 have been reviewed and are now closed

- 1 has been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 1 has been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from CCG Safeguarding Team
- 4 RCAs have been received and will be reviewed at SIRG in July 2019.
- 1 has been granted an extension due to the involvement of multi-agencies.

For the remaining SIs open > 100 days the following applies:

- Lancashire Care NHS Foundation Trust – This is a legacy SI that transitioned over from Southport and Formby Community Services. It remains open until the assurance has been provided in relation to the overarching pressure ulcer action plan.
- Mersey Care NHS Foundation Trust (Mental Health) – This SI was reviewed at SIRG in June 2019 and closed.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.

Figure 9 - 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	4	0	4	*0	4	0	0	?	4

*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.

Figure 10 - 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	0	0	N/A	N/A	-	8	1	0	0	1

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.



3.7 CCG 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.

Total delayed transfers of care (DTOC) reported in March 2019 was 206, an increase compared to March 2018 with 196. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in March 2019 were due to patient family choice, community equipment, nursing home and care package in own home. See appendices for more information. It important to note that the definitions used to capture DTOCs are restrictive and are not considered to be an accurate reflection of the split between health and social care issues.

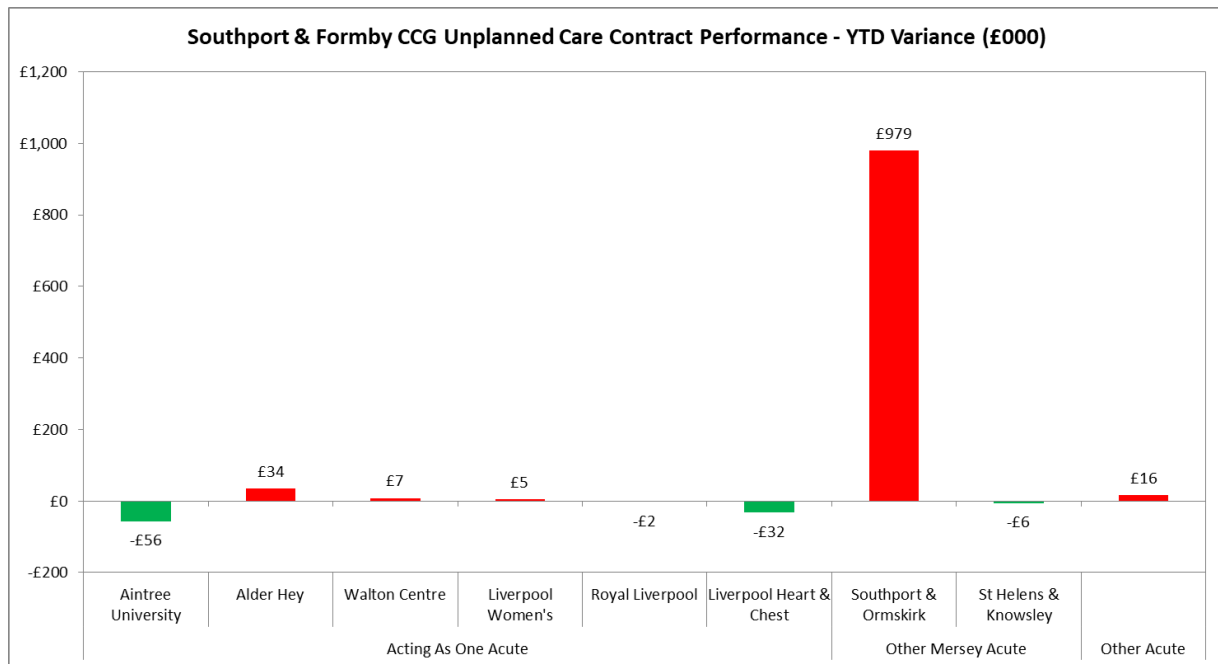
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: A&E		Previous 3 months and latest					
RED	TREND	Jan-19	Feb-19	Mar-19	Latest		
		RR	2.1%	1.4%	1.0%		0.9%
		% Rec	74.0%	94.0%	90.0%		76.0%
		% Not Rec	22.0%	5.0%	7.0%		16.0%
		April 2019 England Averages Response Rates: 11.5% % Recommended: 85% % Not Recommended: 9%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 0.9% in April 2019. This is significantly below the England average of 11.5%. The percentage of patients who would recommend the service decreased to 76% below the England average of 85% and the percentage who would not recommend increased to 16% above the England average of 9%.							
Actions to Address/Assurances:							
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.							
When is performance expected to recover:							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Amanda Gordon			

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 11 - Month 1 Unplanned Care – All Providers



Performance at Month 1 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1m/37.8%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £982k/35.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £979k/40% against plan at month 1. However, as a 2019/20 contract has yet to be formally agreed with this Provider, planned values relate to 2018/19 values. As such, non-elective activity recorded as a result of pathway changes implemented by the Provider within 2018/19 will account for the significant over performance reported at month 1 of 2019/20.

NB. There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement.

It should also be noted that 2019/20 activity plans are yet to be agreed for a number of Providers. Therefore, contract performance values included in the above chart may relate to variances against 2018/19 plan values.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Transformation Update

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

The Trust has 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 May 2020 onwards. Commissioners and the Trust will be working with the Trust to agree reportable KPIs and outcomes.



