



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report

May 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	
		Actual	80%	82%												
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R												
		Actual	3%	3.71%												
		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												
		Actual	92.998%	93.52%												
		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		
		Actual	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	
		Actual	6	7											13	
		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
		Actual	0	0												0
		Target	0	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												R
		Actual	86.52%	93.34%												90.06%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R												R
		Actual	51.61%	87.23%												73.08%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G												G
		Actual	98.70%	97.18%												97.97%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G												G
		Actual	100.00%	100%												100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R												R
		Actual	100.00%	95%												97.14%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G												G
		Actual	100.00%	100%												100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

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											R	
		Actual	72.22%	80.56%												76.39%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R											R	
		Actual	-	85.71%												85.71%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G											G	
		Actual	86.36%	93.75%												89.47%
		Target	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 DataFile)	Southport And Formby CCG	RAG	R	R											R	
		Actual	84.26%	85.15%												84.70%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R											R	
		Actual	14	13												27
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R											R	
		Actual	3.7	3.1												
		Target	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	G											R	
		YTD	1	0												1
		Target	0	0												0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G											G	
		YTD	2	1												3
		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	
		YTD	14	11												25
		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	
		Actual	100%	100%												100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

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

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	G											G	
		Actual	56.40%	58.40%												
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	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	
		Actual	1.06%	1.06%												
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%		
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	
		Actual	96.30%	99%												
		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	
		Actual	100.00%	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	
		Actual	75.39%	75.60%												
		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%	

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 2 (note: time periods of data are different for each source).

Planned Care

Comparing activity with the equivalent period in the previous year, GP referrals at month 2 2019/20 have decreased by -16.2% and consultant-to-consultant referrals have decreased by -10.2%. Therefore total referrals have decreased by -11.7% on the previous year.

The CCG failed the less than 1% target for Diagnostics in May recording 3.71%, a further decline on last month (3%). This is also above the CCGs improvement trajectory of 2.6% for May 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in May recording 4.14%, also a further decline on last month (2.8%). Therefore the Trust has also failed their improvement trajectory of 3% for May 2019.

For referral to treatment, Southport & Formby CCG had a total 9,367 patients waiting on an incomplete pathway in May 2019; 933 patients over plan and 95 patients more than in April 2019.

Southport & Ormskirk reported 7 cancelled operations in May 2019, a slight increase on April when 6 were reported.

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

Southport & Ormskirk Trust has reported a response rate for inpatients of 13.6% in May 2019. This is significantly below the England average of 24%. The percentage of patients who would recommend the service increased to 96% and the percentage who would not recommend decreased to 2%, both in line with the England averages.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for May 2019 reached 87.20% for all types (87.06% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.3%. For type 1 a performance of 79.95% was reported in May (79.28% YTD).

Southport & Ormskirk Trust reported 12, 12-hour breaches in May, breaching the zero tolerance threshold. This shows a further decline on last month when 10 breaches were reported.

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

Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 64.9% in May; just 24 out of 37 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 25% in May. Out of 16 patients just 4 achieved the target.

The CCG has reported a total of 13 breaches in May and has therefore breached the zero tolerance threshold. All 13 breaches were at Southport & Ormskirk NHS Trust.

The CCG had 1 case of MRSA in April 2019 and is therefore breaching the zero tolerance threshold year to date for 2019/20.

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 May there were 11 cases against a plan of 9, bringing the year to date figure to 25 against a target of 18. Southport & Ormskirk Trust reported 18 cases in May. There are no targets set for Trusts at present.

Southport & Ormskirk Trust has reported a response rate for A&E of 1.5% in May 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 92% above the England average of 85% and the percentage who would not recommend decreased to 5% below the England average of 9%.

Mental Health

In relation to eating disorders service, out of a potential 16 service users, 3 started treatment within 18 weeks; a performance of 18.8% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 1.06% in month 2, therefore failing to achieve the target.

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

Community Health Services

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

Children's Services

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

Better Care Fund

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

CCG Improvement & Assessment Framework

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2614	2470	-144	-5.5%	1701	1994	293	17.2%	5067	5377	310	6.1%
May	2634	2741	107	4.1%	1821	2131	310	17.0%	5253	5876	623	11.9%
June	2350				1963				5116			
July	2499				1945				5240			
August	2414				1802				5034			
September	2306				1819				4910			
October	2596				2113				5701			
November	2611				1999				5510			
December	2022				1723				4400			
January	2550				2142				5522			
February	2414				1839				5118			
March	2667				1948				5487			
Monthly Average	2473	2606	132	5.4%	1901	2063	161	8.5%	5197	5627	430	8.3%
YTD Total Month 2	5248	5211	-37	-0.7%	3522	4125	603	17.1%	10320	11253	933	9.0%
Annual/FOT	29677	31266	1589	5.4%	22815	24750	1935	8.5%	62358	67518	5160	8.3%

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



Data quality notes:



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

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



Month 2 summary:

- Trends show that the baseline median for total Southport & Formby CCG referrals has remained flat since April 2018. However, a recent increase is apparent.
- Year to date referrals are 9% higher than 2018/19 due to a 17.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to Southport Hospital.
- Consultant-to-consultant referrals at Southport Hospital are 21% 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 24%.
- Overall, referrals to Southport Hospital have increased by 12% year to date at month 2. Increases have been evident across a number of specialities including General Medicine, Gynaecology, Ophthalmology and Trauma & Orthopaedics.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently comparable to the previous year. However, May-19 saw an historical peak for Southport & Formby CCG GP referrals.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 18% 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				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		86%	84%	80%	82%		
		Plan: 100%					
Performance Overview/Issues:							
<p>The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. Southport & Formby CCG is showing a performance of 82% for May, a slight improvement on 80% reported the previous month.</p> <p>The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. May data shows an overall performance of 88.2% for Southport & Formby CCG, a slight improvement on the previous month (85.2%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
Actions to Address/Assurances:							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRs data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>A meeting with relevant Trust and CCG staff was organised for the 17th June to discuss issues relating to Advice & Guidance and performance reporting for eRs. This unfortunately was cancelled due to forces outside our control. A new meeting will be reconvened as soon as conveniently possible. A series of actions will be formulated, with agreed actions and timescales for implementation. This will form the basis for a more robust contract management of e-RS with acutes, and the non-payment of activity not referred through e-RS.</p>							
When is performance expected to recover:							
A recovery trajectory will be formulated after discussions with providers.							
Quality:							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> - A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee). - NHSE to escalate to NHSE/I concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received). 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnosics - % 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	Feb-19	Mar-19	Apr-19	May-19		
		CCG	1.52%	2.93%	3.00%		
		S&O	1.30%	2.67%	2.80%	4.14%	
		National Target < 1% <u>May's improvement plans</u> CCG: 2.6% S&O: 3% 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 May recording 3.71%, a further decline on last month (3%). This is also above the CCGs improvement trajectory of 2.6% for May 2019. Out of 2,640 patients, 112 patients were waiting over 6 weeks, and 14 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (31), MRI (22), Urodynamics (20) and Colonoscopy (12).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in May recording 4.14%, also a further decline on last month (2.8%). Therefore the Trust has also failed their improvement trajectory of 3% for May 2019. Out of 3,549 patients, 165 patients waited over 6 weeks, and 18 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (54), Urodynamics (36), MRI (25) and Colonoscopy (15).</p> <p>The issues affecting performance are mainly linked to Radiology and Endoscopy regarding service resilience. This is due to shortage in staff and reliance on temporary workforce. Further implications relate to changes to HMRC pensions and tax which affects the prospects of WLI.</p> <p>The Trust has reported the following issues in relation to the specialties highlighted above:</p> <ul style="list-style-type: none"> - Capacity issues in Urodynamics - Capacity issues and patient choice in Non-Obstetric Ultrasound - Patient DNAs and reduced WLs in Colonoscopy - Patient choice in Cystoscopy <p>There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. In May, 7 Southport & Formby CCG patients were waiting over 6 weeks for an MRI. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who will start in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.</p>							
Actions to Address/Assurances:							
<p>The CCG has received action plans from S&O trust detailing issues and mitigating actions for both endoscopy and radiology diagnostic services. These have been reviewed at the CCF with commissioners and have been escalated to the contract meeting with providers due to a lack of recovery plan detailed no assurance of improvement from the provider. However, S&O indicated whilst recruitment and internal process redesign is being implemented (see below), the Trust will insource additional capacity for the next 6 weeks. The Trust has informed the CCG that they will outsource to Renacres. The CCG are seeking to clarify the diagnostic procedures to be delivered, the numbers to be commissioned by the Trust, and a detailed plan for recovery based on this for a sustainable service. The CCG has also requested a detailed view of where the demand is coming from, internal v external, which will enable the CCG and Trust to work collaboratively on a sustainable service.</p> <p>Radiology - Recruitment to a number of posts linked to consultant radiology vacancy as well as admin managers post to ensure performance management of the service. Consultant rota review with 6 week advance view to ensure timely booking of patients. Internal management meetings held weekly to review rota and booking process. Reinstatement of weekly PTL meetings.</p> <p>Endoscopy - Workforce review to identify staffing requirements, review of staff allocations, rota's to ensure productivity. Training review of current staff to ensure competencies. Review of productivity and estates to ensure efficiency of service, reduction of cancellations and reduced WL.</p>							
When is performance expected to recover:							
<p>Recovery not forecast for 2019/20 as set out in the operational plans trajectory. Due to the issues outlined above an improved position in line with trajectory not assured by the provider in the coming months.</p> <p>The Trust has a month on month improvement trajectory for 2019/20. CCG requesting a revised plan to ensure performance is brought back in line with agreed trajectory.</p> <p>No recovery plan provided as yet by the provider. No assurance of recovery to trajectory over the coming months by provider. No assurance from the provider regarding improvement but no indication of deterioration against performance levels in May.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance

