



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

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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			
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	80%	81.9%	92.6%											
		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%	100.00%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R											
		Actual	3%	3.71%	5.2%											
		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%	
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G											
		Actual	92.998%	93.52%	92.79%											
		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%	
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G									G		
		Actual	0	0	0										0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Cancelled Operations</b>																
<a href="#">Number of Cancellations for non-clinical reasons who are treated within 28 days</a> 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	R										R	
		Actual	6	7	7										20	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

Metric	Reporting Level	2019-20													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G										G
		Actual	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

## Preventing People from Dying Prematurely

### Cancer Waiting Times

<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G										R	
		Actual	86.52%	93.34%	94.12%											91.31%
		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%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	51.61%	87.23%	96.67%											79.63%
		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%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	G										G	
		Actual	98.70%	97.18%	98.61%											98.18%
		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%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100.00%	100%	100%											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%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G										R	
		Actual	100.00%	95%	100%											98.33%
		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%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100.00%	100%	95.45%											98.21%
		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%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G										R	
		Actual	72.22%	80.56%	85.29%											79.25%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G										G	
		Actual	-	85.71%	100%											91.67%
		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%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-										-	
		Actual	86.36%	93.75%	60%											81.13%
		Target	85%	85%	85%											85%

#### Accident & Emergency

<b>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	84.26%	85.15%	85.73%											85.03%
		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

<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	14	13	4											31
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	3.7	3.1	1.0											
		Target	0	0	0											0



Metric	Reporting Level	2019-20												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

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

#### HCAI

<a href="#">Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R										R	
		YTD	1	1	1											1
		Target	0	0	0											0
<a href="#">Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R										G	
		YTD	2	4	8											8
		Target	3	5	7	9	11	14	16	19	22	25	28	30		30
<a href="#">Number of E Coli infections</a> Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R										R	
		YTD	14	25	39											39
		Target	9	18	27	39	48	57	66	75	83	91	100	109		109

### Enhancing Quality of Life for People with Long Term Conditions

#### Mental Health

<a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100%	100%	100%											100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

#### Episode of Psychosis

<a href="#">First episode of psychosis within two weeks of referral</a> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100.00%	100.00%	75%											92%
		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%

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### IAPT (Improving Access to Psychological Therapies)

<a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R										G	
		Actual	56.3%	48.9%	46.3%											50.5%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<a href="#">IAPT Access</a> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	1.06%	1.06%	0.90%											1.02%
		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%		
<a href="#">IAPT Waiting Times - 6 Week Waiters</a> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	96.30%	100%	99%											98.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
<a href="#">IAPT Waiting Times - 18 Week Waiters</a> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100%	100%	100%											100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

### Dementia

<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	75.39%	75.60%	68.3%											73.1%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	

Metric	Reporting Level	2019-20												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### Children and Young People with Eating Disorders

<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	95.24%											95.24%
		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%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	75%											75%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

### Wheelchairs

<a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G										G	
		Actual	100%											100%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

## 1. Executive Summary

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

### Planned Care

Year to date referrals are 6.8% higher than 2018/19 due to a 9.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital.

Overall, referrals to Southport Hospital have increased by 8% year to date at month 3. Increases have been evident across a number of specialities including General Medicine, Paediatrics, Ophthalmology and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in June recording 5.2%, a further decline on last month (3.71%). This is also above the CCGs improvement trajectory of 2.1% for June 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 5.3%, also a further decline on last month (4.14%). Therefore the Trust has also failed their improvement trajectory of 2% for June 2019.

For referral to treatment, Southport & Formby CCG had a total 9,331 patients waiting on an incomplete pathway in June 2019; 1,071 patients over plan but 36 patients less than in May 2019.

Southport & Ormskirk reported 7 cancelled operations in June 2019, showing no improvement on May.

For month 3 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

Southport & Ormskirk Trust has reported a response rate for inpatients of 11.8% in June 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 95% below the England average and the percentage who would not recommend remained at 2% in line with the England average.

### Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for June 2019 reached 87.88% for all types (87.33% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.1%. For type 1 A&E attendances, a performance of 80.81% was reported in June (79.78% YTD).

Southport & Ormskirk Trust reported 4, 12-hour breaches in June, breaching the zero tolerance threshold. This shows an improvement on last month when 12 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 NWS 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 52.9% in June; just 9 out of 17 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 2019/20, with a performance of 27.3% in June. Out of 22 patients just 6 achieved the target.

The CCG reported a total of 4 breaches of Mixed Sex Accommodation in June and has therefore breached the zero tolerance threshold. All 4 breaches were at Southport & Ormskirk NHS Trust.

The CCG had 1 case of MRSA in April 2019 and is therefore breaching the zero tolerance threshold year to date for 2019/20. 8 cases of C Difficile have been reported for the CCG year to date, just above the year to date target of 7.

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 June there were 14 cases against a plan of 9, bringing the year to date figure to 39 against a target of 27. Southport & Ormskirk Trust reported 26 cases in June. There are no targets set for Trusts at present.

Southport & Ormskirk Trust has reported a response rate for A&E of 3% in June 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 93% above the England average of 86% and the percentage who would not recommend increased to 6% but remains below the England average of 9%.

### **Mental Health**

In relation to eating disorders service, out of a potential 16 service users, 5 started treatment within 18 weeks; a performance of 31.3% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.9% in month 3, therefore failing to achieve the target. The recovery target was also failed with 46.3% against a 50% target.

For quarter 1 2019/20 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 95.24% (20/21) for routine and 75% (3/4) for urgent referrals.

### **Community Health Services**

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements.

### **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**

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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,

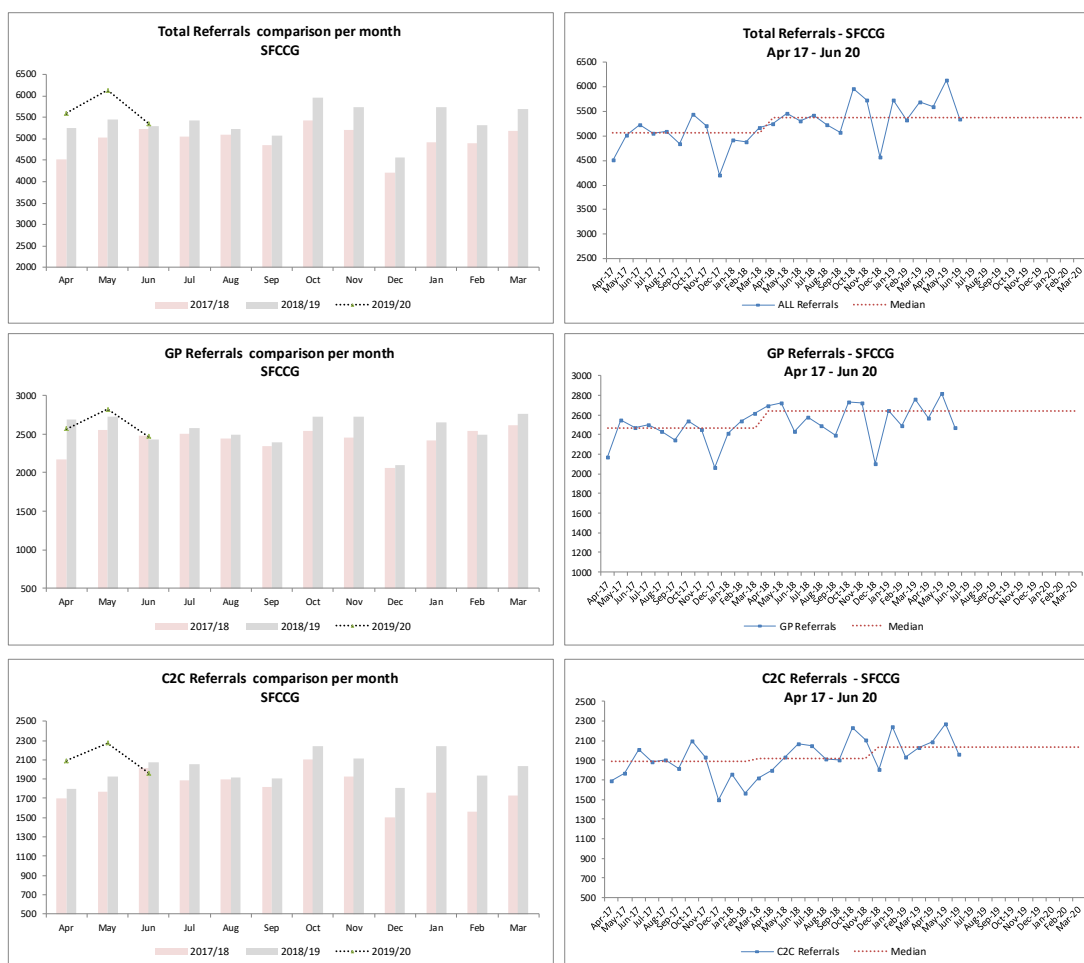
more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

## 2. Planned Care

### 2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	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	2694	2568	-126	-4.7%	1799	2089	290	16.1%	5247	5603	356	6.8%
May	2727	2823	96	3.5%	1929	2274	345	17.9%	5456	6138	682	12.5%
June	2429	2470	41	1.7%	2069	1964	-105	-5.1%	5305	5354	49	0.9%
July	2580				2054				5433			
August	2495				1914				5230			
September	2391				1907				5085			
October	2729				2237				5965			
November	2722				2111				5735			
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2620	57	2.2%	2004	2109	105	5.2%	5398	5698	300	5.6%
YTD Total Month 3	7850	7861	11	0.1%	5797	6327	530	9.1%	16008	17095	1087	6.8%
Annual/FOT	30763	31444	681	2.2%	24047	25308	1261	5.2%	64781	68380	3599	5.6%

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





## Data quality notes:

Royal Liverpool Hospital data for month 2 of 2019/20 is currently unavailable. As a result, monthly averages have been applied to totals.

## Month 3 summary:



- Trends show that the baseline median for total Southport & Formby CCG referrals has remained flat since April 2018. However, a recent increase is apparent.
- Year to date referrals are 6.8% higher than 2018/19 due to a 9.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital.
- Consultant-to-consultant referrals at Southport Hospital are 11.3% higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department to the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 16.6%.
- Overall, referrals to Southport Hospital have increased by 8% year to date at month 3. Increases have been evident across a number of specialities including General Medicine, Paediatrics, Ophthalmology and Trauma & Orthopaedics.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently comparable to the previous year. However, May-19 saw an historical peak for Southport & Formby CCG GP referrals.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 9.6% higher when compared to the previous year with Southport & Ormskirk and ISight making up the majority of this increase.

## 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	Mar-19	Apr-19	May-19	Jun-19		
		84.0%	80.0%	81.9%	92.6%		
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
<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. Southport &amp; Formby CCG is showing a performance of 92.6% for June a significant improvement on 81.9% 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> <p>In light of the issues in the national reporting of E-Rs utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. June data shows an overall performance of 97.7% for Southport &amp; Formby CCG, a further improvement on the previous month (88.2%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
<b>Actions to Address/Assurances:</b>							
<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 e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.</p>							
<b>When is performance expected to recover:</b>							
A recovery trajectory will be formulated after discussions with providers.							
<b>Quality:</b>							
<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"> <li>- A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee).</li> <li>- NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received).</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			



## 2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Mar-19	Apr-19	May-19	Jun-19		
		CCG	2.93%	3.00%	3.71%		
		S&O	2.67%	2.80%	4.14%	5.30%	
		National Target < 1% June's improvement plans CCG: 2.1% S&O: 2% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the less than 1% target for Diagnostics in June recording 5.2%, a further decline on last month (3.71%). This is also above the CCGs improvement trajectory of 2.1% for June 2019. Out of 2,562 patients, 137 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (52), Colonoscopy (25), CT (23) and MRI (18).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 5.3%, also a further decline on last month (4.14%). Therefore the Trust has also failed their improvement trajectory of 2% for June 2019. Out of 3,532 patients, 199 patients waited over 6 weeks, and 11 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (81), Colonoscopy (44), MRI (22) and Urodynamics (22).</p> <p>The Trust has significant workforce constraints within radiology and Endoscopy. The recent changes to the tax rebate has further impacted on the Trust, as it has up and down the country. The trust has improvement plans in place to address the issues however the fundamental issue is a necessary over-reliance on temporary workforce solutions.</p> <p>There are also diagnostic issues emanating from Liverpool Heart &amp; Chest which affect the CCG performance. In June, 7 Southport &amp; Formby CCG patients were waiting over 6 weeks for an MRI and 17 for a CT scan. 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>							
<b>Actions to Address/Assurances:</b>							
<p>The CCG has received action plans from S&amp;O trust detailing issues and mitigating actions for both endoscopy and radiology diagnostic services. These have been reviewed at the CCF with commissioners and have been escalated to the contract meeting with providers due to a lack of recovery plan detailed no assurance of improvement from the provider. However, S&amp;O indicated whilst recruitment and internal process redesign is being implemented (see below), the Trust will insource additional capacity for the next 6 weeks. The Trust has informed the CCG that they will be outsourcing to Renacres. The CCG are seeking to clarify the diagnostic procedures to be delivered, the numbers to be commissioned by the Trust, and a detailed plan for recovery based on this for a sustainable service. The CCG has also requested a detailed view of where the demand is coming from, internal v external, which will enable the CCG and Trust to work collaboratively on a sustainable service.</p> <p>Radiology - Recruitment to a number of posts linked to consultant radiology vacancy as well as admin managers post to ensure performance management of the service. Consultant rota review with 6 week advance view to ensure timely booking of patients. Internal management meetings held weekly to review rota and booking process. Reinstatement of weekly PTL meetings.</p> <p>Endoscopy - Workforce review to identify staffing requirements, review of staff allocations, rota's to ensure productivity. Training review of current staff to ensure competencies. Review of productivity and estates to ensure efficiency of service, reduction of cancellations and reduced WL.</p> <p>The Trust had indicated that performance would be back on track by August 2019. However, the CCG are yet to receive assurance that the outsourcing arrangements are in place to support this recovery. Escalation discussions were had in the CCG integrated performance group with an action for the Director of Strategy &amp; Outcomes to have a conversation with the Trust Chief Operating Officer, in order to provide clarity on the Trusts recovery trajectory.</p>							
<b>When is performance expected to recover:</b>							
<p>Recovery not forecast for 2019/20 as set out in the operational plans trajectory. Due to the issues outlined above an improved position in line with trajectory not assured by the provider in the coming months.</p> <p>The Trust has a month on month improvement trajectory for 2019/20. CCG requesting a revised plan to ensure performance is brought back in line with agreed trajectory.</p> <p>No recovery plan provided as yet by the provider. No assurance of recovery to trajectory over the coming months by provider. No assurance from the provider regarding improvement.</p> <p>Following Director level discussions, if a recovery plan alongside an improving trajectory is not received, or is not agreeable, the escalation policy will be adhered to and the issue will be escalated to CCF to consider a contract performance notice.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

