



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

July 2019

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Summary Performance Dashboard

Metric	Reporting Level	2019-20													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	80%	81.9%	92.6%	89.2%										
		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%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	2.961%	3.712%	5.191%	4.353%										4.068%
		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%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	92.998%	93.52%	92.79%	92%										92.82%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Number of Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R									R	
		Actual	6	7	7	7										27
		Target	0	0	0	0	0	0	0	0	0	0	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	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G									G
		Actual	0	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

% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G									R	
		Actual	86.52%	93.34%	94.12%	93.153%										91.836%
		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%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	G	G									R	
		Actual	51.61%	87.23%	96.67%	97.737%										84.028%
		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%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	98.70%	97.18%	98.61%	97.727%										98.052%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100%	100%	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%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G									G	
		Actual	100%	95%	100%	100%										98.734%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100%	100%	95.45%	100%										98.667%
		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		
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> 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									R	
		Actual	72.22%	80.56%	85.29%	68.18%										76.00%
		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%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> 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	R									R	
		Actual	-	85.71%	100%	62.50%										80.00%
		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%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % 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%	83.33%										81.59%
		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%

Accident & Emergency

<u>4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</u> % 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									R	
		Actual	84.23%	85.15%	85.73%	88.32%										85.89%
		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

<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	14	13	4	9										40
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	3.7	3.1	1.0	2.1										
		Target	0	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

Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R									R
		YTD	1	1	1	1									1
		Target	0	0	0	0									0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	G									G
		YTD	2	4	8	10									10
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E Coli infections Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R									R
		YTD	14	25	39	55									55
		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

Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G	G									G
		Actual	100%	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%

Episode of Psychosis

First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G									G
		Actual	100%	100%	75%	100%									86.364%
		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%

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)

IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R	G									R	
		Actual	55.6%	46.9%	42.9%	50.7%										48.5%
		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%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	1.12%	1.14%	1.01%	0.97%										4.2%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	96.30%	100%	99%	96.00%										98.5%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100%	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%

Dementia

Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	75.39%	75.60%	68.3%	68.259%										71.15%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	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%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	75%											75%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Wheelchairs

Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G										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 4 (note: time periods of data are different for each source).

Key Exception Areas for July	CCG	S&O
Diagnostics Improvement Trajectory	2%	2.1%
Diagnostics (National Target <1%)	4.35%	4.09%
Cancelled Operations (Zero Tolerance)	-	7
Cancer 62 Day Standard Improvement Trajectory	86.5%	74.16%
Cancer 62 Day Standard (Nat Target 85%)	68.18%	78.89%
Cancer 62 Day Screening (Nat Target 90%)	62.50%	75.00%
A&E 4 Hour All Types Improvement Trajectory	-	90.30%
A&E 4 Hour All Types (National Target 95%)	88.32%	89.95%
A&E 12 Hour Breaches (Zero Tolerance)	-	4
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	123
Ambulance Handovers 60+ mins (Zero Tolerance)	-	20
TIA Assess & Treat 24 Hrs (Target 60%)	-	12.50%
Mixed Sex Accommodation (Zero Tolerance)	9	14

Planned Care

Year to date referrals are 9.6% higher than 2018/19 due to an 11.5% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital. GP referrals are currently 3.6% higher than 2018/19 levels.

Overall, referrals to Southport Hospital have increased by 8.4% year to date at month 4. 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 July recording 4.35%, a slight improvement on last month (5.2%). This is also above the CCGs improvement trajectory of 2% for July 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in July recording 4.09%, an improvement on last month (5.30%). Therefore the Trust has also failed their improvement trajectory of 2.1% for July 2019.

For referral to treatment, Southport & Formby CCG had a total 9,392 patients waiting on an incomplete pathway in July 2019; 1,234 patients over plan.

Southport & Ormskirk reported 7 cancelled operations in July 2019, showing no improvement on previous few months. Year to date there have been 27 cancelled operations at the Trust.

For month 4 year to date, Southport & Formby CCG are failing 5 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 13.6% in July 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 93% below the England average of 96% and the percentage who would not recommend increased to 4%, above the England average of 2%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for July reached 89.95% for all types (88.01% YTD), which is below the Trust's revised trajectory of 90.3%. For type 1 A&E attendances, a performance of 84.25% was reported in July (80.96% YTD).

Southport & Ormskirk Trust reported 4, 12-hour breaches in July, breaching the zero tolerance threshold.

In relation to NNAS, 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 NNAS 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.

TIAs at the Trust reported a performance of 12.5% in July. Out of 16 patients just 2 achieved the target. Work has been continuing on improving data collection and processing.

The CCG reported a total of 9 breaches of Mixed Sex Accommodation in July and has therefore breached the zero tolerance threshold. All 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. 10 cases of C Difficile have been reported for the CCG year to date, just above the year to date target of 9.

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 July there were 16 cases, bringing the year to date figure to 55 against a target of 39. Southport & Ormskirk Trust reported 21 cases in July. There are no targets set for Trusts at present.

For friends and family unplanned test scores, Southport & Ormskirk Trust has reported a response rate for A&E of 2% in July 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service decreased to 88% but above the England average of 86% and the percentage who would not recommend increased to 9% in line with the England average of 9%.

Mental Health

In relation to eating disorders service, out of a potential 14 service users, 6 started treatment within 18 weeks; a performance of 42.9% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.97% in month 4, therefore failing to achieve the target. The recovery target was achieved in July 50%.

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

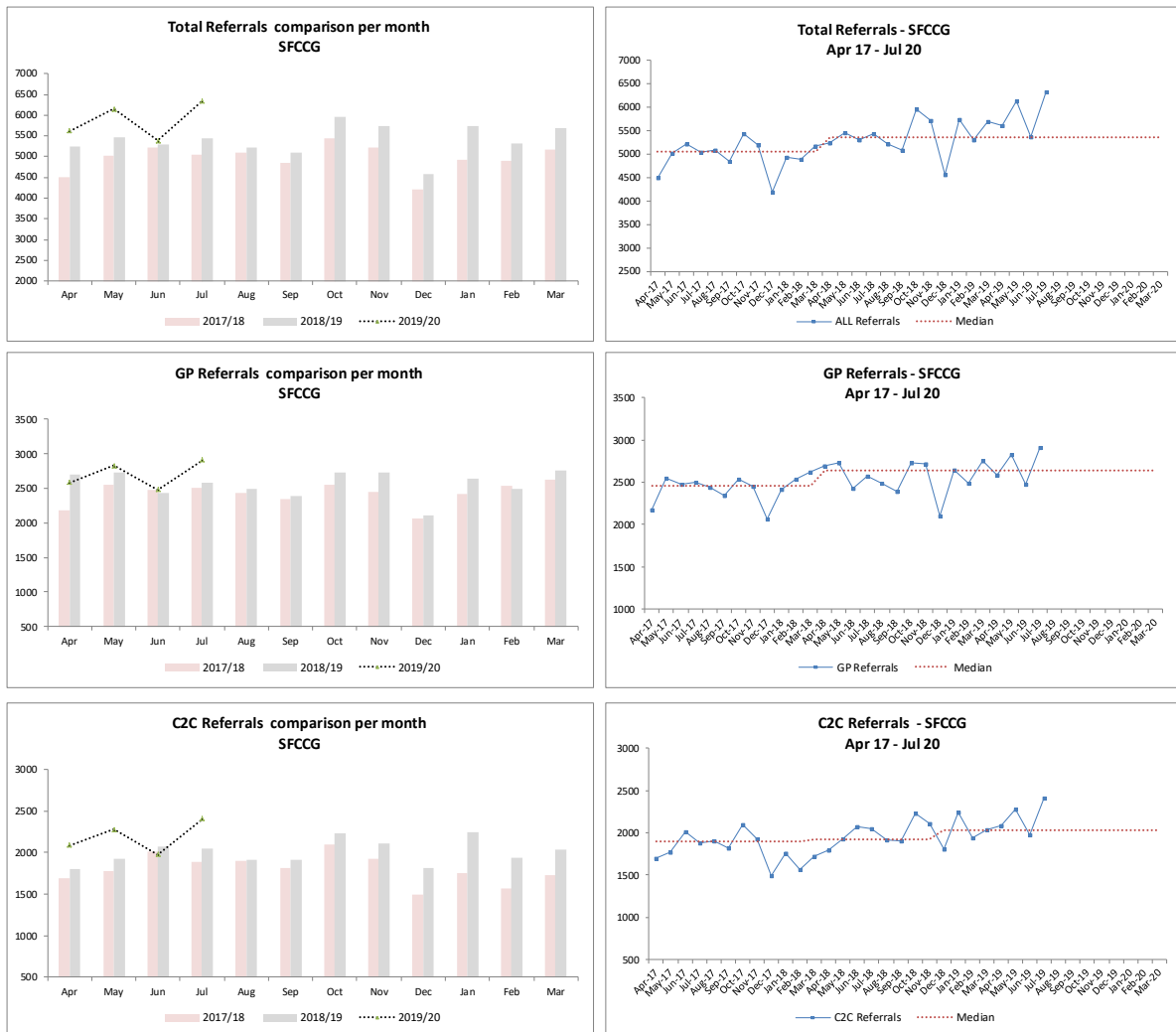
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators 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	2584	-110	-4.1%	1799	2090	291	16.2%	5247	5620	373	7.1%
May	2727	2829	102	3.7%	1929	2277	348	18.0%	5456	6150	694	12.7%
June	2429	2479	50	2.1%	2069	1979	-90	-4.3%	5305	5384	79	1.5%
July	2580	2909	329	12.8%	2054	2409	355	17.3%	5433	6346	913	16.8%
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	2700	137	5.3%	2004	2189	185	9.2%	5398	5875	477	8.8%
YTD Total Month 4	10430	10801	371	3.6%	7851	8755	904	11.5%	21441	23500	2059	9.6%
Annual/FOT	30763	32403	1640	5.3%	24047	26265	2218	9.2%	64781	70500	5719	8.8%

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 for this particular month.



Month 4 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 9.6% higher than 2018/19 due to an 11.5% 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 11.5% 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 21%.
- Overall, referrals to Southport Hospital have increased by 8.4% year to date at month 4. Increases have been evident across a number of specialities including General Surgery, Gynaecology, Dermatology, Urology, General Medicine and Trauma & Orthopaedics.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently up by 3.6% at Month 4.
- July-19 has seen a historical peak for Southport & Formby CCG GP referrals. However, some of this increase in month has been influenced by the number of working days compared to the previous month.
- 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 16% 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	Apr-19	May-19	Jun-19	Jul-19		
		80.0%	81.9%	92.6%	89.2%		
		Plan: 100%					
Performance Overview/Issues:							
<p>The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. Southport & Formby CCG is showing a performance of 89.2% for July, a decline on 92.6% 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. July data shows an overall performance of 92.7% for Southport & Formby CCG, a decline on the previous month (97.7%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
Actions to Address/Assurances:							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the 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 (SOPs) which is 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. An additional email will be sent to NHSE to formally note that we have yet to receive a response to our queries.</p>							
When is performance expected to recover:							
A recovery trajectory will be formulated after discussions with providers.							
Quality:							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> - A review of Trust SOPs to be fit for 'business as usual' (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). - 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). 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Apr-19	May-19	Jun-19	Jul-19		
		CCG	3.00%	3.71%	5.20%		
		S&O	2.80%	4.14%	5.30%	4.09%	
		National Target < 1% July's improvement plans CCG: 2% S&O: 2.1% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in July recording 4.35%, a slight improvement on last month (5.2%). However this is above the CCGs improvement trajectory of 2% for July 2019. Out of 2,665 patients, 116 patients were waiting over 6 weeks, and 5 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (36), Colonoscopy (25), CT (24) and MRI (19).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in July recording 4.09%, also a slight improvement on last month (5.30%). Therefore the Trust has also failed their improvement trajectory of 2.1% for July 2019. Out of 3,642 patients, 149 patients waited over 6 weeks, and 9 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (63) and Colonoscopy (35).</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 CCG are yet to receive a revised improvement action plan with trajectories this will be discussed at the next Collaborative Commissioning Forum (CCF) and appropriate escalation processes will be followed.</p> <p>There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who started in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.</p>							
Actions to Address/Assurances:							
<p>Southport and Ormskirk has significant workforce constraints within Endoscopy, Radiology and Non-obstetric ultrasound, which represents a significant proportion of the CCGs underperformance. The trust have produced a diagnostic action plan with the following key actions and timescales:</p> <p>Endoscopy</p> <ul style="list-style-type: none"> * adoption of a scheduling/utilisation tool which provides benchmarking data and highlight areas of improvement * Increase scope lists been staffed via 'nursing off duty' * Insource activity via 'Your Medical'. High proportion of waiting list booked into September clinics <p>Radiology</p> <ul style="list-style-type: none"> * 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 patient tracking list (PTL) meetings. * Service Level Agreement (SLA) in place for outsourcing radiology activity to Renacres (SLA to be shared by provider to CCG) <p>Non-obstetric ultrasound</p> <ul style="list-style-type: none"> * Issue related to staff sick leave and query? consultant job plans. Issues now resolved. <p>Improvements expected in September, however, further assurance has been requested via the Contracting & Clinical Quality Review Meeting (CCQRM) on 18th September, with a request for an updated action plan (including SLA's) and improvement trajectory by 25th September.</p> <p>HMRC Pension and tax issues are providing a significant challenge to the trust as there are reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered.</p> <p>The Trust had indicated that performance improvements are expected in September, however, the improvement trajectory will not be met until March 2020. The Trust have provided an improvement trajectory and corresponding narrative. Further discussions will be had at CCQRM to ensure improvements continue.</p>							
When is performance expected to recover:							
<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>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance

Figure 2 – RTT Performance & Activity Trend

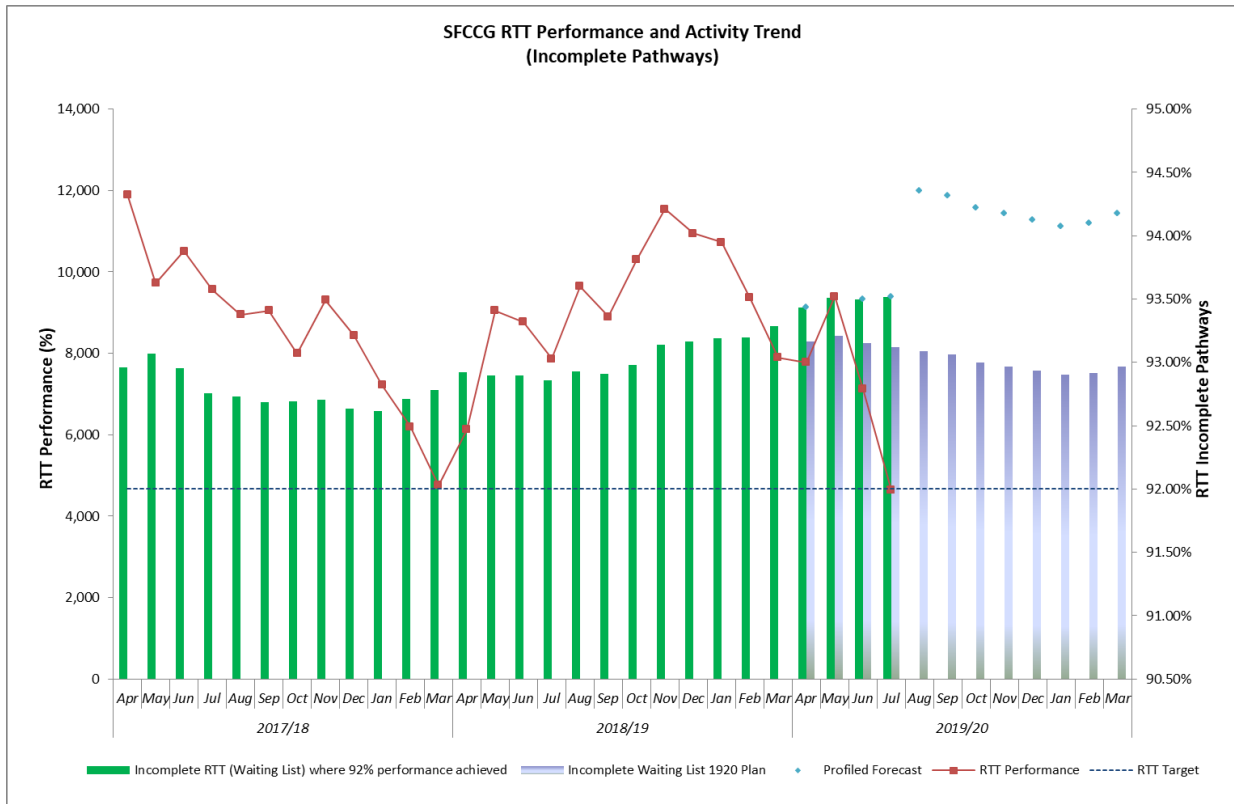


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331	9,392									9,392
Difference	838	933	1,071	1,234									1,714

Southport & Formby CCG has seen a 7,444/25% increase in April to July 2019 compared to the same period in 2018/19 for incomplete pathways. Southport & Ormskirk had their highest number of incomplete waiters for over 2 years and the waiting list has increased by 4% in July 2019 compared to June 2019. CCG RTT performance shows 91.99% predicted to drop below 92% in August 2019.

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	Aintree	General Surgery	38 & 46 weeks	2 patients; both treated
Southport & Formby	Aintree	Ophthalmology	47 weeks	1 patient; waiting first appointment
Southport & Formby	Alder Hey	All Other	9 to 44 weeks	12 patients; 11 have TCI dates, 1 has sent to service for date
Southport & Formby	ISIGHT	Ophthalmology	39 to 48 weeks	3 patients: 1 has been treated, 1 is unfit for treatment and clock stopped and for 1 the provider has completed an Individual Funding Request (IFR) for this patient. The patient will now be called into clinic for discussion.
Southport & Formby	Lancashire Teaching	Plastic Surgery	46 weeks	1 patient; pathway stopped due to capacity
Southport & Formby	Liverpool Womens	Gynaecology	42 to 46 weeks	4 patients; community - 1 pathway stopped, 3 unknown and no comments provided
Southport & Formby	Royal Liverpool & Broadgreen Hospital	General Surgery	36 to 43 weeks	4 patients; 1 treated, 1 long waiter on waiting list and and 2 waiting due to capacity
Southport & Formby	Royal Liverpool & Broadgreen Hospital	Urology	40 weeks	1 patient who has been treated
Southport & Formby	Royal Liverpool & Broadgreen Hospital	All Other	45 weeks	1 patient has a TCI date
Southport & Formby	Southport & Ormskirk	General Surgery	36 to 47 weeks	5 patients; 3 have been treated, 1 has TCI date of 4-8-2019 and 1 has been discharged and clock stopped
Southport & Formby	Southport & Ormskirk	ENT	36 to 39 weeks	2 patients; both have no TCI date have declined 4 four appointments and had 3 changed so far
Southport & Formby	Southport & Ormskirk	All Other	38 weeks	1 patient; 1 Provider cancellation and patient cancelled 3 subsequent appointments
Southport & Formby	Southport & Ormskirk	Urology	41 weeks	1 patient; TCI date of 11-9-2019
Southport & Formby	Southport & Ormskirk	Ophthalmology	38 and 41 weeks	2 patients; 1 has TCI date of 14-8-2019 and 1 has been treated



The CCG had a total of 40 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 40 patients, 9 patients have been treated, 15 have TCI dates, 3 no longer required appointments and 13 unknown outcomes.

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

- The Trust has planned for locum medical support concentrating on follow up's only (previous locums have not worked well with long term patients). This may allow the Trust to increase new patient capacity for current doctors.
- The Trust has recruited a prescribing pharmacist with a specialist in ADHD and who has commenced their own clinics. The appointment of a Community Matron and the return of 2 staff off long term should see improved capacity.



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	Apr-19	May-19	Jun-19	Jul-19		
		6	7	7	7		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk reported 7 cancelled operations in July 2019, showing no improvement on June. 5 were cancelled due to no ward beds being available and 2 were cancelled due to running out of theatre time. Year to date there have been 27 cancelled operations at the Trust.							
Actions to Address/Assurances:							
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.							
When is performance expected to recover:							
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.							
Quality:							
This was discussed at the CCQRM on the 18/9/19 and the trust assured the group that all cancelled ops had been rebooked and that they have piloted a member of staff to contact patients two days before the planned surgery to ensure that they would not be cancelling. This has impacted on the number of cancellations/DNA and the trust have seen a reduction. Currently looking to see if they are able to make the post sustainable to maintain the improvement. There still remains some capacity issues with regards to recruitment of anaesthetists which they are actively trying to do.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.5 Cancer Indicators Performance



2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors	
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					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	Apr-19	May-19	Jun-19	Jul-19	YTD			
		CCG	86.52%	93.34%	94.12%	93.15%			91.84%
		S&O	94.30%	95.03%	94.80%	93.76%			94.44%
		Plan: 93%							
Performance Overview/Issues:									
The CCG achieved the two week standard in July 2019 but are failing year to date with 91.84%. In July, 48 patients breached the target out of a total 701 treated. This is a slight dip in performance from last month. Cancer data is monitored cumulatively so year to date the CCG is reporting red.									
Actions to Address/Assurances:									
Breast services dominate the underperformance against this standard. Improvements at Aintree have resulted in achievement of the 2 week wait standard this month.									
When is performance expected to recover:									
July 2019.									
Quality:									
The CCG have requested the Recovery plan which will be shared with CCG Cancer lead. The trust also reported that they have a 2 weekly meeting which the CCG commissioning lead for cancer will be invited to so that progressed can be shared and trajectories of improvements discussed in further details.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Graeme Allen			Sarah McGrath				



2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					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	Apr-19	May-19	Jun-19	Jul-19	YTD		
								
		Plan: 93% Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.						
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in July 2019 with 97.22% but are failing year to date with 84.03%. Performance has improved again from last month. Year to date there have been 23 breaches from a total of 144 patients treated. All breaches were at Aintree. Cancer data is monitored cumulatively so year to date the CCG is reporting red.								
Actions to Address/Assurances:								
As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways, as well as increased management of benign breast disease in primary care. The forms will be uploaded onto practice EMIS systems over the next month.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. Capacity and demand now appear to be well matched. However there needs to be close monitoring in respect of potential for referral shift where there are pressures in breast services elsewhere in the region.								
When is performance expected to recover:								
July 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	72.22%	80.56%	85.29%	68.18%	76.00%	
		S&O	69.62%	75.29%	78.02%	78.89%	75.65%	
		Plan: 85% Trust's July improvement plan: 74.16% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG failed the 85% target with 68.18% in July 2019 and are still failing year to date with 76.00%. Year to date, 36 breaches have been reported from a total of 150 patients seen.</p> <p>Southport & Ormskirk Trust failed the target in July with a performance of 78.89% and are failing year to date reporting 75.65%. But this is above the Trust's agreed improvement plan for July of 74.16%. In July, there were the equivalent of 9.5 breaches from a total of 45 apportioned patients. Reasons for delays were due to inadequate elective capacity, complex diagnostic pathways, patient choice and other reasons (not stated).</p>								
Actions to Address/Assurances:								
<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. Comprehensive action plans and demand analysis using statistical methods have now been received.</p> <p><u>Trust Actions</u></p> <ul style="list-style-type: none"> - Trust have appointed to a project lead for cancer performance improvement from Cancer Alliance monies. - There has also been recruitment to some radiology posts with 3 further posts having job plans approved by Mersey Deanery - Robust escalation process to save potential breaches <p><u>CCG actions</u></p> <ul style="list-style-type: none"> - Development of revised referral forms to promote compliance with NICE NG12 - Cancer Themed Protected Learning Time Event end November 2019 <p><u>System actions</u></p> <ul style="list-style-type: none"> - New approach of mutual accountability for cancer standards through the Cancer Alliance. New cancer performance meeting with provider Chief Operating Officers commenced September 2019 								
When is performance expected to recover:								
<p>The CCG have requested the Recovery plan which will be shared with the CCG Cancer Lead. The Trust also reported that they have a 2 weekly meeting which the CCG Lead will be invited to so that progress can be shared and trajectories of improvements discussed in further detail. Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 - 62 Day NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG 0 Patients	85.71%	100%	62.5%	80.00%		
		S&O	0%	50%	0 Patients	75.0%	50.00%	
		Target: 90%						
Performance Overview/Issues:								
The CCG failed the 90% target in July reporting 62.5%. Out of 8 patients there were 3 breaches. Reasons for the breaches were Health care Provider initiated delay to diagnostic test / treatment planning and other reasons (not stated).								
Southport & Ormskirk Trust has 1 patient breach out of 4 patients in July reporting 75% and also under plan. This lower gastro patient delay was due to other reasons (not stated) with 83 days waited. The Trust are also failing year to date with 50%.								
Actions to Address/Assurances:								
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. Feedback is awaited.								
When is performance expected to recover:								
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.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
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	Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	86.36%	93.75%	60%	83%	81.54%	
		S&O	91.49%	90.32%	73.17%	86.96%	85.45%	
		Local Target: 85%						
Performance Overview/Issues:								
The CCG failed to achieve the 85% target in July 2019 reporting 83%; 2 patients breached the target out of a total 12. The 2 patients were for non admitted care. Reasons for delays were 'other'. Year to date performance is currently at 81.54%.								
Actions to Address/Assurances:								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.6 104+ Day Breaches