Figure 2 – RTT Performance & Activity Trend

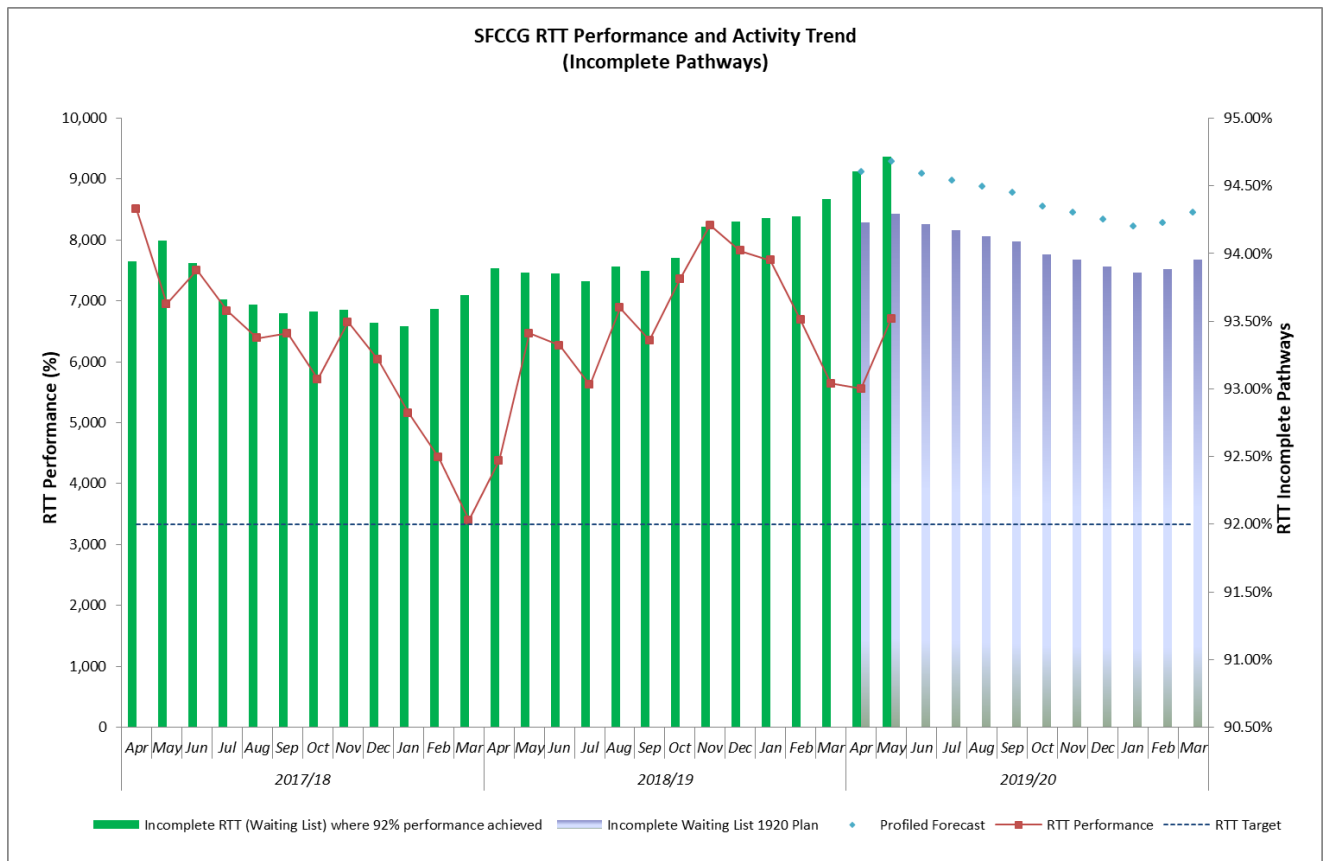


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

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

Southport & Formby CCG had a total 9,367 patients waiting on an incomplete pathway in May 2019; 933 patients over plan and 95 patients more than in April 2019. The CCG has seen a 241/3% increase for May-19 Incomplete Pathways compared to April-19. S&O make up 33% of the CCG increase with a Provider monthly increase of 80/2%. Compared to the same period of the previous financial year 2018/19, current incomplete waiting list is 843/17% higher than last year. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 1325/13% above plan.

The CCG has requested the Trust provide a detailed view of the demand on RTT waiting lists to see if internal or external factors have changed over time.

2.3.1 Provider assurance for long waiters

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

CCG	Trust	Specialty	Wait band (weeks)	Detailed reason for the delay
Southport & Formby CCG	ISIGHT	Ophthalmology	39	Information has not been provided for this patient.
Southport & Formby CCG	Lancashire Teaching	T&O	37	Capacity issues in the department. Patient awaiting TCI date.
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	38	Capacity issues in the department. Patient awaiting TCI date.
Southport & Formby CCG	Liverpool Womens	Gynaecology	37 & 45	3 patients ; 1 patient at 37 weeks & 2 at 45 weeks. Unknown outcomes. 1 patient at 45 weeks has been flagged as a potential 52 week breach in July 2019.
Southport & Formby CCG	Manchester University	All Other	38	No Trust Comments
Southport & Formby CCG	Manchester University	Gynaecology	43	No Trust Comments
Southport & Formby CCG	Royal Liverpool & Broadgreen Hospital	Dermatology	36 to 48	3 patients ; 1 patient was a recording error and was seen in December, 1 TCI date and 1 pathway stopped in June.
Southport & Formby CCG	Royal Liverpool & Broadgreen Hospital	All Other	36	Pathway Stopped in June
Southport & Formby CCG	Royal Liverpool & Broadgreen Hospital	General Surgery	38 & 46	2 patients ; 1 pathway stopped in June & 1 cancelled due to patient holiday. Pre Op 6th June, awaiting TCI date.
Southport & Formby CCG	Warrington & Halton	ENT	44	No Trust Comments

The CCG had a total of 41 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 41 patients, 12 patients have been treated, 11 have TCI dates, 7 awaiting TCI dates, 9 patient outcomes are unknown, 1 patient declined treatment and 1 patient discharged following DNA.

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



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

Liverpool Women's Hospital has provided the following assurance:

Focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in February & March have affected the position. This was further impacted upon by one locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 to address this shortfall. This is anticipated to improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.



2.4 Cancelled Operations

2.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days



Indicator		Performance Summary				Potential organisational or patient risk factors	
Cancelled Operations		Previous 3 months and latest					
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		13	13	6	7		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk reported 7 cancelled operations in May 2019, showing no improvement on April when 6 were reported. In 2018/19 the Trust reported a total of 100 breaches. Primary issues relate to anaesthetic rotas with an expectation that a business case will go to Trust Exec for additional resource.							
Actions to Address/Assurances:							
CCG: The CCG requested a recovery plan via the Contract Review Meeting.							
Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.							
The Trust has informed the CCG that data from a 6 week review of on the day cancellations is currently being analysed for trends as part of the Theatre Utilisation Improvement Programme.							
When is performance expected to recover:							
The CCG are working with the Trust for further clarity and understanding as to the reasons for the cancellations. Once the recovery plan has been received the CCG will work with the Trust and support the recovery.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.5 Cancer Indicators Performance



2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					Linked to 122a	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD		
		CCG	92.27%	93.13%	86.52%	93.34%		
		S&O	98.19%	97.55%	94.30%	95.03%	94.71%	
		Plan: 93%						
Performance Overview/Issues:								
The CCG achieved the two week standard in May 2019 but failed year to date with 90.06%. In May 2019, 42 patients breached the target out of a total 631 treated.								
Actions to Address/Assurances:								
Breast services dominated the underperformance against this standard. Improvement at Aintree have resulted in achievement of the 2ww standard this month.								
When is performance expected to recover:								
June 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD		
		48.57%	65.85%	51.61%	87.23%	73.08%		
		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 the two week wait target for patients with breast symptoms in May 2019 with 87.23% and year to date with 73.08%. In May 2019, there were 6 breaches from a total of 47 patients treated. All breaches were at Aintree. The maximum wait was 25 days, 4 breaches were due to patient choice and 2 were due to inadequate out-patient capacity. The issues affecting performance are residual staffing and capacity limitations at Aintree								
Actions to Address/Assurances:								
Please note significant improvements against this standard. Aintree have provided assurance that this standard will be achieved in month 3.								
When is performance expected to recover:								
June 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD		
		CCG	72.73%	85.71%	72.22%	80.56%	76.39%	
		S&O	70.93%	81.16%	69.62%	75.29%	72.56%	
		Plan: 85% Trust's May improvement plan: 80%						
Performance Overview/Issues:								
<p>The CCG failed to achieve the 85% target with 80.56% in May 2019, 7 breaches from a total of 36 patients seen. Breach reasons were due to other reason (4), recovery after an invasive test (1), inadequate outpatient capacity (1) and complex diagnostic pathway (1). YTD performance is 79.39%.</p> <p>Southport & Ormskirk Trust also failed the target in May with a performance of 75.29% and YTD with 72.56%. This is also below the Trust's agreed improvement plan for May of 80%. In May, there were the equivalent of 10.5 breaches from a total of 42.5 apportioned patients.</p>								
Actions to Address/Assurances:								
<p>The CCG raised performance issues at the recent Information sub group with the provider and have asked for further information on the reasons for variable performance and a lack of an improvement trajectory.</p> <p>The Trust have noted that all patients are proactively tracked and drift from plan that there should never be more than 7 days between interventions is escalated at weekly performance meetings.</p> <p><u>Trust Actions</u></p> <ul style="list-style-type: none"> - Trust have appointed to a project lead for cancer improvement from Cancer Alliance monies. - There has also been recruitment to some radiology posts with 3 further posts having job plans approved by Mersey Deanery - a RAS has been established for gastro enterology which will ensure better use of capacity for straight to test and clinic appointments - better tracking from day zero on the pathways is now possible through better links between Medway and Somerset cancer Registry 								
When is performance expected to recover:								
Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory which indicates that the operational standard for 62 days will be met in June 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 - 62 Day NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD		
		CCG	0%	0 Patients	0 Patients	85.71%	85.71%	
		S&O	50%	0 Patients	0%	50%	16.67%	
Performance Overview/Issues:								
The CCG failed to achieve the 90% target in May 2019 with 85.71%; 1 breach out of 7. This patient was first seen at Aintree and first treated at Southport & Ormskirk. Patients delay was due to 'other reason' and waited a total 83 days.								
Southport & Ormskirk Trust also failed the 90% target in May 2019 with 50%; 0.5 apportioned breach out of 1.								
Actions to Address/Assurances:								
Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient-initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway. NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance.								
When is performance expected to recover:								
Small numbers 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