## 2.3 Referral to Treatment Performance



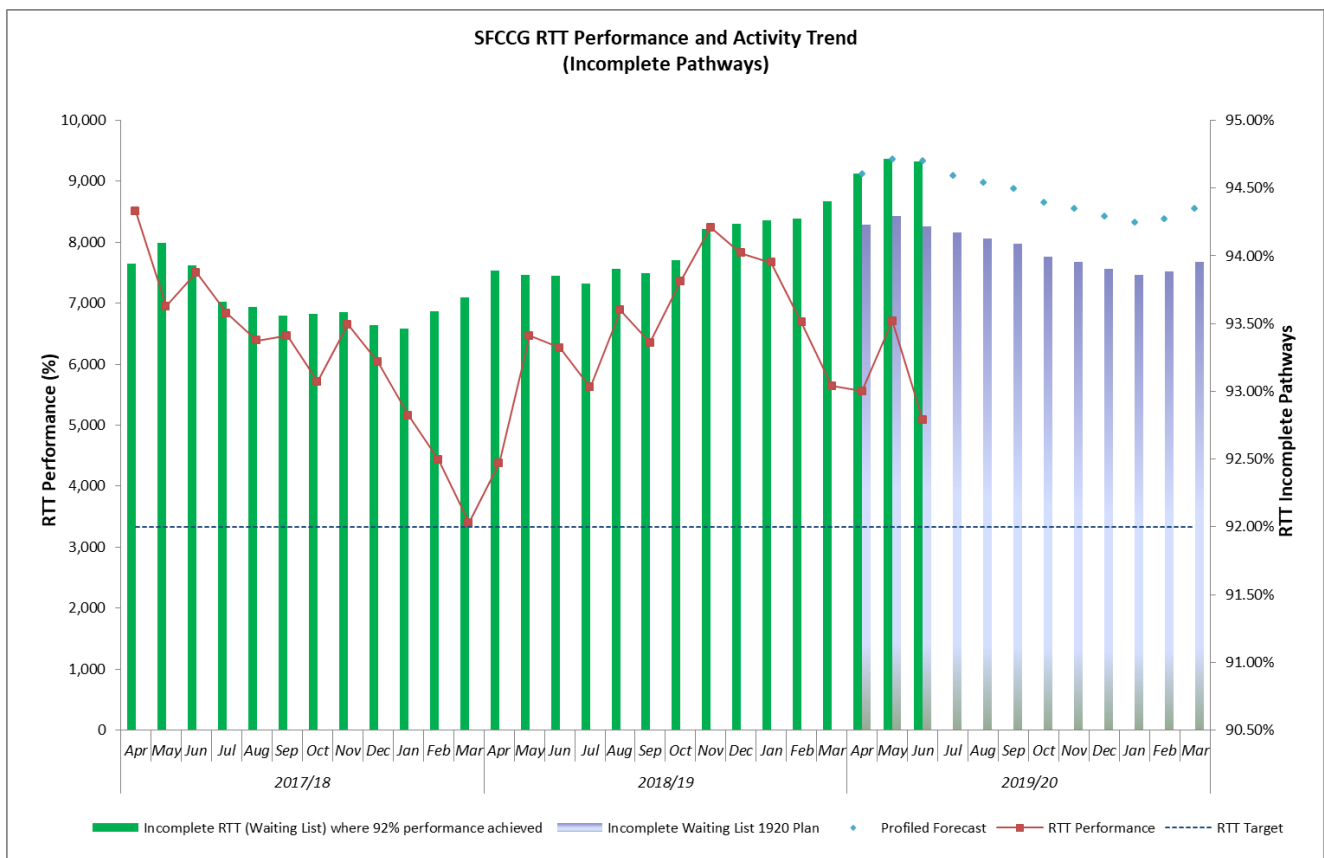
Indicator		Performance Summary				Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
GREEN	TREND	Mar-19	Apr-19	May-19	Jun-19		
		CCG	0	0	0		0
		S&O	0	0	0		0
Plan: Zero							
<b>Performance Overview/Issues:</b>							
The CCG has received confirmation that a Southport & Formby patient currently waiting for treatment in Gynaecology at Liverpool Women's will breach 52 weeks in July 2019. The patient cancelled 2 appointments and did not attend GP for diagnostic bloods. Subsequently the Trust sent 14-day letter on 3rd June. Patient was seen on 11th July but hadn't had required bloods. Consultant requested this be done before treatment is planned. GP unable to contact patient for bloods and reminder letter sent. Consultant follow up scheduled for 18th September.							
<b>Actions to Address/Assurances:</b>							
The Trust are looking to review their access policy to ensure a more robust adherence which will mitigate against further breaches.							
It was acknowledged on the NHS England performance call that this breach was not isolated. However, it was understood that there was a valid clinical explanation for the delay as the patient was on a specific clinical pathway.							
CCG planned care lead will liaise with lead commissioner, Liverpool CCG, to understand mitigating actions to reduce the likelihood of additional breaches.							
<b>When is performance expected to recover:</b>							
Performance is expected to recover in September provided that the patient receives treatment.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

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	9,367	9,331										9,331
Difference	838	933	1,071										1,653

Southport & Formby CCG had a total 9,331 patients waiting on an incomplete pathway in June 2019; 1,071 patients over plan but 36 patients less than in May 2019. The CCG has seen a 2380/24% increase in June 2019 compared to the same period in 2018/19 for incomplete pathways. S&O make up 18% of the increase with a provider increase of 2608/18%. In terms of the NHSE submitted plans, 2019/20 incomplete pathways is currently 2842/11% above plan.

The CCG met with Bill McCarthy (NHSE) with agreement that the CCG would provide a report that will provide detail as to why the target is artificially low and requires realignment.

### 2.3.1 Provider assurance for long waiters

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

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
Southport & Formby	Alder Hey	All Other	36 to 39	13 patients; community - capacity issues. Sent to service for dates.
Southport & Formby	ISIGHT	Ophthalmology	44	The provider has completed an Individual Funding Request (IFR) for this patient. The patient will now be called into clinic for discussion.
Southport & Formby	Liverpool Womens	Gynaecology	38 & 41	2 patients; No Trust Comments
Southport & Formby	Liverpool Womens	Gynaecology	49	<b>This patient will breach 52+ weeks in July 2019.</b> The patient cancelled 2 appointments and did not attend GP for diagnostic bloods. Subsequently the Trust sent 14-day letter on 3rd June. Patient was seen on 11th July but hadn't had required bloods. Consultant requested this be done before treatment is planned. GP unable to contact patient for bloods and reminder letter sent. Consultant follow up scheduled for 18th September.
Southport & Formby	Manchester University	Plastic Surgery	38	1 patient; No Trust Comments
Southport & Formby	Royal Liverpool & Broadgreen Hospital	General Surgery	38	Long Wait on Waiting List. No TCI Date
Southport & Formby	Southport & Ormskirk	Ophthalmology	37	Patient has DNA'd on 3 occasions. Provider has also cancelled 1 appointment. Patients outcome is unknown.
Southport & Formby	Wirral	Gynaecology	38	1 patient; No Trust Comments

The CCG had a total of 48 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 48 patients, 12 patients have been treated, 8 have TCI dates, 2 no longer required appointments and 21 unknown outcomes.

Alder Hey Trust has provided the following information in relation to their capacity issues:

- The Trust has recruited prescribing pharmacist who has been in post since beginning of May and has commenced their own clinics from July.
- Two additional nurse prescribers have completed their course through Edge Hill University and are awaiting results from this. They continue to spend a number of hours/clinics prescribing under direct supervision and it is hoped that they will be able to work independently from September/October 2019. A further two more are expected to start their training in September with Liverpool University and they will follow the same path, with course finishing January 2020.
- Due to 4 members of staff being on long term sick leave and two on staff training the Trust has been hampered in ability to provide additional capacity since December. Two members of staff have now returned from long term sick leave which should see an increase in capacity.



Liverpool Women's Hospital has provided the following assurance in relation to long waiters:

Focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in February & March have affected the position. This was further impacted upon by one locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 to address this shortfall. This is anticipated to

improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.



## 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	Mar-19	Apr-19	May-19	Jun-19	
		13	6	7	7	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk reported 7 cancelled operations in June 2019, showing no improvement on May. 3 were cancelled due to lack of beds, 2 were due to a list overrun, 2 were due to gynaecology emergencies. In 2018/19 the Trust reported a total of 100 breaches. Primary issues relate to anaesthetic rotas with an expectation that a business case will go to Trust Exec for additional resource.						
<b>Actions to Address/Assurances:</b>						
The CCG requested a recovery plan via the CCQRM.						
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.						
The Trust has informed the CCG that data from a 6 week review of on the day cancellations is currently being analysed for trends as part of the Theatre Utilisation Improvement Programme						
<b>When is performance expected to recover:</b>						
This performance indicator was discussed at the CCG integrated performance group and it was decided that this issue requires further escalation to both the CCQRM and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days, and an improvement plan/trajectory to mitigate against further cancellations. The CCG have yet to receive a recovery plan as previously requested.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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					Linked to 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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG	93.13%	86.52%	93.34%	94.12%		
		S&O	97.55%	94.30%	95.03%	94.80%	94.74%	
		Plan: 93%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the two week standard in June 2019 but failed year to date with 91.31%. In June 2019, 32 patients breached the target out of a total 544 treated.								
<b>Actions to Address/Assurances:</b>								
Breast services dominate the underperformance against this standard. Improvements at Aintree have resulted in achievement of the 2ww standard this month. Skin services at Southport and Ormskirk received the highest number of 2 week referrals ever this month. All 431 patients were accommodated								
<b>When is performance expected to recover:</b>								
July 2019.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey			Graeme Allen			Sarah McGrath		



### 2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					IAF	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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		65.85%	51.61%	87.23%	96.67%	79.63%		
		Plan: 93% Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.						
<b>Performance Overview/Issues:</b>								
The CCG achieved the two week wait target for patients with breast symptoms in June 2019 with 96.67% but failed year to date with 79.63%. Year to date there have been 22 breaches from a total of 108 patients treated. All breaches were at Aintree.								
<b>Actions to Address/Assurances:</b>								
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 has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. However there are pressures within other local services, specifically St Helens and Knowsley NHS Trust breast services which may result in increased demand at Aintree.								
<b>When is performance expected to recover:</b>								
July 2019.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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		Mar-19	Apr-19	May-19	Jun-19	YTD	
		CCG	85.71%	72.22%	80.56%	85.29%	79.25%	
		S&O	81.16%	69.62%	75.29%	78.02%	74.51%	
		Plan: 85% Trust's June improvement plan: 89.16%						
<b>Performance Overview/Issues:</b>								
<p>The CCG achieved the 85% target with 85.29% in June 2019 but is still failing year to date with 79.25%. Year to date, 22 breaches have been reported from a total of 106 patients seen.</p> <p>Southport &amp; Ormskirk Trust failed the target in June with a performance of 78.02% (although this is an improvement) and YTD with 74.51%. This is also below the Trust's agreed improvement plan for May of 89.16%. In June, there were the equivalent of 10 breaches from a total of 45.5 apportioned patients. Reasons for delays were due to inadequate elective capacity (1), patient choice (2), health care provider initiated delay (3) and other (5). Tumour groups which failed the operational standard were colorectal and urology. Lung achieved 100% compliance.</p>								
<b>Actions to Address/Assurances:</b>								
<p>The CCG raised performance issues at the recent Information sub group with the provider and have asked for further information on the reasons for variable performance and a lack of an improvement trajectory.</p> <p>The Trust have noted that all patients are proactively tracked and drift from plan that there should never be more than 7 days between interventions is escalated at weekly performance meetings.</p> <p><u>Trust Actions</u></p> <ul style="list-style-type: none"> <li>- Trust have appointed to a project lead for cancer performance improvement from Cancer Alliance monies.</li> <li>- There has also been recruitment to some radiology posts with 3 further posts having job plans approved by Mersey Deanery</li> <li>- a RAS has been established for gastro enterology which will ensure better use of capacity for straight to test and clinic appointments</li> <li>- better tracking from day zero on the pathways is now possible through better links between Medway and Somerset Cancer Registry</li> <li>- The Trust has contracted an external provider- "Your World" to undertake 35 additional endoscopy lists</li> </ul>								
<b>When is performance expected to recover:</b>								
Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG	0 Patients	0 Patients	85.71%	100%	91.67%	
		S&O	0 Patients	0%	50%	0 Patients	16.67%	
Target: 90%								
<b>Performance Overview/Issues:</b>								
Southport & Ormskirk Trust did not treat any patients under this pathway in June 2019. However they are failing year to date with 16.67% due to the equivalent of 2 breaches reported in April 2019 and 0.5 in May 2019.								
<b>Actions to Address/Assurances:</b>								
Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.								
NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance.								
<b>When is performance expected to recover:</b>								
Small numbers (typically fewer than 3 patients per month) in the target cohort means that there can be volatile performance against this standard which makes prediction difficult.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