Mersey Care NHS RiO M1 update

As part of the implementation of the RiO system in June 2018 a plan was agreed between the Trust and CCGs; whereby some KPIs were suspended until RiO was able to provide KPI data. A plan of shadow reporting was set up, and then reporting of all KPIs was implemented and back dated information was supplied. There remain gaps for some measures which will be implemented going forward in 2019/20 KPI reporting however it is anticipated that KPIs will be fully reported from Q2 with backdated to Q1 where applicable.



Safeguarding

The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. The performance notice will remain open for a further 6 months to ensure sustainability.



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Latest and previous 3 months					
GREEN	TREND	Jan-19	Feb-19	Mar-19	Latest		
		30.8%	15.4%	11.8%	26.7%		
		Plan: 95% - April 2019/20 reported 26.7% and failing.					
Performance Overview/Issues:							
Out of a potential 15 Service Users, 4 started treatment within the 18 week target, which is an increase from the previous month (11.8%). Issues contributing to this poor performance are the high number of referrals to the service (54 in April 2019) and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity.							
Actions to Address/Assurances:							
Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service pending confirmation of whether the proposed Business Case has been approved. The Business Case recognises that since the initial service was commissioned that prevalence and identification of eating disorders in the population has increased.							
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.							
When is performance expected to recover:							
Performance is linked to current service capacity which mitigates against significant recovery.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.3 Learning Disability Health Checks



Indicator		Performance Summary					Potential organisational or patient risk factors
Learning Disabilities Health Checks		Latest and previous 3 quarters				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.	
RED	TREND		Q1	Q2	Latest		
			65.3%	56.6%	69.7%		
		Plan: 18.7% 2018/19					
Performance Overview/Issues:							
<p>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.</p>							
Actions to Address/Assurances:							
<p>The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check. To review reporting to mitigate data quality issues.</p>							
When is performance expected to recover:							
Quarter 2 2019/20							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.4 Improving Physical Health for people with Severe Mental Illness (SMI)

Indicator		Performance Summary				Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				
RED	TREND	Q1	Q2	Q3	Latest	
		N/A	14.7%	18.7%	25.7%	
		Plan: 50% - 2018/19 YTD reported 25.7% and failed				
Performance Overview/Issues:						
As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.						
To support this objective CCG's are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2018/19. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.						
Despite failing to achieve the 50% target in quarter 4 with just 25.7%, the percentage of people on the SMI register who had a comprehensive physical health check has increased quarter on quarter since this information was first reported in quarter 2. Of the 1418 of people on the GP SMI register in Southport & Formby CCG 364 received a comprehensive health check.						
Actions to Address/Assurances:						
A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee (LMC). EMIS screens to enable data capture are being validated on 3rd June 2019.						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 quarters				
RED	TREND	M10	M11	M12	Latest	
		1.14%	1.11%	1.27%	1.06%	
		Access Plan: 16.8% - 2018/19 YTD reported 13.0% and failed				
Performance Overview/Issues:						
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) target for 2019/20 is to achieve 19% (4.75% per quarter) in the first 3 quarters and 22% Access (5.5% per quarter) in the last quarter. The monthly target for M1 19/20 is therefore approximately 1.83%. Month 1 performance was 1.06% and failing to achieve the target standard.						
Actions to Address/Assurances:						
Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

5. Community Health

5.1 Adult Community Services (Lancashire Care)



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.

5.1.1 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.

5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors
Lancashire Care Adult Community Services: Podiatry		Latest and previous 3 months				
AMBER	TREND	RTT Long Waiters 19 to 24 weeks				
		Jan-19	Feb-19	Mar-19	Latest	
		53	39	44	24	
Performance Overview/Issues:						
In April the Trust reported 24 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. The Trust advised that 15 of these were data quality issues, 9 have future appointments booked, 4 are due to patient choice and 5 due to service capacity.						
Actions to Address/Assurances:						
This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team which is to be shared with the CCG for assurance.						
When is performance expected to recover:						
The Trust has advised that long waiters are continuing to decrease following outcomes of the task and finish group.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey				Sharon Forrester		

5.2 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. Children's Services

6.1.1 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters					
RED	TREND	Q1	Q2	Q3	Latest		
		81.8%	84.0%	85.2%	84.0%		
		Access Plan: 100% - 2018/19 reported 83.84% and failed					
Performance Overview/Issues:							
In quarter 4 the Trust fell under the 100% plan, out of 25 routine referrals to children and young people's eating disorder service, 21 were seen within 4 weeks recording 84.0% against the 100% target. All 4 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.							
Actions to Address/Assurances:							
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June - further detailed discussions at Clinical Advisory Group (CAG) and Quality Innovation, Productivity and Prevention Committee (QIPP) scheduled for July.							
When is performance expected to recover:							
Dependent upon outcome of business case.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			