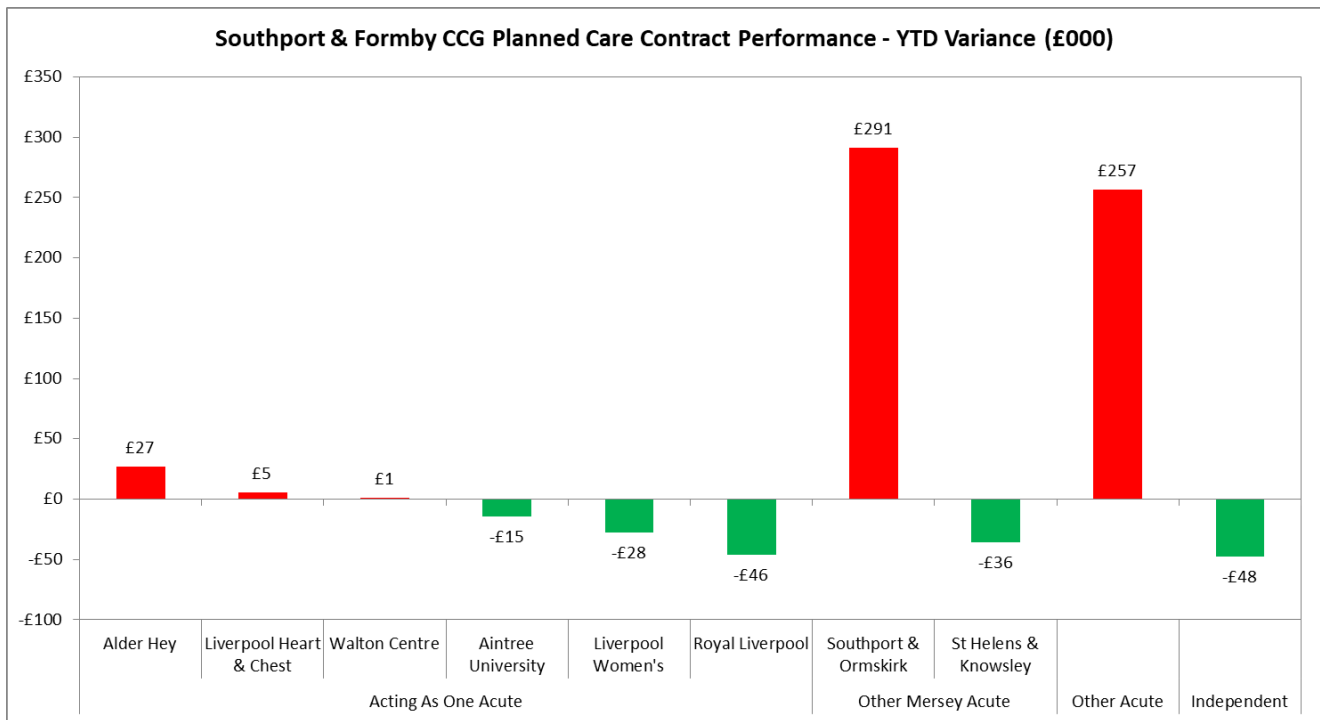
Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		2	5	1	2		
		Plan: No plan					
Performance Overview/Issues:							
Southport & Ormskirk Trust had 2 patients waiting over 104 days in May 2019. Southport and Formby CCG expects to receive Root Cause analyses for these pathways.							
Actions to Address/Assurances:							
When is performance expected to recover:							
Jun-19							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Graeme Allan			Sarah McGrath		

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: Inpatients  		Previous 3 months and latest					
			Feb-19	Mar-19	Apr-19		May-19
RED	TREND	RR	11.6%	15.0%	12.3%		13.60%
		% Rec	96.0%	96.0%	95.0%		96%
		% Not Rec	1.0%	1.0%	3.0%		2%
		May 2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for inpatients of 13.6% in May 2019. This is significantly below the England average of 24%. The percentage of patients who would recommend the service increased to 96% and the percentage who would not recommend decreased to 2%, both in line with the England averages.							
Actions to Address/Assurances:							
Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.							
When is performance expected to recover:							
Quality:							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 2 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £409k/6.6%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £465k/7.5%.

At individual providers, Southport & Ormskirk is showing the largest over performance at month 2 with a variance of £291k/9%. This is followed by Wrightington, Wigan and Leigh with a variance of £240k/143%.

At speciality level, Trauma & Orthopaedics represents the highest over performance for Southport & Formby CCG at month 2. The majority of this over performance is related to activity at Wrightington, Wigan and Leigh. Activity market share for this particular provider has increased from 14% to 16% when comparing 2019/20 to the equivalent period of 2018/19. Wrightington, Wigan and Leigh also represent 30% of all Trauma & Orthopaedic costs within planned care, which is an increase of 10% when comparing to the previous year.

NB. The 2019/20 activity plan for Southport & Ormskirk Hospital is not yet available. Therefore, contract performance values included in the above chart will relate to variances against 2018/19 plan values.

It should also be noted that there is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement.

2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,816	1,833	17	1%	£920	£961	£41	4%
Elective	224	166	-58	-26%	£539	£479	-£59	-11%
Elective Excess BedDays	35	70	35	101%	£8	£19	£10	122%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	117	161	44	37%	£20	£34	£14	66%
OPFASPCL - Outpatient first attendance single professional consultant led	1,953	2,597	644	33%	£336	£454	£118	35%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	271	157	-114	-42%	£23	£18	-£5	-20%
OPFUPSCL - Outpatient follow up single professional consultant led	6,150	7,511	1,361	22%	£501	£664	£162	32%
Outpatient Procedure	4,829	4,469	-360	-7%	£622	£609	-£13	-2%
Unbundled Diagnostics	1,740	1,885	145	8%	£155	£179	£24	15%
Grand Total	17,134	18,849	1,715	10%	£3,125	£3,417	£291	9%

*PbR only

Over performance at Southport & Ormskirk Hospital is evident against the majority of planned care points of delivery. However, the overall over spend of £291k/9% is driven in the main by increased outpatient activity (first and follow up appointments). Further analysis has established the majority of this increase in outpatient appointments is due to increased activity within Trauma & Orthopaedics. Southport & Formby CCG referrals to Southport Hospital are currently 12% higher than 2018/19 levels and further analysis has established that Trauma & Orthopaedics referrals have increased by 11% with the majority of this increase attributable to referrals from an allied health professional.

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

NB. The 2019/20 activity plan for Southport & Ormskirk Hospital is not yet available. Therefore, contract performance values included in the above chart will relate to variances against 2018/19 plan values.

2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

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

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	4	6	2	70%	£0	£1	£0	70%
Daycase	26	41	15	57%	£35	£35	£0	0%
Elective	17	49	32	196%	£94	£311	£217	230%
Elective Excess BedDays	5	4	-1	-13%	£1	£1	£0	-8%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	12	17	5	38%	£1	£1	£0	20%
OPFASPCL - Outpatient first attendance single professional consultant led	64	114	50	79%	£9	£16	£7	86%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	18	29	11	62%	£1	£2	£1	92%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	25	90	65	265%	£1	£2	£2	311%
OPFUPSPCL - Outpatient follow up single professional consultant led	238	334	96	40%	£14	£21	£7	49%
Outpatient Procedure	43	68	25	56%	£6	£11	£5	80%
Unbundled Diagnostics	46	72	26	57%	£6	£6	£1	13%
Grand Total	497	824	327	66%	£168	£408	£240	143%



Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality and elective procedures. 'Very Major Knee Procedures for Non-Trauma with CC Score 2-3' currently accounts for £98k of the over performance reported within the elective point of delivery.

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



3. Unplanned Care

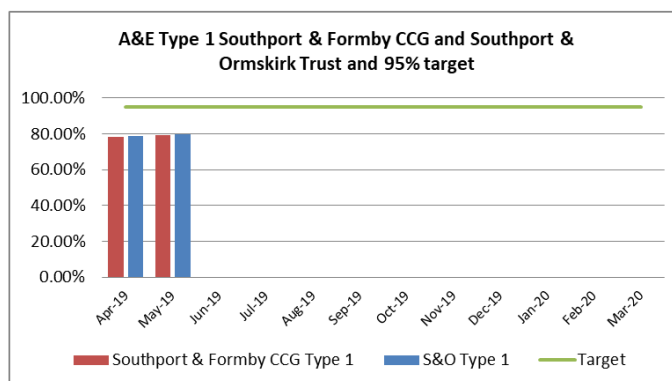
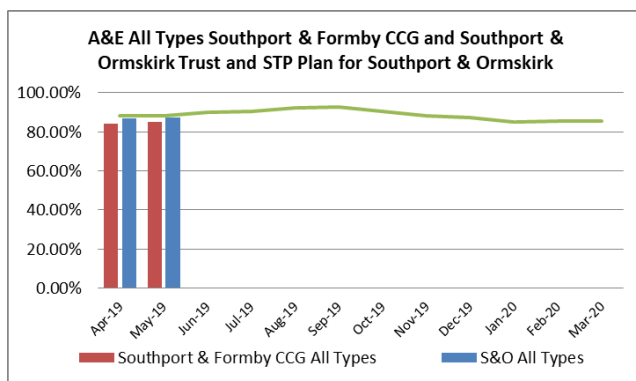
3.1 Accident & Emergency Performance

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



Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD		
		All Types	85.66%	84.09%	84.23%	85.15%	84.70%	
		Type 1	79.59%	77.72%	69.10%	79.49%	78.85%	
		National Standard: 95%						
Performance Overview/Issues:								
Southport & Formby CCG's performance against the 4-hour target for May 2019 reached 85.15% for all types (84.7% YTD), and 79.49% for type 1 (78.85% YTD), both of which are significantly below the national standard of 95%.								
Actions to Address/Assurances:								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however we are not meeting the agreed NHSI improvement trajectory. As a system we continue to work together to improve admission avoidance, improve LOS and timely discharge pathways. The area's for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. To assist with capacity and demand modelling a programme of work has been commissioned from Venn group to give a robust service gap analysis.								
When is performance expected to recover:								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for May 2019 is 88.3%.								
Quality:								
The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Tim Quinlan			Sharon Forrester			