## 2.5.5 - 62 Day Consultant Decision to Upgrade Patients Priority

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following consultants decision to upgrade patients priority		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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG	66.67%	86.36%	93.75%	60%	81.13%	
		S&O	80.65%	91.49%	90.32%	73.17%	84.87%	
Local Target: 85%								
<b>Performance Overview/Issues:</b>								
The CCG failed to achieve the 85% target in June 2019 reporting 60%; 6 patients breached the target out of a total 15. Two patients were for admitted care and 4 for non admitted care. Reasons for delays were 'other' (5) and complex diagnostic pathway (1). Year to date performance is currently at 81.13%.								
Southport & Ormskirk also failed the 85% target in June 2019 with a performance of 73.17%; the equivalent of 5.5 breaches out of a total 20.5 seen. The majority of breaches were due to an 'other' reason, and 1 was due to a complex diagnostic pathway. Year to date performance is currently 84.87%.								
<b>Actions to Address/Assurances:</b>								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Mar-19	Apr-19	May-19	Jun-19	
		5	1	2	2	
Plan: No plan						
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Trust had 2 patients waiting over 104 days in June 2019. Both patients were Urological patients, with reasons due to health care provider initiated delay and 'other'. The longest waiting patient was at 114 days with their first treatment being at the Royal Liverpool Hospital.						
<b>Actions to Address/Assurances:</b>						
Southport and Formby CCG expects to receive Root Cause analyses for these pathways.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Graeme Allan		Sarah McGrath		

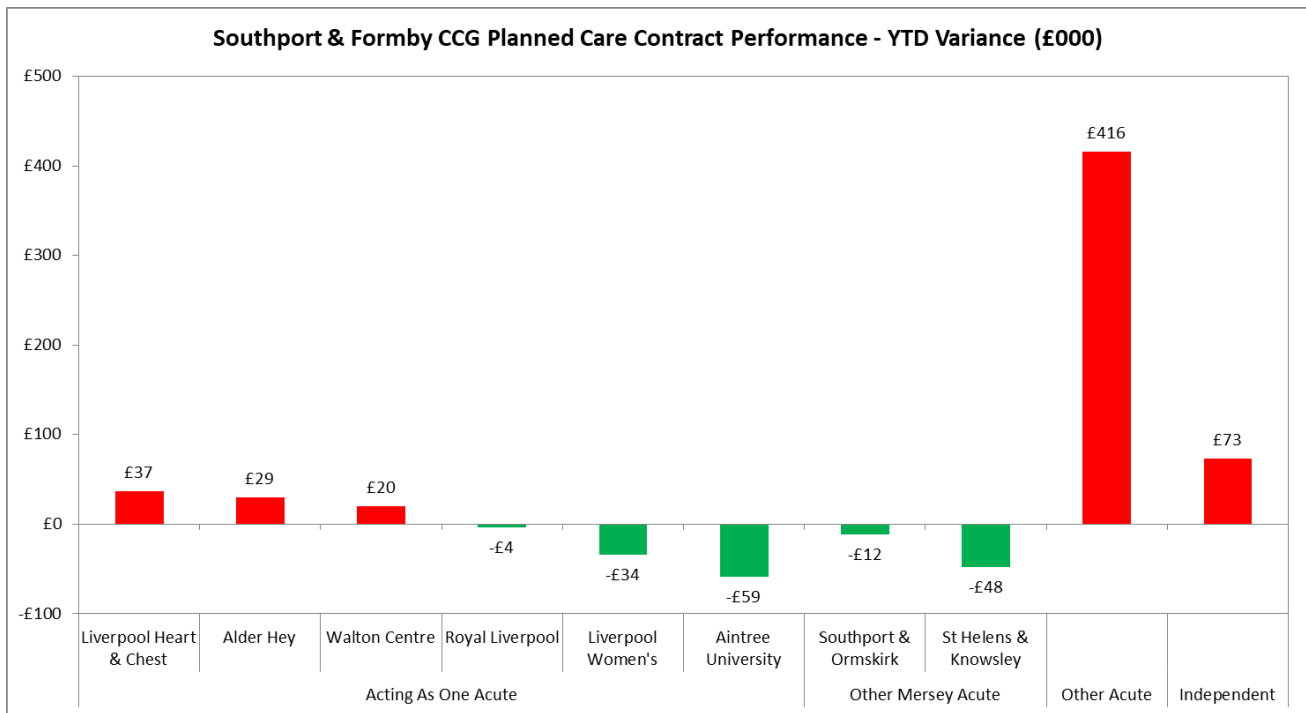
## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: Inpatients		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		RR	15.0%	12.3%	13.6%		11.8%
		% Rec	96.0%	95.0%	96%		95%
		% Not Rec	1.0%	3.0%	2%	2%	
June 2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%							
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for inpatients of 11.8% in June 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 95% below the England average and the percentage who would not recommend remained at 2% in line with the England average.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
See actions.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			



## 2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 3 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £419k/4.4%. 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 £429k/4.5%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 3 with a variance of £274k/105%. This is followed by Renacres Hospital with an over performance of £88k/9%.

At speciality level, Trauma & Orthopaedics represents the highest over performance for Southport & Formby CCG at month 3. The majority of this over performance is related to activity at Wrightington, Wigan and Leigh. Activity market share for this particular provider has increased from 14% to 16% when comparing 2019/20 to the equivalent period of 2018/19. Wrightington, Wigan and Leigh also represent 26% of all Trauma & Orthopaedic costs within planned care, which is an increase of 8% when comparing to the previous year.

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

## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	2,765	2,695	-70	-3%	£1,435	£1,419	£-16	-1%
Elective	329	258	-71	-22%	£924	£748	£-177	-19%
Elective Excess BedDays	60	112	52	87%	£16	£30	£14	86%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	321	224	-97	-30%	£63	£47	£-15	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	3,553	3,905	352	10%	£624	£682	£58	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	713	225	-488	-68%	£72	£26	£-46	-63%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,930	11,043	1,113	11%	£849	£975	£126	15%
Outpatient Procedure	5,799	6,712	913	16%	£789	£911	£122	15%
Unbundled Diagnostics	4,990	2,546	-2,444	-49%	£326	£249	£-77	-24%
<b>Grand Total</b>	<b>28,460</b>	<b>27,720</b>	<b>-740</b>	<b>-3%</b>	<b>£5,098</b>	<b>£5,087</b>	<b>£-12</b>	<b>0%</b>

\*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Southport & Formby CCG referrals to Southport Hospital are currently 8% higher than 2018/19 levels and analysis has established that notable increases have been evident for Trauma & Orthopaedics and Gynaecology. Each of these specialities are currently seeing an over performance for outpatient first attendances.

Outpatient follow up over performance is driven by clinical haematology appointments with an over performance of £68k/40% evident at month 3. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

Initial Trust feedback regarding planned care performance suggests that vacancies within T&O have been filled allowing for greater outpatient capacity but due to theatre staff shortages and bed pressures, the provider hasn't yet been able to convert this into increased day case and elective work.

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 7 - Planned Care – Wrightington, Wigan and Leigh Hospital

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	5	7	2	32%	£1	£1	£0	33%
Daycase	41	62	21	50%	£55	£54	-£1	-2%
Elective	26	63	37	142%	£149	£389	£241	162%
Elective Excess BedDays	7	8	1	10%	£2	£2	£0	16%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	19	28	9	51%	£1	£2	£1	57%
OPFASPCL - Outpatient first attendance single professional consultant led	97	165	68	71%	£13	£24	£11	82%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	27	48	21	77%	£2	£4	£2	131%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	37	132	95	257%	£1	£3	£3	291%
OPFUPSPCL - Outpatient follow up single professional consultant led	360	509	149	41%	£22	£32	£11	49%
Outpatient Procedure	66	109	43	66%	£9	£16	£7	80%
Unbundled Diagnostics	69	95	26	38%	£8	£9	£0	4%
<b>Grand Total</b>	<b>754</b>	<b>1,226</b>	<b>472</b>	<b>63%</b>	<b>£262</b>	<b>£537</b>	<b>£274</b>	<b>105%</b>

Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality and elective procedures. 'Very Major Knee Procedures for Non-Trauma with CC Score 2-3' currently accounts for £90k of the over performance reported within the elective point of delivery.

The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place including comparison of GP referred activity to Wrightington, Wigan and Leigh to the Choice Team reports which detail onward secondary referral from MCAS.

## 2.7.3 Renacres Hospital



Figure 8 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	366	461	96	26%	£355	£436	£82	23%
Elective	60	62	2	4%	£288	£266	-£22	-8%
OPFASPCL - Outpatient first attendance single professional consultant led	633	714	81	13%	£109	£122	£13	12%
OPFUPNFTF - Outpatient follow up non face to face	2	0	-2	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	833	960	127	15%	£61	£70	£9	15%
Outpatient Procedure	883	552	-331	-38%	£113	£94	-£19	-17%
Unbundled Diagnostics	278	329	51	18%	£24	£32	£8	34%
Physio	415	419	4	1%	£13	£13	£0	1%
Outpatient Pre-op	0	292	292	0%	£0	£18	£18	0%
<b>Grand Total</b>	<b>3,469</b>	<b>3,789</b>	<b>320</b>	<b>9%</b>	<b>£962</b>	<b>£1,050</b>	<b>£88</b>	<b>9%</b>

Renacres over performance is evident across the majority of planned care points of delivery. Day case procedures account for the majority of the overall variance against plan. Over performance is also apparent against a number of specialities within this point of delivery.

Outpatient first appointments are showing a 13% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 4% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as ENT, Pain Management and Trauma & Orthopaedics.



## 2.8 Personal Health Budgets (PHBs)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Latest and previous 3 quarters				105b	
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		21	24	32	78		
<b>Performance Overview/Issues:</b>							
In quarter 1 2019/20 a total of 47 new PHBs were reported, bringing the cumulative total to 78 against a plan of 84. This equates to a rate of 62.63 per 100,000 population compared to the plan of 67.45. This is under the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• <b>Adults:</b> Target missed by 8. CCG have commissioned Sefton Carers Centre to provide 3rd party support services to potential PHB clients as a 12 month pilot, which was initiated in Q1 19/20. Implementation group has been set up with all stakeholders to support development. Sefton Carers Centre as planning to support publicity in relation to PHBs via article in local paper to promote the public understanding and uptake of PHBs. There are a number of events planned in Q3 to support engagement with the 3rd sector, and engagement and training offer to community NHS providers with the support of CHC and Sefton Carers Centre. PHBs is a standing agenda at the CCG CHC and operational programme board.</li> <li>• <b>Children Continuing Care:</b> Currently the CCG is unable to progress the offer. There are small numbers of children who meet CC funding which in the majority of cases receive tripartite funding. There is additional complexity with the CCG commissioning Alder Hey Children's Hospital to provide domiciliary care services as part of this offer. Currently a lack of capacity and resource across the CCG Quality and Commissioning to develop this offer at this stage.</li> <li>• <b>Wheelchairs:</b> There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2020 / 2021 plans.</li> <li>• <b>Mental Health S117:</b> There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.</li> </ul>							
<b>When is performance expected to recover:</b>							
End of Quarter 1 of 2020/21.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Tracey Forshaw		Tracy Forshaw			



### 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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		All Types	84.09%	84.23%	85.15%	85.73%	85.03%	
		Type 1	77.72%	69.10%	79.49%	80.52%	79.40%	
		National Standard: 95%						
<b>Performance Overview/Issues:</b>								
Southport & Formby CCG's performance against the 4-hour target for June 2019 reached 85.73% for all types (85.03% YTD), and 80.52% for type 1 (79.4% YTD), both of which are significantly below the national standard of 95%.								
<b>Actions to Address/Assurances:</b>								
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 the Trust is 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.								
<b>When is performance expected to recover:</b>								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for June 2019 is 90.1%.								
<b>Quality:</b>								
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								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Mar-19	Apr-19	May-19	Jun-19	YTD		
		All Types	86.77%	86.93%	87.20%	87.88%		87.33%
		Type 1	77.90%	78.59%	79.95%	80.81%		79.78%
National Standard: 95% June's improvement plan: 90.1% Yellow denotes achieving improvement plan but not national standard of 95%								

**Performance Overview/Issues:**  
 Southport & Ormskirk's performance against the 4-hour target for June 2019 reached 87.88% for all types (87.33% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.1%. For type 1 a performance of 80.81% was reported in June (79.78% YTD).