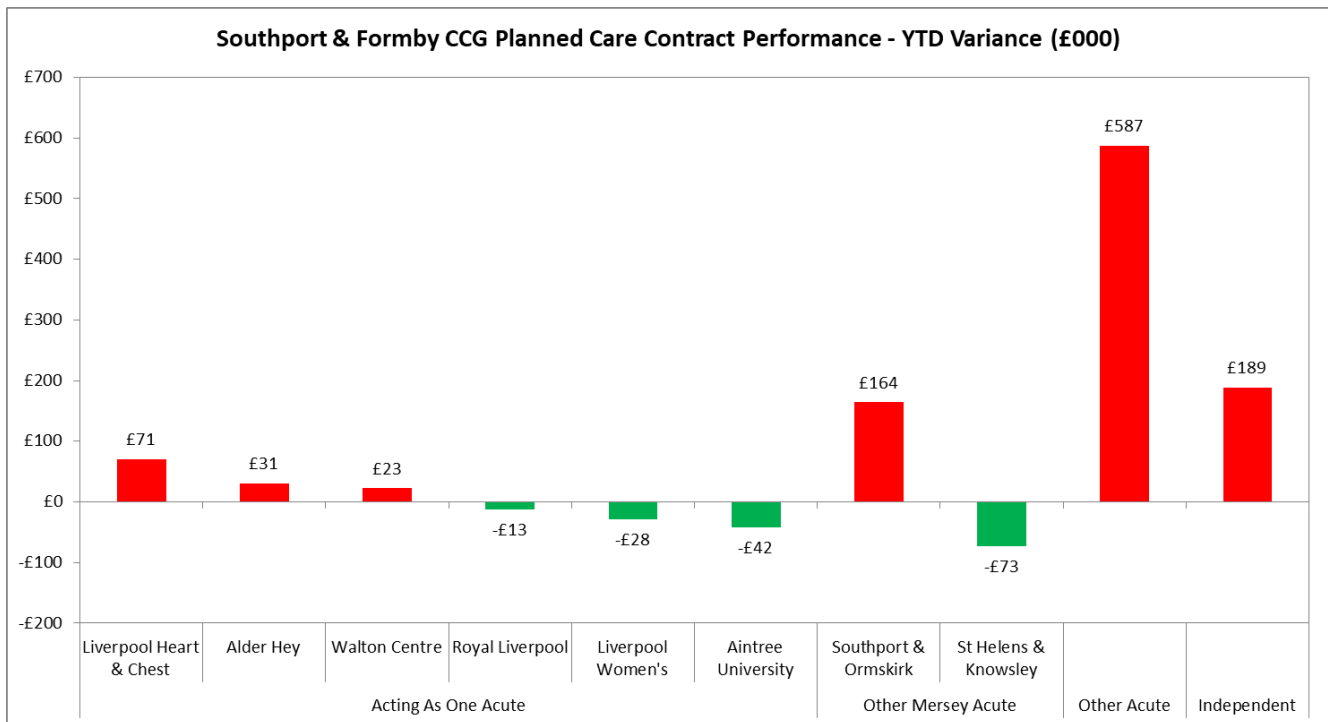
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Apr-19	May-19	Jun-19	Jul-19	
		1	2	2	4	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 4 patients waiting over 104 days in July 2019. 2 patients were Urological patients, with reasons due to complex diagnostic pathway. There was also 1 haematological patient whose health care provider initiated delay to diagnostic test / treatment and 1 other patient delay which again was due to complex diagnostic pathways. The longest waiting patient was at 167 days.						
Actions to Address/Assurances:						
Southport and Formby CCG expects to receive Root Cause Analyses for these pathways.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: Inpatients		Previous 3 months and latest					
		RED	TREND	Apr-19	May-19		Jun-19
		RR	12.3%	13.6%	11.8%		13.6%
		% Rec	95.0%	96%	95%		93%
		% Not Rec	3.0%	2%	2%		4%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for inpatients of 13.6% in July 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 93% below the England average of 96% and the percentage who would not recommend reported 4% bringing them over the 2% England average.							
Actions to Address/Assurances:							
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: <ul style="list-style-type: none"> - 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. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
See actions.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 4 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £909k/7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly reduced over spend of approximately £868k/6.7%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 4 with a variance of £374k/103%. This is followed by Southport & Ormskirk and Renacres Hospitals with an over performance of £164k/2% and £142k/11% respectively.

At speciality level, Trauma & Orthopaedics represents the highest over performance for Southport & Formby CCG at month 4. The majority of this over performance is related to activity at Wrightington, Wigan and Leigh. The costs related to activity at this provider represent 26% of all Trauma & Orthopaedic costs within planned care, which is an increase of 6% when comparing to the previous year. The market share for Trauma & Orthopaedic costs at Southport Hospital has decreased from 49% to 44% in 2019/20 to date.

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	3,734	3,696	-38	-1%	£1,938	£1,934	£-5	0%
Elective	425	358	-67	-16%	£1,192	£1,025	£-167	-14%
Elective Excess BedDays	77	140	63	81%	£21	£37	£16	80%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	430	337	-93	-22%	£84	£70	£-14	-17%
OPFASPCL - Outpatient first attendance single professional consultant led	4,772	5,387	615	13%	£839	£938	£99	12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	970	302	-668	-69%	£98	£35	£-64	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	13,528	15,055	1,527	11%	£1,156	£1,331	£174	15%
Outpatient Procedure	7,917	9,189	1,272	16%	£1,077	£1,260	£183	17%
Unbundled Diagnostics	6,635	3,959	-2,676	-40%	£433	£375	£-58	-13%
Grand Total	38,489	38,423	-66	0%	£6,839	£7,003	£164	2%

*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 9% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Gynaecology and General Surgery amongst others. 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 £104k/45% evident at month 4. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

The increase in Trauma & Orthopaedic first outpatient attendances appears to be a result of internally generated referrals. The CCG are awaiting feedback from the provider relating to referral patterns identified in 2019/20.

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	7	10	3	42%	£1	£1	£0	40%
Daycase	58	86	28	49%	£77	£84	£7	9%
Elective	36	83	47	128%	£208	£529	£322	155%
Elective Excess BedDays	10	8	-2	-21%	£3	£2	£0	-17%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	25	35	10	38%	£2	£3	£1	32%
OPFASPCL - Outpatient first attendance single professional consultant led	131	230	99	75%	£18	£33	£15	86%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	37	63	26	70%	£2	£5	£3	128%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	49	183	134	271%	£1	£5	£4	309%
OPFUPSPCL - Outpatient follow up single professional consultant led	490	702	212	43%	£30	£44	£15	50%
Outpatient Procedure	89	154	65	72%	£12	£22	£10	82%
Unbundled Diagnostics	92	116	24	27%	£11	£10	-£1	-6%
Grand Total	1,025	1,670	645	63%	£363	£738	£374	103%

Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. However, over performance is focussed largely within the elective point of delivery and the Trauma & Orthopaedics speciality. 'Very Major Knee Procedures for Non-Trauma with CC Score 2-3' currently accounts for £81k 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	487	612	125	26%	£473	£576	£103	22%
Elective	80	82	2	3%	£383	£374	-£9	-2%
OPFASPCL - Outpatient first attendance single professional consultant led	844	979	135	16%	£146	£168	£22	15%
OPFUPNFTF - Outpatient follow up non face to face	2	0	-2	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,111	1,299	188	17%	£81	£94	£14	17%
Outpatient Procedure	1,178	732	-446	-38%	£151	£127	-£24	-16%
Unbundled Diagnostics	371	440	69	19%	£32	£43	£11	36%
Physio	553	584	31	6%	£17	£18	£1	6%
Outpatient Pre-op	0	394	394	0%	£0	£24	£24	0%
Grand Total	4,626	5,122	496	11%	£1,282	£1,424	£142	11%



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 16% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 6% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management and Trauma & Orthopaedics.



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	Apr-19	May-19	Jun-19	Jul-19	YTD		
		All Types	84.23%	85.15%	85.73%	88.32%	85.89%	
		Type 1	69.10%	79.49%	80.52%	83.67%	80.52%	
		National Standard: 95%						
Performance Overview/Issues:								
Southport & Formby CCG's performance against the 4-hour target for July 2019 reached 88.32% for all types (85.89% YTD), and 83.67% for type 1 (80.52% YTD), both of which are significantly below the national standard of 95%.								
Actions to Address/Assurances:								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however the Trust is not meeting the agreed NHSI improvement trajectory. The S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.								
The Trust continue to operate with workforce constraints which is causing variation in internal processes and procedures. The Trust have a recruitment plan in operation which forms part of their internal improvement plan to address flow. The CCG are continuing to work together with the Trust to develop and implement identified schemes that will go towards mitigating the capacity shortfall, which are listed within the system winter plan.								
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 July 2019 is 90.3%. Performance is expected to improve during quarter 2. Performance continues to improve however there is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Tim Quinlan			Sharon Forrester			

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

Indicator		Performance Summary					Potential organisational or patient risk factors	
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%  		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
			Apr-19	May-19	Jun-19	Jul-19		YTD
RED	TREND	All Types	86.93%	87.20%	87.88%	89.95%		88.01%
		Type 1	78.59%	79.95%	80.81%	84.25%		80.96%
National Standard: 95% July's improvement plan: 90.3% Yellow denotes achieving improvement plan but not national standard of 95%								

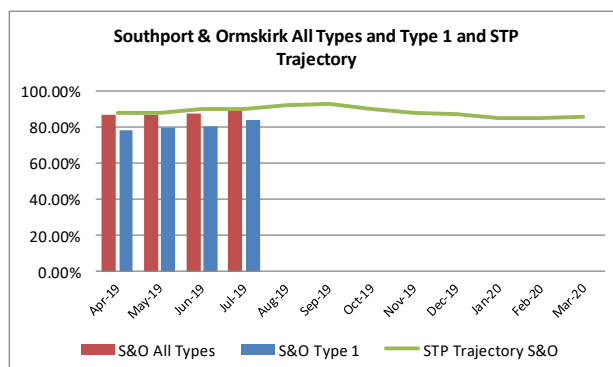
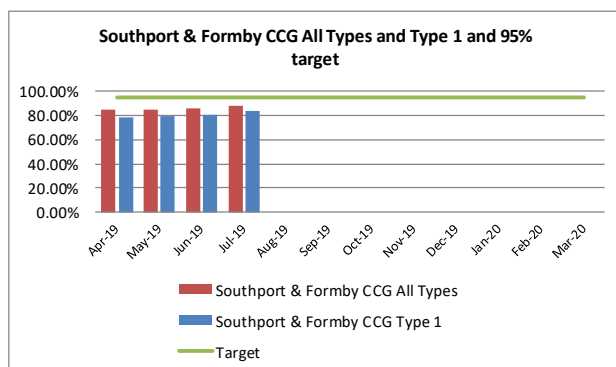
Performance Overview/Issues:
 Southport & Ormskirk's performance against the 4-hour target for July 2019 reached 89.95% for all types (88.01% YTD), which is below the Trust's improvement trajectory of 90.3%. For type 1 a performance of 84.25% was reported in July (80.96% YTD).