6.1.2 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

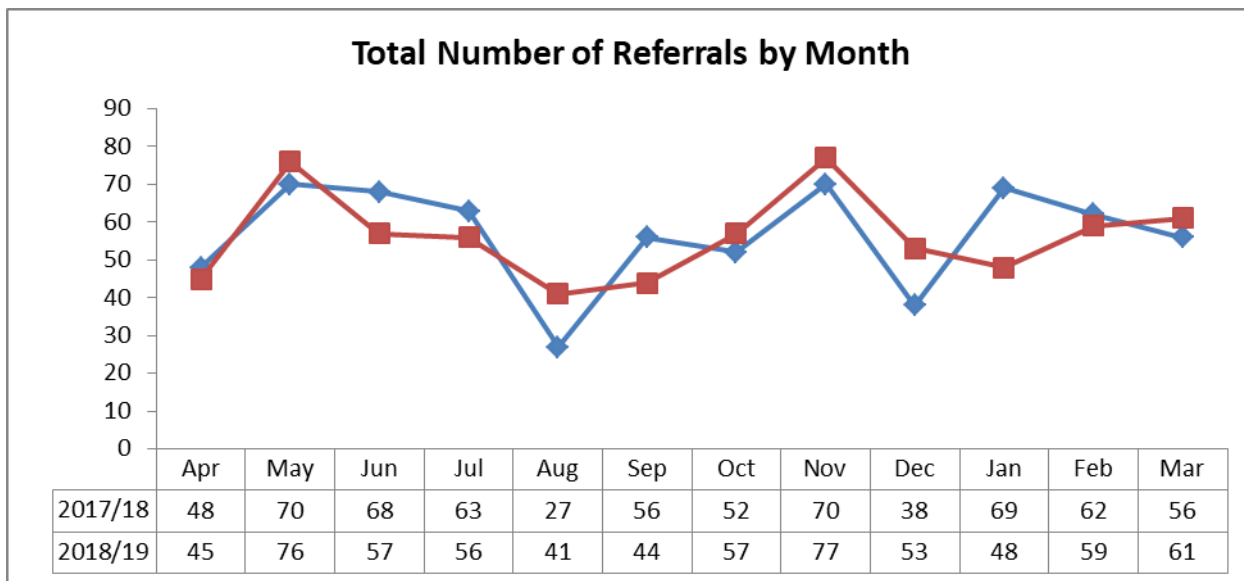
Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					
RED	TREND	Q1	Q2	Q3	Latest		
		50.0%	66.7%	66.7%	50.0%		
		Access Plan: 100% - 2018/19 reported 58.33% and failed					
Performance Overview/Issues:							
In quarter 4, the CCG had 4 patients under the urgent referral category, 2 of which met the target bringing the total performance to 50.0% against the 100% target. The 2 patients who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.							
Actions to Address/Assurances:							
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June - further consideration of detailed case to be made in July at Clinical Advisory Group (CAG) and Quality Innovation, Productivity and Prevention Committee (QIPP).							
When is performance expected to recover:							
Dependent upon outcome of Business Case.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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 12 – CAMHS Referrals



Throughout quarter 4 2018/19 there were a total of 168 referrals made to CAMHS from Southport and Formby CCG patients. There has been a slight upward trend from January onwards.

The remaining tables within this section will focus on only those 40 Referrals that have been accepted and allocated.

Figure 13 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	37.5%
2-4 Weeks	16	40.0%
4- 6 Weeks	4	10.0%
6-8 weeks	1	2.5%
8-10 Weeks	2	5.0%
Over 10 Weeks	2	5.0%
Total	40	100%

Of those Referrals during January to March 2018/19 that have been allocated and an assessment taken place, 37.5% (15) waited between 0 and 2 weeks for the assessment. 95% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of the two referrals that waited over 10 weeks from referral to intervention, 1 waited 87 days (12.4 weeks) and the other waited 90 days (12.8 weeks) which was the maximum wait in the given time period.

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 14 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	6	15.0%	30.0%
2-4 Weeks	6	15.0%	30.0%
4- 6 Weeks	3	7.5%	15.0%
6-8 weeks	4	10.0%	20.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	2.5%	5.0%
(blank)	20	50.0%	
Total	40	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.

50.0% (20) of all allocated referrals did not have a date of intervention. Of these, 5 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 15 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 15 waiting for an intervention, 5 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If these 20 referrals were discounted, that would mean 60.0% (12) of referrals waited 4 weeks or less from referral to intervention. All of referrals where an intervention took place had their first intervention within 12 weeks. This is an improved performance to the previous quarter when 4 referrals waited over 12 weeks from referral to intervention.

Performance Overview/Issues

Specialist CAMHS has had long waits up to 20 weeks.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20 releasing capacity across the whole service.

When is the performance expected to recover by?



Impact of NHSE funding will be seen in the first quarter of 19/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Vicky Killen	Peter Wong

6.3 Alder Hey Children's Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
RED	TREND	Q1	Q2	Q3	Latest	
		18.5%	6.6%	6.8%	6.1%	
		Access Plan: 32%				
Performance Overview/Issues:						
The CCG reported a performance of 6.1% in quarter 4, a decline on quarter 3 when 6.8% was reported, compared to a monthly target of 8%. The target for 2018/19 is 32%. National data is being validated, but current figures indicate year end access rate is in excess of 32%.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Access rates will improve/increase in 2019/20 as new activity is implemented.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.4 Children’s Community Services (Alder Hey)



6.4.1 Services

An initial meeting has been held with Alder Hey, Liverpool CCG and South Sefton CCG regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for Children’s services. Please see appendices for further details.