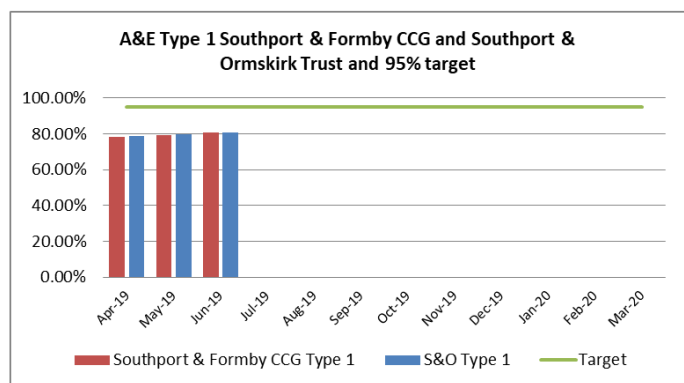
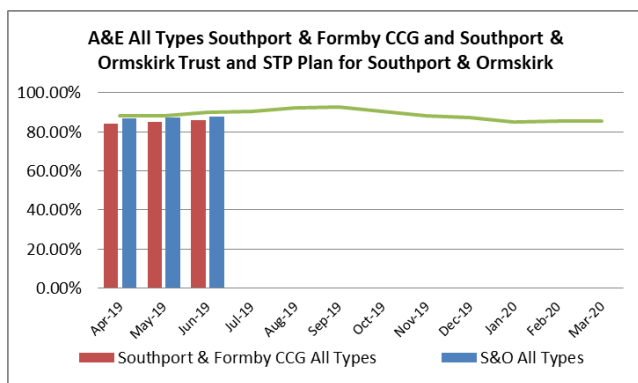
**Actions to Address/Assurances:**  
 The Trust has reported that performance against the 4-hour target for June remains relatively stable. The Southport site saw a 7.6% increase in attendances (365 patients) compared to last June, with an 11.4% increase in patients classed as majors category (410 patients). There were an additional 113 admissions via ED, and a 7% drop in performance on the Southport site. Medical Staffing pressures in ED remain a challenge with gaps at Tier 1 and Tier 2 level, and 15% of 4-hour breaches in June were attributed to ED delays. Late and night shifts remain vulnerable to surges in attendance and minimal opportunity to flex staffing levels to respond.

**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 June 2019 is 90.1%. Performance is expected to improve during quarter 2.



**Quality:**  
 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



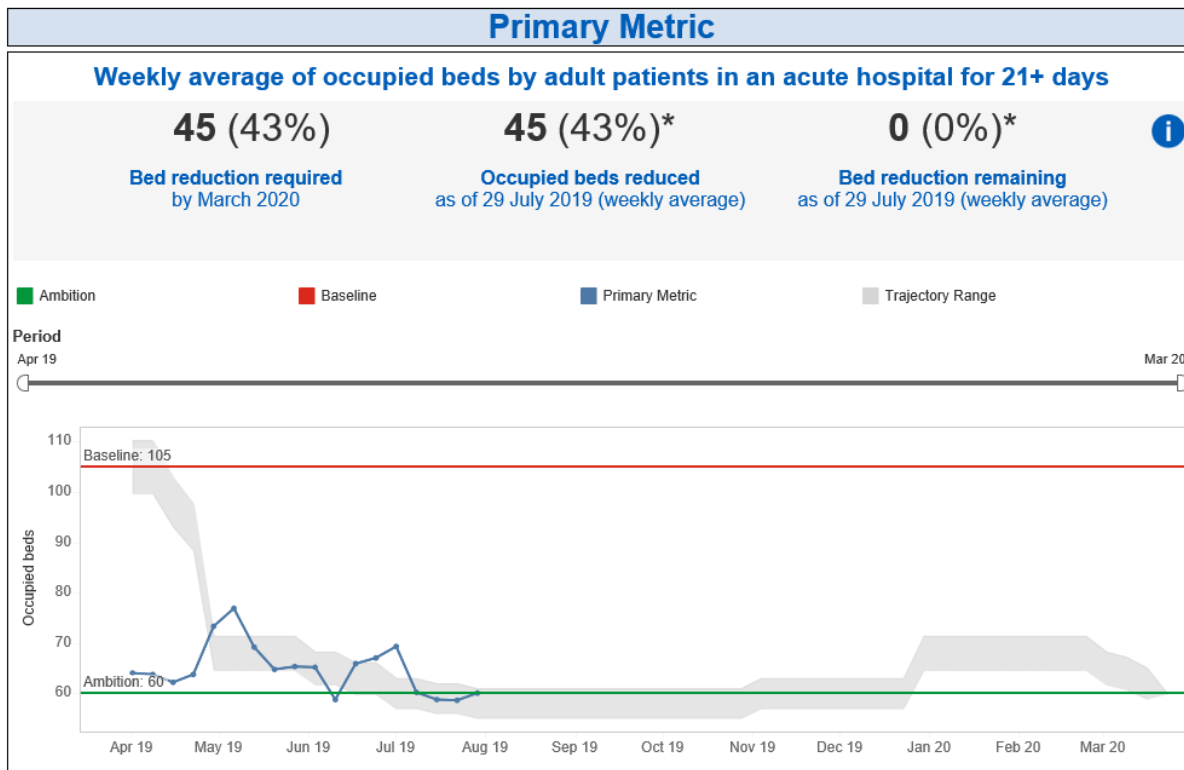
### 3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

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	Mar-19	Apr-19	May-19	Jun-19		
		2	10	12	4		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust reported 4, 12-hour breaches in June, breaching the zero tolerance threshold. This shows an improvement on last month when 12 breaches were reported.							
<b>Actions to Address/Assurances:</b>							
There were 4 reportable 12 hour breaches in June, a significantly lower number than the last two months. However the trajectory has not been met. All 4 occurred on the same morning following an extremely challenging weekend with a high volume of majors category attendances and below average discharges. All escalation areas were opened, in addition to boarding across a number of wards, but there were still 13 patients who were bedded overnight Sunday into Monday, with 2 requiring side rooms. Workstream 2 of the patient flow improvement programme is key to driving early discharges.							
<b>When is performance expected to recover:</b>							
As expected, 12 hour breaches have reduced in June, and the trust have initiated an internal improvement plan concentrating on internal flow and processes as part of the ongoing internal quality improvement work. The CCG continue to review all 48 hour timelines and RCA's with NHSE and feedback to the trust any areas of concern with patient quality and safety, as per policy.							
<b>Quality:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

### 3.2 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.

**Figure 9 – Occupied Bed Days, Southport & Ormskirk Hospitals**





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 41 (39%) by March 2020; therefore the target is 64 or less. The Trust is currently achieving this target as the latest reporting as at 29th July 2019 (weekly average) shows 60 occupied beds. This shows a reduction of 45 beds in line with the ambition for March 2020.



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					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly	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.
<b>RED</b>	<b>TREND</b>	Category	Target	Apr-19	May-19	Jun-19		
		Cat 1 mean	<=7 mins	00:08:31	00:07:04	00:06:53		
		Cat 1 90th Percentile	<=15 mins	00:18:45	00:13:34	00:12:41		
		Cat 2 mean	<=18 mins	00:25:16	00:21:44	00:26:59		
		Cat 2 90th Percentile	<=40 mins	01:00:34	00:49:13	01:00:18		
		Cat 3 90th Percentile	<=120 mins	02:33:10	01:55:09	02:19:42		
Cat 4 90th Percentile	<=180 mins	03:49:34	03:27:03	03:07:51				
<b>Performance Overview/Issues:</b>								
<p>In June 2019 there was an average response time in Southport and Formby of 6 minutes 53 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 26 minutes and 59 seconds against a target of 18 minutes. The CCG also failed the category 3 &amp; 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&amp;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&amp;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>								
<b>Actions to Address/Assurances:</b>								
<u>Trust Actions</u>								
<p>Whilst ambulance handovers within 15 minutes remain a challenge, there was a significant improvement compared to June 2018. June was a challenging month with high attendances, particularly majors category, which impacted on flow across the department. NWS Management team attended the site on 2 July 2019 to review handover processes, however attendances were lower than expected, so the exercise is to be repeated. Considerable efforts remain ongoing to keep handovers completed over 30 minutes to an absolute minimum.</p>								
<u>CCG Actions</u>								
<p>Throughout 2018/19 and into 2019/20, 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 &amp; treat and see &amp; 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>								
<b>When is performance expected to recover:</b>								
<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>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Indicator	Apr-19	May-19	Jun-19		
		(a) 30-60 mins	231	138	104		
		(b) 60+ mins	69	18	28		
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk reported an improvement in ambulance handover times in June 2019. Handovers between 30 and 60 minutes decreased from 138 to 104. However those over 60 minutes increased from 18 to 28.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions</u> Whilst ambulance handovers within 15 minutes remain a challenge, there was a significant improvement compared to June 2018. June was a challenging month with high attendances, particularly majors category, which impacted on flow across the department. NWS Management team attended the site on 2 July 2019 to review handover processes, however attendances were lower than expected, so the exercise is to be repeated. Considerable efforts remain ongoing to keep handovers completed over 30 minutes to an absolute minimum.							
<b>When is performance expected to recover:</b>							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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
<b>Southport &amp; Ormskirk: Stroke &amp; TIA</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Mar-19	Apr-19	May-19	Jun-19		
		a) 42.90%	65.70%	64.90%	52.90%		
		b) -	8.70%	25%	27.30%		
		Stroke Plan: 80% TIA Plan: 60% <b>There have been issues with the reporting of TIA</b>					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 52.9% in June; just 9 out of 17 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 2019/20, with a performance of 27.3% in June. Out of 22 patients just 6 achieved the target.							
<b>Actions to Address/Assurances:</b>							
<u>Stroke - Trust Actions</u> 1. Clinical and Operational Teams have enhanced focus in ensuring Stroke Beds (2) protected at all times to ensure a timely transfer from AED and patients not admitted to outlier ward to await ASU bed - monitored with daily breach report by Stroke Nurses and bed/site meetings, which take place 3 x day. If protected Stroke Bed required to be used by non-Stroke patient agreement required by 1st on-call. 2. Non-stroke patients admitted to ASU should be patients with an expected short inpatient stay and non-infective patients - to ensure patient flow maintained on ASU 3. Patients appropriate for transfer to Rehab Ward (Stroke and non-stroke) identified daily on board round and bed manager updated - to improve patient flow on ASU 4. Non-stroke outliers on ASU, fit to be transferred to appropriate Medical/Surgical ward identified daily on ASU and bed manager updated - to improve patient flow on ASU 5. Recruitment underway for ESD service for Sefton patients and aiming to commence a 5/7 service by mid-August - to improve patient flow on ASU 6. Substantive Stroke Consultant returned to full-time working and long-term Locum Stroke Consultant in post							
<u>TIA</u> Work has been continuing on improving data collection and processing. The Trust has informed that they've made further improvements to the way they separate out Follow Up activity.  This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.							
<b>When is performance expected to recover:</b>							
Quarter 2 2019/20							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan		Sharon Forrester			



### 3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mixed Sex Accommodation (MSA)</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>		Mar-19	Apr-19	May-19		Jun-19
		CCG	15	14	13		4
		S&O	37	32	37		14
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has reported a total of 4 breaches in June and has therefore breached the zero tolerance threshold. All 4 breaches were at Southport & Ormskirk NHS Trust.							
In June the Trust had 14 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 14 breaches, 4 were for Southport & Formby CCG, 7 for West Lancashire CCG and 3 for Wigan Borough CCG.							
<b>Actions to Address/Assurances:</b>							
Southport & Ormskirk Trust has seen significant improvement in month likely to be due to the reduction of patients fit to step down from critical care. All delays are datixed by critical care. There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependant on the overall Trust position. The Critical Care Manager now attends the 13:30 bed meeting daily.							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



### 3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
<b>RED</b>	<b>TREND</b>		Mar-19	Apr-19	May-19		Jun-19
		CCG	2	1	1		1
		Trust	0	0	0		0
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had one case of MSRA in April 2019 and has therefore breached the zero tolerance threshold for 2019/20.							
<b>Actions to Address/Assurances:</b>							
No further cases of MRSA bacteraemia							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Final report through the quality schedule with the IPC rep to attend and report to CQPG annually							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					
RED	TREND		Mar-19	Apr-19	May-19	Jun-19	
		CCG	28	2	4	8	
		Trust	12	4	6	10	
		CCG YTD Threshold: 7 (30 year-end) Trust YTD Threshold: 6 (16 year-end)					
<b>Performance Overview/Issues:</b>							
The CCG has reported above the year to date threshold of 7 in June 2019, with a total of 8 cases of C.Difficile. Southport & Ormskirk Trust has also breached the YTD target of 6, with a cumulative position of 10 at month 3. In month 3, a total of 4 cases were reported by the Trust; 1 community onset and 3 hospital onset.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Comments</u> In June the Trust had 3 hospital onset cases. One case on ward 14B where patient had 1 Bristol stool type 6 stool followed the next day by a type 4 stool. 2 cases on ward 7A; 1st patient Tx'd for urosepsis and also constipation and therefore had aperients. Minor diarrhoea symptoms, however sample obtained and tested C diff pos. 2nd case on 7A was in the same bay as the 1st and had risk factors for C diff (Tx'd with Abx for biliary sepsis, also had CA bowel and on long term PPI).							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control (IPC) rep to attend and report to CQPG annually							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND		Mar-19	Apr-19	May-19	Jun-19	
		CCG	142	14	25	39	
		Trust	228	22	40	66	
		Plan: 109 Year-End for the CCG No Trust plan					
<b>Performance Overview/Issues:</b>							
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 June there were 14 new cases against a plan of 9, bringing the year to date figure to 39 against a YTD target of 27. Southport & Ormskirk Trust reported 26 new cases in June but zero acquired through the hospital (66 YTD). There are no targets set for Trusts at present.							
<b>Actions to Address/Assurances:</b>							
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with further work with Public Health England around E.coli who have asked the sustainability and transformation partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. A Single Issue Quality Surveillance Group (SIQSG) is also taking place on the 3rd September with CCG and AMR leads invited. At the next GNBSI meeting further discussion on the potential to visit Leeds CCG as they have brought the numbers of those with E.coli down.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to Joint Quality Performance Committee							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.6 Hospital Mortality

**Figure 10 - Hospital Mortality**

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	February 2019	100	101.5	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	111.10	↓

The steady improvement towards target continues for another month, with another significant reduction to 101.5 in February. This is again the lowest recorded in recent history. This figure is expected to improve in line with the monthly HSMR as the figures average out over time. This is being driven by improved flow (as HSMR includes in-hospital death only) and improved recognition of co-morbidity. The key to this metric is the rate of change as opposed to the absolute value. Whilst the target on the graph is 100, performance is assessed more on confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with our peers, hence the 'green' status, as monthly HSMR continue to improve.

