



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report

November 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	R	R	R					R
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%					
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%					
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R					G
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%					
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0					0
		Target	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	R	R	R					R
		Actual	6	7	7	7	2	4	8	5					46
		Target	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	G	G	G					G
		Actual	0	0	0	0	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	G	G	G					G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%					93.47%
		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%
% 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	G	G	G	R					R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%					89.64%
		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%
% 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	R	G	R	G					G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%					96.93%
		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%
% 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	G	G	R					G
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%					98.02%
		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%
% 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	R	R	G	G					R
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%					97.95%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%					99.3%
		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%

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	R	R	R				R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%					78.74%
		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%
<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	N/A	R	G	R	N/A	R	R	R				R	
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%					70.97%
		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%
<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	-	-	-	G	G	G				G	
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%					85.95%
		Local Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	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	R	R	R				R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%					86.26%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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	R	R	R				R	
		Actual	14	13	4	9	9	10	7	10					76
		Target	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	R	R	R				R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1					
		Target	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	

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	R	R	R					R
		YTD	1	1	1	1	2	2	2	2					2
		Target	0	0	0	0	0	0	0	0					0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	2	4	8	10	13	16	22	22					22
		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	R	R	R					R
		YTD	14	25	39	55	70	78	98	107					107
		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	R	G	G					G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%					97%
		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
		Actual	100%			100%							100%
		Target	56%			56%			56%			56%	

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	R	R	R					R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%					46.5%
		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%
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	R	R	R					R
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%					1.03%
		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	G	G	G					G
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%					97.5%
		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%
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	G	G	G					G
		Actual	100%	100%	100%	100%	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%

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	G	R	R					G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%					69.8%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

Children and Young People with Eating Disorders

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R			R
		Actual	95.24%	84.6%			89.92%
		Target	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			R
		Actual	75%	75%			75%
		Target	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			G
		Actual	100%	100%			100%
		Target	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 8 (note: time periods of data are different for each source).

Key Exception Areas for November	CCG	S&O
Diagnostics Improvement Trajectory	2.7%	1.5%
Diagnostics (National Target <1%)	1.89%	0.87%
Referral to Treatment (RTT)	91.55%	93.34%
Cancelled Operations (Zero Tolerance)	-	5
Cancer 62 Day Standard Improvement Trajectory	-	70.49%
Cancer 62 Day Standard (Nat Target 85%)	81.40%	81.31%
A&E 4 Hour All Types Improvement Trajectory	-	88%
A&E 4 Hour All Types (National Target 95%)	82.98%	85.05%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	175
Ambulance Handovers 60+ mins (Zero Tolerance)	-	42
Stroke (Target 80%)	-	64.5%
TIA Assess & Treat 24 Hrs (Target 60%)	-	4.50%
Mixed Sex Accommodation (Zero Tolerance)	10	15

Yellow denotes achievement of trajectory

Planned Care

Year to date referrals are 6.0% higher than 2018/19 due to a 9.7% increase in consultant-to-consultant referrals. GP referrals are closer to 2018/19 levels with a slight increase of 0.8% at month 8.

Overall, referrals to Southport Hospital have increased by 4.4% year to date at month 8. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in November recording 1.89%, an improvement on last month's performance (2.39%). Therefore performance remains below the CCGs improvement trajectory of 2.7% for November 2019. Southport and Ormskirk have shown a significant improvement in performance and are now achieving the national target of less than 1%, with 0.87% in November.

Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in November 2019; 1,767 patients over plan. The CCG failed to achieve the 92% target in November reporting 91.55%, only slightly below the 92% target. Out of a total 9,442 patients waiting on the pathway, 798 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 5 cancelled operations in November 2019, showing a decrease on October. 3 were due to a lack of beds, 1 lack of an ITU bed and 1 ran out of theatre time. Year to date there have been 46 cancelled operations at the Trust.

For month 8 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 16.4% in November 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 94% and remains

below the England average of 96%. The percentage who would not recommend remains at 2% in line with the England average.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for November 2019 reached 85.05% for all types (87.93% YTD), which is below the Trust's improvement trajectory of 88% for November. For type 1 a performance of 77.28% was reported in November (80.92% YTD).

Southport & Ormskirk Hospital reported 15 12-hour breaches in November against a zero tolerance threshold. These were all as a result of delays in admission to acute wards.

In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included 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.

For Southport & Ormskirk Hospital, the percentage of stroke patients who spent at least 90% of their time on a stroke unit declined in November with 64.5% against the 80% target; 20 patients out of 31 achieved the target. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 4.5% in November. This is a further decline on last month when the Trust reported 5.26%.

The CCG continues to breach the zero tolerance threshold for mixed-sex accommodation, with a total of 10 breaches in November. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in November. However the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. The CCG had 0 new cases of C.Difficile in November making a total of 22, against a year to date plan of 19 (year-end plan of 30) so are over plan currently (11 apportioned to Acute Trust and 11 apportioned to community).

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, which is the same as last year when the CCG failed reporting 142 cases. In November there were 9 new cases against a plan of 9, bringing the year to date figure to 107 against a YTD target of 75. Southport & Ormskirk Trust reported 13 new cases in November with none of those acquired through the hospital (169 YTD). 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 23.3% in November, a slight decline on October but a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service decreased slightly to 89% but remains above the England average of 84% and the percentage who would not recommend remained at 6% below the England average of 10%.

Mental Health

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, with performance remaining at 77.78%. Out of a potential 9 service users, 7 started treatment within the 18 week target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.93% in November, therefore failing to achieve the target of 1.59%. The recovery target of 50% was also not achieved in November with 37.3%.

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. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.

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 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Oversight 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

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	2554	-140	-5.2%	1799	2075	276	15.3%	5247	5564	317	6.0%
May	2727	2833	106	3.9%	1929	2265	336	17.4%	5456	6122	666	12.2%
June	2429	2470	41	1.7%	2069	1973	-96	-4.6%	5305	5345	40	0.8%
July	2580	2903	323	12.5%	2054	2429	375	18.3%	5433	6342	909	16.7%
August	2495	2354	-141	-5.7%	1914	2144	230	12.0%	5230	5339	109	2.1%
September	2391	2376	-15	-0.6%	1907	2268	361	18.9%	5085	5519	434	8.5%
October	2729	2716	-13	-0.5%	2237	2292	55	2.5%	5965	6075	110	1.8%
November	2722	2737	15	0.6%	2111	2134	23	1.1%	5735	5771	36	0.6%
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2618	54	2.1%	2004	2198	194	9.7%	5398	5760	361	6.7%
YTD Total Month 8	20767	20943	176	0.8%	16020	17580	1560	9.7%	43456	46077	2621	6.0%
Annual/FOT	30763	31415	652	2.1%	24047	26370	2323	9.7%	64781	69116	4335	6.7%



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





Month 8 Summary:

- Trends show that total referrals have decreased by 5.0% (304) from the previous month at November 2019.
- Year to date referrals are 6.0% higher than 2018/19 due to a 9.7% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 12.1% 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 14.3%.
- Overall, referrals to Southport Hospital have increased by 4.4% year to date at month 8. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 21.8%.
- Increases in Trauma & Orthopaedics are related to a change in service at the local walk-in centre whereby patients are now being referred onto the Provider's A&E Department rather than being seen and discharged in the walk-in centre. The increase in General Medicine is also directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Further work monitoring referrals continues via the information sub group.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20 after a decrease to the lowest they have been since December 2018. GP referrals are currently 0.8% up on the equivalent period in the previous year.
- 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 8.0% higher when compared to the previous year with ISight making up the majority of this increase.

2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19		
		83.9%	84.6%	82.1%	82.3%		
		Plan: 100%					
Performance Overview/Issues:							
<p>The national NHS ambition was 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. However this was not achieved. Southport & Formby CCG is showing a performance of 82.3% for November, which is similar to last 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. November data shows an overall performance of 85.1% for Southport & Formby CCG, similar to previous month (85.7%).</p>							
Actions to Address/Assurances:							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <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. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	4.51%	3.49%	2.39%		
		S&O	3.72%	2.57%	2.16%	0.87%	
		National Target < 1% <u>November improvement plans</u> CCG: 2.7% S&O: 1.5% 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 November recording 1.89%, an improvement on last month's performance (2.39%). Therefore, performance remains below the CCGs improvement trajectory of 2.7% for November 2019. Out of 2,270 patients, 43 patients were waiting over 6 weeks and 3 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Computed Tomography (14), MRI (10) and Cystoscopy (8).</p> <p>Southport and Ormskirk have shown a significant improvement in performance and are now achieving the national target of less than 1%, with 0.87% in November. For Southport & Formby CCG patients the Trust is achieving 0.65% (11 breaches out of 1,700). Therefore, performance at the following Trust's is having an impact on CCG performance:</p> <ul style="list-style-type: none"> - Liverpool Heart & Chest with 38.6% (22 breaches out of 57) - Liverpool University Hospitals Foundation Trust (LUHFT) with 2.53% (7 breaches out of 277 patients). 							
Actions to Address/Assurances:							
<u>CCG Actions</u>							
There are 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. LCHC expecting sustainable recovery by June 2020.							
Although the CCGs main provider (Southport & Ormskirk) are achieving against target, there are still underlying issues relating to HMRC Pension and tax, with a reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered. CCG escalated via NHSE/I performance call and the response was that this is a national issue which has also been escalated by NHS England.							
Southport & Ormskirk had indicated that performance improvements were expected in September onwards and this has shown to be the case. The Trust had indicated that the constitutional target would not be met until March 2020. However, outsourcing of diagnostic activity has proved to be successful and has initially brought the Trust back in line with the national target. Sustainability of delivery is not assured but will be closely monitored.							
When is performance expected to recover:							
CCG recovery expected in June 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	91.10%	91.71%	91.93%		
		S&O	92.57%	93.43%	93.29%	93.34%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in November reporting 91.55%, slightly below the 92% target. Out of a total 9,442 patients waiting on the pathway, 798 were waiting in excess of 18 weeks. This shows a deterioration in performance compared to last month. Gynaecology remains one of the main failing specialties for November reporting 86.52%, with 198 breaches, showing a slight improvement compared to last month. General Surgery is also failing with a performance of 88.68%; a total of 98 breaches. Treatments grouped under 'Other' are performing at 86.82% in November with 198 breaches.</p> <p>Southport & Ormskirk Hospital Trust (S&O) continues to achieve the target with 93.34%. This shows a slight improvement on last month. For Southport & Formby CCG patients, the Trust reported 346 breaches out of a total 5,416 patients, a performance of 93.61%. However the Trust is failing in General Surgery (87.31%) and Gynaecology (84.91%) which is having an impact on CCG performance. The following providers are failing the target for Southport & Formby CCG patients and therefore also contributing to the CCGs performance:</p> <ul style="list-style-type: none"> - Liverpool University Hospitals Foundation Trust (LUHFT) * with 85.45% (179 breaches out of 1,230), a decline in performance since last month. - Alder Hey with 68% (128 breaches out of 400), a slight improvement on last month. <p>*The Royal Liverpool Hospital and Aintree Hospital have now merged to become LUHFT. Before the merger, both hospitals were contributing towards the CCG failing the target.</p>							
Actions to Address/Assurances:							
<p>As part of the conversations with Aintree Hospital regarding the RTT contract performance notice, expectations have been set that the provider should investigate the opportunities of repatriating activity in underperforming specialties to providers that are achieving RTT performance, i.e. S&O, Spire Liverpool etc. It is envisaged that although S&O's RTT performance could dip as a result of receiving repatriated activity, this could be mitigated against an improvement in performance at Aintree Hospital and the CCGs overall position. The CCG formally responded to Aintree's initial improvement trajectory reiterating verbal conversations regarding repatriation and also an expectation that an improved trajectory should be received by the 22nd January 2020.</p> <p>Although S&O are still achieving the target, recent over performance helped maintain CCG level performance. The CCG Planned Care Lead will liaise with S&O to understand if RTT performance at provider level is expected to continue.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG has raised locality specific issues with the Trust. A response was received from the Trust informing that the majority of breaches are within Community Paediatrics, a consultant-led service. As a result the CCG commissioning and performance leads are reviewing RTT guidance, with a view to challenge whether or not this activity is being reported accurately.</p>							
When is performance expected to recover:							
The CCG has requested a revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