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

Indicator		Performance Summary					Potential organisational or patient risk factors
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19	YTD	
 	All Types	88.24%	86.77%	86.93%	87.20%	87.06%	
	Type 1	79.86%	77.90%	78.59%	79.95%	79.28%	
National Standard: 95% May's improvement plan: 88.3% Yellow denotes achieving improvement plan but not national standard of 95%							
Performance Overview/Issues:							
Southport & Ormskirk's performance against the 4-hour target for May 2019 reached 87.20% for all types (87.06% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.3%. For type 1 a performance of 79.95% was reported in May (79.28% YTD).							
Actions to Address/Assurances:							
The Trust reported that their performance in May was the 5th best performing Trust in the North West region. Whilst performance is not at its desired level we have to put into context the Trust performance against the national backdrop as country-wide 4 hour performance has significantly deteriorated. The Trust is holding performance whilst many others have seen a worsened position for May. This is a concerning national trend which started at the beginning of October 2018. There are no current signs of the pressures easing on the urgent and emergency care system for the NHS. Southport attendances in May were nearly 9% higher than May last year (increased demand experienced across SFCCG and for WLCCG there was nearly 15% less demand from the previous year). The overall conversion rate, which includes patients admitted directly to a ward or via an assessment ward, is 19% in May, down from 20% in April which was down from 21% in March. The Trust has had issues in Mid-May with the norovirus closing large numbers of beds, inhibiting the Trusts ability to deliver good and timely patient flows. This has severely impacted on 4 hour performance due to ED experiencing crowding for prolonged periods of time across May. Despite the collective pressures, care given on the corridor remains significantly lower than last year with 405 patients nursed on the corridor compared to over 1622 in May 2018.							
When is performance expected to recover:							
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for May 2019 is 88.3%.							
Quality:							
The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		



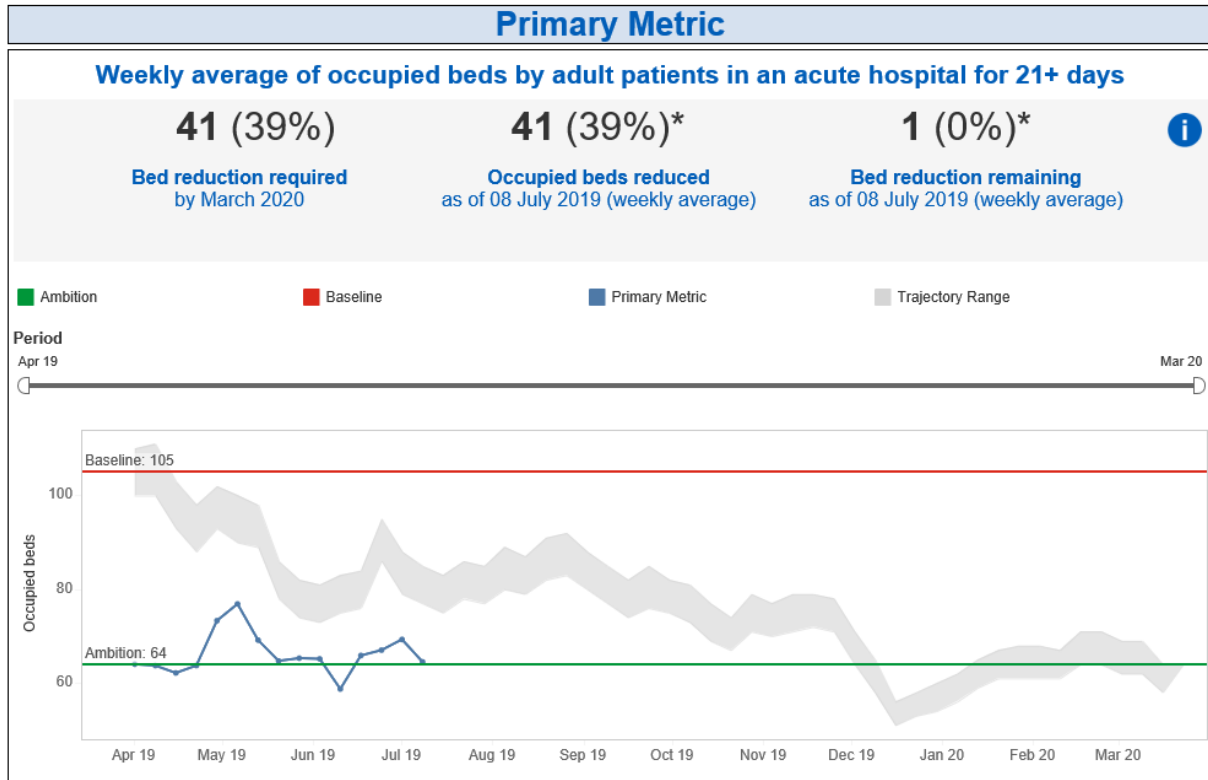
3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		27	2	10	12		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk Trust reported 12, 12-hour breaches in May, breaching the zero tolerance threshold. This shows a further decline on last month when 10 breaches were reported.							
Actions to Address/Assurances:							
There was 1 x 12 hour breach as a result of a delay in accessing a mental health bed. The remaining 11 were due to delays in acute bed availability. All acute bed breaches occurred as a result of accumulated pressures from the weekend, with patients bedded in ED overnight with a DTA awaiting admission to a bed. May saw a 7.6% increase in attendances, a number of wards with beds closed due to norovirus, continued reliance on escalation beds to bridge gap between admissions and discharges, and an increase in the number of stranded patients. Workstream 2 reporting into the Patient Flow Improvement Programme (PFIP) is critical in creating sustainable bed flow, reducing the need for use of escalation areas, and ensuring patients are seen and treated in the most appropriate clinical area.							
When is performance expected to recover:							
Performance is expected to recover in June 19. The trust have initiated an internal improvement plan concentrating on internal flow and processes as part of the ongoing internal quality improvement work. The CCG continue to review all 48 hour timelines and RCA's with NHSE and feedback to the trust any areas of concern with patient quality and safety, as per policy							
Quality:							
The CCG have receipt of 48 hr timelines and 60 day RCA's which are reviewed as part of PQIRP meeting internally, this will be completed jointly with NHSE as part of revised process. Despite the prolonged waits in ED the CCG are assured that respect and dignity has been maintained at times of severe pressure. Breaches are mostly reported due to lack of bed capacity.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

3.2 Occupied Bed Days

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 8 – Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 41 (39%) by March 2020; therefore the target is 64 or less. The Trust is on track to achieve this target as the latest reporting as at 8th July 2019 (weekly average) shows 65 occupied beds. This shows a reduction of 41 beds with just 1 remaining in order to achieve the ambition in 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 clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Mar-19	Apr-19	May-19		
		Cat 1 mean	<=7 mins	00:08:48	00:08:31	00:07:04		
		Cat 1 90th Percentile	<=15 mins	00:15:55	00:18:45	00:13:34		
		Cat 2 mean	<=18 mins	00:24:52	00:25:16	00:21:44		
		Cat 2 90th Percentile	<=40 mins	00:55:54	01:00:34	00:49:13		
		Cat 3 90th Percentile	<=120 mins	02:31:18	02:33:10	01:55:09		
Cat 4 90th Percentile	<=180 mins	04:04:47	03:49:34	03:27:03				
Performance Overview/Issues:								
<p>In May 2019 there was an average response time in Southport and Formby of 7 minutes 4 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 21 minutes and 44 seconds against a target of 18 minutes. The CCG also failed the category 4 90th percentile response, but has achieved the category 3 response of 2 hours with 1 hour 55 minutes and 9 seconds. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.</p> <p>Category 1 and 2 will remain an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.</p>								
Actions to Address/Assurances:								
<u>Trust Actions</u>								
<p>Completion of ambulance handovers within 15 minutes remains a challenge, largely due to high occupancy levels in ED as a result of increased demand and bed pressures, and the impact that this has on patient flow. May 2019 saw a total increase of 7.6% attendances (372 additional patients), whilst the number of patients classed as stranded and super stranded increased. Workstream 1, reporting into PFIP, has a high impact action focussed on handover times with a 'Fit to Sit' drive as well as a planned NWAS pilot using autoclear to support reducing handover times. ECIST will also be undertaking a clinical walk through in July 2019 reviewing A&E attendances and alternative clinical settings to A&E.</p>								
<u>CCG Actions</u>								
<p>Through 2018/19 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards, critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	Mar-19	Apr-19	May-19		
		(a) <=15 mins	163	231	138		
		(b) <=15 mins	38	69	18		
Performance Overview/Issues:							
Southport & Ormskirk reported an improvement in ambulance handover times in May 2019. Handovers between 30 and 60 minutes decreased to 138 and those over 60 minutes decreased to 18.							
Actions to Address/Assurances:							
Trust Actions Completion of ambulance handovers within 15 minutes remains a challenge, largely due to high occupancy levels in ED as a result of increased demand and bed pressures, and the impact that this has on patient flow. May 2019 saw a total increase of 7.6% attendances (372 additional patients), whilst the number of patients classed as stranded and super stranded increased. Workstream 1, reporting into PFIP, has a high impact action focussed on handover times with a 'Fit to Sit' drive as well as a planned NWAS pilot using autoclear to support reducing handover times. ECIST will also be undertaking a clinical walk through in July 2019 reviewing A&E attendances and alternative clinical settings to A&E.							
When is performance expected to recover:							
Performance improved in May as expected and the actions above continue with the aim to further reduce ambulance handover times.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		a) 36.40%	42.90%	65.70%	64.90%		
		b) -	-	8.70%	25%		
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 64.9% in May; just 24 out of 37 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 25% in May. Out of 16 patients just 4 achieved the target.							
Actions to Address/Assurances:							
<u>Stroke</u> The clinical and operational teams have enhanced focus in ensuring a Stroke bed is protected at all times to support timely transfer and admission from suspected strokes in ED. This is being monitored at the bed / site meetings which take place 3 times per day. In addition, the service has experienced challenges in medical workforce availability which remains a challenge with an over reliance of temporary staff being a risk. The Trust is in the process of recruiting an Early Supported Discharge Team (ESDT) to support the reduction of delayed discharges. The substantive consultant is also now on a phased return to work.							
<u>TIA</u> May's figure is 25% which is up from 8.7% in April. Work has been continuing on improving data collection and processing. This month we've found improved ways of separating out Follow Up activity.							
When is performance expected to recover:							
Quarter 1 2019/20							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		CCG	22	15	14	13	
		S&O	51	37	32	37	
		Plan: Zero					
Performance Overview/Issues:							
The CCG has reported a total of 13 breaches in May and has therefore breached the zero tolerance threshold. All 13 breaches were at Southport & Ormskirk NHS Trust.							
In May the Trust had 37 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 37 breaches, 13 were for Southport & Formby CCG, 22 for West Lancashire CCG and 2 for Cambridgeshire and Peterborough CCG.							
Actions to Address/Assurances:							
Southport & Ormskirk Trust has reported that all breaches remain in relation to step down from critical care. All delays datixed by critical care. Review of all patients for stepdown from critical care at all bed meetings and plan dependant on overall Trust position. Critical care manager now attends 12:30 bed meeting daily.							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Brendan Prescott		Sharon Forrester			