Continued gradual improvement again for SHMI as Trust predicted. As the SHMI is released quarterly, the narrative for this aspect is similar to the previous month. The general trend is one of improvement. The drivers for this are improvements to patient flow and improved depth of coding of comorbidity (accurate representation of the health of the population treated). The persistently lower than average crude death rate in this context also suggests either an improvement in care or earlier discharge with death occurring in the community, or both. As SHMI includes deaths within 30 days of discharge this aspect should be controlled for in subsequent releases.

Whilst the target is 100, performance is assessed more on confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with our peers, hence the 'green' status, as performance continues to improve.

### 3.6 CCG Serious Incident Management

#### CCG SI Improvement Action Plan 2019/10

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 to further enhance the SI process and obtain the necessary assurances from our Providers. This was presented at Joint Quality and Performance Committee in July 2019 and will continue to be monitored on a monthly basis. The plan includes the following key areas of improvement:

- Enhance the current CCG systems and processes to ensure appropriate assurances are gained from providers following the reporting and investigation of serious incidents
- Utilise Datix module to capture trends and themes following CCG assurance review of SI RCAs.
- Establish effective methods for capturing and distributing lessons learnt following SI investigations.
- Ensure all SIRG panel members and other appropriate CCG staff undertake RCA training.
- Enhance current CCG systems and processes to ensure provider compliance is maintained in relation to reporting an SI within the 48 hour timescale.
- Revise the current Terms of Reference for the CCGs Serious Incident Review Group (SIRG), to ensure appropriate quoracy is maintained and supported.

There are 53 incidents open on StEIS (an increase from 50 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 11 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients**

Trust	SIs Reported (M3)	SIs Reported (YTD)	Closed SIs (M3)	Closed SIs (YTD)	Open SIs (M3)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	5	14	5	20	30	11
Lancashire Care NHS Foundation Trust	3	5	0	1	8	1
NHS Southport & Formby CCG	0	1	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	0	5	2	5	7	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
Bridgewater Community Trust	0	0	0	0	1	0
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
<b>Total</b>	<b>8</b>	<b>25</b>	<b>7</b>	<b>26</b>	<b>53</b>	<b>18</b>

There are 11 SIs open > 100 days for Southport and Ormskirk Hospital (S&O), down from 12 SIs open >100 days for Month 1. The following applies at the time of writing this report:

- 4 have been reviewed and are now closed
- 2 have 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
- 3 RCA has been reviewed at SIRG in August 2019 and further assurances were requested.
- 1 has been granted an extension due to the involvement of multi-agencies.

The open SI open > 100 days for Southport and Formby CCG, is being completed in collaboration with the CCG and will be submitted by 31 August 2019.

For the remaining 6 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. Currently awaiting confirmation of closure from Liverpool CCG.
- 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 12 - 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 60-70 days	RCA not received
S&O	14	0	13	*1	14	2	0	0	5	7

\*This SI was downgraded therefore the 72 hour report was not required.

The Provider is still subject to a Contract Performance Notice which is being managed by the CCG. Although compliance against the 60 day timescale remains a concern, the CCG note the continual improvements made by the trust, in relation to submitting reports closer to the 60 day deadline and 100% compliance with the 48 hour timescales and 72 hour report submissions. Concerns in relation to the 60 day compliance are being escalated via Provider SI assurance meetings and CCQRM.

**Figure 13 - 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	3	2	3	2	-	1	0	0	0	1

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 or SIs are reported outside of the 48 hour timescale. This will form part of the CCG SI Improvement plan for 2019/20.

The CCG Quality Team has also reviewed the providers Pressure Ulcer Improvement Plan and have requested some further information in order to obtain the necessary assurances. This will be monitored on a monthly basis via the SIRG panel and feedback provided via the Joint Quality and Performance Committee.

### 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 (DTC) reported in June 2019 was 181, an increase compared to June 2018 with 169. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in June 2019 were due to patient family choice and Nursing Home. See appendices for more information.

Further guidance has been provided regarding appropriate recording of DTCs at the DTC masterclass. The CCG have met with the local authority to agree a process regarding verification of health vs Social attributable DTC which should result in an adjustment to performance going forward for Southport and Formby CCG. Previously the LA has been offering an alternative placement when a package of care has not been identified and on refusal this has been recorded as a family choice delay which is health attributable. The guidance has now confirmed that this delay should be LA attributable and recorded as such. Work is ongoing between the LA, CCG and Acute provider to refine and embed the correct recording of DTCs.



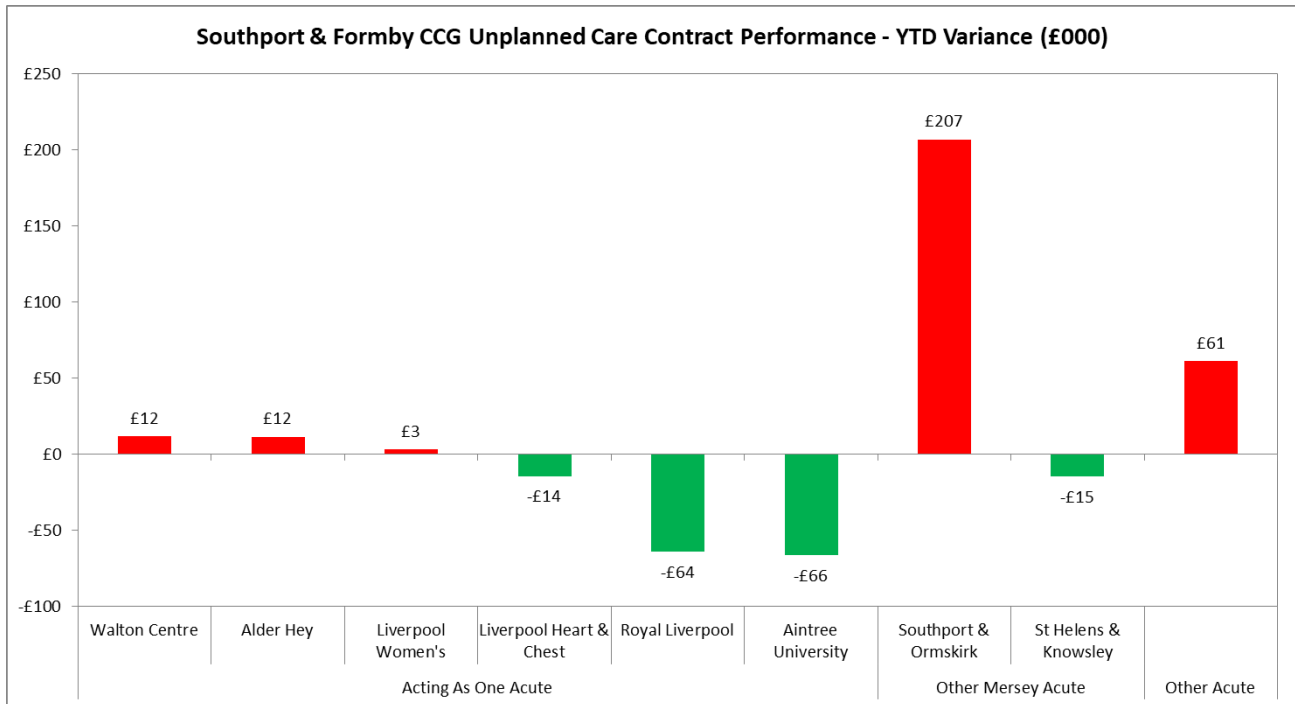
### 3.8 Patient Experience of Unplanned Care

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	Mar-19	Apr-19	May-19	Jun-19		
		RR	1.0%	0.9%	1.50%		3%
		% Rec	90.0%	76.0%	92%		93%
		% Not Rec	7.0%	16.0%	5%		6%
		June 2019 England Averages Response Rates: 12.2% % Recommended: 86% % Not Recommended: 9%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for A&E of 3% in June 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 93% above the England average of 86% and the percentage who would not recommend increased to 6% but remains below the England average of 9%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
See actions.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

### 3.9 Unplanned Care Activity & Finance, All Providers

#### 3.9.1 All Providers

Figure 14 - Month 3 Unplanned Care – All Providers



Performance at month 3 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £135k/1.2%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £253k/2.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £207k/2% against plan at month 3.

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

## 3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 15 - Month 3 Unplanned Care – Southport & Ormskirk Hospital NHS Trust.

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	10,057	10,669	612	6%	£1,675	£1,721	£46	3%
NEL - Non Elective	3,469	3,225	-244	-7%	£6,807	£7,293	£486	7%
NELNE - Non Elective Non-Emergency	157	77	-80	-51%	£182	£76	-£105	-58%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	2	0	-2	-100%	£1	£0	-£1	-100%
NELST - Non Elective Short Stay	847	744	-103	-12%	£590	£533	-£57	-10%
NELXBD - Non Elective Excess Bed Day	1,546	917	-629	-41%	£396	£234	-£162	-41%
<b>Grand Total</b>	<b>16,079</b>	<b>15,632</b>	<b>-447</b>	<b>-3%</b>	<b>£9,651</b>	<b>£9,858</b>	<b>£207</b>	<b>2%</b>

\*PbR only

Year to date A&E attendances are currently 6% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital. However, non-elective admissions account for the majority of the over performance reported. This is despite a trend of decreasing admissions in recent months with the non-elective point of delivery currently showing a reduction of -244/-7% against planned activity. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in early 2019/20. This includes admissions related to Sepsis, Heart Failure, Pneumonia and Stroke.

**NB.** 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a CDU/ACU at the Trust.

## 4. Mental Health

### 4.1 Mersey Care NHS Trust Contract (Adult)

#### 4.1.1 Mental Health Contract Quality Overview

##### Transformation Update

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports. Performance which is dependent on the Trust's RiO system will be expected to be fully reported from Quarter 2 with performance backdated, however commissioners are expecting some improvements to take place in Quarter 1.



Any KPI that is rag rated Red the Trust will be submitting a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPI.

The Commissioners at the next CQPG in August 2019 are seeking assurance that RiO will be fully able to capture data and KPIs. Communication and Eating Disorder KPIs will also be subject to further scrutiny at the August CQPG and contract performance notice(s) cannot be ruled out at this stage as a contractual lever to improve performance.



##### 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				Right Care Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		11.8%	26.7%	18.8%	31.3%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
Out of a potential 16 Service Users, 5 started treatment within the 18 week target. Issues contributing to this poor performance are the high number of referrals to the service (123 waiting for treatment in June 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. Staff are being offered overtime to increase capacity in the meantime.							
<b>Actions to Address/Assurances:</b>							
Demand for the service continues to increase and to exceed capacity. Commissioners have asked for the trust to present an action plan as part of a Deep Dive at August CQPG to include service transformation/ eligibility/primary care/capacity& modelling and managing risk of long waiters. The Trust is developing a business case for commissioners to consider for funding by October 2019. Any additional investment would be made in 2020/21 subject to approval.							
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.							
<b>When is performance expected to recover:</b>							
Performance is linked to current service capacity which mitigates against significant recovery. The Deep Dive at August CQPG will better inform commissioner as to when performance is expected to recover.							
<b>Quality:</b>							
Linked to the above comments re: August CQPG Deep Dive.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



## 4.1.3 Patients at Risk of Falling to have Care Plans in Place

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest					
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		57.1%	91.7%	58.3%	92.3%		
		Plan: 98%					
<b>Performance Overview/Issues:</b>							
The Trust reported performance below the 98% target in quarter 1, with 92.3% of patients at risk of falling having a care plan. This was an improvement on Quarter 4 when 58.3% of patients had a care plan in place							
<b>Actions to Address/Assurances:</b>							
Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place. Modern Matrons are working with staff to ensure that care plans are now in place for those who require one.							
<b>When is performance expected to recover:</b>							
From Q2 The Trust will submit a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPIs.							
<b>Quality:</b>							
Narrative will include an impact of not achieving a KPI has on quality of care for the patient.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