6.4.2 Paediatric SALT

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Jan-19	Feb-19	Mar-19	Latest		
		45 wks	44 wks	45 wks	45 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
In April the Trust reported a 92nd percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was 1 patient waiting at 58 weeks . Performance has steadily declined over the past two financial years, with referrals remaining static.							
Actions to Address/Assurances:							
Sefton SALT waiting times have been raised formally at the Alder Hey contract meetings. The trust has submitted a recovery plan and the CCG has agreed funding for additional Speech Therapists. The CCG has asked for additional narrative for long waiters and the trust have provided and proposed monthly reports for over 40 ww. In addition, the CCG is in discussion with Alder Hey on creating a plan which looks at other services to reduce overall wait times.							
June 2019: Business Case approved for some non-recurrent and recurrent therapists.							
Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		?		Peter Wong			

6.4.3 Paediatric Dietetics



Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p><u>DNAs</u> <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red</p> <p><u>Provider Cancellations</u> <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red</p>
RED	TREND	Outpatient Clinic DNA Rates				
		Jan-19	Feb-19	Mar-19	Latest	
		10.0%	9.8%	17.2%	20.0%	
		Outpatient Clinic Provider Cancellations				
		Jan-19	Feb-19	Mar-19	Latest	
		16.7%	0.0%	0.0%	7.1%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
Performance Overview/Issues:						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In April 2019 this increased further with a rate of 20%. Provider cancellations also increased significantly in April with 7.1%.						
Actions to Address/Assurances:						
The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. The CCG will also raise this at the next contract review meeting in June 2019.						
When is performance expected to recover:						
To be confirmed following contract review meeting in June.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead			Managerial Lead	
Karl McCluskey					Peter Wong	

6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire Care)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters				
RED	TREND	Waiting Times				
		Q1	Q2	Q3	Latest	
		100.0%	40.0%	57.1%	85.7%	
		2018/19 target: 100% For 2019/20, 100% of children should receive equipment within 18 weeks				
Performance Overview/Issues:						
Lancashire Care has reported 12 patients out of 14 receiving equipment within 18 weeks for quarter 4, a performance of 85.71%. This is an improvement on Q3.						
Actions to Address/Assurances:						
Trust Actions - Weekly caseload meeting to look at any potential breaches at 7-12 weeks. Any identified breaches are mitigated by regular contact with the suppliers. - Keeping a stock of equipment to be issued in a more timely manner. - Triage is carried out 3 times a week.						
When is performance expected to recover:						
Local data shows the Trust achieved 100% in March and April 2019, exceeding the 92% target.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead			Managerial Lead	
Karl McCluskey					Sharon Forrester	

7. Primary Care

7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.
GREEN	TREND	Jan-19	Feb-19	Mar-19	Latest	
		54.64%	60.58%	62.81%	57.46%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). April target 55.6%				
Performance Overview/Issues:						
<p>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 on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.</p> <p>In April Southport & Formby CCG practices reported a combined utilisation rate of 57.46%, exceeding the 55.6% target. Total available appointments was 985, with 639 being booked (64.87%) and 73 DNA's (7.41%). However this shows a decline in utilisation compared to March.</p>						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

7.2 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. St Marks Medical Centre was inspected on 24th April achieving an overall rating of 'Good'. All the results are listed below.

Figure 15 – 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	24 April 2019	Good	Good	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

8. CCG Improvement & Assessment Framework (IAF)

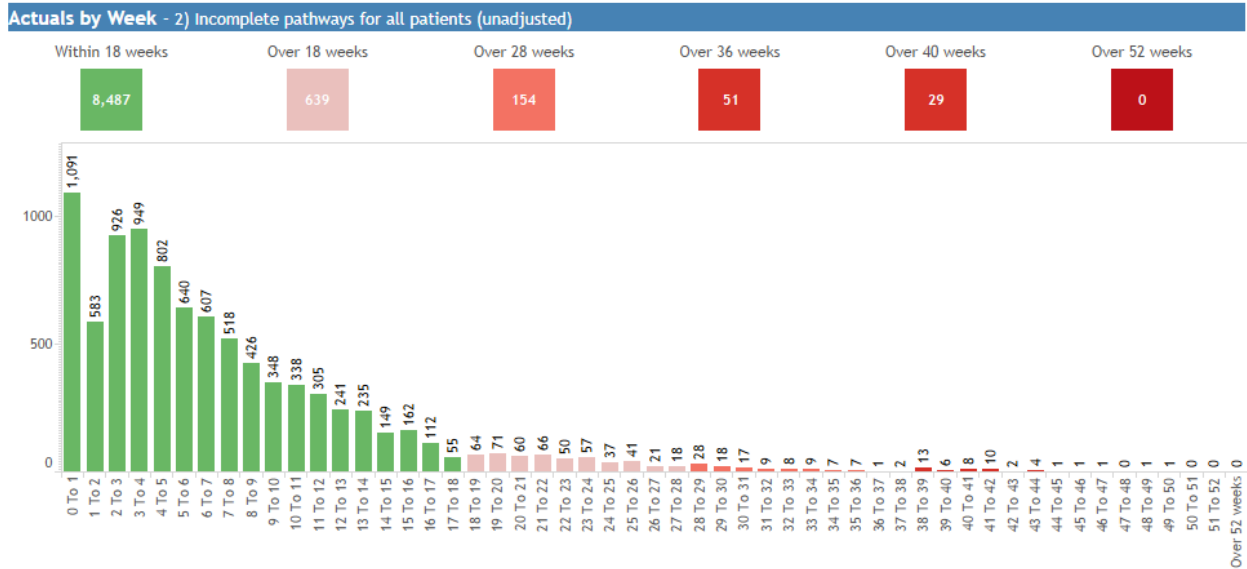
8.1 Background

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.