Figure 2 – RTT Performance & Activity Trend

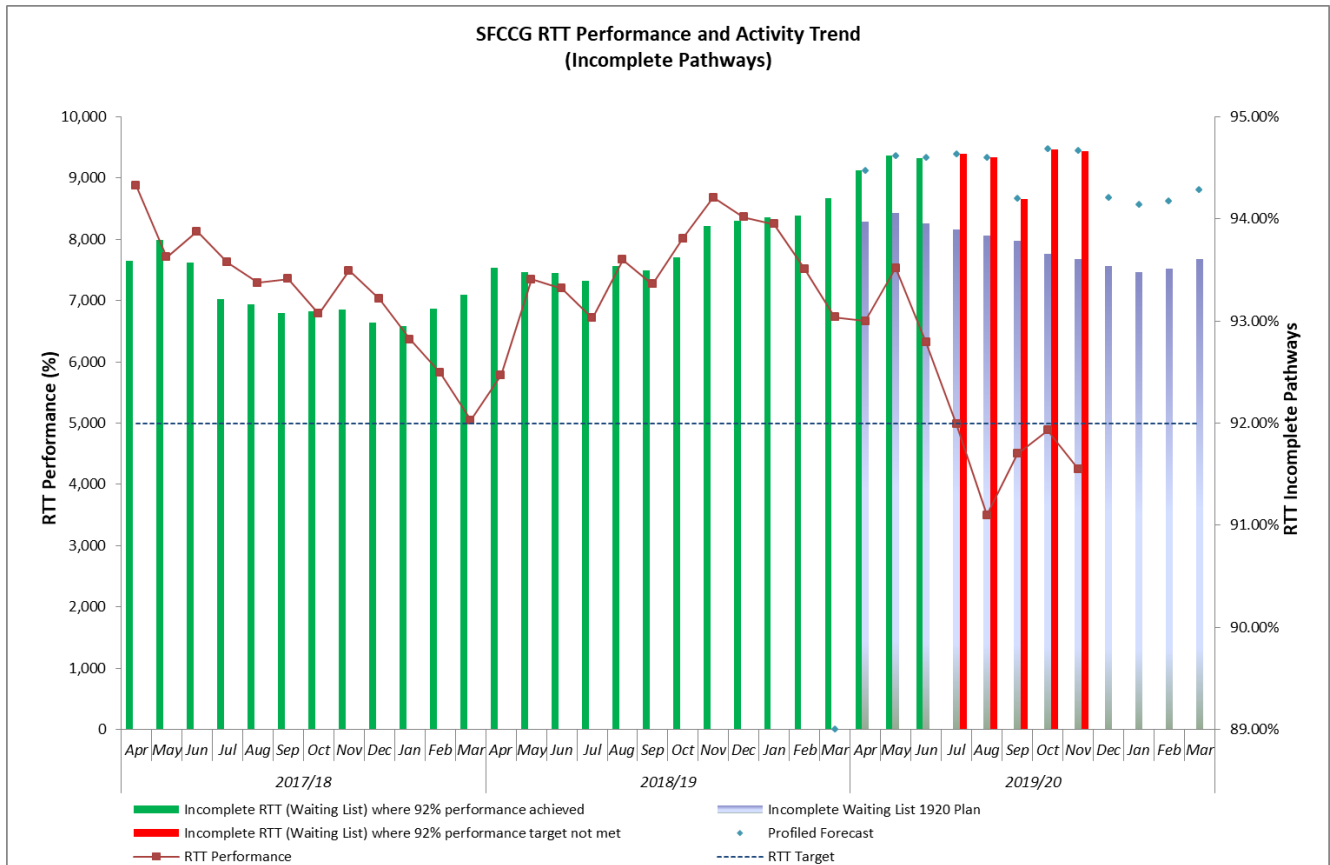


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442					9,337
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767					1,659

Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in November 2019; 1,767 patients over plan.

The CCG has seen a 13,384/18% increase in April to November 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has improved slightly to 93.34%, however, the CCG remains below the 92% target at 91.55%.

2.3.1 Provider assurance for long waiters

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

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-43	38 patients; 23 TCI Dates in December and January, 8 sent to service for dates, 7 treated. Capacity issued within community paediatrics. Additional ADHD follow up capacity has been made available in Southport and Sefton to reduce the waiting times for follow ups. WLI clinics continue which has seen an improvement in the RTT waiting times. A locum doctor is being allocated to this area.
Blackpool Teaching	Cardiology	41	1 patient; TCI Date in January
Lancashire Teaching	All Other	41	1 patient; treated. Inpatient Capacity issues
Lancashire Teaching	General Medicine	36	1 patient; Outpatient Capacity issues. Patient seen in clinic 24/05/19 - endoscopy completed 02/09/19 - awaiting follow up to be booked
Lancashire Teaching	T&O	42	1 patient; TCI Date in June . Inpatient Capacity issues 09/12/2019 - Removed from Wait list and placed on WW for 6 months. Next review 03/06/20
Aintree Hospital	Ophthalmology	38	1 patient; treated on 06/12/2019
Aintree Hospital	thoracic medicine	36	1 patient; TCI Date in January
Royal Hospital	All Other	43-44	2 patients; pathways stopped. Capacity issues. Ophthalmology is now compliant, this has improved the Trust's overall position. <ul style="list-style-type: none"> • The Deputy Chief Operating Officer has reviewed and updated the Access Policy to ensure it is in line with national guidance. This is now ratified, and a programme of work and training will be launched to ensure the policy is being adhered to. • RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting. • The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a service level agreement (SLA) in place or a justified clinical reason. • BI teams have been asked to produce data so each Care Group can be monitored against activity plans
Royal Hospital	General Surgery	36	1 patient; No date yet. Long wait on waiting list
Royal Hospital	Urology	36	1 patient; pathway stopped, capacity issues
Liverpool Womens	Gynaecology	38-50	4 patients; trust reports no information for waiters under 52 weeks
Manchester University	Gynaecology	41	1 Patient; no trust information. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
North Midlands	All Other	37	1 patient; Awaiting TCI Date
North Midlands	General Surgery	39	1 patient; Awaiting TCI Date
Renacres Hospital	Gastroenterology	37	1 patient; Awaiting trust update
Salford Royal	T&O	40	1 patient; treated
St Helens & Knowsley	Plastic Surgery	38-43	3 patients; 1 TCI Date in January, 2 with no information. Patient listed at 17 weeks into 18 week pathway- patient booked for surgery 01/01/2020. Trust will only provide updates for 40+ week waiters
Wirral University	Gynaecology	38	1 patient; trust provided no information
Southport & Ormskirk	All Other	36-37	3 patients; 3 treated in December. 1 patients treatment took place on 04/12/2019 1 patient referred 20/05/2019 and listed on 19/08/2019. Treated on 31/12/2019. 1 patient referred from Renacres on 18/03/2019 and listed on 01/10/2019. Treated on 17/12/2019
Southport & Ormskirk	ENT	36-38	3 patients; 3 pathways stopped in December. Multiple cancellation by 2 patients. 1 patient had sleep studies.
Southport & Ormskirk	Gastroenterology	37	1 patient; Patient seen 04/12/2019 after hospital cancellations in May, August, October and November. Patient on watchful wait for 3 months.
Southport & Ormskirk	Ophthalmology	38	1 patient; Appointment on 22/08/2019 cancelled as the patient was unwell. A further 5 pre-op appointments were cancelled by the Care Home. Patient has therefore been re-listed for January.
Southport & Ormskirk	Urology	38	1 patient; Pathway stopped, patient cancelled 3 times



The CCG had a total of 70 patients waiting over 36 weeks. Of the 70 patients, 13 patients have been treated, 27 have To Come In (TCI) dates, 11 unknown outcomes, 8 sent to service, 2 no TCI date and 7 pathway stopped.

The Royal Liverpool Hospital has stated that Ophthalmology is now compliant which has improved the Trust's overall position. The following actions are in place:

- The Deputy Chief Operating Officer has reviewed and updated the Access Policy to ensure it is in line with national guidance. This is now ratified, and a programme of work and training will be launched to ensure the policy is being adhered to.
- RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.
- The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a Service Level Agreement (SLA) in place or a justified clinical reason.
- BI teams have been asked to produce data so each Care Group can be monitored against activity plans



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	Aug-19	Sep-19	Oct-19	Nov-19	
		2	4	8	5	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 5 cancelled operations in November 2019, showing a decrease on October. 3 were due to a lack of beds, 1 lack of an ITU bed and 1 ran out of theatre time. Year to date there have been 46 cancelled operations at the Trust.						
Actions to Address/Assurances:						
Southport and Ormskirk Hospital NHS Trust (S&O) 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.						
Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although an SLA had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.						
Cancelled operations performance is being closely reviewed at the S&O Contract and Clinical Quality Review Meeting (CCQRM) and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days. CCG contract lead for S&O has stated that thorough discussions are taking place and there is a shared understanding that data issues are the cause of the failure of the measure. Ongoing work is being undertaken and monitored at CCQRM.						
When is performance expected to recover:						
Escalation via the CCQRM for an expected recovery trajectory.						
Quality:						
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 Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		100%	93.55%	96.55%	91.89%	89.64%		
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 has failed to achieve the two week wait target for patients with breast symptoms in November 2019 with 91.89%. Therefore, year to date performance also continues to fail with 89.64%. In November, just 3 patients breached out of a total 37. All breaches were at Aintree and due to patient choice with a maximum wait of 20 days.								
Actions to Address/Assurances:								
The majority of symptomatic breast referrals from Southport and Formby GPs are made to Aintree and Royal Liverpool sites. Both sites have achieved the operational standard in November 2019.								
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.								
All breaches this month were attributable to patient choice of appointment date.								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 – 31 Day First Definitive Treatment for Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG 94.55%	96.72%	95.4%	96%	96.93%		
		S&O 94%	95.31%	100%	96.49%	97.68%		
Plan: 96%								
Performance Overview/Issues:								
The CCG and Trust both achieved the 96% target in November.								
Actions to Address/Assurances:								
Not required due to achievement of the target.								
When is performance expected to recover:								
Continued recovered position is expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 – 31 Day Standard Cancer Treatment: Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	95.24%	94.12%	100%	100%		
		S&O	100%	100%	0 Patients	0 Patients	100%	
		Plan: 98%						
Performance Overview/Issues:								
The CCG achieved the 98% target in November 2019, but is still failing year to date with 97.95% due to performance in previous months. Year to date there have been a total of just 3 breaches out of 146 patients.								
Actions to Address/Assurances:								
Not required due to achievement of the target.								
When is performance expected to recover:								
Continued recovered position is expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.5 – 31 Day Standard Cancer Treatment: Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	100%	100%	100%	85.71%		
		S&O	100%	100%	100%	100%	100%	
		Plan: 94%						
Performance Overview/Issues:								
The CCG has failed the 94% target for November 2019 with a performance of 85.71%. Out of a total of 14 patients being treated in the month, 2 breached. One patient was a Gynaecology patient at Liverpool Women's Hospital who waited a total 40 days, with delays due to patient choice. The second patient was a skin patient at St Helens & Knowsley who waited 36 days, with their reason being due to other reasons not specified.								
Actions to Address/Assurances:								
Breaches were at Liverpool Women's and St Helens and Knowsley Hospitals. The Liverpool Women's breach was a patient choice factor. St Helens and Knowsley achieved the operational standard for this indicator on a catchment level.								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG	80.65%	82.86%	80.95%	81.40%	78.74%	
		S&O	75.28%	82.00%	74.49%	81.31%	77.13%	
		Plan: 85% Trust's November improvement plan: 70.49% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG failed the 85% target with 81.4% in November 2019 and are therefore still failing year to date with 78.74%. In November, 8 breaches were reported from a total of 43 patients seen.</p> <p>Southport & Ormskirk Hospital Trust failed the national target in November with a performance of 81.31% and are failing year to date reporting 77.13%. However performance is above the Trust's agreed improvement plan of 70.49% for November. In November, there were the equivalent of 10 breaches from a total of 53.5 apportioned patients.</p>								
Actions to Address/Assurances:								
<p><u>Key Trust actions</u></p> <ul style="list-style-type: none"> - progress with MDT optimisation for urology - protocols for step down of specified cohorts of haematology patients from cancer pathways ensuring consistency with other providers <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. The Group is including representatives from the Radiology network and leads from Liverpool Clinical Laboratories - Potential for head and neck pathway redesign alongside the Rapid Diagnostic model for head and neck at Aintree - Improvement work on the Haemato-oncology Diagnostic Service (HODS) to reduce turnaround time on samples reporting - work with LUFT and Clatterbridge to address performance and sustainability of haematology oncology services 								
When is performance expected to recover:								
The trajectory submitted by the provider does not indicate sustained recovery to the operational standard within the current financial year but indicates improvement to 82.61% by February 2020.								
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					NHS Oversight Framework (OF)	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					N/A	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG 0 Patients	0%	0%	85.71%	70.97%		
		S&O 0 Patients	60%	0%	0%	45.45%		
		Target: 90%						
Performance Overview/Issues:								
<p>The CCG continues to fail the 90% target with 1 breach out of 7 in November; a performance of 85.71%. Therefore, the CCG remains below target YTD with 70.97%. The breach in November was a lower Gastroenterology patient at Clatterbridge, with delays due to other reasons not specified. The patient waited a total 84 days for treatment.</p> <p>Southport & Ormskirk Hospital Trust treated just 1 patient on this pathway in November, who breached the target, resulting in a performance of 0%. Therefore, the Trust remains below target YTD with 45.45%. YTD there have been 6 breaches from a total of 11 patients apportioned to the Trust.</p>								
Actions to Address/Assurances:								
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard. In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity resulting in increased demand for endoscopy.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway. A new Screening Group with Sefton Local Authority as a Sub Group of the Health Protection Forum commenced in January 2020.</p>								
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			

2.5.5 104+ 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	Aug-19	Sep-19	Oct-19	Nov-19	
		4	2	4	6	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 6 patients waiting over 104 days in November 2019. The longest waiting patient was 164 days.						
Actions to Address/Assurances:						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. Patient choice, thinking time around treatment modality and unavailability due to holidays remain a key factor in most of these very long waits.						
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 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Note that the current 31 and 62 day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.