Actions to Address/Assurances:
 The Trust has reported that there was a 3% improvement in performance across the Trust against the 4-hour standard. On the Southport site there was an 8% improvement despite a 10% increase in attendances (498 additional patients) and a 5% increase in admissions from ED (338 additional admissions). Just under 50% of 4-hour breaches were as a result of bed delays. Just under 25% were as a result of delays to be seen by ED, which is a significant increase on previous months. Despite good progress being made in consultant recruitment over the last 12 months (with 1 new consultant joining the team in August, and a further consultant joining in October 2019), the Tier 1 and Tier 2 workforce continues to struggle to meet the increase in attendances and the shift in attendance times, with significant pressures seen across late and night shifts. As short term measures, additional shifts are put out to bank and agency to try and enhance staffing levels. As a longer term measure, ED continues to develop Physicians Associates to add additional resilience and capacity to the Tier 1 workforce with 6 in post (2 signed off and 4 in their supernumerary year), and has trained 3 ANPs over the last 2 years, with an advert due to go out imminently for more. The Tier 2 workforce (middle grade level), however, remains a challenge. 1 clinical fellow has been successful in progressing to Tier 2 level with recruitment and work permit checks currently underway. The department has approval to increase the current Tier 2 SAS level up to 10 WTE, but the candidates who have expressed interest in the post fall well below the bar for Tier 2 level, and the locum pool of Tier 2 doctors is of variable quality. The department is keen to pursue international recruitment for Tier 2. Work stream 1 reporting into PFIP has identified the need to extend the current minor injuries service until midnight to support the shift in activity levels. A QI project is specifically testing the triage process with additional staff being trained and flexing of staff to support dedicated minors triage capacity. Early results on the days that this has been tested as seen a 25% improvement in patients presenting with a minors complaint who are triaged within 15 minutes. There has been increased focus in streaming to assessment areas with ACU seeing upwards of 60 patients (across the 5 days it is currently open) with activity levels falling by up to half when ACU is used as an escalation area. Meetings are ongoing with the acute and medical teams to redirect GP accepted referrals from ED to support patients being seen in the most appropriate clinical area by the most appropriate team.



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 July 2019 is 90.3%. 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



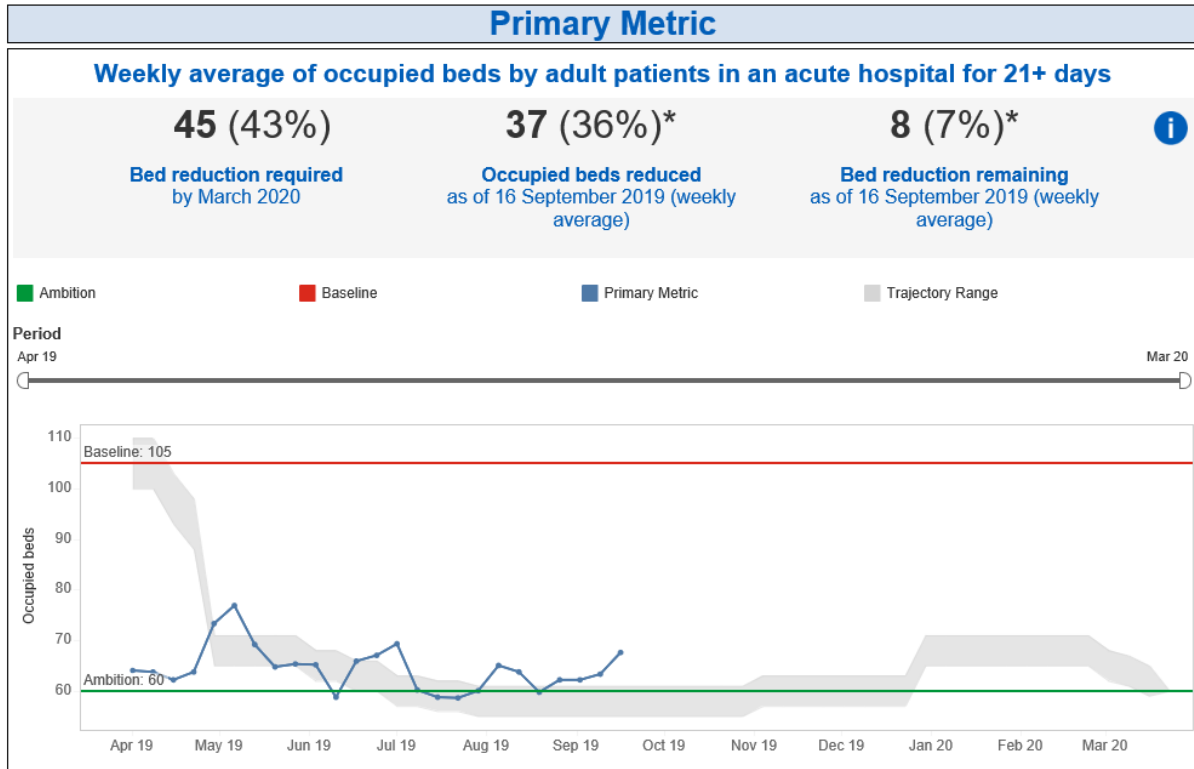
3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

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	Apr-19	May-19	Jun-19	Jul-19	
		10	12	4	4	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Trust reported 4, 12-hour breaches in July, breaching the zero tolerance threshold. This is the same number reported as last month, bringing year to date total to 30. All 4 were due to bed pressures on the Southport site. One was a delay in a side room becoming available out of hours, and an investigation has been commissioned to review lessons learned. The other 3 breaches occurred on a Monday following a challenging weekend that had resulted in Ambulatory Care Unit (ACU) being used as an escalation area but no staff to open discharge lounge. Clinical timelines have been completed and shared with the CCG. All patients had input from the relevant clinical teams whilst in ED with management plans and diagnostic tests completed.						
Actions to Address/Assurances:						
The Acute team continue to pursue opportunities to open ACU at weekends to stream appropriate patients as an alternative pathway to admission to try and mitigate some of the bed pressures currently seen. A substantive Acute Physician interview is pending and the department has recently welcomed a new locum Consultant, an ANP and a locum F2 will be joining from 5 August; this will enable a review of all job plans to increase evening capacity and pursue weekend working. There has been a workshop held with Ward Leaders led by the ADO, HoN and Head of Patient Flow (A Way for Safer) to reset processes to support inpatient flow, and there will be sessions taken to the wards to reach staff across all areas. The daily and weekly meetings with system partners discussing patient level detail continue.						
When is performance expected to recover:						
As expected, a reduction in 12 hour breaches has been sustained in July. 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.						
Quality:						
The CCG have receipt of 48 hour timelines and 60 day RCA's which are reviewed as part of PQIRP meeting internally, this will be completed jointly with NHSE as part of revised process. Despite the prolonged waits in ED the CCG are assured that respect and dignity has been maintained at times of severe pressure. Breaches are mostly reported due to lack of bed capacity.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Tim Quinlan		Sharon Forrester		

3.2 Occupied Bed Days

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 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in August 2019 and is still close to achieving in March 2020 as the latest reporting as at 16th September 2019 (weekly average) shows 68 occupied beds. This shows a reduction of 37 beds, 8 less than 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					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	May-19	Jun-19	Jul-19		
		Cat 1 mean	<=7 mins	00:07:04	00:06:53	00:07:43		
		Cat 1 90th Percentile	<=15 mins	00:13:34	00:12:41	00:14:28		
		Cat 2 mean	<=18 mins	00:21:44	00:26:59	00:26:55		
		Cat 2 90th Percentile	<=40 mins	00:49:13	01:00:18	01:04:12		
		Cat 3 90th Percentile	<=120 mins	01:55:09	02:19:42	02:50:49		
Cat 4 90th Percentile	<=180 mins	03:27:03	03:07:51	03:07:19				
Performance Overview/Issues:								
<p>In July 2019 there was an average response time in Southport and Formby of 7 minutes 43 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 26 minutes and 55 seconds against a target of 18 minutes. The CCG also failed the category 3 & 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into the system.</p> <p>Category 1 and 2 will remain an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. There are further aspects of the Ambulance Response Programme (ARP) where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.</p>								
Actions to Address/Assurances:								
<p>Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for 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. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of non-achievement of targets required for Quarter 1 2020/21. NWAS have been asked by the lead commissioners for a briefing on action that will be taken to mitigate risk.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	May-19	Jun-19	Jul-19		
		(a)	30-60 mins	138	104		
		(b)	60+ mins	18	28	20	
Performance Overview/Issues:							
Southport & Ormskirk reported a decline in ambulance handover times in July 2019. Handovers between 30 and 60 minutes increased from 104 to 123. However those over 60 minutes decreased from 28 to 20.							
Actions to Address/Assurances:							
Whilst ambulance handovers within 15 minutes remain a challenge, performance has significantly improved compared to the previous year. 54.66% of ambulance handovers were completed within 15 minutes of arrival in July 2019 compared to 38.12% in July 2018. In terms of patient numbers, 235 more patients were handed over within 15 minutes, demonstrating that the ED estates work continues to ensure that our NWAS colleagues can be released to attend patients waiting in the community. Overall 89% of handovers were completed within 30 minutes compared to 73.5% last July. There is still work to address the occasions when there are blockages in flow that result in the 4 protected cubicles becoming blocked. NWAS Mersey Sector representations is re attending the site on 15 August 2019 to repeat the audit on handover time and 'fit to sit' to test further opportunities to improve. There is an outstanding task from the A&E refurbishment to relocate an NWAS HAS screen into the resus department. Although patients brought into resus are handed over immediately, the lack of a screen in that area is leading to inaccurate electronic timestamps for these patients, driving up the overall reported handover times. The improvement work in Work streams 1 and 2, and the different QI projects associated with these work streams, collectively will support improvements in flow across the department.							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Apr-19	May-19	Jun-19	Jul-19		
		a) 65.70%	64.90%	52.90%	88.00%		
		b) 8.70%	25%	27.30%	12.50%		
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke has improved in July and is now reporting over the 80% plan, with 22 out of 25 patients spending 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 12.5% in July. Out of 16 patients just 2 achieved the target. This is a decline on last month when the Trust reported 27.30%.							
Actions to Address/Assurances:							
<u>Trust Actions:</u> - Stroke: The Chief Operating Officer has reinforced and reinvigorated a focus at daily site meeting to ensure a stroke bed is available at all times with escalation in place. - TIA: 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.							
<u>CCG Actions</u> This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.							
The CCG managerial lead plans to link in with identified Stroke leads for the trust to obtain an exception report against the failing indicators. The Stroke operational group hosted by the trust has not been meeting due to consultant capacity.							
The CCG have commissioned Stroke ESD outreach from the trust which is currently in mobilisation, the aims of which to support patients home early which should support performance.							
When is performance expected to recover:							
Quarter 2 2019/20							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		