3.5.3 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months					
RED	TREND	Feb-19	Mar-19	Apr-19	May-19		
		11	10	14	11		
		Plan: 109 YTD for the CCG					
Performance Overview/Issues:							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In May there were 11 cases against a plan of 9, bringing the year to date figure to 25 against a target of 18. Southport & Ormskirk Trust reported 18 cases in May. There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli). The target for E.coli remains the same for 2019-20 as it did in 2018/19.							
When is performance expected to recover:							
Quarter 1, 2019/20							
Quality:							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.4 Hospital Mortality

Figure 9 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	19/20 - May	100	104.5	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	113.20	↓

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

For SHMI the Trust reports an improved position on same period previous 12 months. SHMI, by its construction changes very slowly and will alter after crude mortality and HSMR. The current figure represents an improved position on the comparator period of 2017. The narrative for the Remedial Action plan is as per the HSMR report, with the exception of palliative care coding which does not feature in the SHMI calculation.

3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/10

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

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

There are 50 incidents open on StEIS (same as last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Figure 10 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M1)	SIs Reported (YTD)	Closed SIs (M1)	Closed SIs (YTD)	Open SIs (M1)	SIs Open >100 Days (M11)
Southport and Ormskirk Hospital NHS Trust	4	4	12	9	28	9
Lancashire Care NHS Foundation Trust	1	0	0	0	5	1
NHS Southport & Formby CCG	1	0	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	4	1	1	9	1
Aintree University Hospital NHS Foundation Trust	0	0	0	0	1	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community Trust	0	0	0	0	1	0
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
Total	7	8	13	10	50	16

There are 9 SIs open > 100 days for Southport and Ormskirk Hospital (S&O), down from 12 SIs open >100 days for Month 1. The following applies at the time of writing this report:

- 3 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.
- 1 has been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from CCG Safeguarding Team
- 1 RCA has been reviewed at SIRG in July 2019 and further assurances were requested.
- 1 has been granted an extension due to the involvement of multi-agencies.

For the remaining 7 SIs open > 100 days the following applies:

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

Figure 11 - Timescale Performance for Southport and Ormskirk Hospital

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60-70 days	RCA not recieved
S&O	9	0	8	*1	10	1	0	0	4	5

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

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

Figure 12 - Timescale Performance for Lancashire Care Community Trust

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



The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted or SIs are reported outside of the 48 hour timescale. This will form part of the CCG SI Improvement plan for 2019/20.

3.7 CCG Delayed Transfers of Care

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

Total delayed transfers of care (DTOC) reported in May 2019 was 256, an increase compared to May 2018 with 138. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in May 2019 were due to patient family choice and Nursing Home. See appendices for more information. It important to note that the definitions used to capture DTOCs are restrictive and are not considered to be an accurate reflection of the split between health and social care issues.

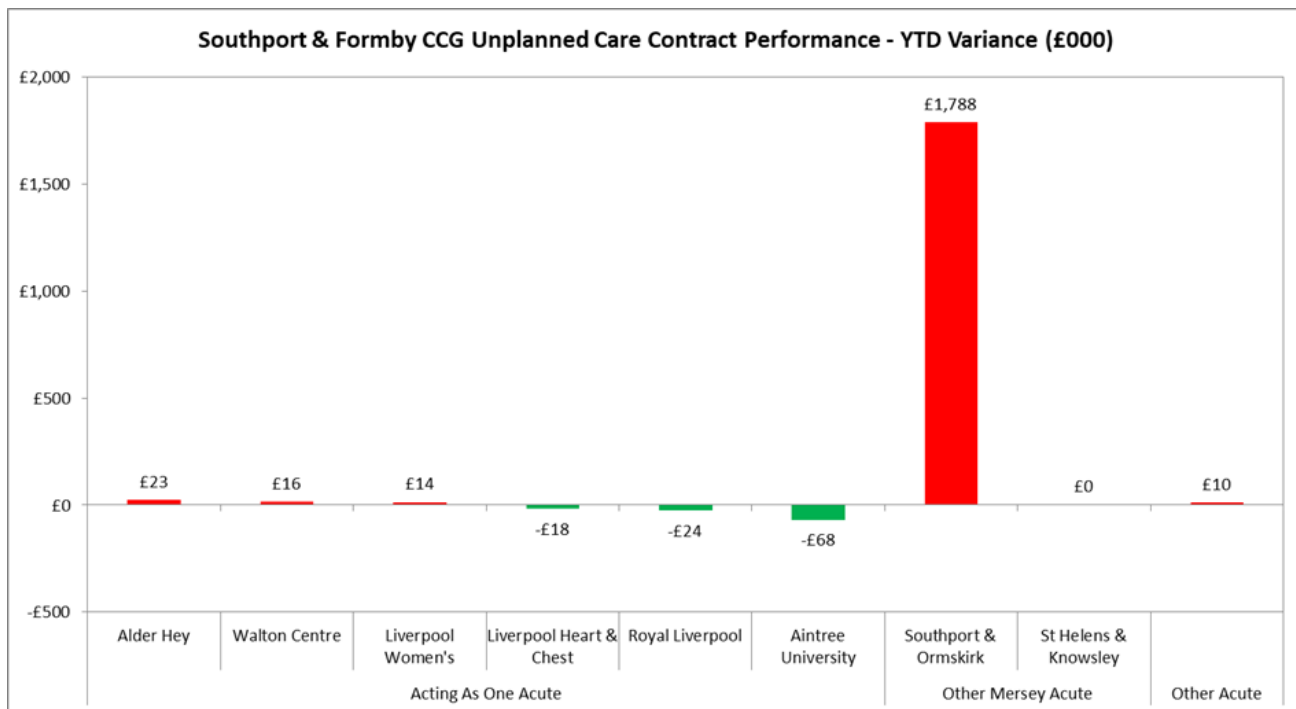
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: A&E		Previous 3 months and latest					
RED	TREND	Jan-19	Feb-19	Mar-19	Apr-19		
		RR	1.4%	1.0%	0.9%		1.50%
		% Rec	94.0%	90.0%	76.0%		92%
		% Not Rec	5.0%	7.0%	16.0%		5%
		May 2019 England Averages Response Rates: 12.2% % Recommended: 85% % Not Recommended: 9%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 1.5% in May 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 92% above the England average of 85% and the percentage who would not recommend decreased to 5% below the England average of 9%.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement							
When is performance expected to recover:							
Quality:							
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 13 - Month 2 Unplanned Care – All Providers



Performance at Month 2 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.74m/29.6%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in a similar over performance of approximately £1.79m/30.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £1.7m/36% against plan at month 2.

NB. The 2019/20 activity plan for Southport & Ormskirk Hospital is not yet available. Therefore, contract performance values included in the above chart will relate to variances against 2018/19 plan values.

It should also be noted that there is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement.

3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 14 - Month 2 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	6,507	7,027	520	8%	£936	£1,118	£183	20%
NEL - Non Elective	1,733	2,183	450	26%	£3,145	£4,968	£1,822	58%
NELNE - Non Elective Non-Emergency	202	60	-142	-70%	£451	£59	-£391	-87%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	0	-20	-100%	£6	£0	-£6	-100%
NELST - Non Elective Short Stay	183	515	332	182%	£128	£368	£240	187%
NELXBD - Non Elective Excess Bed Day	1,061	742	-319	-30%	£248	£189	-£59	-24%
Grand Total	9,706	10,527	821	8%	£4,914	£6,702	£1,788	36%

*PbR only

Year to date A&E attendances are 8% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital. In addition, non-elective admissions (non-elective and non-elective short stay) currently represent £2m of over performance against plan. However, it should be noted that the 2019/20 activity plan for Southport & Ormskirk Hospital is not yet available. Therefore, contract performance values included in the above chart will relate to variances against 2018/19 plan values. Plans have been rebased to take into account the increased admission rates as a result of the introduction of a CDU/ACU at the Trust.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Transformation Update

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



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

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



Safeguarding

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



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					
GREEN	TREND	Feb-19	Mar-19	Apr-19	Latest		
		15.4%	11.8%	26.7%	18.8%		
		Plan: 95% - May 2019/20 reported 18.8% and failing.					
Performance Overview/Issues:							
Out of a potential 16 Service Users, 3 started treatment within the 18 week target. Issues contributing to this poor performance are the high number of referrals to the service (54 in April 2019) and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity.							
Actions to Address/Assurances:							
Demand for the service continues to increase and to exceed capacity. Commissioners have asked for the trust to present an action plan as part of a Deep Dive at August CQPG to include service transformation/ eligibility/primary care/capacity& modelling and managing risk of long waiters.							
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.							
When is performance expected to recover:							
Performance is linked to current service capacity which mitigates against significant recovery. The Deep Dive at August CQPG will better inform commissioner as to when performance is expected to recover.							
Quality:							
Linked to the above comments re: August CQPG Deep Dive.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

4.1.3 Learning Disability Health Checks



Indicator		Performance Summary					Potential organisational or patient risk factors
Learning Disabilities Health Checks		Latest and previous 3 quarters				People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
RED	TREND	Q1	Q2	Q3	Q4		
		9.1%	5.7%	13.2%	27.2%		
		Plan: 18.7% 2018/19					
Performance Overview/Issues:							
People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target is 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures for quarter 4 and these amendments have also been done retrospectively. In quarter 4 the total performance for the CCG was 27.2%, above the planned 18.7%. 667 patients are registered compared to the plan of 754, with 184 being checked against a plan of 126. On average for 2018/19, 13.5% of patients had a physical health check.							
Actions to Address/Assurances:							
The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check. To review reporting to mitigate data quality issues.							
When is performance expected to recover:							
Quarter 2 2019/20							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

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

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

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				
RED	TREND	Feb-19	Mar-19	Apr-19	Latest	
		1.11%	1.27%	1.06%	1.06%	
		Access Plan: May 2019/20 reported 1.06% and failed.				
Performance Overview/Issues:						
The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 19% (4.75% per quarter) in the first 3 quarters and 22% Access (5.5% per quarter) in the last quarter. The monthly target for M2 19/20 is therefore approximately 1.58%. Month 2 performance was 1.06% and failing to achieve the target standard.						
Actions to Address/Assurances:						
Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. Fortnightly teleconference is taking place monitor performance.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

5. Community Health

5.1 Adult Community Services (Lancashire Care)

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



5.1.1 Quality

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

Concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and

Lancashire Care NHS FT for the delivery of community services. The CCG has commissioned an external review of the current provision.