Figure 5 – FDS monitoring for Southport & Formby CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%	78.94%	82.89%					81.07%
No of Patients	397	522	422	604	449	467	584	485					3930
Diagnosed within 28 Days	333	422	349	476	365	378	461	402					3186

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92%	93%	97%					96.51%
No of Patients	25	34	24	34	23	25	28	36					229
Diagnosed within 28 Days	24	34	24	33	22	23	26	35					221

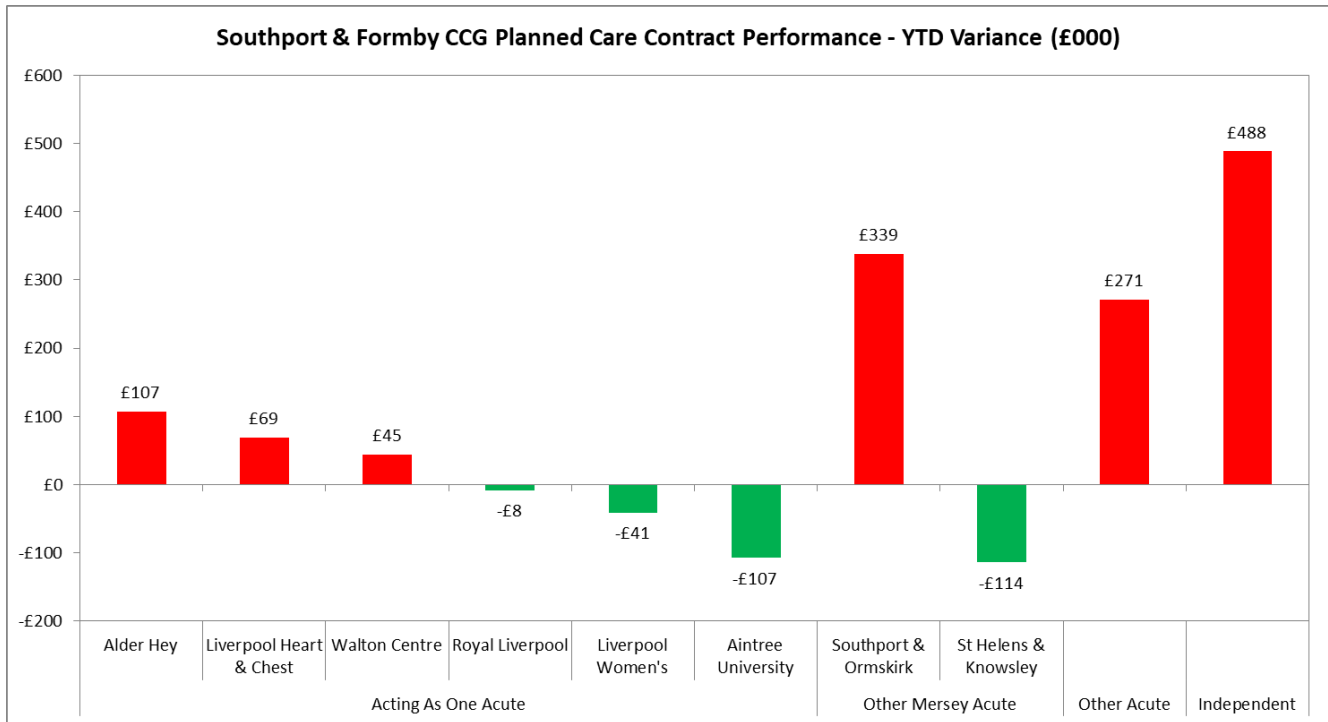
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%					45.09%
No of Patients	20	33	21	13	20	12	17	37					173
Diagnosed within 28 Days	13	20	7	3	5	3	5	22					78

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		RR	12.2%	9%	18.4%		16.4%
		% Rec	95%	92%	95%		94%
		% Not Rec	2%	3%	2%		2%
		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 16.4% in November 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 94% and remains below the England average of 96%. The percentage who would not recommend remains at 2% in line with the England average.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the Clinical Quality Performance Group (CQPG) in February 2020 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:							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging, for this month it appears to have risen significantly in the number responding which has been confirmed with the Trust. Providers and commissioners are in preparation for the implementation of the new FFT ready for implementation on 1st April 2020.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 8 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1m/3.9%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly decreased over spend of approximately £976k/3.7%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 8 with a variance of £339k/2%. This is followed by Renacres and Isight with an over performance of £257k/10% and £223k/28% respectively. Wrightington, Wigan and Leigh is also reporting a notable over performance of £192k/15% at month 8.

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 7 - 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	7,486	7,495	9	0%	£3,886	£3,963	£77	2%
Elective	863	735	-128	-15%	£2,422	£2,191	-£231	-10%
Elective Excess Bed Days	157	178	21	13%	£42	£47	£5	13%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	876	589	-287	-33%	£171	£120	-£51	-30%
OPFASPCL - Outpatient first attendance single professional consultant led	9,782	10,782	1,000	10%	£1,719	£1,894	£176	10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,969	595	-1,374	-70%	£200	£67	-£133	-66%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,466	29,981	2,515	9%	£2,348	£2,641	£293	12%
Outpatient Procedure	16,089	18,126	2,037	13%	£2,189	£2,482	£293	13%
Unbundled Diagnostics	13,212	8,102	-5,110	-39%	£863	£772	-£90	-10%
Grand Total	77,900	76,583	-1,317	-2%	£13,839	£14,178	£339	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 4.4% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Urology, Dermatology, General Medicine and General Surgery amongst others. Increases in Trauma & Orthopaedics are related to a change in service at the local walk-in centre whereby patients are now being referred onto the Providers A&E Department rather than being seen and discharged in the walk-in centre. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Further work monitoring referrals continues via the information sub group.

Outpatient follow up over performance is driven by Clinical Haematology appointments. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 8 - 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	23	23	0	-1%	£2	£2	£0	-7%
Daycase	161	156	-5	-3%	£211	£179	-£32	-15%
Elective	139	168	29	21%	£822	£1,046	£225	27%
Elective Excess BedDays	16	8	-8	-50%	£4	£2	-£2	-47%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	83	69	-14	-17%	£6	£5	-£1	-23%
OPFASPCL - Outpatient first attendance single professional consultant led	477	441	-36	-8%	£71	£64	-£6	-9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	139	119	-20	-14%	£8	£8	£0	3%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	305	370	65	21%	£8	£10	£2	25%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,366	1,437	71	5%	£86	£91	£5	6%
Outpatient Procedure	306	338	32	10%	£40	£47	£7	16%
Unbundled Diagnostics	274	239	-35	-13%	£25	£21	-£4	-17%
Grand Total	3,289	3,368	79	2%	£1,283	£1,475	£192	15%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £225/27% over performance in Electives and focused largely within the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery.

Trauma & Orthopaedics market share for this provider has increased from 20% in 2018/19 to 25% in 2019/20. 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.

2.7.3 Renacres Hospital

Figure 9 - 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	975	1,279	304	31%	£946	£1,167	£221	23%
Elective	159	152	-7	-5%	£767	£700	-£67	-9%
OPFASPCL - Outpatient first attendance single professional consultant led	1,687	2,062	375	22%	£292	£355	£63	22%
OPFUPNFTF - Outpatient follow up non face to face	4	0	-4	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,222	2,588	366	16%	£162	£189	£27	17%
Outpatient Procedure	1,523	1,446	-77	-5%	£251	£249	-£1	0%
Unbundled Diagnostics	741	868	127	17%	£63	£85	£21	34%
Physio	1,107	1,143	36	3%	£34	£35	£1	3%
Outpatient Pre-op	833	689	-144	-17%	£51	£42	-£9	-17%
Grand Total	9,251	10,227	976	11%	£2,564	£2,821	£257	10%



Renacres over performance is evident in day case admissions for 2019/20. Over performance is also apparent against a number of specialities within this point of delivery.

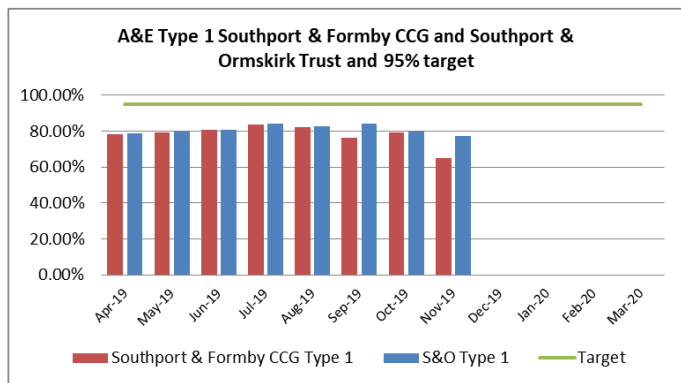
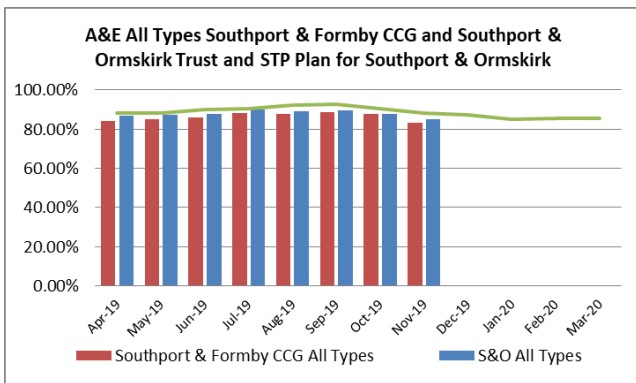
Outpatient first appointments are showing a 22% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 8.3% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Gastroenterology and Trauma & Orthopaedics.