3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND		Apr-19	May-19	Jun-19		Jul-19
		CCG	14	13	4		9
		S&O	32	37	14		14
		Plan: Zero					
Performance Overview/Issues:							
The CCG has reported a total of 9 breaches in July and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.							
In July the Trust had 14 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 14 breaches, 9 were for Southport & Formby CCG, 4 for West Lancashire CCG and 1 for St Helens CCG.							
Actions to Address/Assurances:							
Southport & Ormskirk Trust has maintained a lower number of breaches in month. The majority of breaches are in High Dependency Unit (HDU) and Obs wards. All delays are Datixed by the department; There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependent on the overall Trust position. The Critical Care Manager now attends the 13:30 bed meeting daily. The Obs ward is to monitor mixed sex breaches due to 'flipping' sex within unit, Emergency Department Matron to monitor.							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		Apr-19	May-19	Jun-19		Jul-19
		CCG	1	1	1		1
		Trust	0	0	0		0
		Plan: Zero					
Performance Overview/Issues:							
The CCG had one case of MSRA in April 2019 and has therefore breached the zero tolerance threshold for 2019/20.							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
Quality:							
Final report through the quality schedule with the Infection Prevention Control representative to attend and report to CQPG annually.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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		Apr-19	May-19	Jun-19			Jul-19
		CCG	2	4	8			10
		Trust	4	6	10			13
		2019/20 Plan: <=30 YTD for the CCG 2019/20 Plan: <= 16 for Southport & Ormskirk						
Performance Overview/Issues:								
The CCG had 2 new cases of C.Difficile in July making a total of 10, against a year to date plan of 9 (year end plan 30) so are over plan currently, (8 apportioned to acute trust and 2 apportioned to community).								
The national objective for C Difficile has changed. All acute trusts are now performance monitored on all cases of healthcare associated infections including those which are hospital onset health care associated (HOHA): <ul style="list-style-type: none"> - cases detected in the hospital three or more days after admission and community onset healthcare associated (COHA) - cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks. 								
The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20. In July the Trust reports they had 3 cases of c diff (13 YTD). 2 community onset healthcare associated (COHA) and 1 hospital onset healthcare associated (HOHA). This is over the monthly objective. In total Southport & Ormskirk have had 3 cases in July (13 YTD) (8 apportioned to the trust and 5 community onset).								
Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit which required support from PHE/Spec comm and the trust, the trust engaged on a significant improvement plan which involved having to close beds and large scale estates plan implemented to prevent reoccurrence. Further estates work is planned from the trust to improve the rest of the unit to ensure that it is fit for purpose and reoccurrence is less likely. Proposal outlined for significant investment to meet cleaning standards. Unit will be opened on a phased approach after further inspection from Public Health England (PHE).								
Actions to Address/Assurances:								
Cleaning in affected areas with Chlorine dioxide cleaner disinfectant and side room in addition was fogged using hydrogen peroxide vapour.								
When is performance expected to recover:								
Quality:								
Final report through the quality schedule with the Infection Prevention Control (IPC) rep to attend and report to CQPG annually								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Brendan Prescott		Doug Callow		Jennifer Piet				

3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND	Apr-19	May-19	Jun-19	Jul-19		
		CCG	14	25	39		55
		Trust	22	40	66		87
		Plan: 109 Year-End for the CCG No Trust plan					
Performance Overview/Issues:							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In July there were 16 new cases against a plan of 12, bringing the year to date figure to 55 against a YTD target of 39. Southport & Ormskirk Trust reported 21 new cases in July but zero acquired through the hospital (87 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative 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. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with CCG and AMR leads invited. The C&M 2018/19 rate for community onset E. coli Bacteraemias was higher than both the England and North West, with some of the highest rates seen in Southport and Formby and South Sefton. Following the meeting, it was agreed to set-up a sub-group to undertake improvement work across the Cheshire and Merseyside patch with support from NHSI.							
When is performance expected to recover:							
2 cases reported in July							
Quality:							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration work stream also. Awaiting confirmation of membership and SRO of the sub-group following the SIQSG held in September 2019.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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)	March 2019	100	82.80	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	111.10	↓

The improvement continues for another month, with another significant reduction to 82.80 down from 101.5 in February. Priority is to continue the ongoing work to identify and mitigate risks to patient safety, encourage learning and embedding of lessons learned into practice. The process of reviewing and improving pathways of care, both clinical and organisational should continue as usual business.

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 and will continue to monitor progress at Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis.

There are 56 incidents open on StEIS (an increase from 53 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 (M4)	SIs Reported (YTD)	Closed SIs (M4)	Closed SIs (YTD)	Open SIs (M4)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	6	21	5	25	32	11
Lancashire Care NHS Foundation Trust	0	5	0	1	8	3
NHS Southport & Formby CCG	1	2	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	6	2	5	8	2
Aintree University Hospital NHS Foundation Trust	0	0	0	0	1	1
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	1
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
Total	8	34	7	31	56	23

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:

- 6 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.
- 2 Root Cause Analyses (RCAs) are still awaited
- 1 stop the clock has been applied.

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 12 SIs open > 100 days the following applies:

- Lancashire Care NHS Foundation Trust – 1 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. Another has been reviewed

with further assurances requested and the remaining SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR).

- Southport and Formby CCG – Reported on behalf of i-Sight. Support on completion of the RCA was provided by the CCG, awaiting final report.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG 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.
- Bridgewater Community NHS Trust – RCA received and will be reviewed at SIRG in October 2019.
- Aintree University Hospital – Reviewed at SIRG and now closed

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 rcvd 70+ days	RCA not received
	S&O	21	0	19	*2	19	2	0	0	2	4

*1 x SI was downgraded therefore the 72 hour report was not required.
 1 x SI did not require 72 hour report as RCA was sent in early.

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. This has also been discussed with the Director of Nursing at S&O and assurance has been received that compliance will be achieved by November 2019.

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+	RCA not rcvd
Lancashire Care	4	1	3	2	-	4	1	0	1	2	0

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 have 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. The CCG are presently reviewing discharge to assess pathways where the CCG aim is to ensure DSTs are undertaken outside of a hospital setting. The CCG and provider colleagues 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 July was 253, an increase compared to July 2018 with 135. Delays due to NHS have decreased slightly to 99.2%, with those due to social care decreasing slightly to 0.8%. The majority of delay reasons in July 2019 were due to patient family choice. 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.

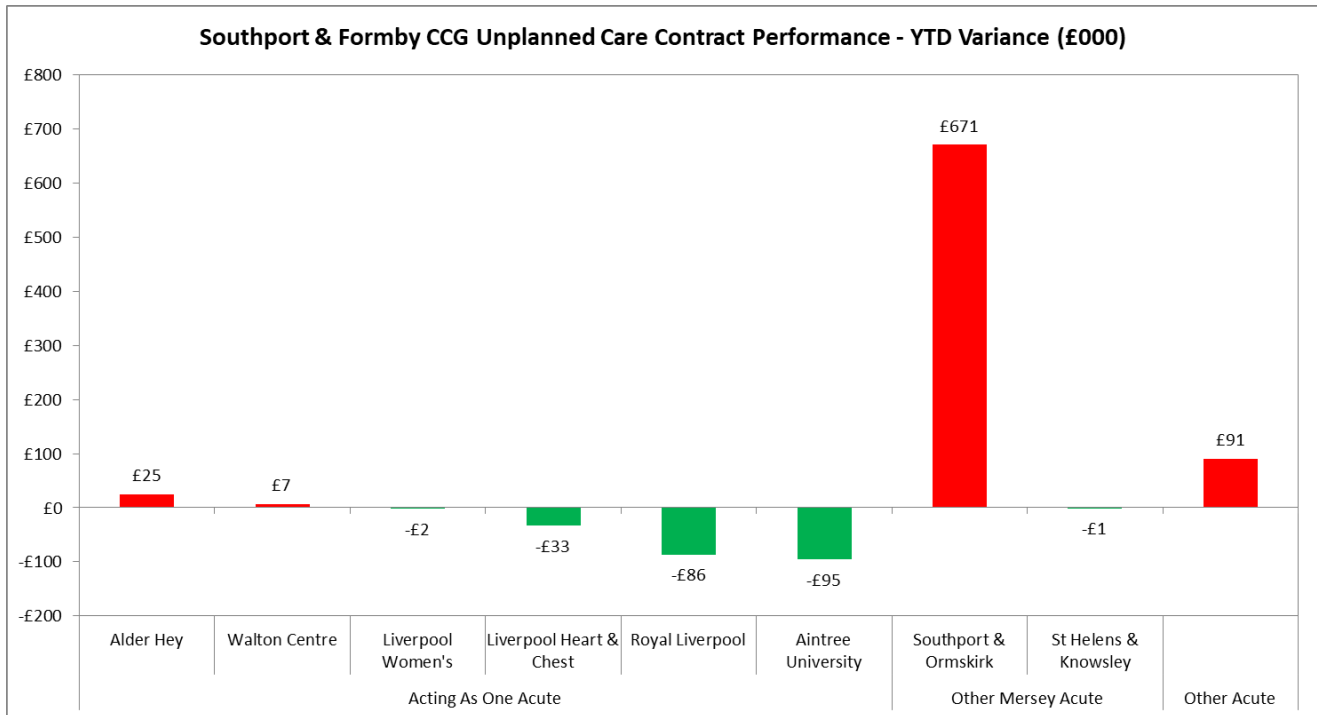
3.8 Patient Experience of Unplanned Care

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	Apr-19	May-19	Jun-19	Jul-19		
		RR	0.9%	1.50%	3.0%		1.5%
		% Rec	76.0%	92%	93%		88%
		% Not Rec	16.0%	5%	6%		9%
		2019 England Averages Response Rates: 12.2% % Recommended: 86% % Not Recommended: 9%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 1.5% in July. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service decreased to 88% and still above the England average of 86% and the percentage who would not recommend increased to 9% in line with the England average of 9%.							
Actions to Address/Assurances:							
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.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
See actions.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 4 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £575k/3.9%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £760k/5.2%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £671k/5% against plan at month 4.

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 - 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	13,560	14,680	1,120	8%	£2,259	£2,399	£140	6%
NEL - <i>Non Elective</i>	4,537	4,454	-83	-2%	£8,903	£9,799	£896	10%
NELNE - <i>Non Elective Non-Emergency</i>	205	208	3	2%	£238	£112	£-125	-53%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	3	2	-1	-36%	£1	£0	£-1	-100%
NELST - <i>Non Elective Short Stay</i>	1,108	1,024	-84	-8%	£771	£733	£-38	-5%
NELXBD - <i>Non Elective Excess Bed Day</i>	2,022	1,248	-774	-38%	£518	£318	£-199	-39%
Grand Total	21,435	21,616	181	1%	£12,690	£13,361	£671	5%

*PbR only

Year to date A&E attendances are currently 8% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. However, non-elective admissions account for the majority of the over performance reported. This is despite the non-elective point of delivery currently showing a reduction of -83/-2% admissions 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.

Initial Trust feedback regarding the increased cost per case for non-elective admissions in 2019/20 suggests the introduction of a “Red to Green” system (ensuring patients receive increased Therapy input at the start of admission) has had some impact. Average length of stay may have reduced where this is happening although similarly this would increase zero day admissions. Work is on-going with the provider to further understand this activity.

NB. 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a Same Day Emergency Care model (CDU/ACU) at the Trust.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M4 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 is expected to be fully reported from Quarter 2 with performance backdated. The Trust presented its updated RiO action plan and RiO is expected to improve from quarter 2.

Eating Disorders



The Trust’s eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions. As a result the number of individual therapy slots has been reduced and this has required better management of patient expectations.

The service is considering using a stepped care approach to match patient need with presentation and appropriate service and is considering areas where they can do more joint working (e.g. dietetic service). The service intends to submit a business case to improve skill mix (e.g. support workers, specialist nurses and dieticians).