## 4.1.4 Learning Disability Health Checks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Learning Disabilities Health Checks</b>		<b>Previous 3 quarters and latest</b>				<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.</p>
<b>RED</b>	<b>TREND</b>	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
		9.1%	5.7%	13.2%	27.2%	
		Plan: 18.7% 2018/19				
<b>Performance Overview/Issues:</b>						
<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. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures for quarter 4 and these amendments have also been done retrospectively. In quarter 4 the total performance for the CCG was 27.2%, above the planned 18.7%. 667 patients are registered compared to the plan of 754, with 184 being checked against a plan of 126. On average for 2018/19, 54% of patients had a physical health check.</p>						
<b>Actions to Address/Assurances:</b>						
<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>						
<b>When is performance expected to recover:</b>						
Quarter 2 2019/20						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 4.1.5 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				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Q1	Q2	Q3	Latest	
		14.7%	18.7%	25.7%	26.4%	
		Plan: 50% - Quarter 1 2019/20 reported 26.4% and failed				
<b>Performance Overview/Issues:</b>						
<p>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.</p> <p>To support this objective CCGs 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 2019/20. 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.</p> <p>Despite failing to achieve the 50% target in quarter 1 2019/20 with just 26.4%, the expectation is that performance will increase over the remaining 3 quarters. 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 1,522 of people on the GP SMI register in Southport &amp; Formby CCG 379 received a comprehensive health check.</p>						
<b>Actions to Address/Assurances:</b>						
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 have been developed, however the initial version is being refreshed in Q2 (meeting on 14/08/2019) so as to be more user friendly.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 4.1.6 Patient Experience of Mental Health Services

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mersey Care Friends and Family Test Results: Mental Health</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>	Mar-19	Apr-19	May-19	Jun-19		
		RR	3.2%	3.5%	3.7%		3.2%
		% Rec	91%	93%	89%		88%
		% Not Rec	2%	2%	2%		2%
		June 2019 England Averages Response Rates: 3.4% % Recommended: 90% % Not Recommended: 3%					
<b>Performance Overview/Issues:</b>							
Mersey Care have reported a decline in the percentage patients responding to friends and family test surveys in June with 3.2%, falling below the England average. The percentage of patients who would recommend the service has also fallen to 88%, below the England average of 90%. However the percentage who would not recommend the service remained static at 2%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			



## 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		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		1.27%	1.06%	1.11%	0.90%	
Access Plan: 1.59%						
<b>Performance Overview/Issues:</b>						
<p>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). The monthly target for M3 19/20 is therefore approximately 1.59%. Month 3 performance was 0.90% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. Waiting times from referral continue to be within national timescales.</p>						
<b>Actions to Address/Assurances:</b>						
<p>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. The service has undertaken marketing exercises aimed at targeted groups(e.g. Colleges) to encourage uptake of the service. 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. Fortnightly teleconference is taking place monitor performance.</p>						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		56.2%	56.3%	48.9%	46.3%	
		Recovery Plan: 50%				
<b>Performance Overview/Issues:</b>						
The percentage of people moved to recovery was 46.3% in Month 3 2019/20 and did not achieve the target. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance.						
<b>Actions to Address/Assurances:</b>						
Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 5. Community Health

### 5.1 Adult Community Services (Lancashire Care)



The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements.

#### 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		Previous 3 months and latest				
AMBER	TREND	RTT Long Waiters 19 to 24 weeks				
		Mar-19	Apr-19	May-19	Jun-19	
		44	24	27	59	
<b>Performance Overview/Issues:</b>						
<p>In June the Trust reported 59 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. The Trust advised that 8 of these were patient choice, 1 data quality issue, 48 due to service capacity (9 with future appointments). The longest wait was 20 weeks. All patients over 19 weeks have been reviewed and have future appointments booked.</p> <p>Lancashire Care has informed the CCG of the following issues contributing to the rising number of long waiters:</p> <ul style="list-style-type: none"> <li>- Administrative error has contributed to breaches - back log of referrals not logged for 4 months - need to move to Single Point of Contact due to risk of continuing to manage in the hub.</li> <li>- Hotspot is general pathway.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<p>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 and shared with the CCG on a monthly basis. The following actions have been reported:</p> <ul style="list-style-type: none"> <li>- Rapid assessment clinic employed</li> <li>- Network transformation lead progressing podiatry capacity and demand work and job planning.</li> <li>- Service manager authority required to cancel any new assessment clinics</li> <li>- Service to review capacity for domiciliary and maximise efficiencies and skill mix</li> <li>- Business admin manager and team leader to review processes in south admin hub</li> <li>- Reviewing all patients in 17-18 week bracket and ensuring appointments are booked</li> <li>- Undertaking follow up caseload cleanse to review non-attenders.</li> </ul> <p>The Trust has been recruiting into the team and has appointed a total 3 WTE band 5's, 0.55 WTE band 6 and a band 3. The service has two band 6 vacancies (1 WTE and 0.6 WTE) which are being recruited to. The Trust is utilising 0.6 WTE agency staff.</p>						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
All patients are triaged before their appointment.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 5.2 Any Qualified Provider – Audiology



Merseyside AQP audiology contracts expired on the 30th September 2018. 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				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	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		84.0%	85.2%	84.0%	95.24%	
Plan: 100%						
<b>Performance Overview/Issues:</b>						
In quarter 1 the Trust reported under the 100% plan, out of 21 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 95.24% against the 100% target. The patient who breached 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.						
<b>Actions to Address/Assurances:</b>						
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 - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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				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	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		66.7%	66.7%	50.0%	75%	
		Plan: 100%				
<b>Performance Overview/Issues:</b>						
In quarter 1, the CCG had 4 patients under the urgent referral category, 3 of which met the target bringing the total performance to 75% against the 100% target. The patient 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.						
<b>Actions to Address/Assurances:</b>						
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 - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

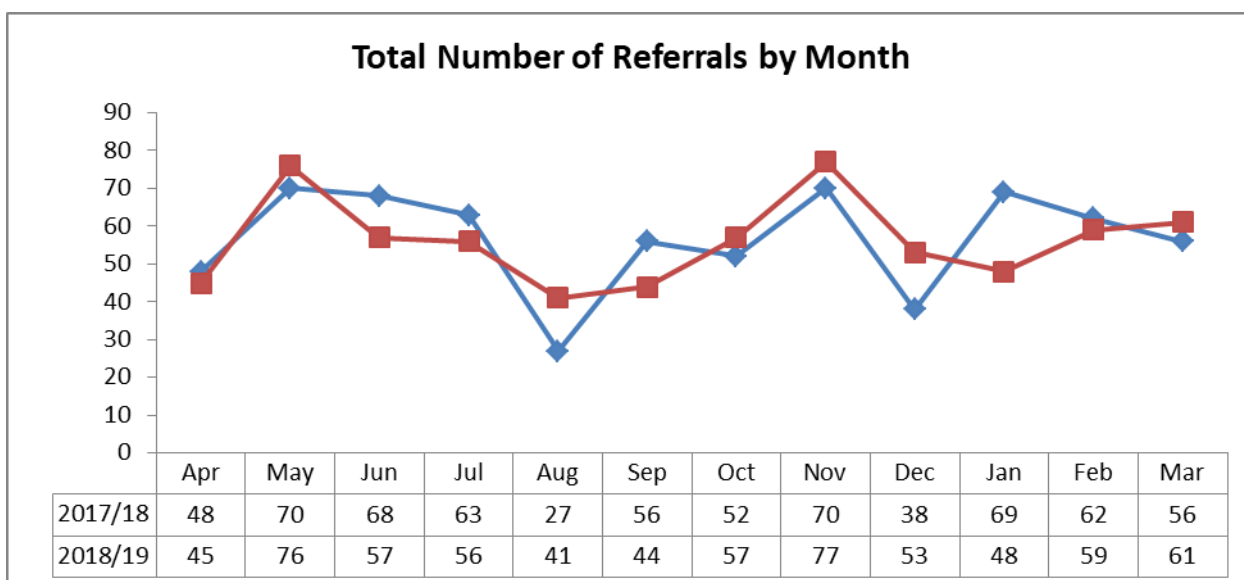
## 6.2 Child and Adolescent Mental Health Services (CAMHS)

*The Trust is undertaking validation work on the data for 2019/20. Therefore, quarter 4 2018/19 remains the most up to date information the CCG has received from the Trust.*

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 16 – 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 17 – 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%
<b>Total</b>	<b>40</b>	<b>100%</b>

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 18 – 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%	
<b>Total</b>	<b>40</b>	<b>100%</b>	

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% 2018/19 performance was 38.1% and achieved.				
<b>Performance Overview/Issues:</b>						
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%. The year end Access rate was 38.1% and therefore achieved the annual target of 32%.						
<b>Actions to Address/Assurances:</b>						
Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.						
<b>When is performance expected to recover:</b>						
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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					Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
		Mar-19	Apr-19	May-19	Jun-19		
		45 wks	45 wks	43 wks	37 wks	Average waiting times <= 18 weeks	
<b>Performance Overview/Issues:</b>							
<p>In June the Trust reported a 92nd percentile of 37 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on May when 43 weeks was reported. In June the longest waiting patient was 1 patients waiting at 58 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.</p> <p>At the end of June there were 28 children with an appointment and 6 children without an appointment who have waited over 40 weeks. Out of those without an appointment, 2 had appointments in June but had cancelled and have an appointment in July, 2 have been sent letters out but not yet responded and 2 have out of date information on the spine which we are investigating with GP/referrer.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring average waiting times to 18 weeks by 28th February 2020. As part of this the CCGs have provided additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters. A wider piece of work with Alder Hey and the CCG is taking place to review and improve current data flows across all community and mental health services.</p> <p>June 2019: Business case approved for some non-recurrent and recurrent therapists.</p> <p>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.</p> <p>The CCG are working with provider to develop an improvement trajectory from Q2 onwards.</p>							
<b>When is performance expected to recover:</b>							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		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>                      &lt;= 8.5%: <b>Green</b>                      &gt; 8.5% and &lt;= 10%: <b>Amber</b>                      &gt; 10%: <b>Red</b></p> <p><u>Provider Cancellations</u>                      &lt;= 3.5%: <b>Green</b>                      &gt; 3.5% and &lt;= 5%: <b>Amber</b>                      &gt; 5%: <b>Red</b></p>
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates				
		Mar-19	Apr-19	May-19	Jun-19	
		17.2%	20.0%	22.6%	14.5%	
		Outpatient Clinic Provider Cancellations				
		Mar-19	Apr-19	May-19	Jun-19	
		0.0%	7.1%	9.7%	3.1%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
<b>Performance Overview/Issues:</b>						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In June 2019 this decreased but was still significant with a rate of 14.5%. Provider cancellations also decreased in June with 3.1%.						
<b>Actions to Address/Assurances:</b>						
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.						
In the contract review meeting in June it was agreed that operational issues relating to dietetics would be raised advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.						
<b>When is performance expected to recover:</b>						
To be confirmed following the next contract review meeting and meeting with the leads.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		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				
<b>GREEN</b>	<b>TREND</b>	Waiting Times				
		Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		40.0%	57.1%	85.7%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
<b>Performance Overview/Issues:</b>						
Lancashire Care has reported 16 children out of 16 receiving equipment within 18 weeks for quarter 1 2019/20, a performance of 100%, exceeding the 92% target. This is an improvement on Q4 2018/19.						
<b>Actions to Address/Assurances:</b>						
<b>When is performance expected to recover:</b>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 7. Third Sector Overview

### Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q1, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q1 397 service users engaged with the service, 46 cases were closed and 60 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 112 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via self-referral or family & friends. GP referrals have increase during Q1 but still remain low. During this quarter a further 11 volunteers were recruited to the service, the number of active volunteers has now increased to 87, this is an increase of 61%.

### Alzheimer's Society

The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q1; 9 in total (8 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton.

The Society received 66 new referrals; 42% of referrals during Q1 were from a mixture of memory clinics, GP's and other health providers. Referrals from health have doubled since Q4.

The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 210 visits were made during Q1. Dementia Community Support conducted 56 Individual Needs Assessments. The Dementia Peer Support Group ran 9 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

### Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q1 34 new referrals were received. 57% were self-referrals and 43% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 76% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £299,478 during this period.

### Crosby Housing and Reablement Team (CHART)

During Q1 the service received 46 new referrals, with half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 28 service users and supporting a further 22 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 13 patients to be discharged). It prevented 13 people

from becoming homeless. The majority of new referrals were recorded as female (61%) with the remainder recorded as male.

### Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 67% of new referrals were received via self/carers whilst the remaining 33% were received via GP recommendation. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q1 there were 1,516 drop-in contacts (Monday to Friday). A total of 2,502 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups.

### Imagine independence

During Q1 Imagine Independence carried forward 109 existing cases. A further 93 were referred to the service via IAPT and 30 cases were closed during the period. Of the new referrals 61% were female and 39% male. All completed personal profiles and commenced job searches. A total of 12 service users attended job interviews; all managed to secure paid work for 16+ hours per week. The service supported 55 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (27%), employment courses attended (7%), commenced job search (27%), job interviews attended (25%), employment engagement meetings attended by service (2%) and service contact with employers (15%).

### Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Monitoring information has not yet been received for Q1 reporting, this will be updated for Q2.

### Parenting 2000

During Q1 the service received 15 adult and 81 child referrals. A total of 128 service users accessed counselling for the first time. Of the 271 appointments available during this period a total of 252 were booked and 203 were actually used. There were 27 cancellations whilst 22 did not attend their scheduled appointment. The top five referral sources during Q1 were GPs (27%), Self/Carer/Parent (24%), Hospital 16% (CAMHS & Alder Hey), Other VCF (9%) and Children's Centres. The referring GP surgeries were recorded as Cumberland House, Village Surgery, Family Surgery, Norwood Surgery, Ainsdale Medical Centre, Corner Surgery, St Marks MC, Chapel Lane Surgery, Grange Surgery and Elbow Lane Surgery.

### Sefton Advocacy

During Q1, 215 existing cases were brought forward. A total of 138 new referrals were received and of these 23% were signposted to more appropriate support, whilst 7% comprised general enquiry /information-only queries. 71 cases were closed. During Q1 there were a total of 2,259 contacts comprising of office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user, representations made, information given, client empowerment, signposting and support. During Q1 these case outputs resulted in financial outcomes worth a total of £365,407 being achieved.