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19	YTD		
		CCG All Types	87.51%	88.46%	85.04%	82.98%	86.26%	
		CCG Type 1	82.45%	76.46%	79.08%	65.25%	78.14%	
		S&O All Types	89.09%	89.60%	87.84%	85.05%	87.93%	
		S&O Type 1	82.55%	84.40%	79.70%	77.28%	80.92%	
S&O Improvement Plan		92%	93%	90%	88%	-		
Performance Overview/Issues: Southport & Formby CCG's performance against the 4-hour target for November 2019 reached 82.98% for all types (86.26% YTD), and 65.25% for type 1 (78.14% YTD), both of which are significantly below the national standard of 95%. Southport & Ormskirk's performance against the 4-hour target for November 2019 reached 85.05% for all types (87.93% YTD), which is below the Trust's improvement trajectory of 88% for November. For type 1, a performance of 77.28% was reported in November (80.92% YTD).								
Actions to Address/Assurances: <u>CCG Actions</u> 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 CCG have commissioned a review via Health Watch to help the system to greater understand the reason for the 11% increase in self presenting attendances. To support attendance and admission avoidance the CCG has commissioned an emergency response vehicle which is jointly provided service from NWSA and Lancashire & South Cumbria Foundation Trust (LSCFT), which was partially operational from October and fully operational in November. The car is achieving 74% non conveyance and responding to 6 - 8 calls per day. The average patient age is 84 years. The CCG have commissioned an additional 6 - 8 short term intermediate care beds to support and expedite discharge to assess within the ICRAS framework. The CCG are continuing to work together with the Trust, Local Authority and community providers to develop and implement identified schemes that will go towards mitigating the capacity shortfall within our system workforce. There is currently a 25% vacancy rate in nursing within the Trust and therapy shortfall in the community. Partners have agree to work together on a local staff recruitment and retention strategy.								
<u>Trust Actions</u> The Trust reported that November was an incredibly challenging month that saw decline in performance against the 4-hour standard, predominantly due to pressures at Southport District General Hospital (SDGH). Overall performance fell to 82.7% compared to 89.55% in November 2018. It should be noted that November saw an increase of 11% in total attendances (550 additional patients) in the Emergency Department (ED) at SDGH. This increase largely comprised of patients who self presented. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on using ACU and CDU as escalation areas, which limited opportunities to stream appropriate patients away from ED, and 577 patients awaiting admission to wards had care delivered on the corridor, which further restricted ED capacity. Requests for divers and deflections to try and reduce some pressure could not be supported across the month due to pressures experienced in neighbouring Trusts. In addition to there being high reliance on escalation areas to bridge the gap between admission and discharges, there was also enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. If assessment capacity had been available, these patients would have been transferred to assessment areas for this to take place, which would have released cubicle capacity to enable ED to have flow. Late shifts and overnight remain a significant pressure as attendance levels and times have continued to increase into the evenings. All nights routinely have 4 doctors on shift, however due to the activity levels and blockages in ED cubicle capacity being available, efforts are being made to staff up to 5 where possible. Recruitment to new SAS doctors posts remains a challenge, and the department has also received resignation from one of the existing SAS doctors, who will leave at the end of January 2020. Development of Physicians Associates continues to have a positive impact at Tier 1 level and approval has been given to recruit 2 more, which will take the total Whole Time Equivalent (WTE) to 8. The pressures experienced in Paediatrics remains a concern with up to 50% increase in attendances and there have been a number of occasions when staff have needed to be moved from SDGH to Ormskirk District General Hospital (ODGH) to support. Meetings have been held between ED and Paediatrics, and women's and children's services are currently enhancing paediatric cover.								
When is performance expected to recover: Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. 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: Despite the continued focus on improvement with the S&O system, patients continue to experience corridor care and 12 hour breaches which is indicative of poor patient experience. The focus has shifted on elimination of these quality indicators.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Vacant			Sharon Forrester			



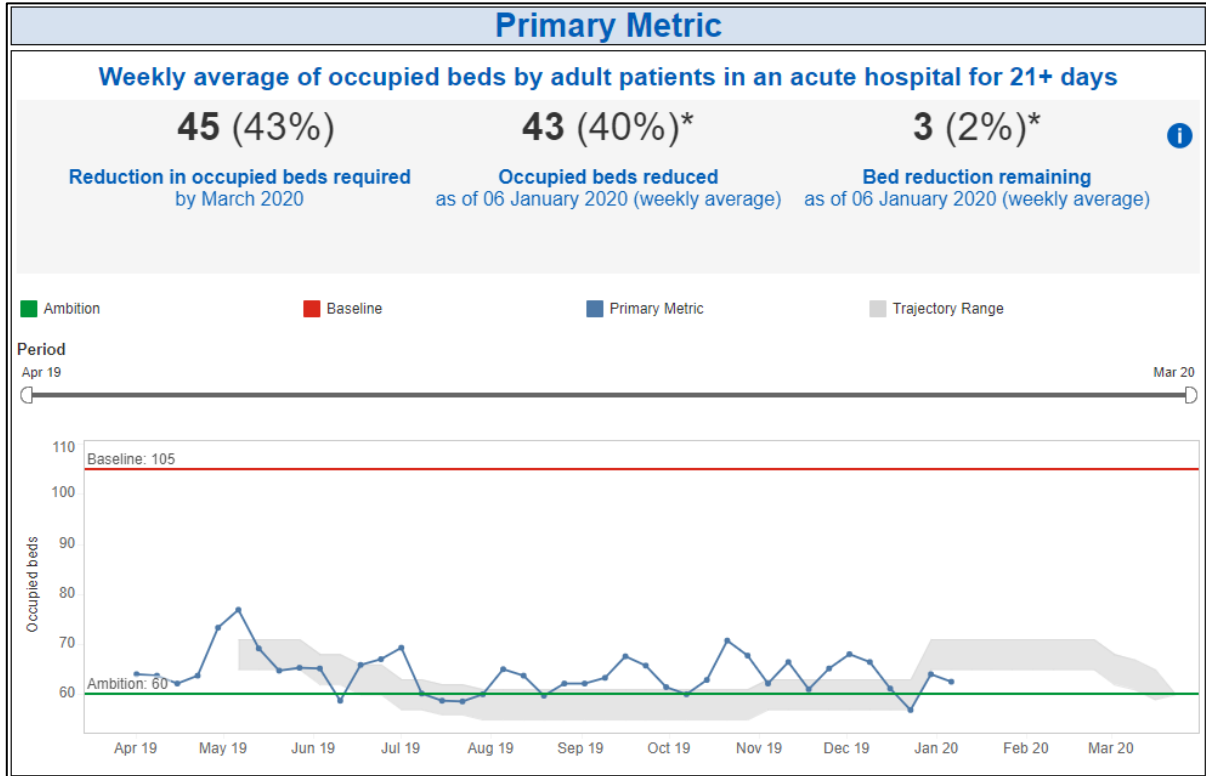
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust

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	Aug-19	Sep-19	Oct-19	Nov-19		
		0	5	27	15		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk Hospital reported 15 12-hour breaches in November against a zero tolerance threshold. These were all as a result of delays in admission to acute wards.							
Actions to Address/Assurances:							
<u>Trust Comments</u> Timelines completed for all patients confirmed that timely reviews had taken place with commencement of treatment plans, that regular observations and medications had been given as prescribed, and that diet and fluid needs had been met. All were nursed on hospital beds whilst in the department and were offered apologies. November saw an increase in attendances to the Emergency Department (ED) of over 11% (550 additional patients) compared to November 2018. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on escalation bed usage to bridge the gap between admission and discharge with ACU and CDU as escalation areas, which limited opportunities to stream. A reflection of the pressures experienced was that 577 patients awaiting admission to wards had care delivered on the corridor compared to 198 last November. Requests for diverts and deflections could not be supported across the month due to pressures experienced in neighbouring Trusts. As a result of bed pressures experienced, there was enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. Work stream 2 continues to promote red to green, tracks discharges at ward level across each day with the promotion of 'ward of the week'. Winter plans to open additional beds at ODGH from January 2020 are progressing well, however the Southport site continues to experience challenges in the timeliness of discharges to enable flow. Weekends remain a particular challenge as there is not a full system approach to weekend working to enable discharges to take place at the pace required. ACU opened on 2 Sundays in November with a total of 17 patients streamed from ED and only 1 requiring admission. There are plans in place for further dates in December and January, however the current workforce does not enable this to be a permanent solution.							
When is performance expected to recover:							
The CCG have provided director leadership to support and improve system working within partners. Escalation cards are in place via the escalation management plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches. Performance expected to recover in December.							
Quality:							
The Trust reported 15 x 12 hour breaches in November but have given assurance that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Vacant		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 10 – 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 late December and is still close to achieving in March 2020 as the latest reporting as at 6th January 2020 (weekly average) shows 63 occupied beds. This shows a reduction of 43 beds, 3 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	Sep-19	Oct-19	Nov-19		
		Cat 1 mean	<=7 mins	00:07:55	00:07:20	00:08:10		
		Cat 1 90th Percentile	<=15 mins	00:14:46	00:13:16	00:15:16		
		Cat 2 mean	<=18 mins	00:23:59	00:27:27	00:27:28		
		Cat 2 90th Percentile	<=40 mins	00:53:17	00:59:34	01:03:33		
		Cat 3 90th Percentile	<=120 mins	02:04:03	03:10:53	04:44:24		
Cat 4 90th Percentile	<=180 mins	03:18:07	02:54:27	02:56:05				
Performance Overview/Issues:								
<p>In November 2019 there was an average response time in Southport and Formby of 8 minutes 10 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes and 28 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved the category 4. 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>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included 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.</p> <p>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 no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right call at the right time.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified 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		Vacant			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	Sep-19	Oct-19	Nov-19		
		(a) 30-60 mins	88	168	175		
		(b) 60+ mins	21	37	42		
Performance Overview/Issues:							
For November, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 168 to 175. Those over 60 minutes also increased from 37 to 42.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
<p>November was an incredibly challenging month that saw a decline in performance against the 4-hour standard and delays in ambulance handovers with only 48% handed over within 15 minutes of arrival. This was a 7% decline compared to last year. It should be noted that November saw an increase of 11% (550) attendances in the Emergency Department (ED). This increase largely comprised of patients who self presented. This put significant pressure on ED capacity during a period that saw an additional 144 patients requiring admission from ED, flu and norovirus that affected patient flow across the wards and also in ED. There was high reliance on using ACU and CDU as escalation areas, which limited opportunities to stream, and 577 patients awaiting admission to wards had care delivered on the corridor, which further restricted ED capacity. Requests for diverts and deflections could not be supported across the month due to pressures experienced in neighbouring Trusts. As a result of bed pressures experienced, there was enhanced in-reach into ED from specialties in efforts to stream to alternative pathways, with diagnostic tests and treatments plans commenced in ED. However these patients would have been transferred to assessment areas for this to take place, which would have released cubicle capacity.</p> <p>The Trust is signed up to the NWS Handover Collaborative and has a number of Plan Do Study Act (PDSA) improvement cycles to test during the 90 day programme. The PDSA led by the Trust on 18/11 with a consultant based in Triage 10:00-16:00 delivered a 7 minute reduction in handover times. NWS plan to lead a separate PDSA on fit to sit. The cable work in resus to relocate the NWS Handover screen is partially completed and a PDSA will be completed when that is completed to test the improvements in timeliness of the handover being timestamped. Visits have been carried out to Preston ED to review their processes for ambulance handovers to identify areas of good practice and a visit is being planned to see Royal Liverpool and Wigan.</p> <p>ED remains committed to avoiding ambulance handovers wherever possible and does rely on a full system approach in enabling patient flow across the department.</p>							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		a) 73.30%	75%	94.12%	64.50%		
		b) 14.30%	6.25%	5.26%	4.50%		
		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 declined significantly in November and is now reporting below the 80% plan with 64.5%; 20 out of 31 patients spending at least 90% of their time on a stroke unit. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 4.5% in November. This equates to just 1 patient achieving the target out of 22. This is a further decline on last month when the Trust reported 5.26%. In November, out of the 21 patients who breached, 10 were seen and treated within 24-47 hours, 3 within 72-95 hours, 4 within 96-119 hours and there were 4 data quality issues (counted as breaches).							
Actions to Address/Assurances:							
<u>Trust Actions</u> In relation to stroke performance, those who breached the target were investigated. 1 patient due to bed capacity issues with no beds on the stroke unit and no options available to make a Hyper Acute Stroke Unit (HASU) bed due to Trust bed occupancy, 3 patients diagnosis of stroke made on MRI imaging as inpatient (not initially treated as stroke on admission), 2 patients diagnosis made as inpatient following review by stroke Consultant (not initially treated as stroke) and 1 inpatient stroke - seen by stroke Consultant on day of symptoms but atypical and not initially treated as stroke (diagnosis made later on further review). 90% stay affected for above 7 patients as patients not initially treated admitted to stroke unit or late transfer to stroke unit for above reasons. In relation to TIA, work is on going to improve reporting with clinical engagement.							
<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 continues to attempt 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:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Vacant		Billie Dodd			