9. Appendices

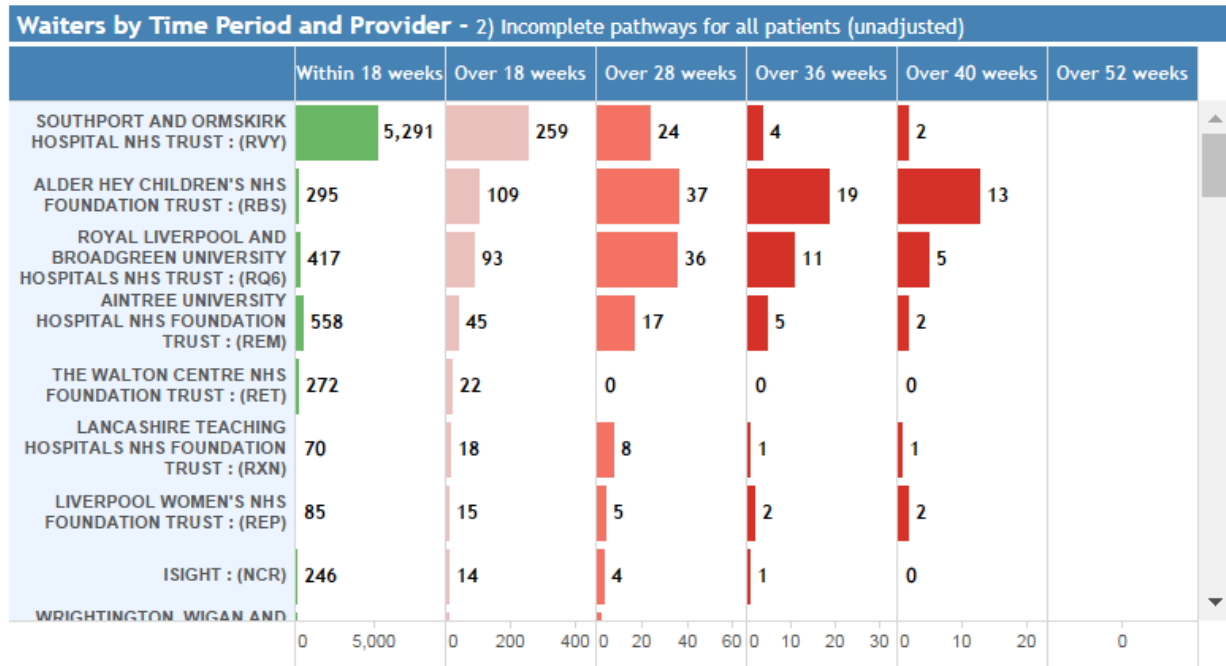
9.1.1 Incomplete Pathway Waiting Times

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



9.1.2 Long Waiters analysis: Top 5 Providers