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	Apr-19	May-19	Jun-19	Jul-19		
		26.7%	18.8%	31.3%	42.9%		
		Plan: 95%					
Performance Overview/Issues:							
Out of a potential 14 Service Users, 6 started treatment within the 18 week target. Issues contributing to this poor performance are the high number of referrals to the service (125 people across the Trust footprint waiting for treatment in July 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.							
Actions to Address/Assurances:							
Demand for the service continues to increase and to exceed capacity. The service is moving to providing group therapy as research suggests it can be equally as effective as individual therapy sessions. As a result the number of individual therapy slots has been reduced and this has required better management of patient expectations. The groups are gender mixed and diagnostically mixed and assignment to group or individual therapy is done via initial clinical assessment of the patient.							
The Trust are planning to submit a business case to commissioners at the end of September for consideration, any additional investment would have to be considered for 2020/21.							
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.							
When is performance expected to recover:							
Performance is linked to current service capacity which mitigates against significant recovery. The group work commences in September and the Trust will develop a trajectory.							
Quality:							
Linked to the above comments re: August CQPG Deep Dive.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

4.1.3 Patient Experience of Mental Health Services



Indicator		Performance Summary				Potential organisational or patient risk factors	
Mersey Care Friends and Family Test Results: Mental Health		Previous 3 months and latest					
GREEN	TREND	Apr-19	May-19	Jun-19	Jul-19		
		RR	3.5%	3.7%	3.2%		3.5%
		% Rec	93%	89%	88%		90%
		% Not Rec	2%	2%	2%		3%
		2019 England Averages Response Rates: 3.4% % Recommended: 90% % Not Recommended: 4%					
Performance Overview/Issues:							
Mersey Care have reported an increase in the percentage of patients responding to friends and family test surveys in July with 3.5%, above the England average. The percentage of patients who would recommend the service has also increased to 90%, the same as the England average. However the percentage who would not recommend the service remained static at 2%.							
Actions to Address/Assurances:							
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: <ul style="list-style-type: none"> - 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 							
When is performance expected to recover:							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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	Apr-19	May-19	Jun-19	Jul-19	
		1.12%	1.14%	1.01%	0.97%	
		Access Plan: 1.59% July 2019/20 reported 0.97% and failed				
Performance Overview/Issues:						
<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 M4 19/20 is therefore approximately 1.59%. Month 4 performance was 0.97% 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>						
Actions to Address/Assurances:						
<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 being 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. The service is also recruiting 5.0 Psychological Wellbeing Practitioners to work across both CCGs. Work is being undertaken to ascertain the number of people who chose to access non - IAPT compliant counselling interventions which are provided by the voluntary sector. The provider will also be asked to provide regular age profile information so as to enable specific age groups to be targeted. Fortnightly teleconference is taking place to monitor performance.</p>						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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.
GREEN	TREND	Apr-19	May-19	Jun-19	Jul-19	
		55.6%	46.9%	42.9%	50.7%	
		Recovery Plan: 50%				
Performance Overview/Issues:						
Achieving						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

5. Community Health

5.1 Adult Community Services (Lancashire Care)



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 / 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				
		Apr-19	May-19	Jun-19	Jul-19	
		24	27	59	68	
Performance Overview/Issues:						
<p>In July the Trust reported 68 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. The Trust advised that 20 of these were patient choice, 2 data quality issue and 46 due to service capacity. The longest wait was 20 weeks.</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"> - Administrative error has contributed to breaches - back log of referrals not logged for 4 months - measures put in place by admin w/c 5.8.19 to ensure this does not happen again. - Need to mobilise to Single Point of Access (SPOA) due to increase grip of waiting list management. 						
Actions to Address/Assurances:						
<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"> - Rapid assessment clinic employed - Team manager to continue to encourage additional hours - Service manager authority required to cancel any new assessment clinics from w/c 15.7.19 - Business admin manager / team lead to lead waiting list management processes in south admin hub - Performance & Quality lead (PPQ) continues to review waiting list and any breaches or potential breaches - proactive management needed of all 18 week breaches and any 17-18 week waits by PPQ - Link with senior business admin manager for SOP and waiting list management support - Team leader to plan day (4 sessions) in August for high volume rapid assessment drop-in session to support 50 new assessments. <p>The Trust has been recruiting into the team and has appointed a total 3 WTE band 5's awaiting pre employment checks and start dates. The service has 2.35 WTE band 6 vacancies which have been recruited to. The Trust is utilising 0.6 WTE agency staff.</p>						
When is performance expected to recover:						
Quality:						
All patients are triaged before their appointment.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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%						
Performance Overview/Issues:						
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.						
Actions to Address/Assurances:						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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

Indicator		Performance Summary				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%				
Performance Overview/Issues:						
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.						
Actions to Address/Assurances:						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

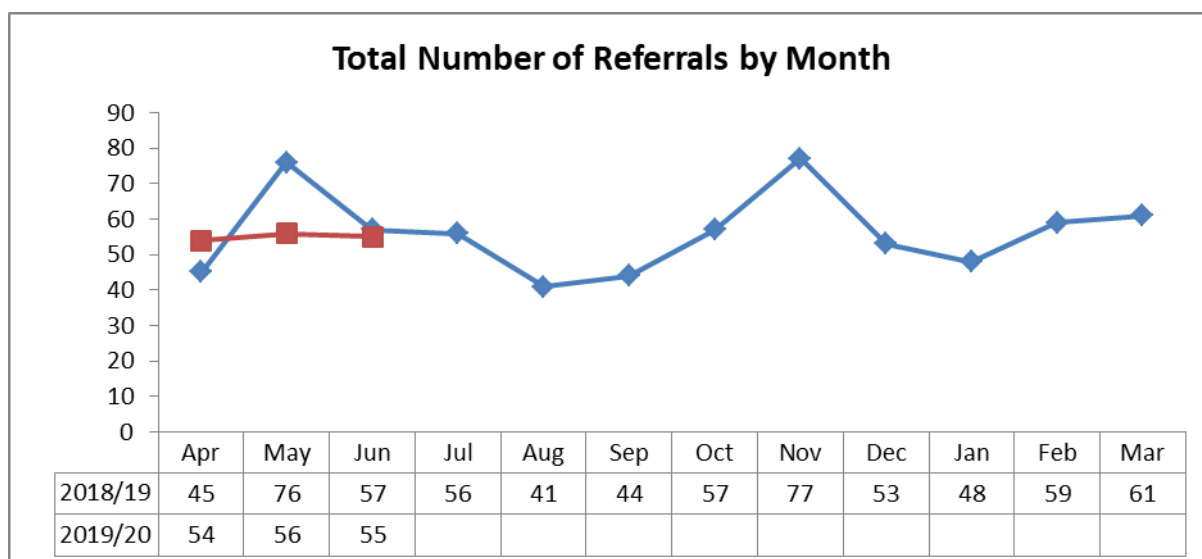
6.2 Child and Adolescent Mental Health Services (CAMHS)

Scope of Data

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 1 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during April to June 2019/20.

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 by Month



Throughout quarter 1 2019/20 there were a total of 165 referrals made to CAMHS from Southport and Formby CCG patients. The monthly number of referrals has remained stable over the first 3 months of the financial year.

During the first quarter of 2019/20 there were 8 DNAs out of 82 appointments which equates to a DNA rate of 9.8%.

Figure 17 – CAMHS Source of Referral

Source of Referral	No. of Referrals	% of Total
GP Referral	96	58.2%
Allied Health Professional	39	23.6%
Other	17	10.3%
Consultant In This Hospital	11	6.7%
A&E Attendance	1	0.6%
Consultant in Other Hospital	1	0.6%
Total	165	100%

In relation to the Primary Referrer, 58.2% (96) of the total referrals made during Quarter 1 2019/20 derived from a GP Referral and 23.6% (39) came from an 'Allied Health Professional'.

Figure 18 – CAMHS Outcome of Referral

Outcome of Referral	No. of Referrals	% of Total
Declined	80	48.5%
Pending Action	50	30.3%
Allocated	35	21.2%
Total	165	100%

Of the total number of referrals received during April to June 2019/20, 80 (48.5%) of which had been 'Declined', 50 (30.3%) were 'Pending Action' and 35 (21.2%) were 'Accepted'.

All of those referrals that were declined were due to being an 'Inappropriate Referral'. The term 'Inappropriate Referral' will incorporate referrals that have been rejected and turned down completely, but also include those referrals that have been signposted to a more appropriate service and

therefore still receive support albeit in a different environment. Data recording improvements will allow this to be reported in future reports to provide a more accurate outcome of referral. This work is still in progress.

The remaining tables will focus on only those 35 Referrals that have been accepted and allocated.

Figure 19 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	14	40.0%
2-4 Weeks	11	31.4%
4- 6 Weeks	6	17.1%
6-8 weeks	1	2.9%
8-10 Weeks	1	2.9%
Over 10 Weeks	2	5.7%
Total	35	100%

Of those Referrals during April to June 2019/20 that have been allocated and an assessment taken place, 40% (14) waited between 0 and 2 weeks for the assessment. 94.3% 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 104 days (14.9 weeks) and the other waited 106 days (15.1 weeks) which was the maximum wait in the given time period.

Figure 20 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	7	20.0%	31.8%
2-4 Weeks	3	8.6%	13.6%
4- 6 Weeks	5	14.3%	22.7%
6-8 weeks	2	5.7%	9.1%
8- 10 weeks	4	11.4%	18.2%
10-12 Weeks	1	2.9%	4.5%
(blank)	13	37.1%	
Total	35	100%	

37.1% (13) of all allocated referrals did not have a date of intervention. Of these, 2 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 11 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 11 waiting for an intervention, 3 were referred to the service within the month of June 2019 and all have had an assessment.

If these 13 referrals were discounted, that would mean 45.5% (10) 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.

Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks during 2018/19.

How are the issues being addressed?

NHSE non-recurrent funding has been secured and waits are reducing. The CCG has jointly commissioned online counselling for 2019/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. National uplifts are being reviewed to identify what additional resource is available for increasing capacity in line with national standards/targets. Additional activity targeted at South Sefton to be brought online in 2019/20.

When is the performance expected to recover by?



Impact of NHSE funding will be seen early 2019/20 and the impact of online counselling and additional Southport & Formby activity will be seen in quarters 2 and 3 of 2019/20.

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	Q4
			18.5%	6.6%		6.8%	6.1%
Access Plan: 32% 2018/19 performance was 38.1% and achieved.							
Performance Overview/Issues:							
The CCG reported a performance of 6.1% in quarter 4, a decline on quarter 3 when 6.8% was reported, compared to a monthly target of 8%. The target for 2018/19 is 32%. The year end Access rate was 38.1% and therefore achieved the annual target of 32%.							
Actions to Address/Assurances:							
Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20. Figures for 18/19 are a big improvement from previous years.							
When is performance expected to recover:							
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 Sefton.							
Quality:							
Indicator responsibility:							
Leadership Team Lead	Clinical Lead		Managerial Lead				
Geraldine O'Carroll	Hilal Mulla		Peter Wong				

6.4 Children’s Community Services (Alder Hey)



6.4.1 Services

An initial meeting has been held with Alder Hey, Liverpool CCG and Sefton CCGs 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: Green > 18 weeks: Red	
		Apr-19	May-19	Jun-19	Jul-19		
		45 wks	43 wks	37 wks	36 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In July the Trust reported a 92nd percentile of 36 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on June when 37 weeks was reported. In July the longest waiting patient was 1 patient waiting at 62 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.</p> <p>At the end of August there were NO children who have waited over 52 weeks. 9 children have waited over 40 weeks, but have an appointment scheduled within the month.</p>							
Actions to Address/Assurances:							
<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>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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> <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red</p> <p><u>Provider Cancellations</u> <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red</p>
RED	TREND	Outpatient Clinic DNA Rates				
		Apr-19	May-19	Jun-19	Jul-19	
		20.0%	22.6%	14.5%	17.6%	
		Outpatient Clinic Provider Cancellations				
		Apr-19	May-19	Jun-19	Jul-19	
		7.1%	9.7%	3.1%	3.0%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
Performance Overview/Issues:						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In July 2019 this increased to a rate of 17.6%. Provider cancellations saw a slight decrease with 3.0%.						
Actions to Address/Assurances:						
The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.						
In the contract review meeting in June it was agreed that operational issues relating to dietetics would be raised in advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.						
When is performance expected to recover:						
To be confirmed following the next contract review meeting and meeting with the leads.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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				
GREEN	TREND	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				
Performance Overview/Issues:						
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.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