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		Aug-19	Sep-19	Oct-19		Nov-19
		CCG	9	10	7		10
		S&O	17	11	14		15
		Plan: Zero					
Performance Overview/Issues:							
<p>The CCG continues to breach the zero tolerance threshold with a total of 10 breaches in November. All breaches were at Southport & Ormskirk NHS Trust.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 15 in October. Of the 15 breaches, 10 were for Southport & Formby CCG and 5 for West Lancashire CCG.</p>							
Actions to Address/Assurances:							
<p>The majority of breaches are in HDU and Obs ward. All delays have a datix completed. The Trust have reported the following:</p> <ul style="list-style-type: none"> - 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 - Obs Ward will continue to follow policy and work with all teams, and report breaches if they occur - New single sex breach for critical care to be reviewed 							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk Hospital 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		Aug-19	Sep-19	Oct-19	Nov-19	
		CCG	2	2	2	2	
		Trust	1	1	1	1	
Plan: Zero							
Performance Overview/Issues:							
<p>The CCG had no new cases of MSRA in November. However the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.</p> <p>Southport & Ormskirk Trust also reported no new cases in November. However, due to the 1 case of MRSA reported in August 2019 the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.</p>							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
As a zero tolerance performance not expected to recover							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend and report to CQPG annually. Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the Trust regarding further investment in estates and cleaning services.							
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		Aug-19	Sep-19	Oct-19		Nov-19
		CCG	13	16	22		22
		Trust	19	24	33		35
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16					
Performance Overview/Issues:							
<p>The CCG had 0 new cases of C.Difficile in November making a total of 22, against a year to date plan of 19 (year-end plan 30) so are over plan currently (11 apportioned to Acute Trust and 11 apportioned to community).</p> <p>Southport & Ormskirk Hospital reported 2 cases of C Diff in November, bringing the year to date total to 35. The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20.</p>							
Actions to Address/Assurances:							
<p>The Trust has reported that both cases of C Diff were hospital cases. One on North West Regional Spinal Injuries Unit (NWRSIU) and one on ward 7A. The 7A patient had a number of risk factors for C diff including immunosuppressive disease and ulcerative colitis. The NWRSIC patient has received antibiotics prior to admission as well as following admission due to a Catheter Urinary Tract Infection (CAUTI). Affected patients were isolated and received prescriptions for C diff infection; in addition to the Consultant Microbiologist review with the patients clinical team the patients are also reviewed as part of the C diff ward rounds.</p> <p>The Consultant Microbiologist and the Antimicrobial Pharmacist are reviewing the current Antimicrobial guidelines to recommend suitable alternatives to the frequent use of cephalosporin's which have an increased risk of C diff.</p> <p>Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit further update includes:</p> <ul style="list-style-type: none"> - Almost all areas of work within the unit had been completed - Timescale for completion of all areas was expected week ending 22.11.19 - Up to 15 patients could be admitted currently - Public Health England would review their visit to the unit in November and had fed back initially with a formal report to be provided in due course - External outreach services continued to be provided 							
When is performance expected to recover:							
It is hoped that the above actions will reduce further outbreaks of C Diff within the Trust.							
Quality:							
Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the Trust regarding further investment in estates and cleaning services							
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		Aug-19	Sep-19	Oct-19		Nov-19
		CCG	70	78	98		107
		Trust	111	129	156		169
		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 November there were 9 new cases against a plan of 9, bringing the year to date figure to 107 against a YTD target of 75. Southport & Ormskirk Trust reported 13 new cases in November with none of those acquired through the hospital (169 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The Chair of the Gram Negative Bloodstream Infection Steering Group (GNBISG) is liaising with NHSE/I regarding Cheshire and Merseyside hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs. November meeting cancelled so no further progression at present.							
When is performance expected to recover:							
Quality:							
Following the GNBISG, the Single Item Quality Surveillance Group (SIQSG) meeting with NHSE/I, a letter was received from AQUA requesting participation in the Anti-Microbial Resistance (AMR) programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. The CCG Quality Team will follow this up with AQUA.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.6 Hospital Mortality

Figure 11 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Nov 2019	100	91.0	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101.9	↓

Performance is within accepted tolerance. The 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.

3.6 CCG Serious Incident Management

Figure 12 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There are 56 incidents open on StEIS (decrease from 58 in month 7) 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.

Trust	SIs Reported (M8)	SIs Reported (YTD)	Closed SIs (M8)	Closed SIs (YTD)	Open SIs (M8)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	3	43	6	42	36	13
Lancashire Care NHS Foundation Trust	2	8	0	3	9	6
NHS Southport & Formby CCG	0	3	0	1	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	8	0	11	5	1
Aintree University Hospital NHS Foundation Trust	0	0	0	1	0	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community NHS Trust	0	0	0	2	0	0
North West Ambulance Service NHS Foundation Trust	1	1	1	1	1	1
Royal Liverpool and Broadgreen University Hospital NHS Trust	0	1	0	1	0	0
Total	7	64	7	62	56	25

Southport and Ormskirk Hospital (S&O)

There are 13 SIs open > 100 days for S&O. The following applies at the time of writing this report:

- 6 have been reviewed and are now closed
- 3 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 4 Root Cause Analysis (RCA) was received and reviewed but further assurances requested from the provider.
-

Lancashire Care NHS Foundation Trust

There are 6 SIs open >100 days for LCFT. The following applies at the time of writing this report:

- 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.
- 2 RCAs have been reviewed with further assurances requested
- 1 SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR) and
- 1 Extension has been requested but declined from the CCG.
- 1 RCA has since been received and closed.

The open SI open > 100 days for Southport and Formby CCG, is being completed in collaboration with the CCG and will be reviewed in December 2019 SIRG.

For the remaining 11 SIs open > 100 days the following applies:

- Southport and Formby CCG – Reported on behalf of I-Sight. Support has been provided to complete this RCA and the provider has been working with the CCG commissioning team which has delayed the submission of the RCA.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG and closed.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.

Figure 13 - 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 rcvd 60+ days	RCA not received
S&O	43	1	37	*6	34	8	0	0	11	16

- * 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.
 3 x were closed and combined into one overarching thematic review.

The Trust has now submitted all overdue RCAs and 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. The Provider is still subject to a Contract Performance Notice (CPN) as the CCG have requested assurance that the Serious Incident process is sustainable. The CCG will close the CPN at the end of March 2020 if assurance can be provided.

Figure 14 - 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	6	2	5	3	-	4	1	0	1	2	0

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 (DTC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTCs 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 DTCs reported in November 2019 was 357, an increase compared to November 2018 with 107. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in November 2019 were due to patient family choice and further non-acute NHS.

See DTC appendix for more information.

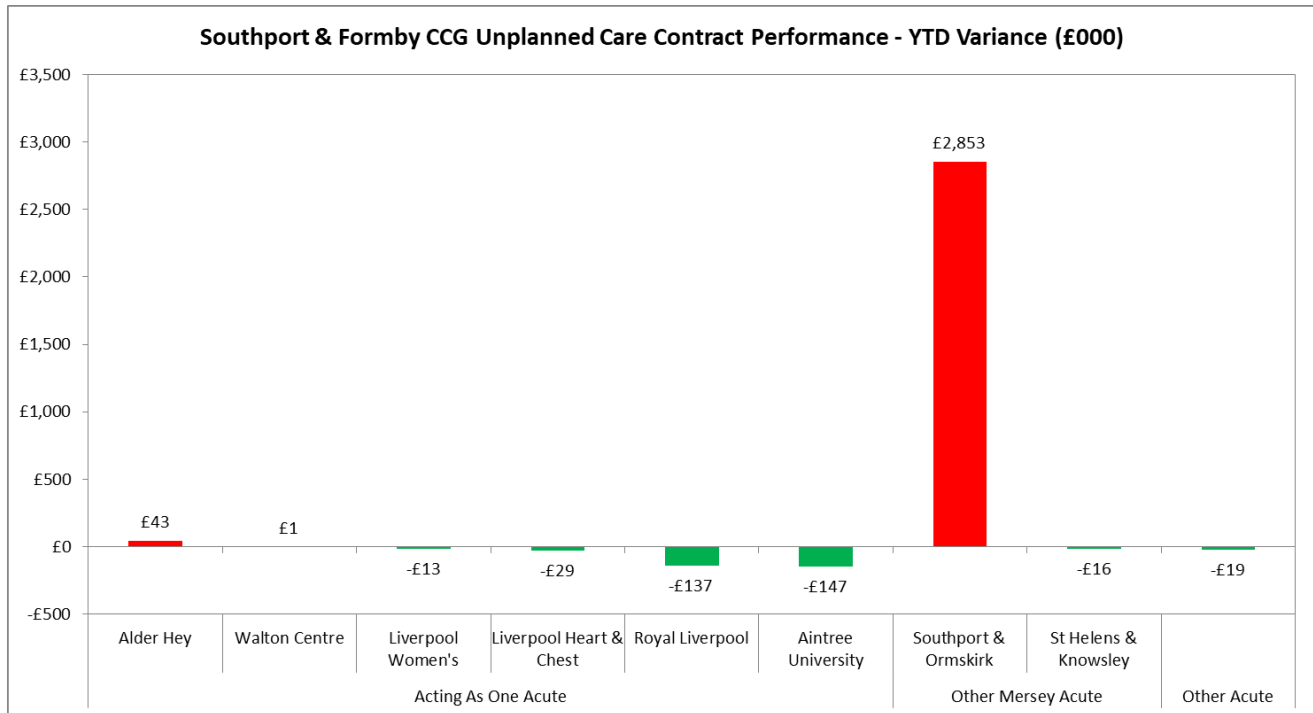
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family (FFT) Test Results: A&E		Previous 3 months and latest					
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		RR	0.8%	4%	25%		23.3%
		% Rec	89%	79%	90%		89%
		% Not Rec	4%	16%	6%		6%
		2019 England Averages Response Rates: 12.2% % Recommended: 84% % Not Recommended: 10%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 23.3% in November, a slight decline on October but a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service decreased slightly to 89% but remains above the England average of 84% and the percentage who would not recommend remained at 6% below the England average of 9%.							
Actions to Address/Assurances:							
The Trust has introduced SMS text and interactive voice messaging for FFT on A&E. This has had a great impact on response rates, with responses increasing from 1.5% to 19% in the first week of the system being introduced.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
Since Q4 18/19, FFT response rates have improved which is encouraging. For this month it appears to have risen significantly in the number responding which has been confirmed with the Trust. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners are preparing for the changes in time for 1st April 2020.							
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 15 - Unplanned Care – All Providers



Performance at month 8 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.5m/8.5%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £2.8m/9.4%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.8m/11% against plan at month 8.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 8, the value is £105k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract with for 2020/21. The table below shows the movement year on year.

Figure 16 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19 (M1-8)	2,510	£99,036
2019/20 (M1-8)	2,595	£105,339
Variance	85	£6,303
Variance %	3%	6%

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 17 - 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	27,019	30,097	3,078	11%	£4,501	£4,924	£423	9%
NEL - Non Elective	8,864	9,620	756	9%	£17,395	£20,372	£2,977	17%
NELNE - Non Elective Non-Emergency	895	782	-113	-13%	£1,713	£1,555	£-158	-9%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	6	39	33	540%	£3	£13	£10	351%
NELST - Non Elective Short Stay	2,165	2,258	93	4%	£1,507	£1,600	£93	6%
NELXBD - Non Elective Excess Bed Day	3,950	2,025	-1,925	-49%	£1,012	£519	£-492	-49%
Grand Total	42,899	44,821	1,922	4%	£26,130	£28,983	£2,853	11%

*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 11% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. November-19 also saw a secondary peak in attendances. However, non-elective admissions account for the majority of the over performance reported. 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 Heart Failure, Sepsis, 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

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.

ADHD Transition

Transition pathway developments planned for 2019/20 commenced in December with the Alder Hey patients being contacted by Mersey Care NHS FT.

Adult ADHD wait times will be included within the new contract schedule from April 2020.

ASD

The Trust presented ASD at the October Clinical Quality Performance Group (CQPG). It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger's Assessment whilst 26 months was being reported for Liverpool. Despite the Sefton and Liverpool services being similarly staffed, Liverpool receives almost double the referrals that Sefton receives. The commissioners met with the Trust on 18th November 2019 and an initial outcome is that the Trust are going explore reconfiguring the existing resource to create additional assessment capacity. The Trust will provide commissioners with proposals in January 2020.

Adult ADHD wait times will be included within the new contract schedule form April 2020.

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, this has contributed to improved wait times although performance is still sub-optimal. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has submitted a service review document which contains proposals for how the service could be remodelled. The commissioners will provide comment in December 2019 with one area of concern being the lack of physical health/medical input into any new service.