Figure 17 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

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

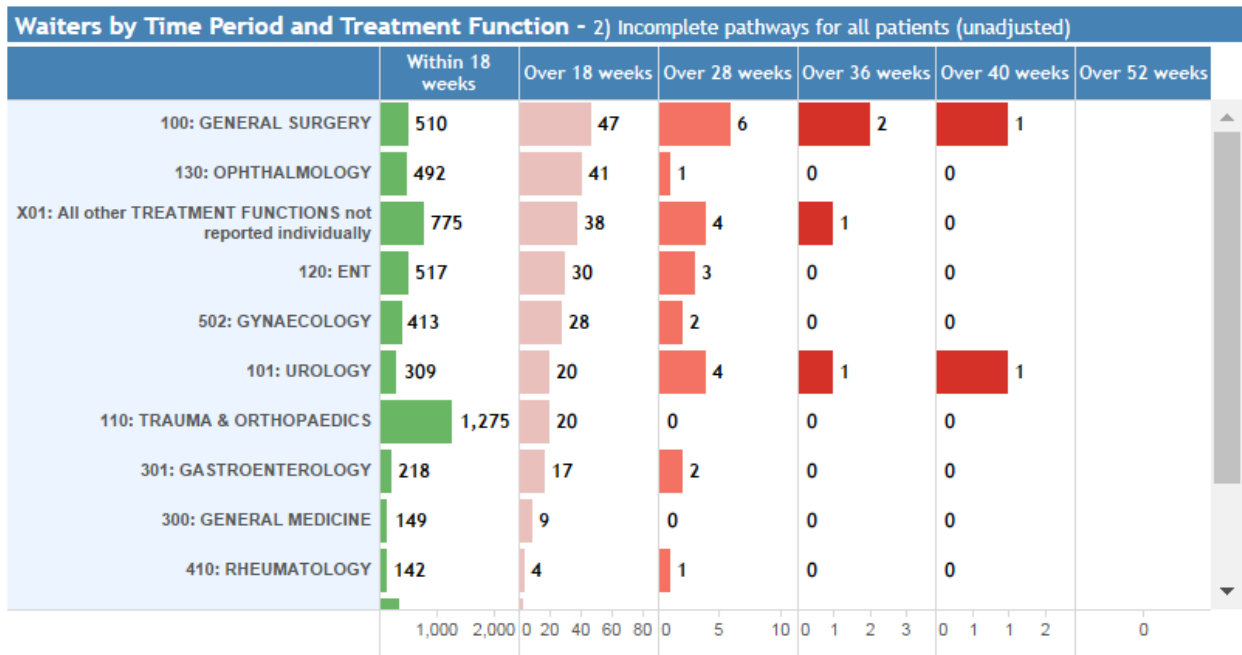
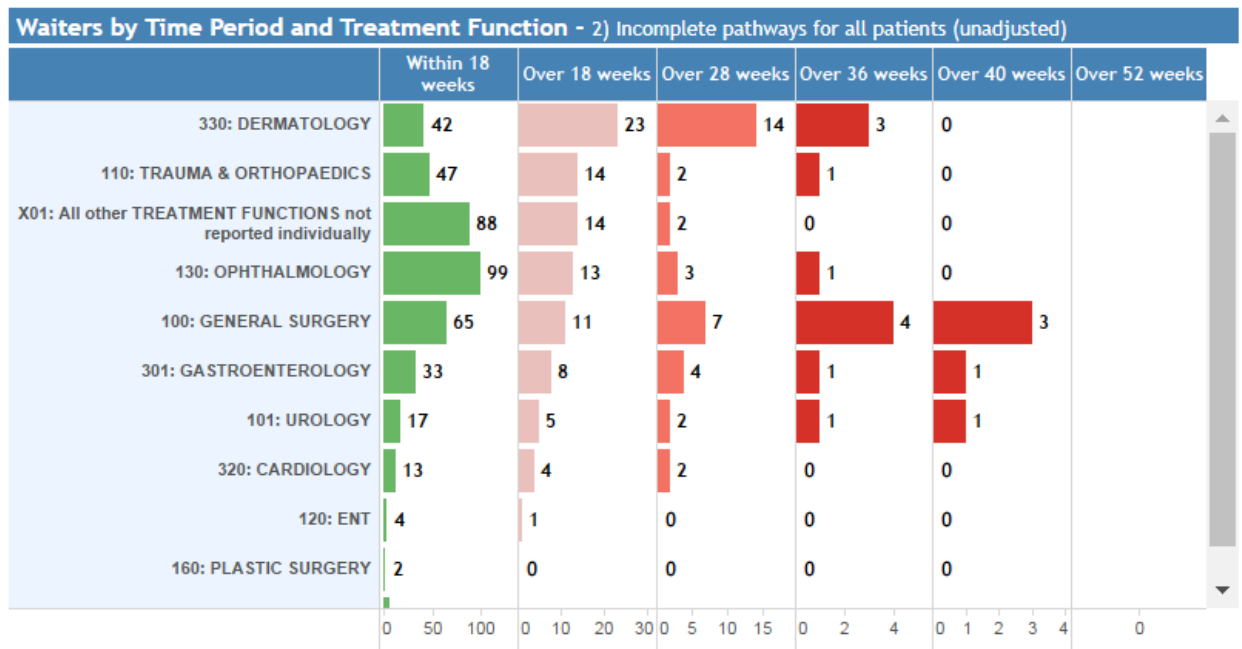
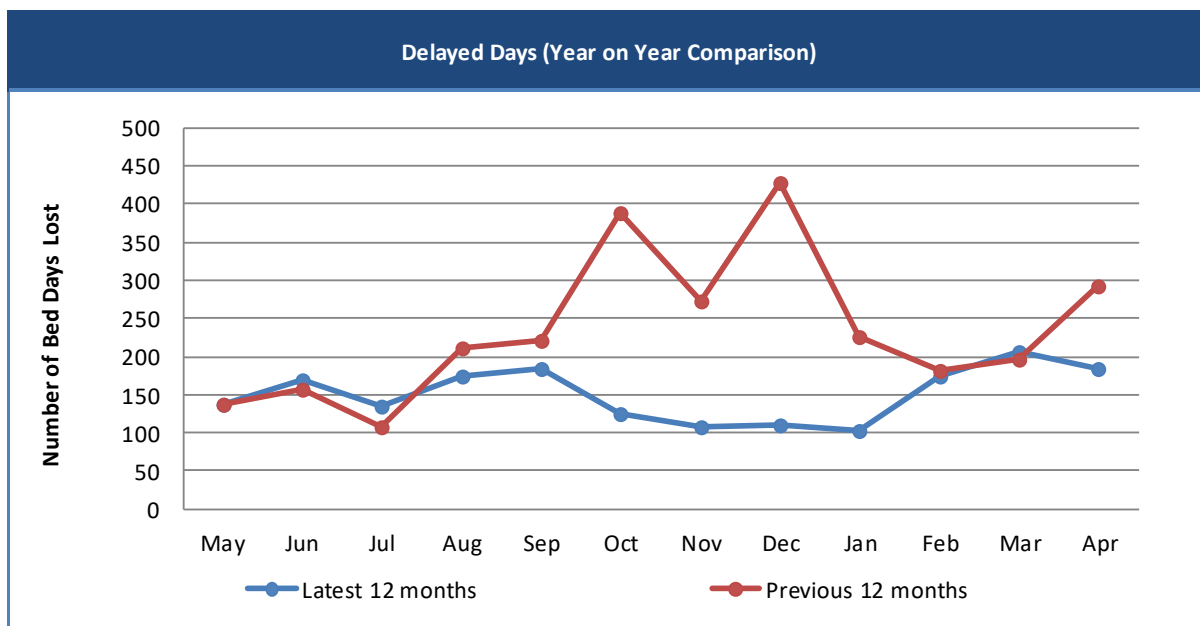