## Sefton Carers Centre

The number of carers supported during Q1 remained steady; there were 40 new referrals to the service along with 306 existing cases. The Carers Support Team continue to work to reduce the backlog of 50 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. In addition to the above, the Carers Centre received 176 new referrals for other types of carers along with 1,606 existing carers registered with the service. The majority of which were self-referrals (59%), followed by Sefton MBC (21%) and other health services (13%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed, and various training courses. The service has an average of 66 volunteers helping to deliver services to carers across Sefton, during Q1 a total of 2,009 hours were worked by volunteers this equates to approximately £26k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 168 Young Carers registered with Sefton Carers Centre (in Tier 2).

## Sefton Council for Voluntary Service

Sefton CVS provide the following services on behalf of both CCGs.

4 x Health & Wellbeing Trainers that develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes; to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources; & signpost to other health/social care services.

Health & Wellbeing Development Officer and Support Officer facilitate meetings Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; & support Sefton Partnership Older Citizens. Community Development Worker (BME) tackles health & social care service inequalities.

Reablement & Care For You Service Coordinator and Signposting Worker promote reablement reducing dependency statutory services; work in partnership with other healthcare providers; manage interface between social work teams, OT's, GPs, home care & residential/nursing care providers; take responsibility safeguarding; and contribute policy & development work.

Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development & extension of partnership working.

Monitoring information has not been submitted for Q1, this will be updated for Q2 reporting.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q1 there were 527 new referrals, 210 assessments completed and 78 are pending further action; 138 were closed due to support being refused. There are currently 406 women and 190 children in receipt of support. During the period the refuge accommodated 6 women along with 5 children for 23 weeks. Referrals came from various sources, with the top three being the police 31%, self-referrals 21% and CYPS Safeguarding Children 14%. Other sources included Adult Social Care, Children's Centres, family and friends.

## Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q1 there were 79 referrals in South Sefton and 120 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%. This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 74 (2 South Sefton and 72 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £966 (£33 South Sefton and £934 Southport and Formby).

## Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q1 there were 66 new referrals for counselling services, 17 to the support group and a further 4 for the outreach service.

The majority of women accessing the service self-referred but the number of GP referrals has increased significantly, this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the counselling sessions available during this period 72% were booked and used, 24% were cancelled by the client and 4% were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 4 referrals made to the Outreach Service (with 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There were 17 new referrals received during the period with 77 attendances in total.

## Macmillan Cancer Support Centre – Southport

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.



Macmillan cancer support offers advice, information and support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q1 the centre received 100 new referrals; 67% were self-referrals, 12% Aintree UHT, Southport & Ormskirk Hospital NHS Trust and 9% GPs. There were 162 contacts at the centre and a further 62 active service users.

The main reasons for advice and support during the period were emotional support, benefits/welfare advice, financial support, information, carers issues, social isolation, work related issues, grants, travel and onward signposting/referrals.

## 8. Primary Care

### 8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				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.	
<b>GREEN</b>	<b>TREND</b>	Mar-19	Apr-19	May-19	Jun-19		
		62.81%	57.46%	65%	61.96%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). May target 58.6%					
<b>Performance Overview/Issues:</b>							
<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 June, Southport &amp; Formby CCG practices reported a combined utilisation rate of 61.96%, exceeding the CCG's 58.6% target for June. Total available appointments was 999, with 687 being booked (68.77%) and 68 DNA's (9.9%). This shows a slight decrease in utilisation compared to May.</p>							
<b>Actions to Address/Assurances:</b>							
<b>When is performance expected to recover:</b>							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Kati Scholtz			Angela Price		

## 8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. St Marks Medical Centre was inspected on 24<sup>th</sup> April achieving an overall rating of 'Good'. All the results are listed below.

**Figure 19 – 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

## 9. CCG Improvement & Assessment Framework (IAF)

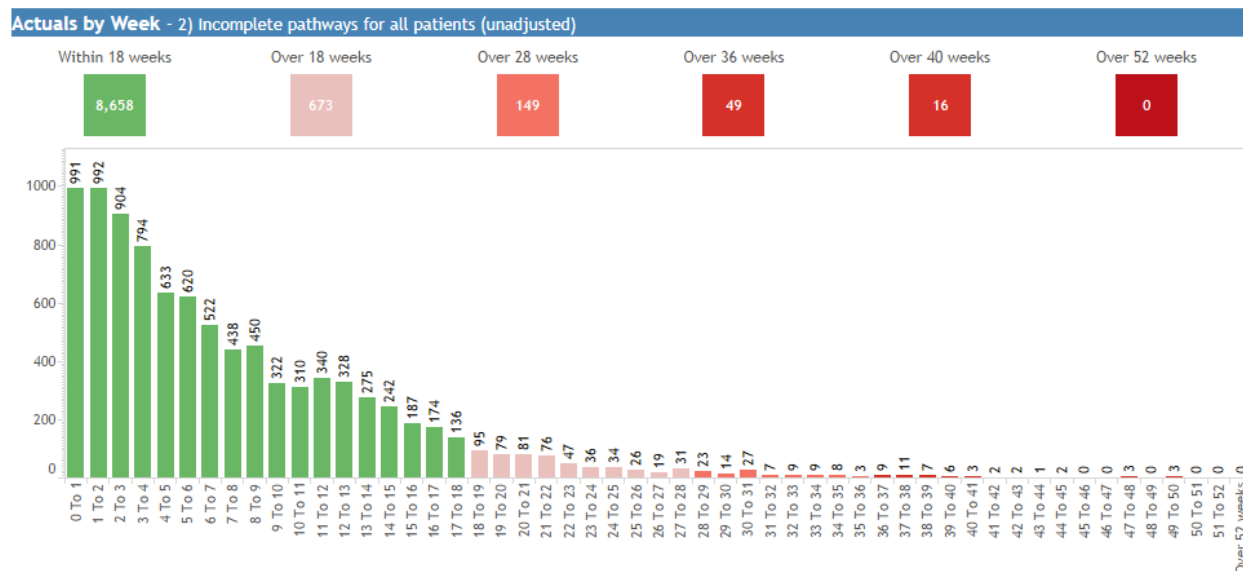
### 9.1 Background

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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.

# 10. Appendices

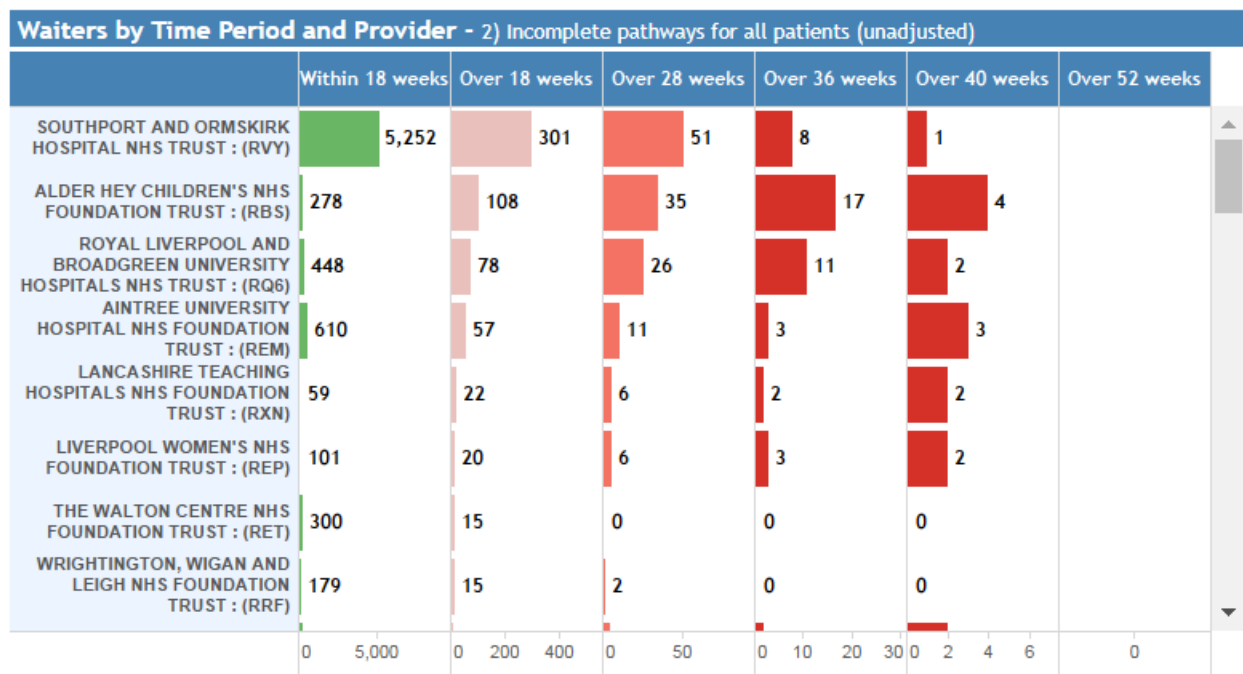
## 10.1.1 Incomplete Pathway Waiting Times

Figure 20 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



## 10.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers





### 10.1.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 22 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

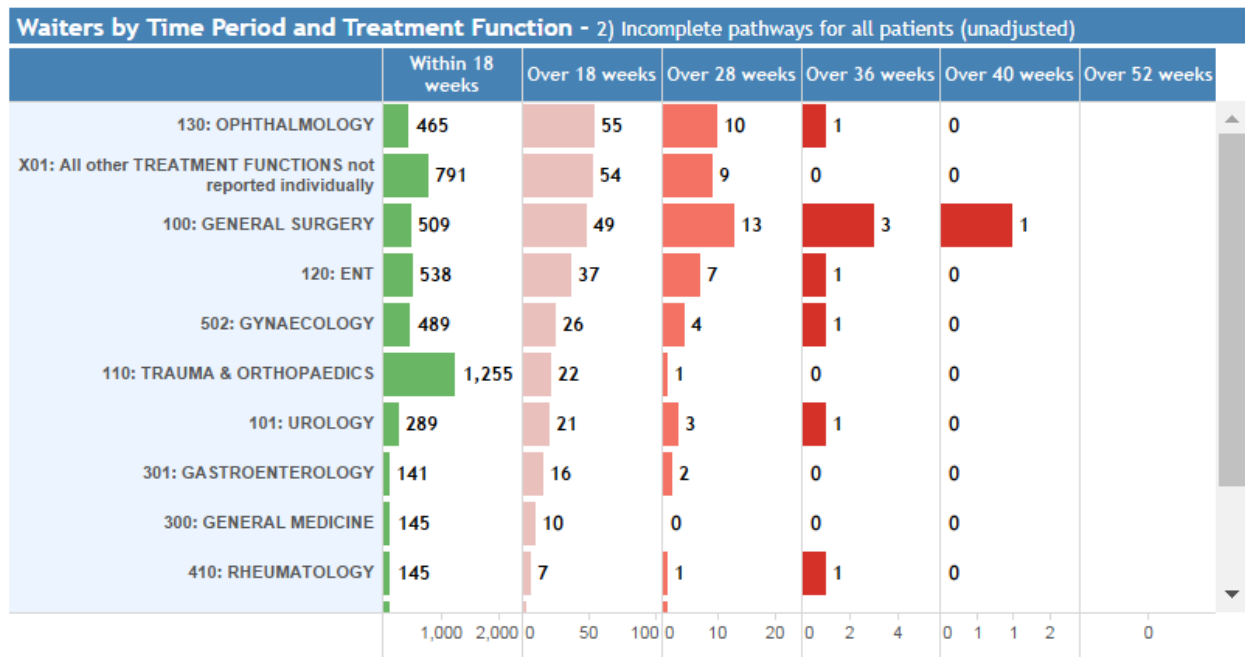
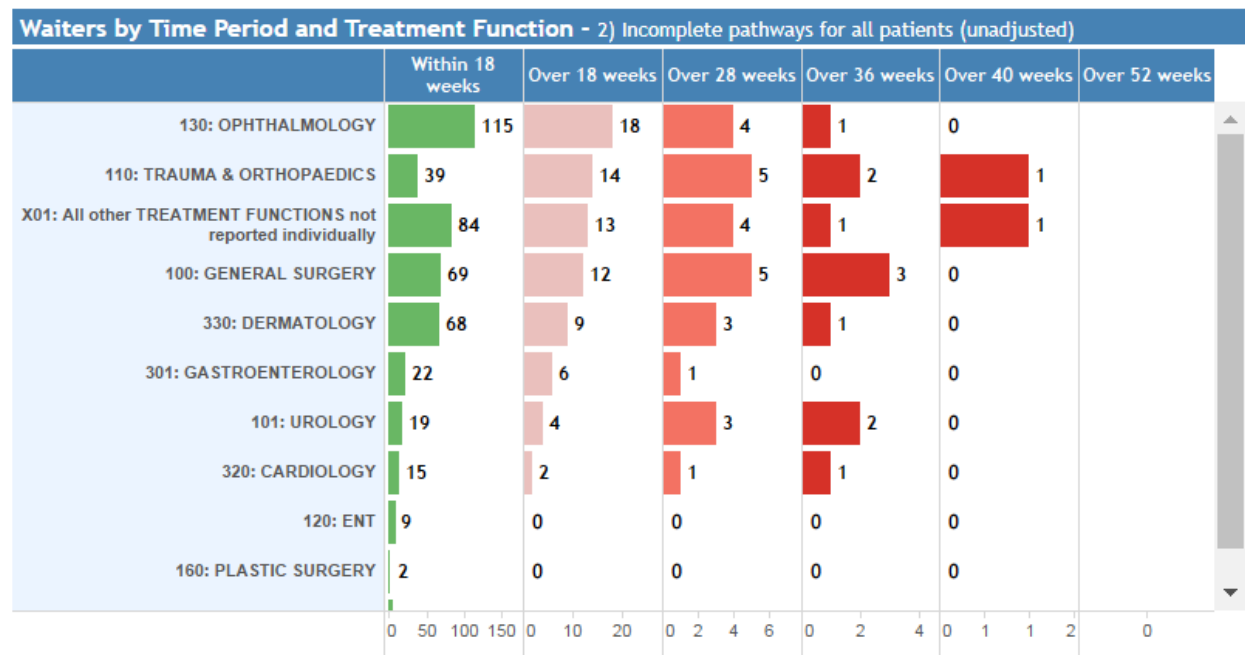
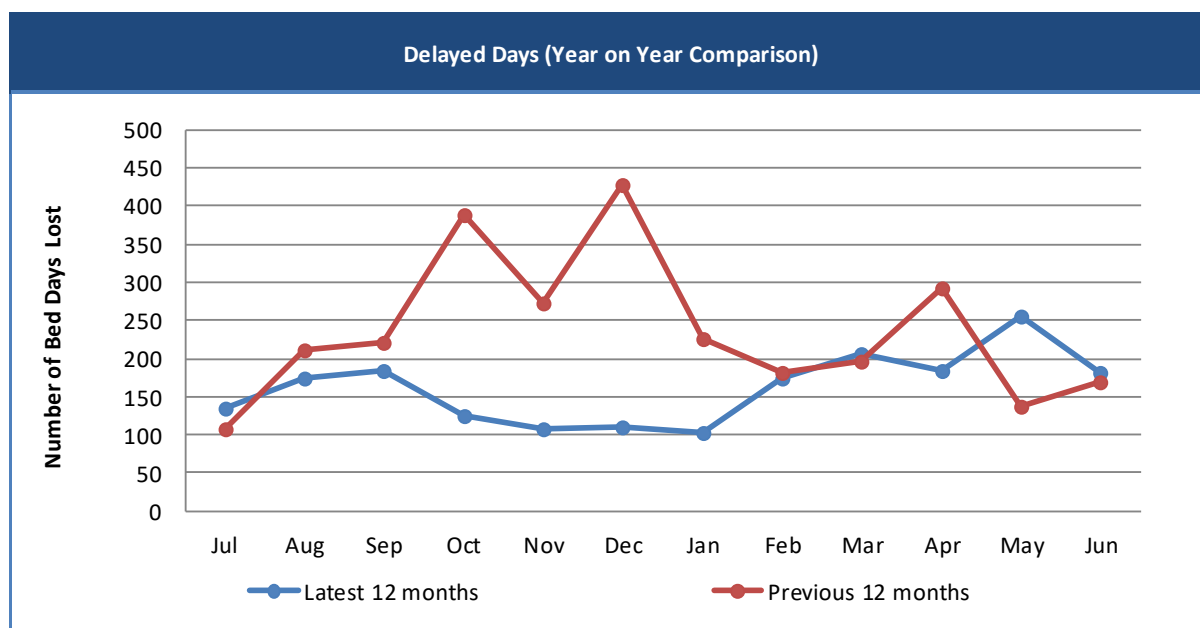