7. Primary Care

7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.
RED	TREND	Apr-19	May-19	Jun-19	Jul-19	
		57.46%	65%	61.96%	52.74%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). July target 60.2%				
Performance Overview/Issues:						
<p>A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.</p> <p>In July, Southport & Formby CCG practices reported a combined utilisation rate of 52.74%, falling below the CCG's 60.2% target for July. Total available appointments was 1,115, with 652 being booked (58.48%) and 64 DNA's (9.8%). This shows a downward trend in utilisation rates since May 2019.</p>						
Actions to Address/Assurances:						
Extended access is available to the whole population however utilisation of appointments dropped below the target in July. Seasonal variation and increased activity in A&E suggest a slight shift in acute service usage. Further work with the service leads to understand the drop in utilisation and if this is likely to continue in August.						
When is performance expected to recover:						
The extended access service continues to offer high number of slots for the population and active promotion of the service remains across the CCG so patients can avoid utilising acute services as an alternative.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

7.2 CQC Inspections

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

Figure 21 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	24 April 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
Y02610	Trinity Practice	n/a	Not yet inspected the service was registered by CQC on 26 September 2016					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	11 March 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

8. CCG Improvement & Assessment Framework (IAF)

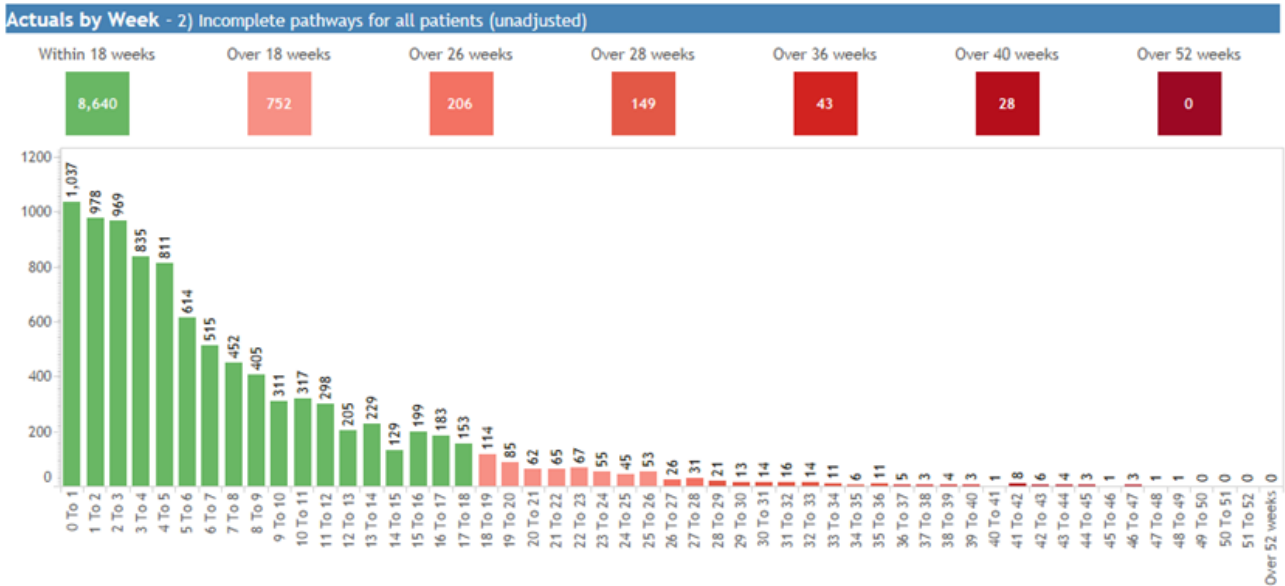
8.1 Background

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.

9. Appendices

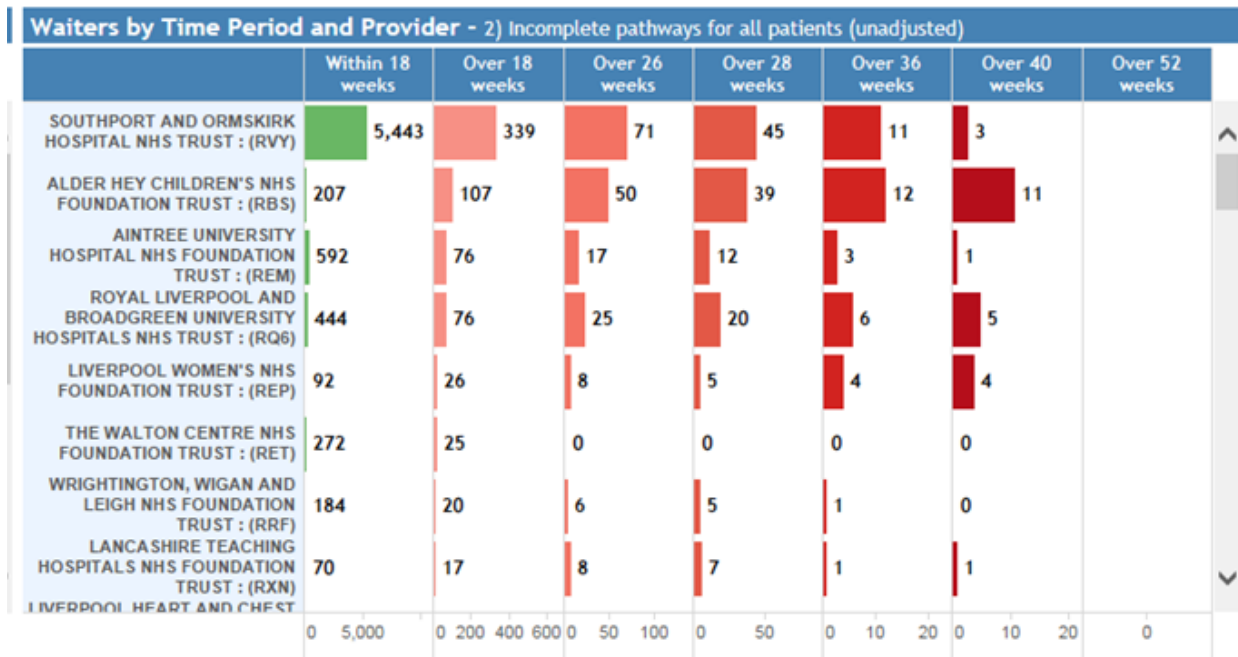
9.1.1 Incomplete Pathway Waiting Times

Figure 22 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 23 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 24 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

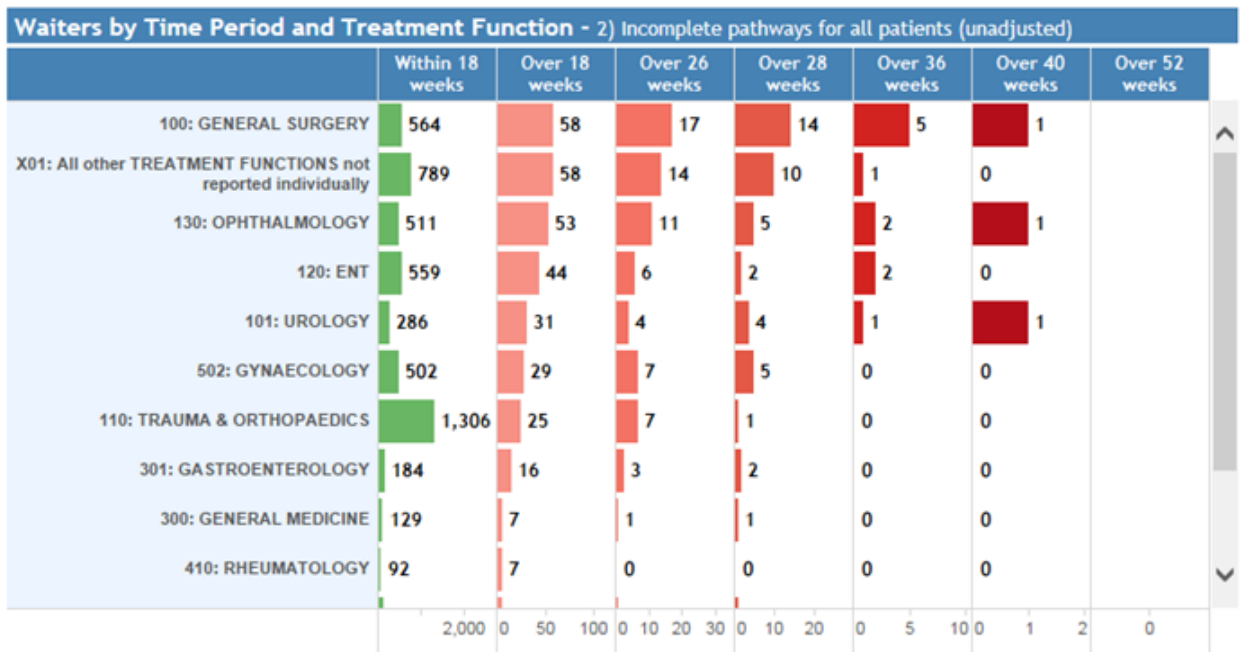
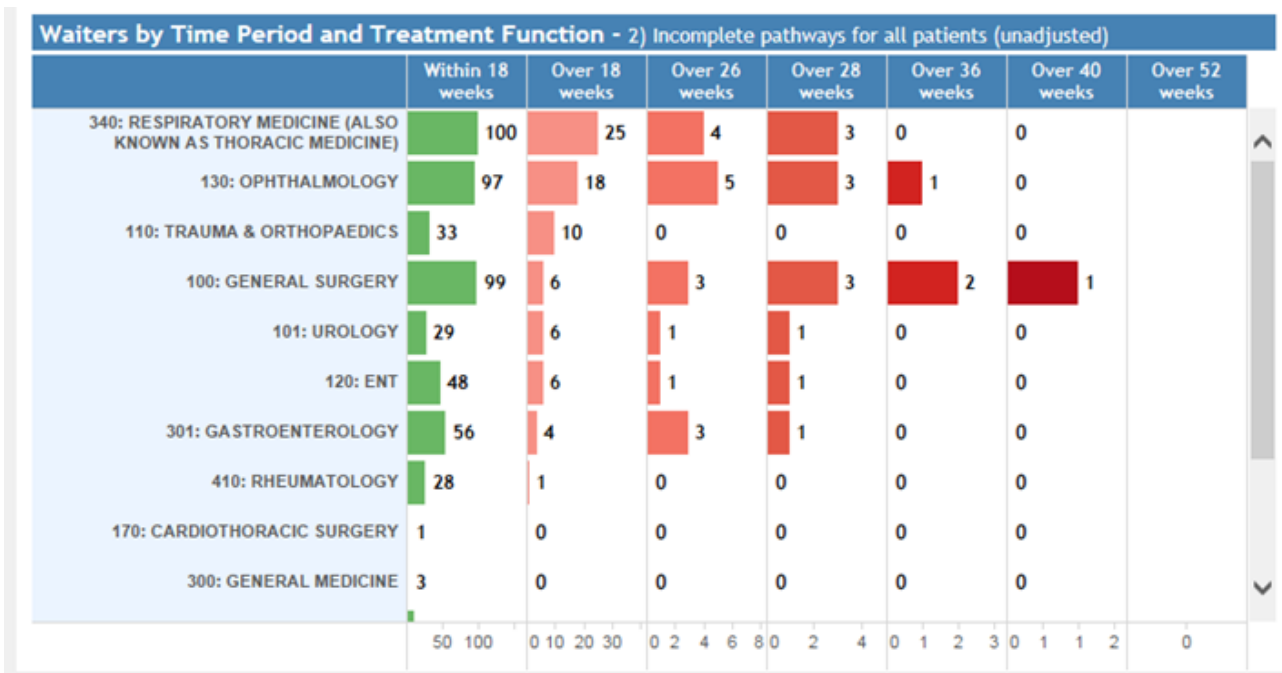
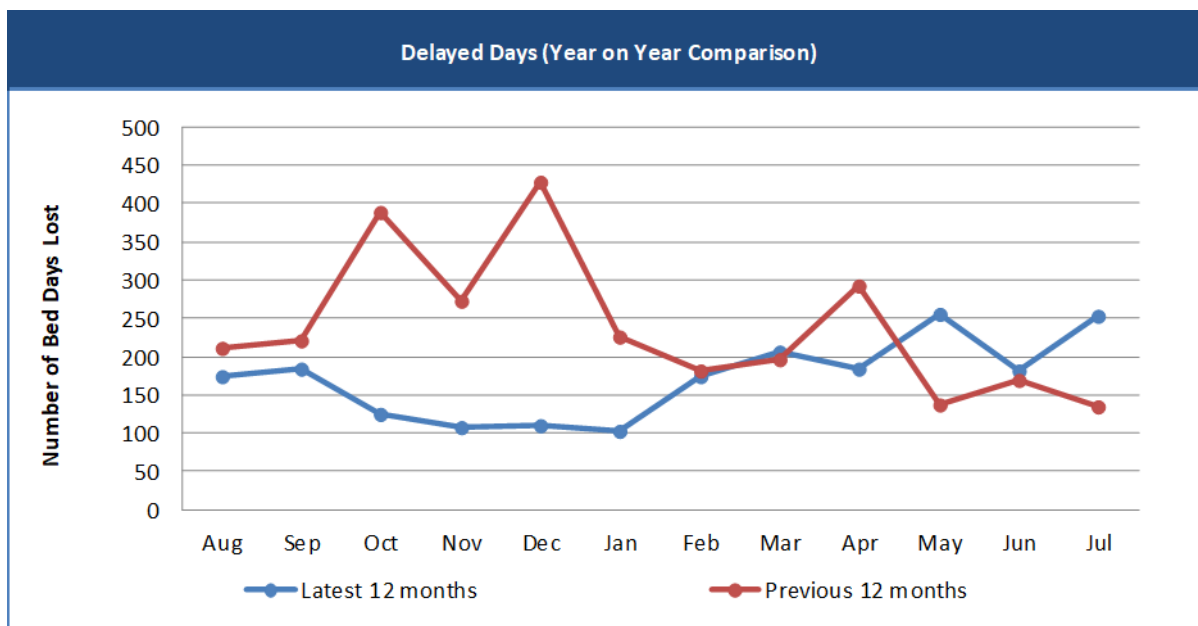