Figure 19 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



9.2 Delayed Transfers of Care

Figure 20 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Apr-19	Mar-19	Apr-18
Total	183	206	292
NHS	100.0%	100.0%	100.0%
Social Care	0.0%	0.0%	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 (Apr-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	0.5%
Community Equipment Adapt	2.7%
Completion Assesment	0.0%
Disputes	21.9%
Further Non-Acute NHS	9.3%
Housing	3.8%
Nursing Home	0.0%
Patient Family Choice	61.7%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%





9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency					Apr	YTD	
			Previous Year Outturn	Plan	FOT	Variance %			
NHS Southport and Formby CCG	Paediatric Occupational Therapy	Caseload at Month End	150	150	113	-24.67	113	113	
		Referral to 1st contact (weeks average)	14.3	14.3	15.9	11.19	15.9	15.9	
		Total Contacts (Domiciliary)	3,327	3,327	3,300	-0.81	275	275	
		Total New Referrals	566	566	576	1.17	48	48	
	Paediatric Physiotherapy	Caseload at Month End	64	64	56	-12.50	56	56	
		Referral to 1st contact (weeks average)	5.8	5.8	5.9	1.17	5.9	5.9	
		Total Contacts (Domiciliary)	6,090	6,090	5,100	-16.25	425	425	
		Total New Referrals	553	553	578	1.19	48	48	
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	25.9	25.9	36.6	41.31	36.6	36.6	
		Total Contacts (Domiciliary)	7,723	7,723	8,148	6.55	679	679	
		Total New Referrals	744	744	636	-14.52	53	53	
	NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	225	6.13	225	225
			Total Contacts (Domiciliary)	1,586	1,586	1,788	12.74	149	149
Total New Referrals			132	132	204	54.55	17	17	
Paediatric Dietics		Caseload at Month End	90	90	123	36.67	123	123	
		Referral to 1st contact (weeks average)	8.5	8.5	7.4	-12.94	7.4	7.4	
		Total Contacts	540	540	594	10.97	42	42	
		Total Contacts (Domiciliary)	40	40	12	-30.00	1	1	
		Total Contacts (Outpatients)	500	500	462	-9.20	41	41	
		Total New Referrals	292	292	372	27.40	31	31	

If Plan is <10,000:

	FOT is <10% above or below plan
	FOT is 10%-20% above or below plan
	FOT is > 20% below plan
	FOT is > 20% above plan

If Plan is >10,000:

	FOT is <5% above or below plan
	FOT is 5%-10% above or below plan
	FOT is > 10% below plan
	FOT is > 10% above plan

9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 18/20	% Variance
Number of Referrals	144												1,838	1,224	-33.4%
Incomplete Pathways - 82nd Percentile	45												449		
Total Number Waiting	938												9,382		
Number waiting over 18 weeks	519												4,698		
Longest weeks waiting - weeks	58												587		
Longest weeks waiting - patients	1												25		

RAG rating

	<=18 weeks
	19 to 22 weeks
	23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	19/20 Total
Appointments	327	532	429	647	528	698	52	52
DNA	66	53	41	147	68	116	13	13
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	20.0%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	19/20 Total
Appointments	327	532	429	647	528	698	52	52
Cancellations	6	0	5	29	0	44	4	4
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	7.1%