Core 24 KPIs

In Month 8 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Nov 19	
Emergency Pathway - Assessment within 1 hour	90%	88.89%	Improvement from 78.68% in October
Emergency Pathway - Package of care within 4 hours	90%	62.26%	Improvement from 59.43% in October
Urgent Pathway - Assessment within 4 hour	90%	80.77%	Decline from 82.0% reported in October
Urgent Pathway - Full MH assessment within 24 hours	90%	63.33%	Decline from 69.23% reported in October

For all CORE 24 indicators and trust are undertaking the following actions:



- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.

- CORE 24 staff have received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.



Safeguarding

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. The Trust has been advised that Safeguarding will be introducing quality review visits. The contract performance notice remains in place in respect of training compliance.

4.1.2 CPA 7 Day Follow Up



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on (CPA) discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		100%	75%	100%	100%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust reported 100% of patients being followed up within 7 days in November and therefore achieving the 95% target.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.3 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		80.0%	50.0%	77.78%	77.78%	
		Plan: 95%				
Performance Overview/Issues:						
<p>The Trust continues to fail the 95% target, although performance was maintained at 77.78% in November. Out of a potential 9 Service Users, 7 started treatment within the 18 week target. Demand for the service continues to increase and to exceed capacity.</p> <p>This month 98 people are waiting for treatment with 25 breaching the 18 week to treatment target. This has maintained from last month's figure of 24 breaching the 18 week to treatment KPI.</p>						
Actions to Address/Assurances:						
<p><u>Trust Actions:</u></p> <ol style="list-style-type: none"> 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter DNA and cancellation policy. 4. Using therapy contracts to contract number of sessions. 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Recruit to vacant posts Band 7 Clinical Psychologist will commence on 04/11/2019 7. Commissioners reviewed a service proposal which was received in November. The commissioners have feedback that the proposal lacks physical health input. 						
When is performance expected to recover:						
Performance is linked to current service capacity which mitigates against significant recovery. Commissioners are awaiting a trajectory from the provider.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		0.91%	0.89%	1.29%	0.93%		
		Access Plan: 1.59%					
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 22% (5.5% per quarter) in the last quarter of 2019/20 only. The monthly target for M7 19/20 is therefore approximately 1.59%. Month 8 performance was 0.93% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance. Recruitment nationally is an issue for IAPT services.</p>							
Actions to Address/Assurances:							
<p>Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 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 and older People) 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. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through CBT. The service will be developing communication for GP practices.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.</p>							
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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		44.2%	44.9%	46.2%	37.3%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
The percentage of people moved to recovery was 37.3% in month 8 of 2019/20 and the target was not achieved.							
Actions to Address/Assurances:							
The newly appointed clinical lead for the service has been reviewing non recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.3 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people.	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		13.2%	27.2%	7.4%	8.4%		
		Q2 19/20 Plan: 16%				An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
Performance Overview/Issues:							
<p>People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. Southport & Formby CCGs target is a total of 491 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 2 2019/20, the total performance for the CCG was 8.4%, below the planned 16%. 763 patients are registered compared to the plan of 761, with just 64 being checked against a plan of 122.</p>							
Actions to Address/Assurances:							
GP practices with Southport & Formby wish to continue to deliver the annual Health Check. However, if there are difficulties with uptake then South Sefton GP Federation can deliver LD health checks if requested. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.							
When is performance expected to recover:							
March 2020							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Tracey Reed/Gordon Jones			

4.4 Dementia Diagnosis

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Potential Risk: Commissioners and Mental Health Clinical Lead have raised a concern with NHS England and North England Analytical Team regarding data that does not appear to be extracted from Trinity practice. The impact is a sudden drop of performance in may from 75.6% to 68.3% which equates to approximately 151 patients who have been excluded from the count. This was raised via email on 13th August 2019.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		68.3%	68.4%	66.6%	67.9%		
		Plan: 66.7%					
Performance Overview/Issues:							
Achieved.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

5. Community Health

5.1 Adult Community Services (Lancashire & South Cumbria NHS FT)



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. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.

5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the trust submits the agreed evidence. Standard and completeness of the reports submitted has improved significantly over the last twelve months, although some of the reports are not providing complete assurance to the CCG for some services that we commission, this has been discussed with the provider.

For the provider a one year CQUIN was also agreed to raise the awareness and improve the uptake of the Personal Health Budgets and Continuing Health Care (PHB/CHC).

5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire & South Cumbria Adult Community Services: Podiatry		Previous 3 months and latest					
AMBER	TREND	RTT Long Waiters 19 to 24 weeks					
		Aug-19	Sep-19	Oct-19	Nov-19		
		165	37	6	5		
Performance Overview/Issues:							
<p>In November the Trust reported 5 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 611 podiatry patients were waiting on the pathway at this point, 176 less than in October. Therefore the overall performance for the service remains well above the 92% target at 99.2%. The Trust advised that of the 5 breaches in November, 4 were due to data quality and 1 patient choice.</p>							
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.</p> <p>The following actions have been reported:</p> <ul style="list-style-type: none"> - Planning, Performance & Quality (PPQ) lead to review all 18 week breaches and correct any data quality issues - All longest week waiters have appointments - Latest trajectory as at 3rd December shows the total waiting list decreasing steadily across the coming weeks as the result of 90 additional slots. <p>Despite having difficulties recruiting the Trust has now managed to recruit 2 band 5's and 1 band 6. The team has also worked extremely hard to bring the waiting list down. The team has been utilising their band 4's more effectively to help manage the demand. The team's aspiration is to keep patients waiting at a maximum of 12 weeks.</p>							
When is performance expected to recover:							
<p>The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the end of November. The Trust's position has improved further as at 11th December with just 1 patient over 18 weeks. At that point the patient had an appointment booked within the following week.</p>							
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



Contracts with providers (Aintree, S&O, Specsavers, RLBUH, STH&K and Scrivens) extended to 31st March 2020. Letters were issued to providers offering continuation of contracts on same basis as previous years. Providers were advised that Merseyside CCGs were reviewing specifications and looking to align pathways and tariffs with neighbouring CCGs. The Lancashire procurement has now concluded. Merseyside CCGs are now considering options and next steps within the context of their contract planning and longer term commissioning plans.

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
				85.2%	84.0%	95.24%	84.60%	
				Plan: 100%				
Performance Overview/Issues:								
<p>In quarter 2 the Trust reported under the 100% plan. Out of 26 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 84.60% against the 100% target. The 4 patients 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.</p>								
Actions to Address/Assurances:								
<p>Work is being undertaken 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. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. CCG Commissioning lead to meet with Alder Hey by mid-Feb 2020 to agree increase in capacity within the allocations identified.</p>								
When is performance expected to recover:								
<p>Extra capacity to be provided via identified national uplifts in CCG baseline. Commissioning lead meeting with Alder Hey by mid Feb to agree implementation of increased capacity. Improvement in performance dependent upon recruitment of additional capacity.</p>								
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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		66.7%	50.0%	75.0%	75.0%	
		Plan: 100%				
Performance Overview/Issues:						
In quarter 2, 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 undertaken 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. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. CCG Commissioning lead to meet with Alder Hey by mid-Feb 2020 to agree increase in capacity within the allocations identified.						
When is performance expected to recover:						
Extra capacity to be provided via identified national uplifts in CCG baseline. Commissioning lead meeting with Alder Hey by mid Feb to agree implementation of increased capacity. Improvement in performance dependent upon recruitment of additional capacity.						
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)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. The CCG are temporarily unable to report waiting times relating to CAMHS services this month whilst the review is ongoing and expect to report this information in the near future after discussions have taken place about standardising metrics for Community and CAMHS Services. CCG leads are currently in the process of setting up a working group to progress. After this work has been completed the information will be circulated each month.

6.3 Alder Hey NHS FT 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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		6.8%	6.1%	17.5%	5.6%	
		Access Plan: 34% Quarter 2 2019/20 performance reported 5.6% and achieved.				
Performance Overview/Issues:						
The CCG reported a performance of 5.6% in quarter 2, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 23.1% against the cumulative target of 17.0% therefore exceeding the plan.						
Actions to Address/Assurances:						
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.						
When is performance expected to recover:						
Cumulative access to date is at 23.1% which exceeds the trajectory of 17% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.						
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 NHS FT)



6.4.1 Services

An initial meeting has been held with Alder Hey NHS FT, 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	
		Aug-19	Sep-19	Oct-19	Nov-19		
		35 wks	34 wks	33 wks	31 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In November the Trust reported a 92nd percentile of 31 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on October when 33 weeks was reported. In November no children were waiting over 40 weeks. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of November there were no children who had waited over 52 weeks. 246 were waiting above 18 weeks; 202 were between 18-30 weeks and 44 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>Currently Paediatric speech and language waiting times are reported on a Sefton basis. There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.							
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					
		Aug-19	Sep-19	Oct-19	Nov-19		
		17.3%	17.5%	10.3%	23.30%		
		Outpatient Clinic Provider Cancellations					
Aug-19	Sep-19	Oct-19	Nov-19				
10.7%	7.5%	6.3%	11.6%				
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 November 2019 performance has declined, with DNA rates increasing from 10.3% in October to 23.3% in November. Provider cancellations have seen an increase from 6.3% in October to 11.6% in November.							
Actions to Address/Assurances:							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. Waiting times are being reported (appendix 9.3) and current performance is "green" with > 97% being seen in less than 18 weeks and only 1 waiting longer than that.							
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). It is anticipated that this will reduce the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients. An improvement trajectory is to be agreed with Alder Hey in the next few weeks, covering reduction in DNAs, patient cancelled appointments and provider cancelled appointments.							
When is performance expected to recover:							
March 2020.							
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 & South Cumbria NHS FT)

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					
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		57.1%	85.7%	100%	100%		
		For 2019/20, 92% of children should receive equipment within 18 weeks					
Performance Overview/Issues:							
Lancashire & South Cumbria NHS FT has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 2 2019/20, a performance of 100%, exceeding the 92% target.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
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 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		48.32%	56.67%	72%	72.13%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). November target 66.2%				
Performance Overview/Issues:						
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 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.						
In November, Southport & Formby CCG practices reported a combined utilisation rate of 72.13%, above the CCG's 66.2% target for November. Total available appointments was 951, with 789 being booked (82.97%) and 103 DNA's (13.1%). This shows an improvement on last month.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

Figure 18 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19		247	220	60	31
		38.7%	34.4%	9.4%	4.9%	12.7%
May-19		256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
Jun-19		261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
Jul-19		239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
Aug-19		261	215	68	33	97
		41.3%	34.0%	10.8%	5.2%	15.3%
Sep-19		237	237	71	55	95
		34.1%	34.1%	10.2%	7.9%	13.7%
Oct-19		234	391	97	55	137
		33.7%	56.3%	14.0%	7.9%	19.7%
Nov-19		189	376	57	52	115
		27.2%	54.1%	8.2%	7.5%	16.5%

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. Trinity and St Marks Medical Centre merged in April 2019. All the results are listed below.