5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors
Lancashire Care Adult Community Services: Podiatry		Latest and previous 3 months				
AMBER	TREND	RTT Long Waiters 19 to 24 weeks				
		Feb-19	Mar-19	Apr-19	May-19	
		39	44	24	27	
Performance Overview/Issues:						
In May the Trust reported 27 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. The Trust advised that 8 of these were patient choice (with future appointments booked), 1 data quality issue, 7 due to service capacity but have now been seen and 11 cancelled by service with future appointments booked.						
Actions to Address/Assurances:						
This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team which is being shared with the CCG for assurance.						
When is performance expected to recover:						
The Trust has advised that long waiters are continuing to decrease following outcomes of the task and finish group.						
Quality:						
All patients are triaged before their appointment.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

5.2 Any Qualified Provider – Audiology



Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

6. Children's Services

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

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

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

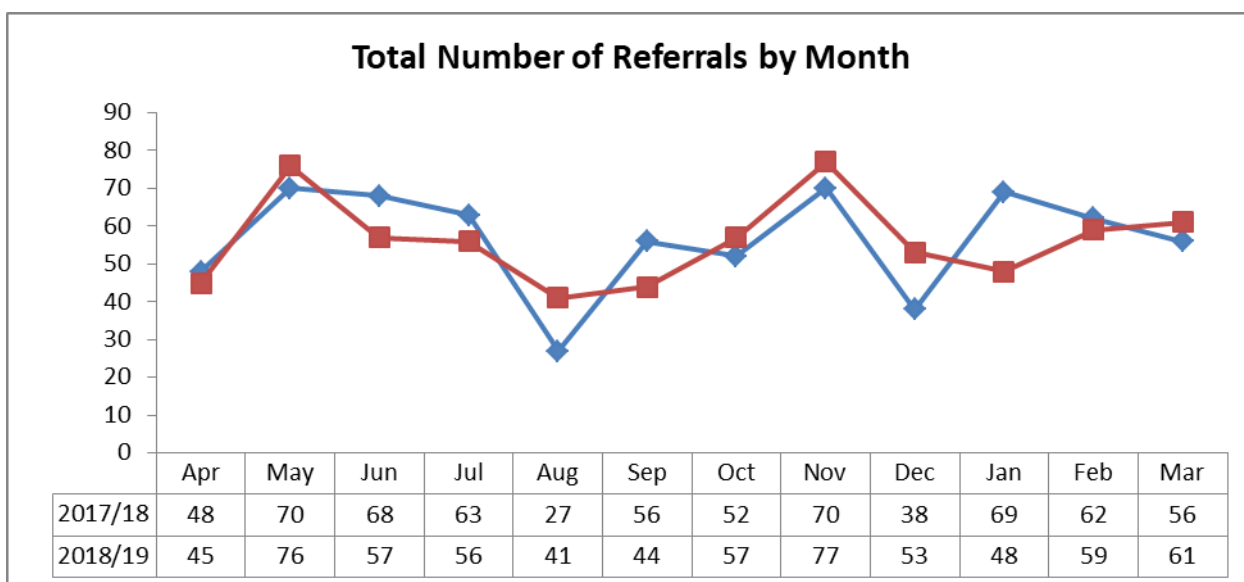
Indicator		Performance Summary				RightCare Peer Group	Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					
RED	TREND	Q1	Q2	Q3	Latest		
		50.0%	66.7%	66.7%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

6.2 Child and Adolescent Mental Health Services (CAMHS)

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

It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 15 – CAMHS Referrals



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

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

Figure 16 – CAMHS Waiting Times Referral to Assessment

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

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

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

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

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

Figure 17 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	6	15.0%	30.0%
2-4 Weeks	6	15.0%	30.0%
4- 6 Weeks	3	7.5%	15.0%
6-8 weeks	4	10.0%	20.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	2.5%	5.0%
(blank)	20	50.0%	
Total	40	100%	

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

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

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

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

Performance Overview/Issues

Specialist CAMHS has had long waits up to 20 weeks.

How are the issues being addressed?

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

When is the performance expected to recover by?



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

Who is responsible for this indicator?

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

6.3 Alder Hey Children’s Mental Health Services

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



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

6.4 Children’s Community Services (Alder Hey)



6.4.1 Services

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



6.4.2 Paediatric SALT

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Feb-19	Mar-19	Apr-19	May-19		
		44 wks	45 wks	45 wks	43 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In May the Trust reported a 92nd percentile of 43 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was 2 patients waiting at 54 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.</p>							
Actions to Address/Assurances:							
<p>Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring long waiting time to 18 weeks by 28-2-20. As part of this the CCGs have provided additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters.</p> <p>June 2019: Business case approved for some non-recurrent and recurrent therapists.</p> <p>Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p> <p>The CCG are working with provider to develop an improvement trajectory from Q2 onwards.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Peter Wong			

6.4.3 Paediatric Dietetics



Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p><u>DNAs</u></p> <p><= 8.5%: Green</p> <p>> 8.5% and <= 10%: Amber</p> <p>> 10%: Red</p> <p><u>Provider Cancellations</u></p> <p><= 3.5%: Green</p> <p>> 3.5% and <= 5%: Amber</p> <p>> 5%: Red</p>
RED	TREND	Outpatient Clinic DNA Rates				
		Feb-19	Mar-19	Apr-19	May-19	
		9.8%	17.2%	20.0%	22.6%	
		Outpatient Clinic Provider Cancellations				
		Feb-19	Mar-19	Apr-19	May-19	
		0.0%	0.0%	7.1%	9.7%	
		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 May 2019 this increased further with a rate of 22.6%. Provider cancellations also increased in May to 9.7%.						
Actions to Address/Assurances:						
The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.						
In the contract review meeting in June it was agreed that operational issues relating to dietetics would be raised advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.						
When is performance expected to recover:						
To be confirmed following the next contract review meeting and meeting with the leads.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Peter Wong		

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

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

7. Primary Care

7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.
GREEN	TREND	Feb-19	Mar-19	Apr-19	May-19	
		60.58%	62.81%	57.46%	65%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). May target 57.1%				
Performance Overview/Issues:						
<p>A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.</p> <p>In May Southport & Formby CCG practices reported a combined utilisation rate of 65%, exceeding the CCG's 57.1% target for May. Total available appointments was 1,000, with 722 being booked (72.2%) and 72 DNA's (7.2%). This shows an improvement in utilisation compared to April</p>						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