Figure 23 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



## 10.2 Delayed Transfers of Care

Figure 24 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Jun-19</b>	<b>May-19</b>	<b>Jun-18</b>
Total	181	256	169
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 (Jun-19)**

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	4.4%
Community Equipment Adapt	3.9%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	2.8%
Housing	0.0%
Nursing Home	13.8%
Patient Family Choice	66.9%
Public Funding	8.3%
Residential Home	0.0%
Other	0.0%

### 10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20								
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	YTD	
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	541	541	748	39.2%	42	68	77	187	
		Total Contacts (Domiciliary)	40	40	78	95.0%	1	13	5	19	
		Total Contacts (Outpatients)	501	501	672	54.1%	41	55	72	168	
		Total New Referrals	291	291	298	-1.0%	33	25	18	74	
	Paediatric Occupational Therapy	Caseload at Month End	150	150	118	-21.3%	113	129	113	121	
		Referral to 1st contact (weeks average)	14.3	14.3	13.2	-7.9%	16	9.9	13.7	16	
		Total Contacts (Domiciliary)	3,334	3,334	3,000	-10.0%	280	267	203	750	
		Total New Referrals	568	568	554	-2.3%	48	61	37	146	
	Paediatric Physiotherapy	Caseload at Month End	64	64	59	-7.8%	60	62	58	61	
		Referral to 1st contact (weeks average)	5.8	5.8	6.5	12.0%	6.2	5.8	7.6	6.5	
		Total Contacts (Domiciliary)	6,098	6,098	4,884	-19.9%	430	391	400	1,221	
		Total New Referrals	553	553	568	2.7%	48	51	43	142	
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	26.1	26.1	34.4	31.8%	36.6	35.9	30.7	36.6	
		Total Contacts (Domiciliary)	7,792	7,792	9,180	17.8%	697	736	862	2,295	
		Total New Referrals	746	746	740	-0.8%	53	73	59	185	
		Caseload at Month End	212	212	220	3.7%	227	230	202	229	
	NHS Southport and Formby CCG	Paediatric Continence	Total Contacts (Domiciliary)	1,578	1,578	1,568	-0.5%	150	113	129	392
			Total New Referrals	132	132	164	39.3%	17	13	16	46
Caseload at Month End			90	90	280	217.8%	324	271	263	324	
Paediatric Dietetics		Referral to 1st contact (weeks average)	8.5	8.5	6.3	-25.8%	7.4	4.2	7.4	7.4	

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

### 10.4 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 19/20	% Variance
Number of Referrals	145	161	137										1,842	1,485	-19.4%
Incomplete Pathways - 62nd Percentile	45	43	37										448		
Total Number Waiting	941	916	874										9,382		
Number waiting over 18 weeks	520	482	467										4,688		
Longest weeks waiting - weeks	52	54	58										587		
Longest weeks waiting - patients	2	2	1										26		

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.

## 10.5 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	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
DNA	66	53	41	147	68	116	13	19	16	48
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.8%	14.5%	18.5%

### 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	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	6	0	5	29	0	44	4	7	3	14
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	6.2%

### Outpatient Clinics - Cancs by PATIENT

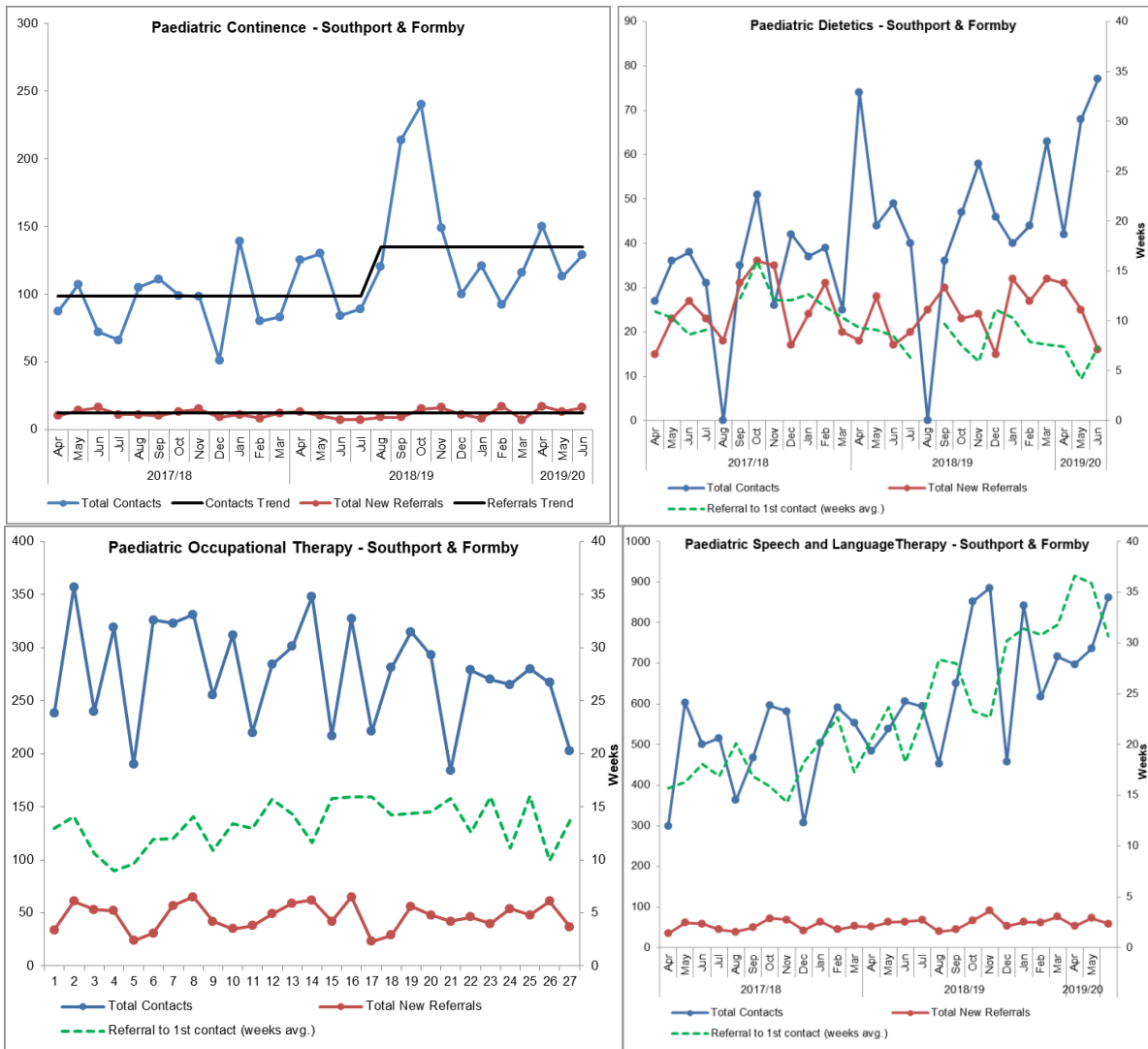
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	27	63	63	207	128	184	10	38	18	66
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	23.8%

### 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

## 10.6 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 25 – 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 26 – 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.

## 10.7 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 3 performance and narrative detailed in the table below:



**Figure 27 – Southport & Formby CCG’s Month 3 Submission to NHS England**

Month 03 (June)	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,665	2,353	-11.7%	GP referrals decreased in month 3 against the seasonal plan. However, this was comparable to a trend identified in the previous year and YTD GP referrals are approx. 2% lower than planned levels. Referrals are also within the statistical norm. Local analysis has established a slight reduction in referrals per work day to the previous month and referrals to the main hospital provider have decreased predominantly within Ophthalmology and ENT although reductions have been evident within a number of specialities.
Other	2,421	2,503	3.4%	
<b>Total (in month)</b>	<b>5,086</b>	<b>4,856</b>	<b>-4.5%</b>	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 Clinical Physiology, Gen Med and Cardiology at the main hospital provider. T&O has also reported increases within recent months. Discussions regarding referrals are raised at the information sub group with the provider.
Variance against Plan YTD	14,422	15,528	7.7%	
Year on Year YTD Growth			10.4%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4,207	3,786	-10.0%	Both OP first attendances and FUP decreased in month 3 against the seasonal plan but in line with reduced referrals. However, each were within statistical thresholds and OP first attendances were comparable to the current average for Southport & Formby CCG. Also, YTD appointments are currently within the 2% threshold against plan. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	9,591	8,524	-11.1%	
<b>Total Outpatient attendances (in month)</b>	<b>13,798</b>	<b>12,310</b>	<b>-10.8%</b>	
Variance against Plan YTD	38,174	37,705	-1.2%	
Year on Year YTD Growth			8.6%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,572	1,501	-4.5%	Local monitoring suggests that elective day case admissions are closer to planned levels YTD at month 3 with a small variance of -1%. Electives are showing a greater variance to plan but activity variances are minimal. Initial feedback from the main hospital provider suggests theatre staff shortages and bed pressures have resulted in reduced elective offering. The CCG is working with the provider to understand demand, workforce and theatre capacity issues via contract review meetings.
Elective Ordinary spells	230	204	-11.3%	
<b>Total Elective spells (in month)</b>	<b>1,802</b>	<b>1,705</b>	<b>-5.4%</b>	
Variance against Plan YTD	5,106	5,064	-0.8%	
Year on Year YTD Growth			6.4%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3,805	3,927	3.2%	Local A&E monitoring has shown that the CCGs A&E activity has decreased slightly in month 3 but attendances remain historically high (focussed within the main hospital provider). Despite this, attendances remain within the 2% threshold against plan YTD. 4hr performance at the main hospital provider has improved slightly to the previous month and is now at 87.8%. 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			7.0%	
<b>All types (in month)</b>	<b>4,397</b>	<b>4,509</b>	<b>2.5%</b>	
Variance against Plan YTD	13,193	13,406	1.6%	
Year on Year YTD Growth			4.6%	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions. However, zero LOS as well total NEL have now been below average for five consecutive months. As a system, the CCG continues to work with partners 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.
<b>Total Non Elective spells (in month)</b>	<b>1,842</b>	<b>1,541</b>	<b>-16.3%</b>	
Variance against Plan YTD	5,499	4,829	-12.2%	
Year on Year YTD Growth			13.7%	