Outpatient Clinics - Cancs by PATIENT

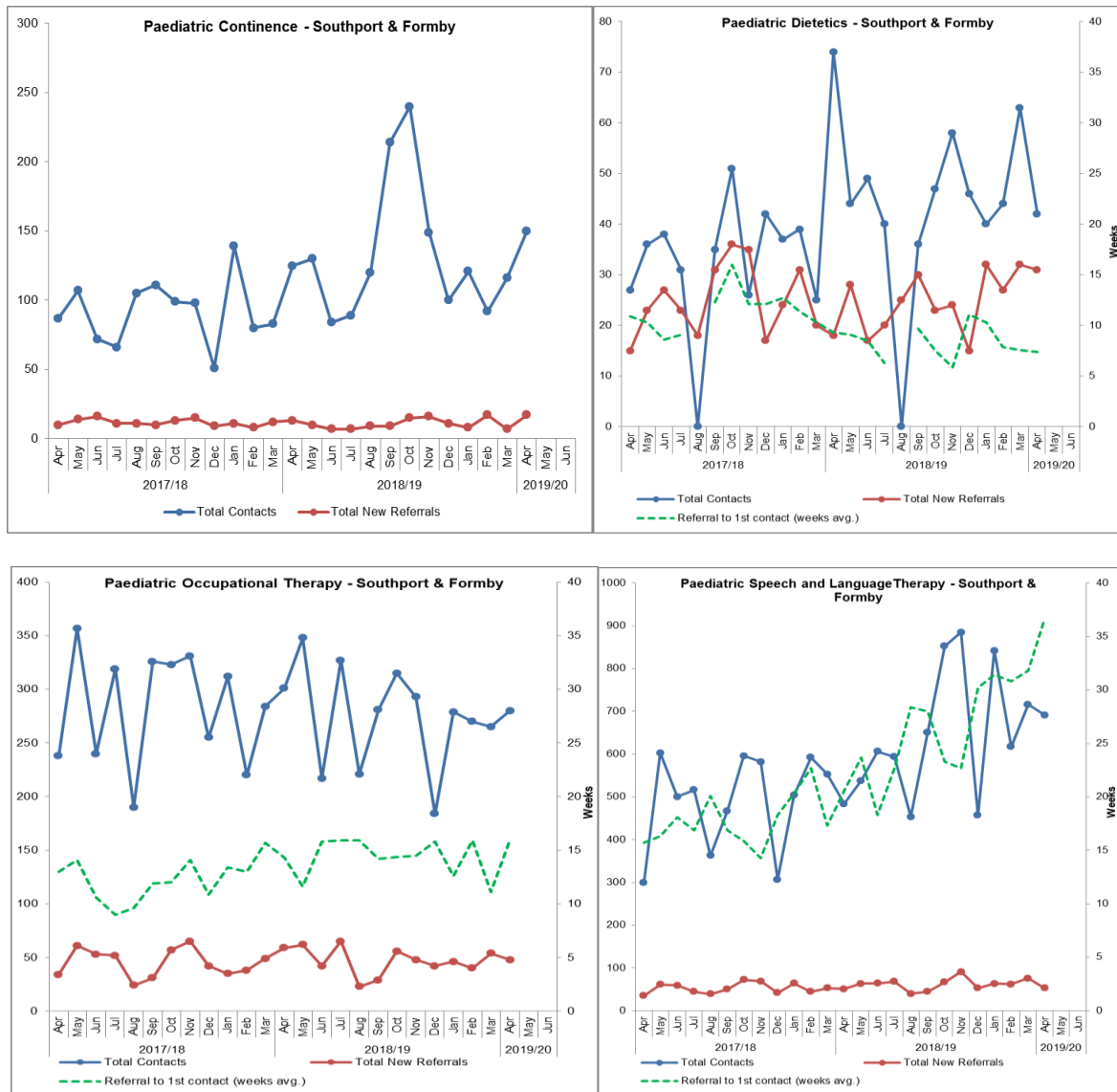
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	19/20 Total
Appointments	327	532	429	647	528	698	52	52
Cancellations	27	63	63	207	128	184	10	10
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	16.1%

Rag Ratings & Targets 19/20

DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

9.6 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

Figure 21 – 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 length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	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 A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. 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, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation 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 but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	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 of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 22 – BCF High Impact Change Model Assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	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 continues to progress 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 has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
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 monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
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 ongoing of impact alongside social work activity at weekend to move to more mature assessment.
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 implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across catchment.
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. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (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. This work will continue to be progressed in 19/20.

9.7 NHS England Monthly Activity Monitoring

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 1 performance and narrative detailed in the table below:

Figure 23 – Southport & Formby CCG’s Month 1 Submission to NHS England

Month 01	Month 01 Plan	Month 01 Actual	Month 01 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,434	2,478	1.8%	GP referrals decreased in month 1 to the previous month and were comparable to a current average and planned levels. However, an increase in Other referrals has been apparent and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that increases were evident in month across various providers. However, the total number of Other referrals were not outside of the statistical norm. Discussions regarding referrals are raised at the information sub group with the provider.
Other	2,158	2,739	26.9%	
Total (in month)	4,592	5,217	13.6%	
Variance against Plan YTD	4,592	5,217	13.6%	
Year on Year YTD Growth			9.9%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,590	3,728	3.8%	Although OPFA were higher than planned levels at month 1, appointments decreased from the previous month, were below a current average and within statistical thresholds. Overall outpatient activity is also within the 2% threshold at month 1. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Follow Up	8,533	8,595	0.7%	
Total Outpatient attendances (in month)	12,123	12,323	1.6%	
Variance against Plan YTD	12,123	12,323	1.6%	
Year on Year YTD Growth			7.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,461	1,477	1.1%	Elective day case admissions are within the 2% threshold against plan at month 1. However, elective ordinary admissions at the main hospital provider have decreased from the previous month across a number of specialities. The activity variances are minimal and total electives are within the expected ranges (within 1% of plan). CCG planned care leads also attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Elective Ordinary spells	205	173	-15.6%	
Total Elective spells (in month)	1,666	1,650	-1.0%	
Variance against Plan YTD	1,666	1,650	-1.0%	
Year on Year YTD Growth			2.5%	
Urgent & Emergency Care				
Type 1	3,655	3,825	4.7%	Local A&E monitoring has shown that the CCGs A&E activity has decreased in month 1 from a previously historical high in the last quarter of 1819 (focussed within the main hospital provider). Despite this, attendances remain above an average and above planned levels. However, total A&E activity in month 1 is comparable to plan with a small variance of -0.3%. 4hr performance at the main hospital provider has remained consistent with the previous month at 86.9%. 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			8.5%	
All types (in month)	4,398	4,383	-0.3%	
Variance against Plan YTD	4,398	4,383	-0.3%	
Year on Year YTD Growth			5.8%	
Total Non Elective spells (in month)	1,797	1,616	-10.1%	The CCGs main provider implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018 and plans have been rebased in 1920 to take this into account. Total non-electives are below plan in month and have now been below the current average for three consecutive months. However, it is not yet possible to confirm if this is statistically relevant and part of an on-going trend. As such, further analysis will be required.
Variance against Plan YTD	1,797	1,616	-10.1%	
Year on Year YTD Growth			31.2%	