7.2 CQC Inspections

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

Figure 18 – CQC Inspection Table

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

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

8. CCG Improvement & Assessment Framework (IAF)

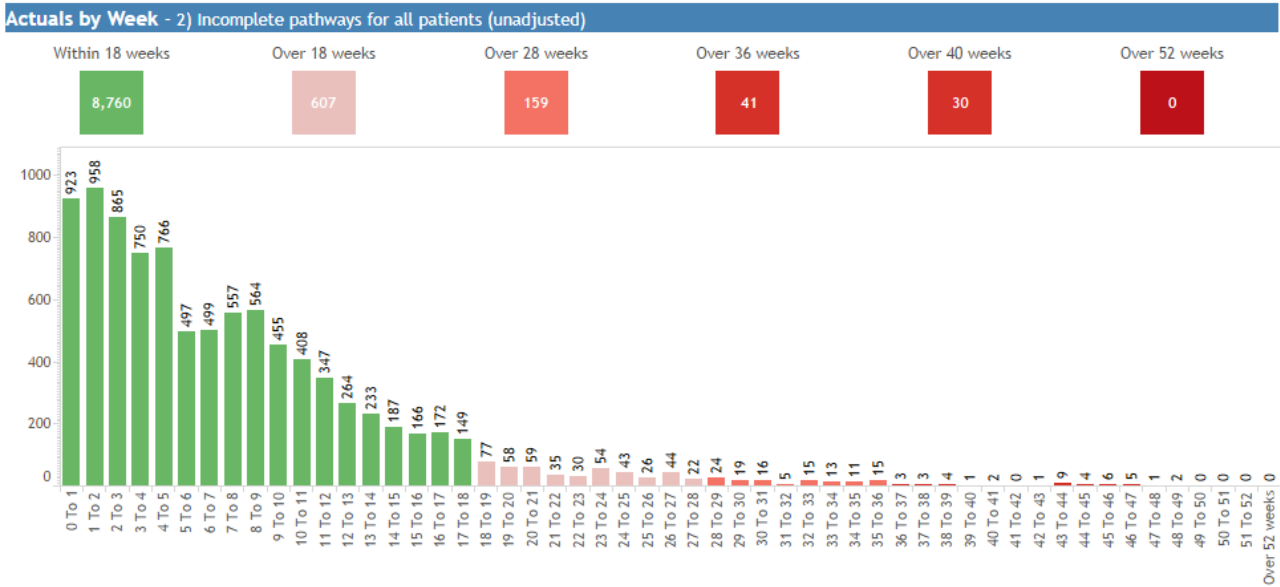
8.1 Background

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

9. Appendices

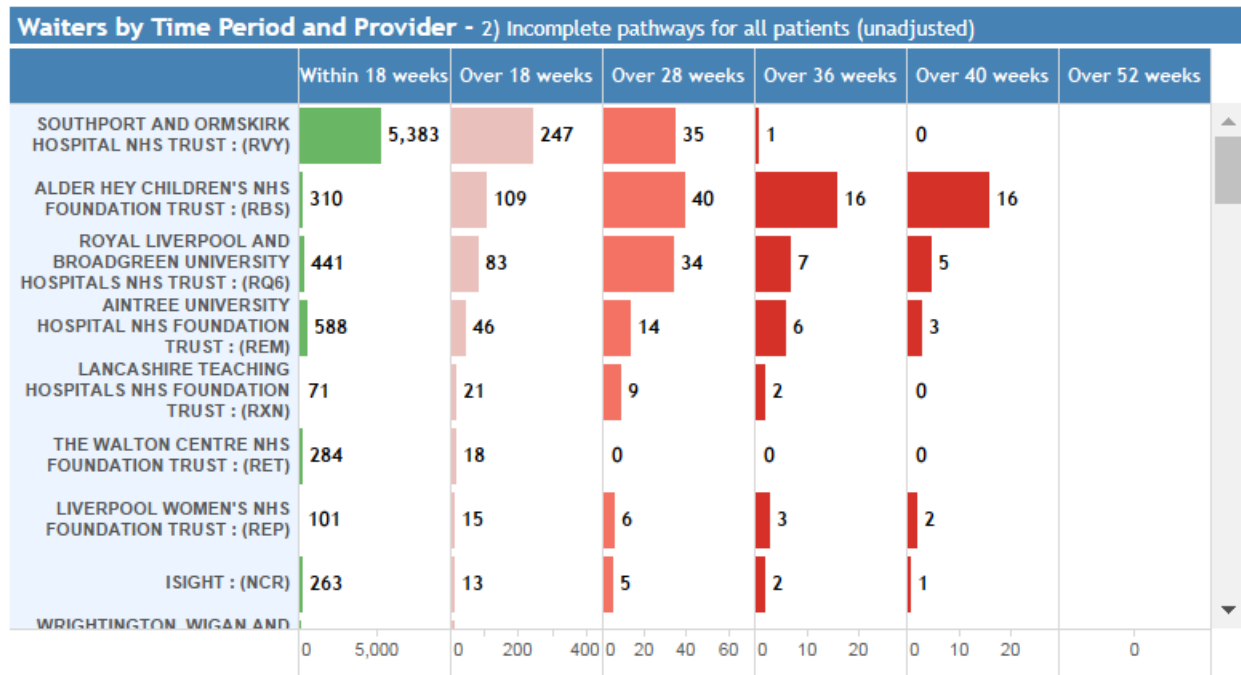
9.1.1 Incomplete Pathway Waiting Times

Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top 5 Providers

Figure 20 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

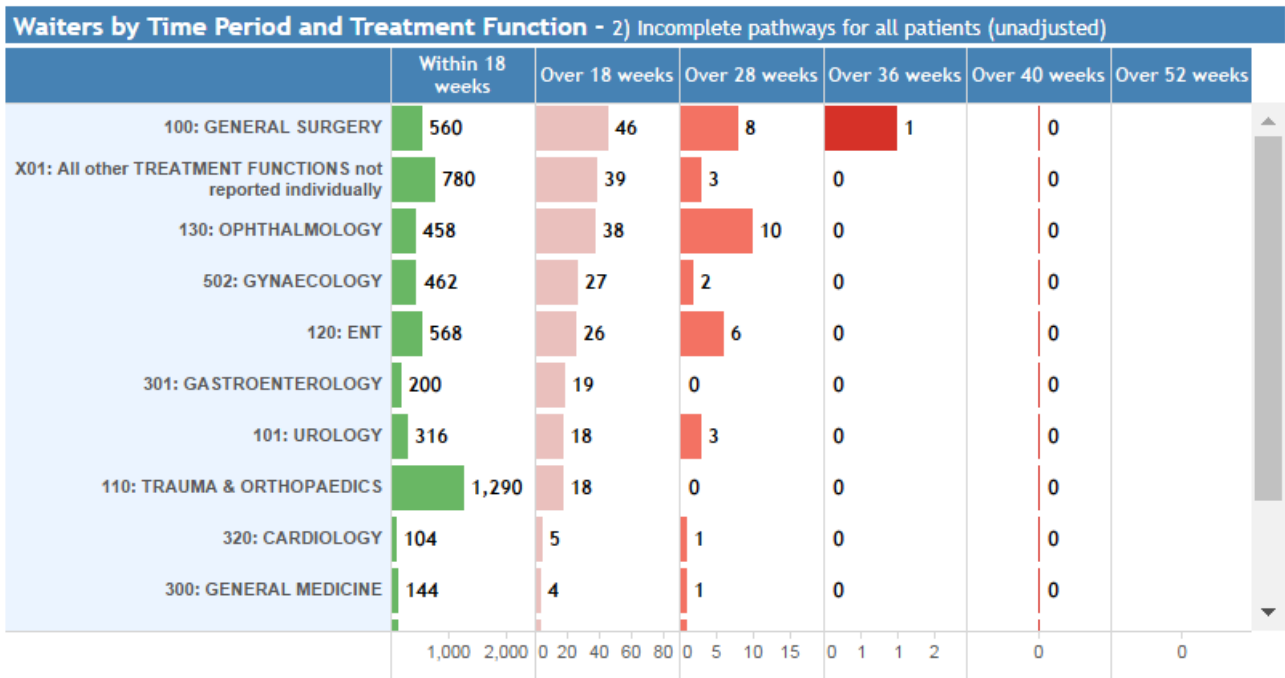
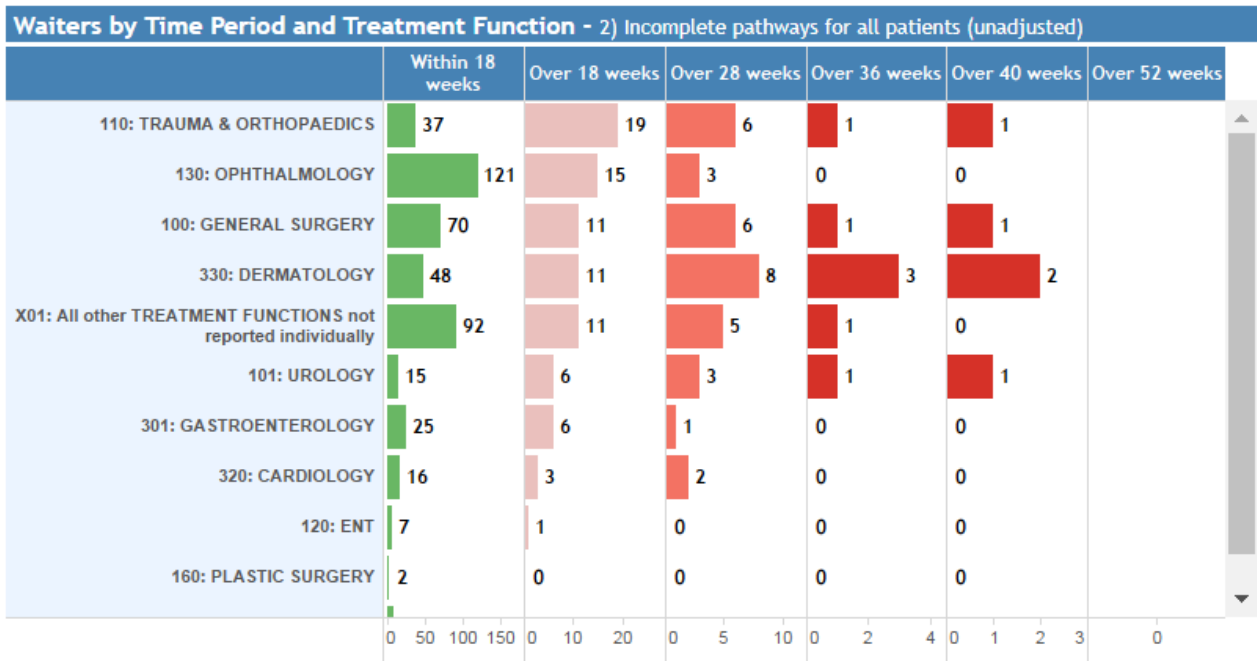
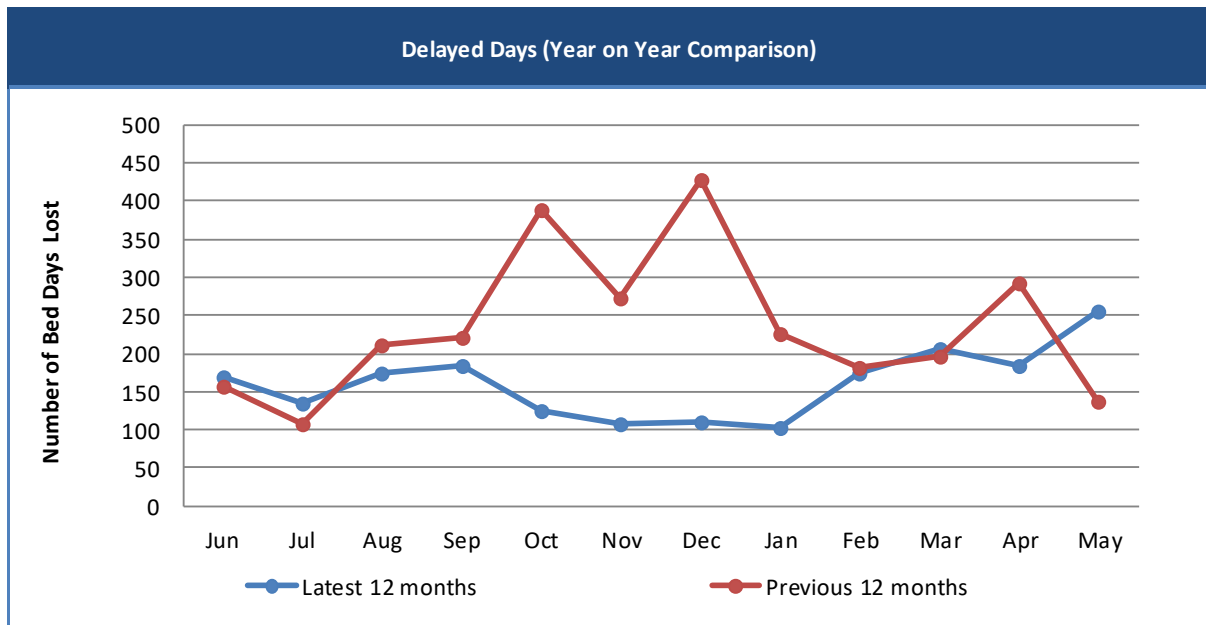