Figure 19 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84013	Christiana Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84021	St Marks Medical Centre (TCG Medical)	07 March 2019	Good	Good	Good	Good	Good	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	24 August 2016	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84618	The Hollies Family Surgery	01 February 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 2017	Good	Good	Good	Good	Good	Good

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

8. CCG Oversight Framework (OF)

8.1 Background

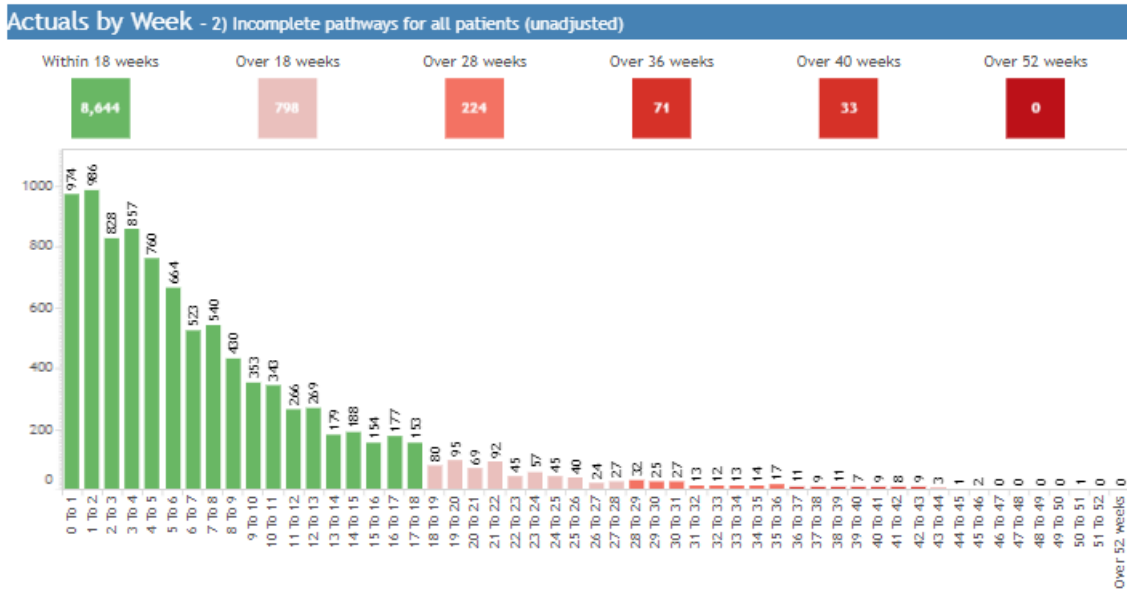
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

9. Appendices

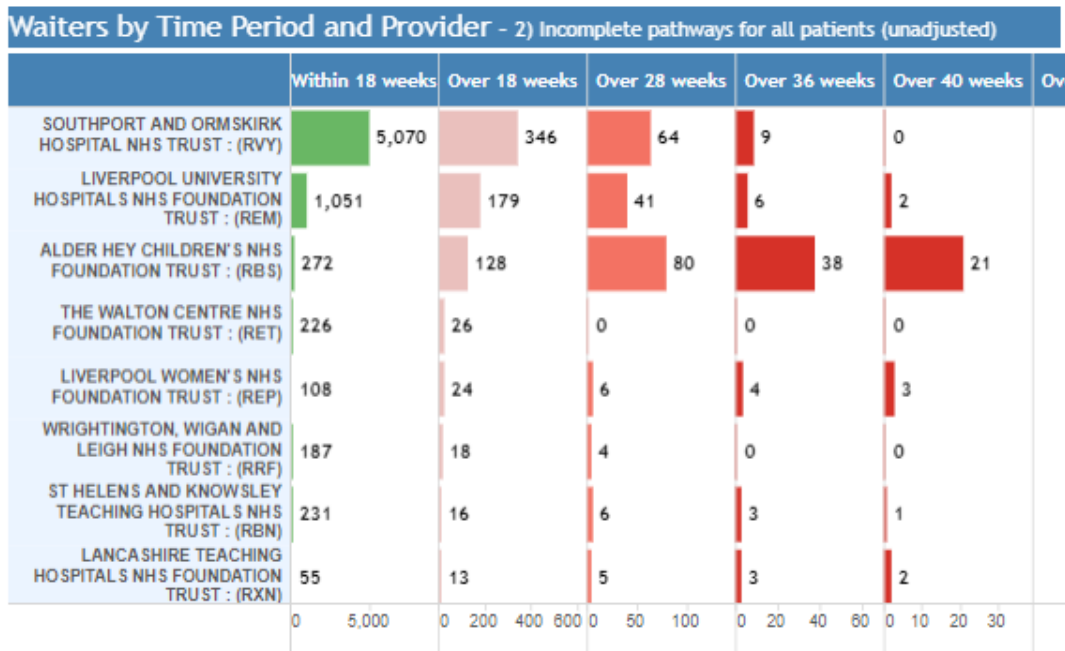
9.1.1 Incomplete Pathway Waiting Times

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



9.1.2 Long Waiters analysis: Top Providers

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



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

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

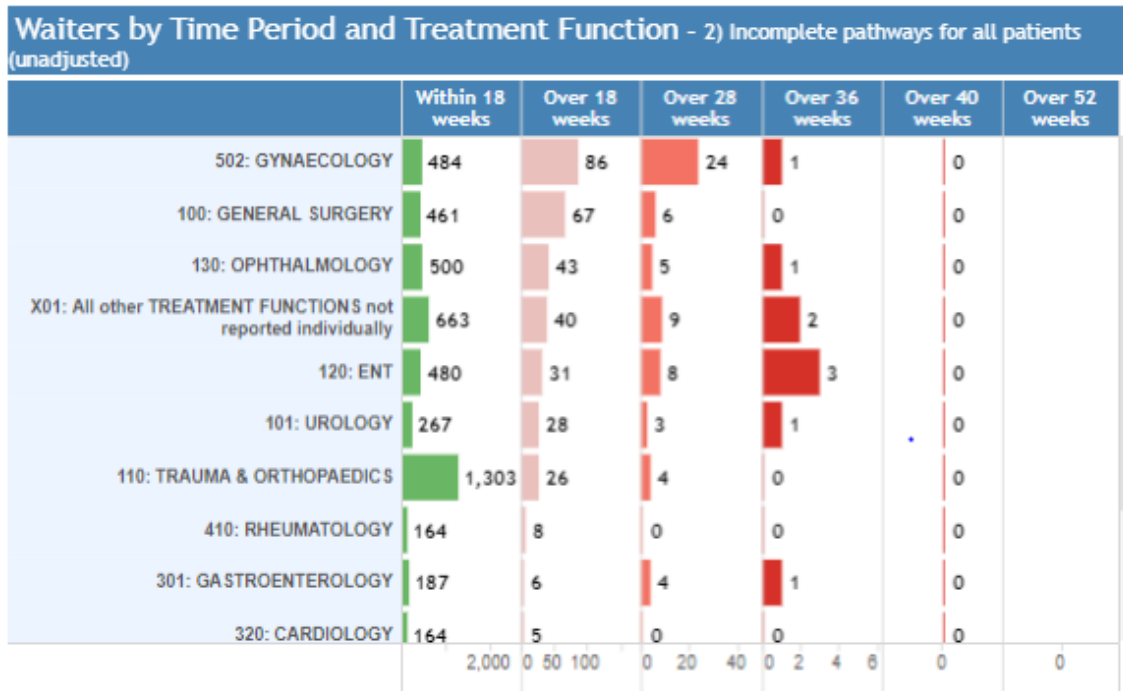
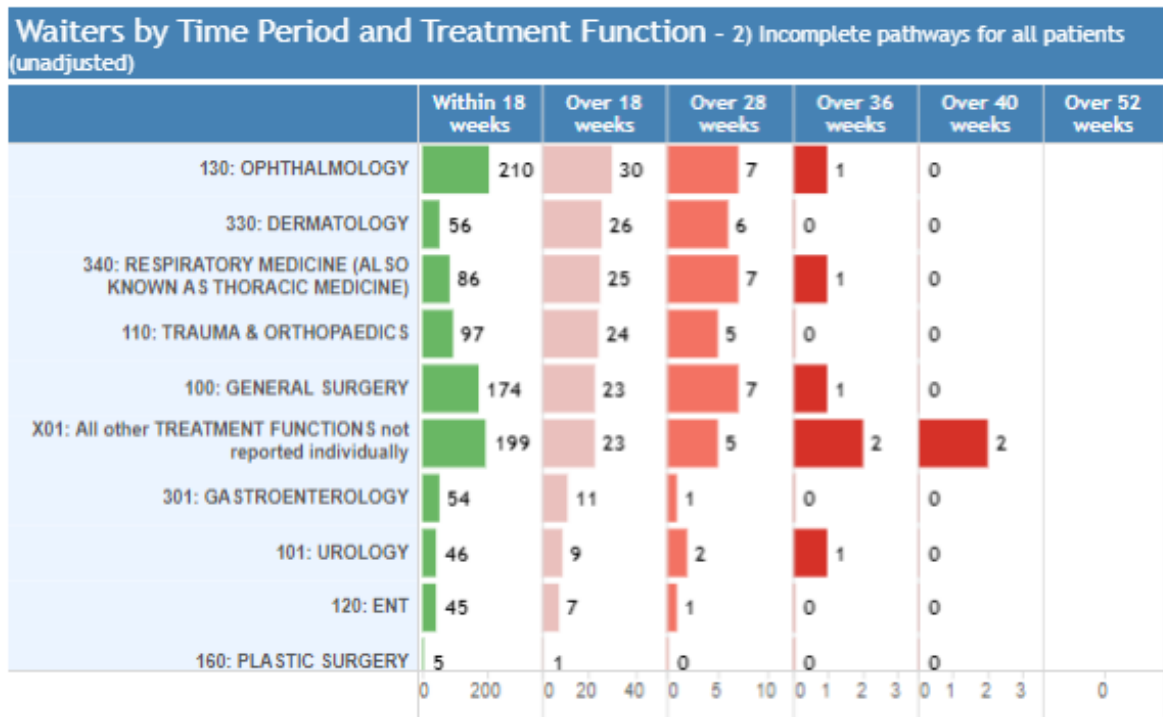
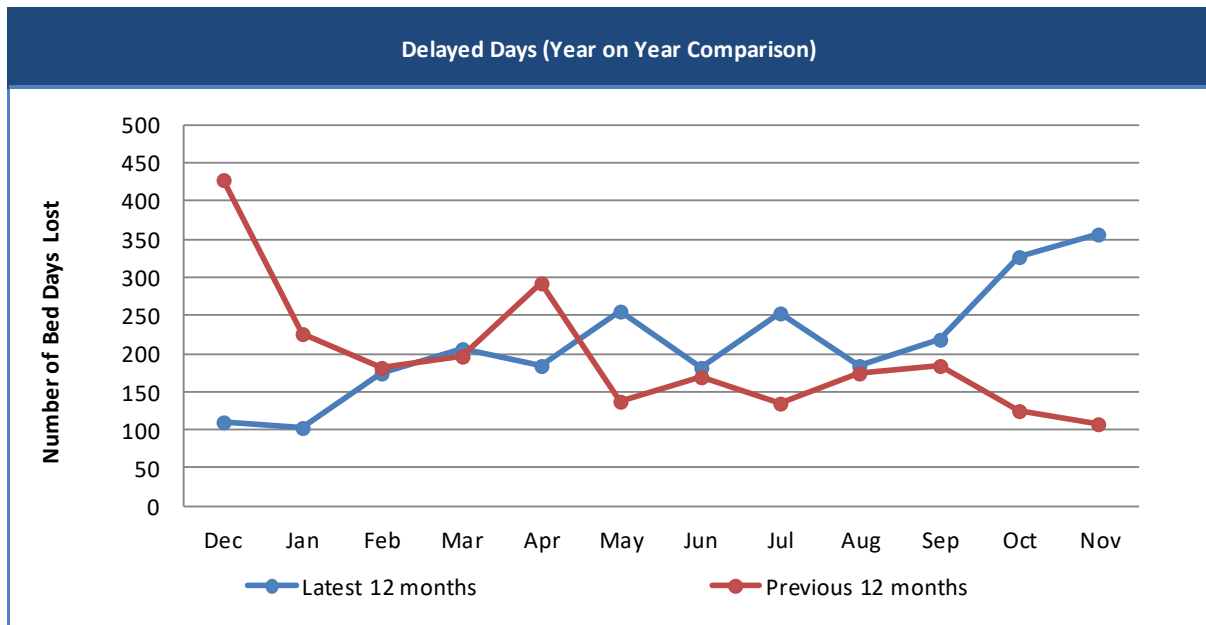