Figure 25 - Patients waiting (in bands) on incomplete pathway for Aintree University Hospital NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 26 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jul-19	Jun-19	Jul-18
Total	253	181	135
NHS	99.2%	100.0%	97.0%
Social Care	0.8%	0.0%	3.0%
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 (Jul-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	2.0%
Community Equipment Adapt	6.7%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	1.6%
Housing	0.0%
Nursing Home	0.4%
Patient Family Choice	59.7%
Public Funding	18.6%
Residential Home	11.1%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year	Plan	FOT	Variance %	Apr	May	Jun	Jul	YTD
			Outturn								
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	294	294	290	-1.52	297	278	242	251	273
		Total Contacts (Domiciliary)	1,740	1,740	1,575	-9.48	149	116	143	117	535
		Total New Referrals	174	174	192	10.34	11	15	22	16	64
	Paediatric Dietics	Caseload at Month End	5	5	201	3,920.00	216	196	197	193	216
		Referral to 1st contact (weeks average)	8.6	8.6	6.4	-26.99	7	2.4	4.6	11.7	7
		Total Contacts	356	356	471	32.30	27	45	41	44	157
		Total Contacts (Domiciliary)	64	64	66	3.12	7	10	4	1	22
		Total Contacts (Outpatients)	292	292	402	37.67	20	35	37	42	134
	Paediatric Occupational Therapy	Caseload at Month End	201	201	140	-30.35	151	140	139	130	151
		Referral to 1st contact (weeks average)	15.9	15.9	13.2	-16.99	14.1	13.9	13	11.7	14.1
		Total Contacts (Domiciliary)	4,859	4,859	3,999	-17.70	297	297	333	406	1,333
		Total New Referrals	619	619	555	-10.34	41	60	42	42	185
		Referral to 1st contact (weeks average)	24.8	24.8	32.2	29.84	35	35.5	29.7	28.7	35.3
	Paediatric Speech and Language Therapy	Total Contacts (Domiciliary)	12,823	12,823	14,700	14.64	1,044	1,238	1,329	1,289	4,900
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	531	4.73	56	54	51	16	177
		Total New Referrals	1,096	1,096	996	-9.13	93	89	78	72	332
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0

If Plan is <10,000:

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

If Plan is >10,000:

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

9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	137	148									1,843	1,555	-15.6%
Incomplete Pathways - 92nd Percentile	45	43	37	36									448		
Total Number Waiting	943	919	876	813									9,375		
Number waiting over 18 weeks	520	462	467	434									4,682		
Longest weeks waiting - weeks	52	54	58	62									587		
Longest weeks waiting - patients	2	2	1	1									25		

RAG rating

	≤18 weeks
	19 to 22 weeks
	23 weeks plus

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

9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
DNA	66	53	41	147	68	116	13	19	16	21	69
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	17.6%	18.3%

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	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
Cancellations	6	0	5	29	0	44	4	7	3	3	17
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	3.0%	5.2%

Outpatient Clinics - Cancs by PATIENT

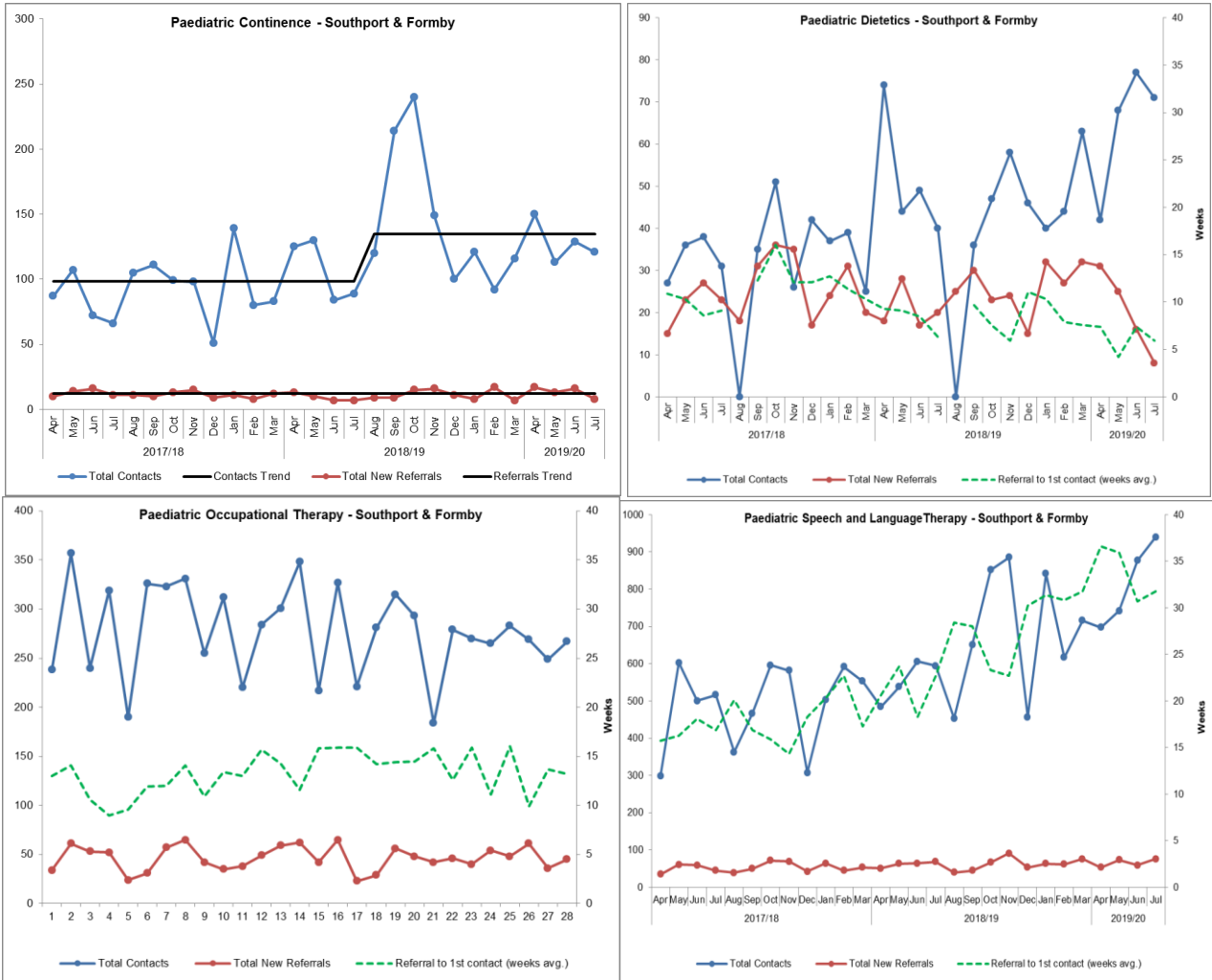
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
Cancellations	27	63	63	207	128	184	10	38	18	33	99
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	25.2%	24.3%

Rag Ratings & Targets 19/20

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

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

9.6 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

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

A summary of the Q4 BCF performance is as follows:

Figure 27 – 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 28 – BCF High Impact Change Model Assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established		This Chg is in already established for SFCCG area and work continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established		Currently established in Southport and Formby in S&O and system working well to monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established		Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review ongoing of impact alongside social work activity at weekend to move to more mature assessment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established		Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across catchment.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established		The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

9.7 NHS England Monthly Activity Monitoring

The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 4 performance and narrative detailed in the table below:

Figure 29 – Southport & Formby CCG’s Month 4 Submission to NHS England

Month 04 (July)	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,574	2,786	8.2%	GP referrals increased in month 4 against the seasonal plan and resulted in the highest GP referral numbers reported since March 2017. Actual GP referrals increased by 18% compared to the previous month. However, taking working days into account, the increase was closer to 3%. Increases occurred in numerous specialities at the main hospital provider but notably Rheumatology, Gastro, Dermatology, Ophthalmology and ENT. Historical trends have shown that GP referrals decrease in month 5 and despite this increase in month 4, year to date GP referrals are within 2% of plan.
Other	2,348	2,956	25.9%	
Total (in month)	4,922	5,742	16.7%	An increase in Other referrals has been apparent and these remain high against the plan as in 1819 although some of this increase can be attributed to the increased work days in July as noted above. 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 Surgery, Cardiology and T&O at the main hospital provider. Discussions regarding referrals are raised at the information sub group with the provider and the CCG are awaiting feedback relating referral patterns identified in 2019/20.
Variance against Plan YTD	19,344	21,270	10.0%	
Year on Year YTD Growth			11.4%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,967	4,383	10.5%	OP first attendances have increased to an historical peak in Jul-19 in line with increased referral rates. This is partly attributed to the increased work days noted above. Taking this into account, OPFA are comparable to activity in the previous month. OPFUP appointments also increased in month 4 but are within statistical thresholds. YTD outpatient 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	9,110	9,456	3.8%	
Total Outpatient attendances (in month)	13,077	13,839	5.8%	
Variance against Plan YTD	51,251	51,889	1.2%	
Year on Year YTD Growth			8.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,506	1,656	10.0%	Local monitoring suggests that day case activity is within 1% of plan year to date. Elective admissions have a greater variance (-5%) but activity variances are minimal. Total elective activity is within 1% of planned levels at month 4. 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. This work will continue throughout 1920.
Elective Ordinary spells	236	237	0.4%	
Total Elective spells (in month)	1,742	1,893	8.7%	
Variance against Plan YTD	6,848	6,982	2.0%	
Year on Year YTD Growth			6.3%	
Urgent & Emergency Care				
Type 1	4,057	4,301	6.0%	Local A&E monitoring has shown that the CCGs A&E activity has increased to an historical peak in July-19 with activity focussed within the main hospital provider. Despite this increase, 4hr performance at the main hospital provider has improved slightly to the previous month and is now at 89.95%. 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 (daily and weekly meetings continue with system partners).
Year on Year YTD			8.1%	
All types (in month)	4,397	4,987	13.4%	
Variance against Plan YTD	17,590	18,413	4.7%	
Year on Year YTD Growth			15.8%	
Total Non Elective spells (in month)	1,841	1,834	-0.4%	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 and activity has increased in month 4 in line with increased A&E attendances. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. The areas 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 to give a robust service gap analysis.
Variance against Plan YTD	7,340	6,664	-9.2%	
Year on Year YTD Growth			15.8%	