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



9.2 Delayed Transfers of Care

Figure 23 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	May-19	Apr-19	May-18
Total	256	183	138
NHS	100.0%	100.0%	100.0%
Social Care	0.0%	0.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (May-19)	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	7.4%
Community Equipment Adapt	0.0%
Completion Assesment	0.0%
Disputes	2.7%
Further Non-Acute NHS	6.3%
Housing	0.0%
Nursing Home	15.6%
Patient Family Choice	68.0%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20						
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	YTD
NHS Southport and Formby CCG	Paediatric Dietetics	Referral to 1st contact (weeks average)							
		Total Contacts							
		Total Contacts (Domiciliary)							
		Total Contacts (Outpatients)							
	Total New Referrals								
	Paediatric Occupational Therapy	Caseload at Month End	150	150	121	-19.33	113	129	121
		Referral to 1st contact (weeks average)	14.3	14.3	12.4	-13.29	16	8.8	16
		Total Contacts (Domiciliary)	3,333	3,333	3,234	-2.97	290	259	539
		Total New Referrals	566	566	654	15.55	48	61	109
	Paediatric Physiotherapy	Caseload at Month End	64	64	61	-4.69	60	62	61
		Referral to 1st contact (weeks average)	5.8	5.8	6	3.45	6.2	5.8	6.2
		Total Contacts (Domiciliary)	6,098	6,098	4,878	-20.01	430	383	813
		Total New Referrals	553	553	594	7.41	48	51	99
	Paediatric Speech and Language Therapy	Caseload at Month End	23	23	0	-100.00	0	0	0
		Referral to 1st contact (weeks average)	26.1	26.1	36.3	39.09	36.6	35.9	36.6
		Total Contacts (Domiciliary)	7,746	7,746	8,562	10.53	691	736	1,427
Total New Referrals		746	746	756	1.04	53	73	126	
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	228	7.55	227	229	228
		Total Contacts (Domiciliary)	1,578	1,578	1,572	-0.38	150	112	262
		Total New Referrals	131	131	174	32.82	17	12	29
	Paediatric Dietetics	Caseload at Month End	90	90	298	231.11	324	271	324

If Plan is <10,000:

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

If Plan is >10,000:

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

9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	145	161											1,840	1,752	-4.8%
Incomplete Pathways - 92nd Percentile	45	43											448		
Total Number Waiting	939	914											9,377		
Number waiting over 18 weeks	519	461											4,688		
Longest weeks waiting - weeks	52	54											587		
Longest weeks waiting - patients	2	2											25		

RAG rating

■	≤18 weeks
■	19 to 22 weeks
■	23 weeks plus

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

9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
DNA	66	53	41	147	68	116	13	19	16	48
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	18.5%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	6	0	5	29	0	44	4	7	3	14
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	6.2%

Outpatient Clinics - Cancs by PATIENT

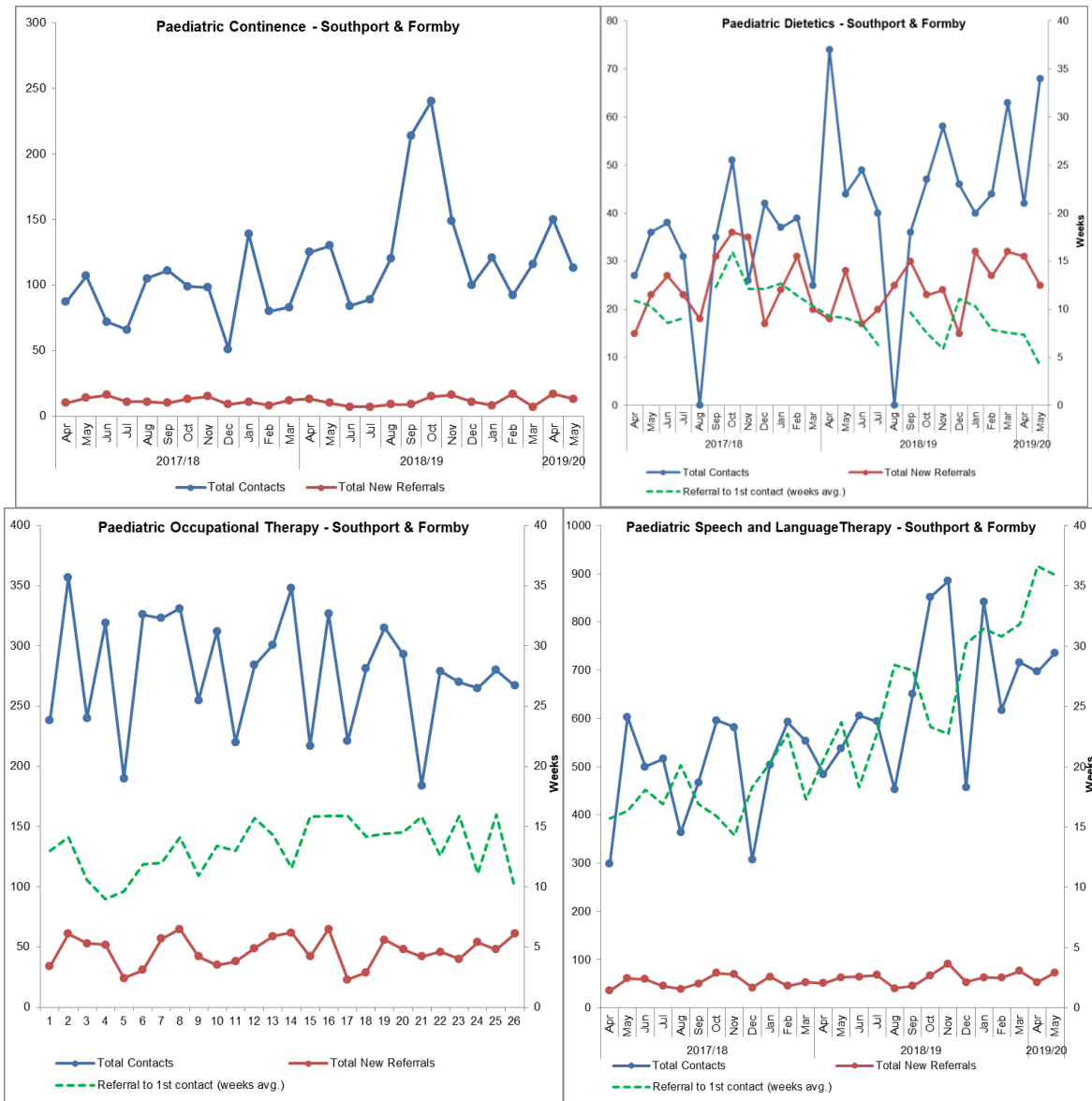
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	27	63	63	207	128	184	10	38	18	66
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	23.8%

Rag Ratings & Targets 19/20

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

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

9.6 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

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

A summary of the Q4 BCF performance is as follows:

Figure 24 – BCF Metric Performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non- Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 25 – BCF High Impact Change Model Assessment

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

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

9.7 NHS England Monthly Activity Monitoring

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

Month 2 performance and narrative detailed in the table below:

Figure 26 – Southport & Formby CCG’s Month 2 Submission to NHS England

Month 02	Month 02 Plan	Month 02 Actual	Month 02 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,544	2,655	4.4%	GP referrals increased in month 2 as expected following seasonal trends. GP referrals YTD are within 2% of planned levels. However, an increase in Other referrals has been apparent and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that increases were evident in Clinical Physiology and T&O at the main hospital provider. Discussions regarding referrals are raised at the information sub group with the provider.
Other	2,200	2,800	27.3%	
Total (in month)	4,744	5,455	15.0%	
Variance against Plan YTD	9,336	10,672	14.3%	
Year on Year YTD Growth			10.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,718	4,089	10.0%	Linking to increased referral rates, first appointments within Clinical Physiology and T&O have increased in 1920 at the main hospital provider. The CCG has queried this increase with the provider with initial feedback suggesting staff recruitment has provided additional outpatient capacity and a switch between outpatient procedures and first appointments has occurred. Despite an increase, overall first appointments remain within statistical thresholds. A peak in appointments is expected in month 3 before reductions during summer months as part of a seasonal trend. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Follow Up	8,535	8,800	3.1%	
Total Outpatient attendances (in month)	12,253	12,889	5.2%	
Variance against Plan YTD	24,376	25,395	4.2%	
Year on Year YTD Growth			8.9%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,411	1,487	5.4%	Local monitoring suggests that elective day case admissions are slightly closer to planned levels in month 2. The main hospital provider saw a decrease in day case admissions as per seasonal trends. However, increases were evident at Aintree Hospital (small numbers across various specialities) and Ramsay Healthcare within T&O and pain management. Variances are not statistically relevant when comparing to current averages and the overall elective variance against plan is within the 2% threshold at month 2. CCG planned care leads also attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Elective Ordinary spells	227	215	-5.3%	
Total Elective spells (in month)	1,638	1,702	3.9%	
Variance against Plan YTD	3,304	3,359	1.7%	
Year on Year YTD Growth			4.6%	
Urgent & Emergency Care				
Type 1	3,904	3,988	2.2%	Local A&E monitoring has shown that the CCGs A&E activity has increased in month 2 as expected with attendances remaining historically high (focussed within the main hospital provider). Despite this, attendances remain within the 2% threshold against plan YTD. 4hr performance at the main hospital provider has improved to the previous month and is now at 87.2%. CCG urgent care leads and the main hospital provider continue to work together to understand the increase in attendances and address issues with patient flow in the department. UC leads are sighted on remedial actions implemented to improve flow.
Year on Year YTD			6.2%	
All types (in month)	4,398	4,518	2.7%	
Variance against Plan YTD	8,796	8,897	1.1%	
Year on Year YTD Growth			3.0%	
Total Non Elective spells (in month)	1,860	1,677	-9.8%	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions. However, zero LOS as well total NEL have now been below average for four consecutive months. It is not yet possible to confirm if this is statistically relevant and part of an on-going trend. As such, further analysis will be required.
Variance against Plan YTD	3,657	3,288	-10.1%	
Year on Year YTD Growth			21.2%	