Figure 23 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 24 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Nov-19	Oct-19	Nov-18
Total	357	326	107
NHS	100.0%	99.7%	100.0%
Social Care	0.0%	0.3%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Nov-19)	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	1.7%
Community Equipment Adapt	5.3%
Completion Assesment	0.0%
Disputes	7.6%
Further Non-Acute NHS	21.6%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	58.3%
Public Funding	0.0%
Residential Home	5.6%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	2019/20											
				Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	183	-13.68	230	233	204	209	205	138	128	115	232
		Total Contacts (Domiliatory)	1,584	1,584	1,503	-5.11	152	114	130	121	134	129	113	109	1,002
		Total New Referrals	135	135	162	20.00	17	13	16	8	13	12	19	10	108
	Paediatric Dietetics	Caseload at Month End	90	90	278	208.89	322	269	261	261	279	273	282	280	332
		Referral to 1st contact (weeks average)	8.5	8.5	9	5.88	7.5	4.2	7.4	6.1	5.2	6.4	5.2	6	7.5
		Total Contacts	539	539	764	41.74	41	69	77	88	41	64	69	61	509
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts (Domiliatory)	39	39	72	82.05	1	13	5	3	5	2	7	12	48
		Total Contacts (Outpatients)	500	500	692	38.40	40	55	72	85	36	62	62	49	461
		Total New Referrals	289	289	294	1.73	32	25	16	16	32	24	25	24	196
		Referral to 1st contact (weeks average)	14.3	14.3	12.6	-10.49	16	9.9	13	12.1	14.8	11.4	13.3	11.8	16
	Paediatric Occupational Therapy	Caseload at Month End	150	150	114	-24.00	113	129	113	122	113	115	108	102	121
		Total Contacts (Domiliatory)	3,342	3,342	3,192	-4.49	285	276	252	285	271	227	260	272	2,128
Total New Referrals		566	566	527	-6.95	48	61	36	47	27	44	42	46	351	
Paediatric Physiotherapy	Caseload at Month End	64	64	68	6.25	60	62	56	72	67	68	67	68	68	
	Referral to 1st contact (weeks average)	5.8	5.8	6.1	5.17	6.2	5.8	7.6	7	5.2	5.9	6	5	6.7	
	Total Contacts (Domiliatory)	6,103	6,103	4,731	-22.48	431	396	406	428	326	392	427	348	3,154	
	Total New Referrals	553	553	594	7.41	48	51	43	53	39	54	60	46	396	
Paediatric Speech and Language Therapy	Caseload at Month End	25.9	25.9	30.3	16.99	36.6	35.9	31.1	32	34	24.2	24.1	24.4	36.6	
	Total Contacts (Domiliatory)	7,807	7,807	10,644	36.32	696	737	872	941	741	849	1,067	1,193	7,096	
	Total New Referrals	751	751	828	10.25	52	72	61	76	44	73	91	81	552	

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
Number of Referrals	146	162	139	150	110	152	219	197
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31
Total Number Waiting	944	920	879	819	764	733	733	683
Number waiting over 18 weeks	521	463	468	435	405	375	320	246

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 Dietetics Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Number of Referrals	32	25	16	18	32	24	25	24
Incomplete Pathways - 92nd Percentile	25	11.92	20.28	24.68	20.64	12.56	10.04	9
Incomplete Pathways RTT within 18 weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%
Total Number Waiting	65	45	29	28	43	37	32	39
Number waiting over 18 weeks	10	2	3	4	5	3	2	1

RAG rating

<= 18 weeks	Green
19 to 22 weeks	Amber
23 weeks plus	Red

9.6 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	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
DNA	68	53	41	147	68	116	13	19	16	21	14	21	17	30	151
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.3%	23.3%	17.2%

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	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	10	13	56
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	6.3%	11.6%	7.2%

Outpatient Clinics - Cancs by PATIENT

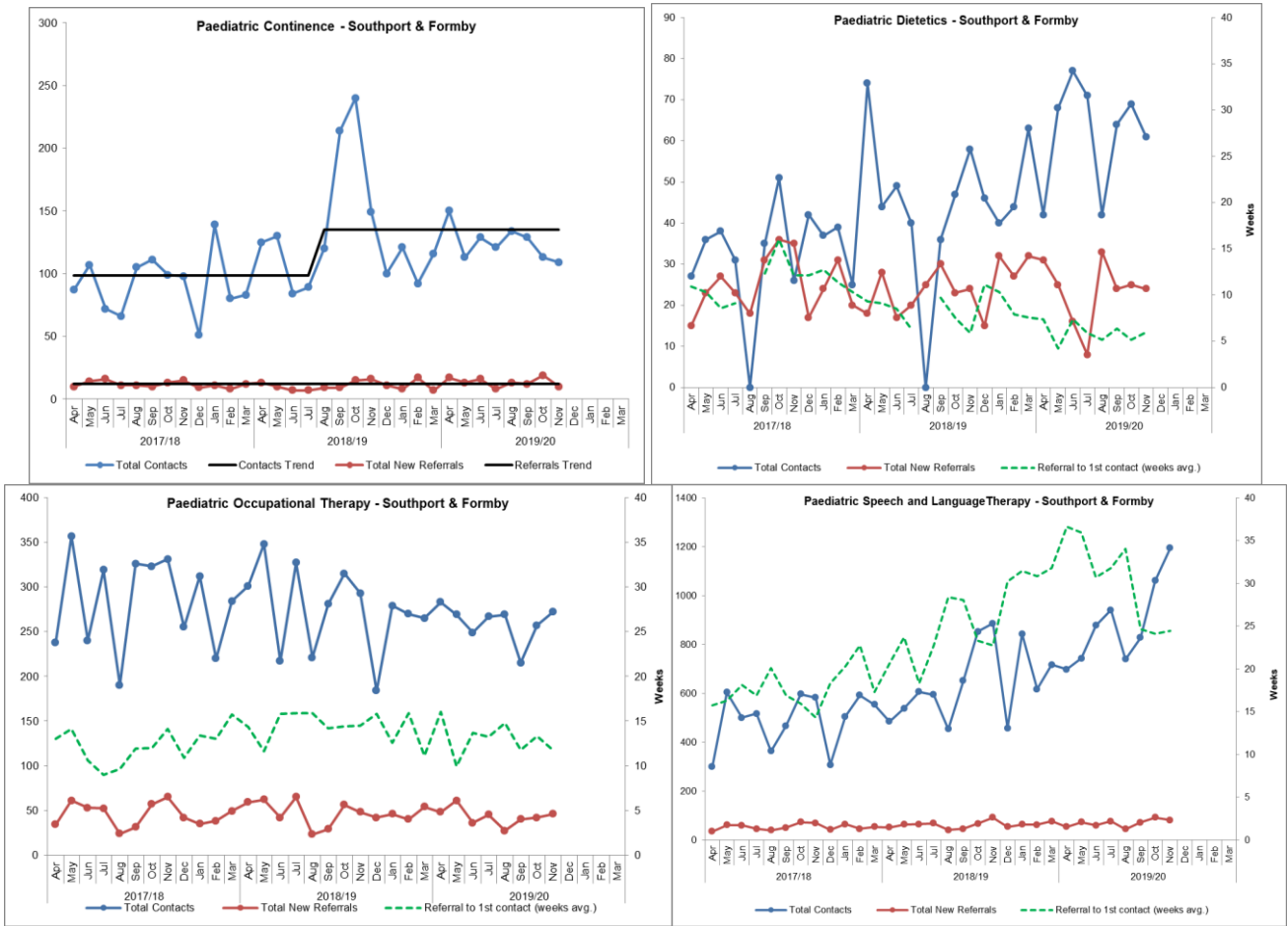
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	228
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	24.9%	28.3%	23.9%

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

9.7 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Q1 BCF performance is as follows:

Figure 25 – BCF Metric Performance

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Building on work in 18/19 we will continue to focus on our multi-agency ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through our A&E Delivery Board. In addition there are a wide range of schemes that support care closer to home and seek to maintain independence and health and well being. Examples include our health and social care community beds which can be utilised with wrap around care from our health teams to avoid admission. In addition, 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. It is important to note that there has been pathway changes at one of our acute Trusts in regard to AED activity conversion to zero length of stay which affects this metric with a higher level of activity recorded over the past year.

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	28.3	There is a recognition of the need for a whole system approach and collaborative working across health and social care providers to reduce our DTOCs. Work is supported by local operational forums at our 2 acute Trusts to address issues on a weekly basis and also through our agreed NHSI Long Stay plans which identify multi-agency work to meet trajectory against admissions with longer stays by March 2020. Discharge pathways which were developed in the past year using winter funding e.g. transitional and reablement beds at James Dixon and Chase Heys will be further embedded in this year's winter plans. In addition the Trusted Assessor model will have a renewed focus in conjunction with our Choice Policy to facilitate timely discharge. Work is also being carried out to increase reablement capacity and optimise effective use of domiciliary care through the single handed project.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	815	756	Whilst local programmes such as ICRAS and Home First should continue to help avoid care home admissions it should be noted that Sefton's demographics (with some of the highest proportions of older people in the country) makes continued reductions in admissions increasingly difficult. Also in some instances care home admission may be entirely appropriate and should not be seen as a broken element of the system. Sefton's target for 19/20 reflects this balanced approach. The current target is set to get Sefton to our CIPFA Statistical Nearest Neighbours average.
	Numerator	522	490	
	Denominator	64,032	64,779	

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.6%	90.3%	Sefton is currently reviewing its reablement delivery and is in the process of developing it's approach to the service in terms of targeting need whilst supporting the preventative agenda as well as supporting hospital discharge. This year's target is set to maintain our above average performance but with some stretch.
	Numerator	202	213	
	Denominator	236	236	

Figure 26 – BCF High Impact Change Model Assessment

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020
Chg 1	Early discharge planning	Established	Established
Chg 2	Systems to monitor patient flow	Established	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Chg 4	Home first / discharge to assess	Established	Established
Chg 5	Seven-day service	Established	Established
Chg 6	Trusted assessors	Established	Established
Chg 7	Focus on choice	Established	Established
Chg 8	Enhancing health in care homes	Established	Established

9.8 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 8 performance and narrative detailed in the table below:

Figure 27 – Southport & Formby CCG's Month 8 Submission to NHS England

Month 8 (November)	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3451	3254	-5.7%	GP referrals have followed a similar seasonal trend to plan in recent months. However, referrals were above plan in month 6 and 7 but have now decreased against plan in month 8. Referrals in month were also below the current average for 1920 but it should be noted that some of this was attributable to reduced work days to the previous month. Year to date, GP referrals are only slightly outside of the 2% threshold against plan with local analysis suggesting reductions in specialities such as T&O, Gastro and ENT.
Other	2662	2582	-3.0%	
Total (in month)	6113	5836	-4.5%	
Variance against Plan YTD	47760	47929	0.4%	Other referrals remain above plan year to date but month 8 has seen a drop with referral numbers below plan for the first time in 1920 to date (although referral numbers were in line with an average for 1920 to date). Increases have been evident at the main hospital provider (Aintree site) across a number of Specialities, notably in Ophthalmology (ref source 5).
Year on Year YTD Growth			1.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5498	4976	-9.5%	1920 has seen a consistent decrease against plan for outpatient appointments. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. However, in terms of OPFA, activity has remained consistent with no statistically relevant variance throughout 1920. A planned care group was established in 2018/19 with the main hospital provider (Aintree site) to review elements of performance and activity. This group will continue to work throughout 2019/20. Provider feedback has suggested tax and pensions issues are affecting planned care activity levels (escalated by the CCG to NHS E) and this is expected to continue throughout the year.
Follow Up	12943	10477	-19.1%	
Total Outpatient attendances (in month)	18441	15453	-16.2%	
Variance against Plan YTD	138096	122990	-10.9%	
Year on Year YTD Growth			-3.0%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1747	1895	8.5%	CCG local monitoring of day case admissions has activity at 5% below plan in month 8 and slightly outside of the 2% threshold YTD (at -2.2%). Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Electives are also below planned levels but the fewer numbers reported in this point of delivery can account for a greater volatility in performance against plan. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. The planned care group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above. Historically, month 9 anticipates a drop in elective activity when compared to recent months.
Elective Ordinary spells	270	211	-21.9%	
Total Elective spells (in month)	2017	2106	4.4%	
Variance against Plan YTD	15465	16904	9.3%	
Year on Year YTD Growth			0.4%	
Urgent & Emergency Care				
Type 1	4517	4776	5.7%	Local monitoring of type 1 A&E attendances suggests month 8 has seen a peak in attendances - the second highest of 1920 to date and the third consecutive monthly increase. Trends are generally influenced by the main hospital provider (Aintree) site and performance appears to have been affected, dropping to 80.4%. This is the lowest monthly performance reported at this site since May-18. However, an increase in paediatric attendances has occurred for both Alder Hey and S&O Hospital in month 8. A trend of decreasing WIC attendances (focussed at Litherland WIC) continues to contribute to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances and YTD activity is within the 2% threshold.
Year on Year YTD			5.3%	
All types (in month)	8996	8475	-5.8%	
Variance against Plan YTD	73048	68132	-6.7%	CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board). Actions include weekly system calls, implementation of alternative to transfer scheme, focus on increasing ambulatory care within frailty unit and long length of stay action plan. The CCG are also sighted on internal actions initiated by the provider to support patient flow.
Year on Year YTD Growth			0.9%	
Total Non Elective spells (in month)	2165	2244	3.6%	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. In contrast to increased A&E attendances, admissions decreased in month 8 but remain historically high and above average for the last three months. Admissions with a 1+ LOS were within 2% of planned levels. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Variance against Plan YTD	17031	18021	5.8%	
Year on Year YTD Growth			3.7%	