



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

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## Summary Performance Dashboard

Metric	Reporting Level	2019-20													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	80%	81.9%	92.6%	89.2%	83.9%									
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%									
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R								G	
		Actual	92.998%	93.52%	92.79%	92%	91.1%									
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	0	0	0	0	0									0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<a href="#">Number of Cancellations for non-clinical reasons who are treated within 28 days</a> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R								R	
		Actual	6	7	7	7	2									29
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

## Preventing People from Dying Prematurely

### Cancer Waiting Times

<a href="#">% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</a> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	R								R	
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%									92.02%
		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%
<a href="#">% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</a> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	G	G	G								R	
		Actual	51.61%	87.23%	96.67%	97.22%	100%									87.43%
		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%
<a href="#">% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</a> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	R								G	
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%									97.52%
		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%
<a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</a> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	100%	100%	100%									100%
		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%
<a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</a> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G	R								G	
		Actual	100%	95%	100%	100%	95.24%									98%
		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%
<a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</a> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	95.45%	100%	100%									98.94%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G	R	R								R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%									76.80%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R	G								R	
		Actual	-	85.71%	100%	62.50%	-									80.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-								-	
		Actual	86.36%	93.75%	60%	83.33%	84.62%									82.05%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%

#### Accident & Emergency

<b><u>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</u></b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%									86.21%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

#### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b><u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	14	13	4	9	9									49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	3.7	3.1	1.0	2.1	2.1									
		Target	0	0	0	0	0									0



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

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

#### HCAI

<a href="#">Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R								R
		YTD	1	1	1	1	2								2
		Target	0	0	0	0	0								0
<a href="#">Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R								R
		YTD	2	4	8	10	13								13
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
<a href="#">Number of E Coli infections</a> Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R								R
		YTD	14	25	39	55	70								70
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109

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

#### Mental Health

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

#### Episode of Psychosis

<a href="#">First episode of psychosis within two weeks of referral</a> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G								G
		Actual	100%	100%	75%	100%	66.7%								
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%

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

### IAPT (Improving Access to Psychological Therapies)

<a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R	G	R								R	
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%									
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<a href="#">IAPT Access</a> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R	R								R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%									
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%		
<a href="#">IAPT Waiting Times - 6 Week Waiters</a> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	96.30%	100%	99%	96.00%	95.8%									
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
<a href="#">IAPT Waiting Times - 18 Week Waiters</a> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	100%	100%	100%									
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

### Dementia

<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G								G	
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%									71.15%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

### Children and Young People with Eating Disorders

<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	95.24%											95.24%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R										R	
		Actual	75%											75%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

### Wheelchairs

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

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 5 (note: time periods of data are different for each source).

Key Exception Areas for August	CCG	S&O
Diagnosics Improvement Trajectory	2.5%	1.5%
Diagnosics (National Target <1%)	4.51%	3.72%
Cancelled Operations (Zero Tolerance)	-	2
Cancer 62 Day Standard Improvement Trajectory	-	79.01%
Cancer 62 Day Standard (Nat Target 85%)	80.65%	75.28%
A&E 4 Hour All Types Improvement Trajectory	-	92.40%
A&E 4 Hour All Types (National Target 95%)	87.51%	89.09%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	111
Ambulance Handovers 60+ mins (Zero Tolerance)	-	15
TIA Assess & Treat 24 Hrs (Target 60%)	-	14.30%
Mixed Sex Accommodation (Zero Tolerance)	9	17

### Planned Care

Year to date referrals are 8.5% higher than 2018/19 due to a 12.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital. GP referrals are currently 2.2% higher than 2018/19 levels.

Overall, referrals to Southport Hospital have increased by 7.2% year to date at month 5. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in August recording 4.51%, a deterioration on last month's performance (4.35%). This is also above the CCGs improvement trajectory of 2.5% for August 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.72%, showing a further improvement on the previous month (4.09%). However the Trust has still failed their improvement trajectory of 1.5% for August 2019.

For referral to treatment, Southport & Formby CCG had a total 9,337 patients waiting on an incomplete pathway in August 2019; 1,279 patients over plan. The CCG failed to achieve the 92% target for patients waiting on an incomplete pathway in August, reporting 91.1%. Out of a total 9,337 patients waiting on the pathway, 831 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 2 cancelled operations in August 2019, showing an improvement on the previous few months. Year to date there have been 29 cancelled operations at the Trust.

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

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 12.2% in August 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remained below the England average of 96% and the percentage who would not recommend dropped to 2% in line with the 2% England average.

## **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for August 2019 reached 89.09% for all types (88.22% YTD), which is below the Trust's improvement trajectory of 92.4%. For type 1 a performance of 82.55% was reported in August (81.27% YTD).

Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

For Southport & Ormskirk Hospital, the percentage of stroke patients who spent at least 90% of their time on a stroke unit decreased in August with 73.3% against the 80% target; 8 patients out of 30 breached the target. TIAs at the Trust reported a performance of 14.3% in August. Out of 14 patients just 2 achieved the target. Work has been continuing on improving data collection and processing.

In relation to mixed sex accommodation, the CCG has reported a total of 9 breaches in August and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had 1 case of MRSA in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. 13 cases of C Difficile have been reported for the CCG year to date, above the year to date target of 11.

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 August there were 15 new cases against a plan of 9, bringing the year to date figure to 70 against a YTD target of 48. Southport & Ormskirk Trust reported 24 new cases in August with 2 of those acquired through the hospital (111 YTD). There are no targets set for Trusts at present.

For friends and family unplanned test scores, Southport & Ormskirk Trust has reported a response rate for A&E of 0.8% in August. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 89% so still above the England average of 86% and the percentage who would not recommend decreased to 4% better than the England average of 9%.

## **Mental Health**

In relation to eating disorders service, out of a potential 10 service users, 8 started treatment within 18 weeks; a performance of 80% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.91% in month 5, therefore failing to achieve the target. The recovery target of 50% was also not achieved in August with 45.6%.

## **Community Health Services**

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2019/20 to reflect transformation and improvements in recording activity.

### **Children's Services**

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

### **Better Care Fund**

A quarter 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 Oversight Framework**

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

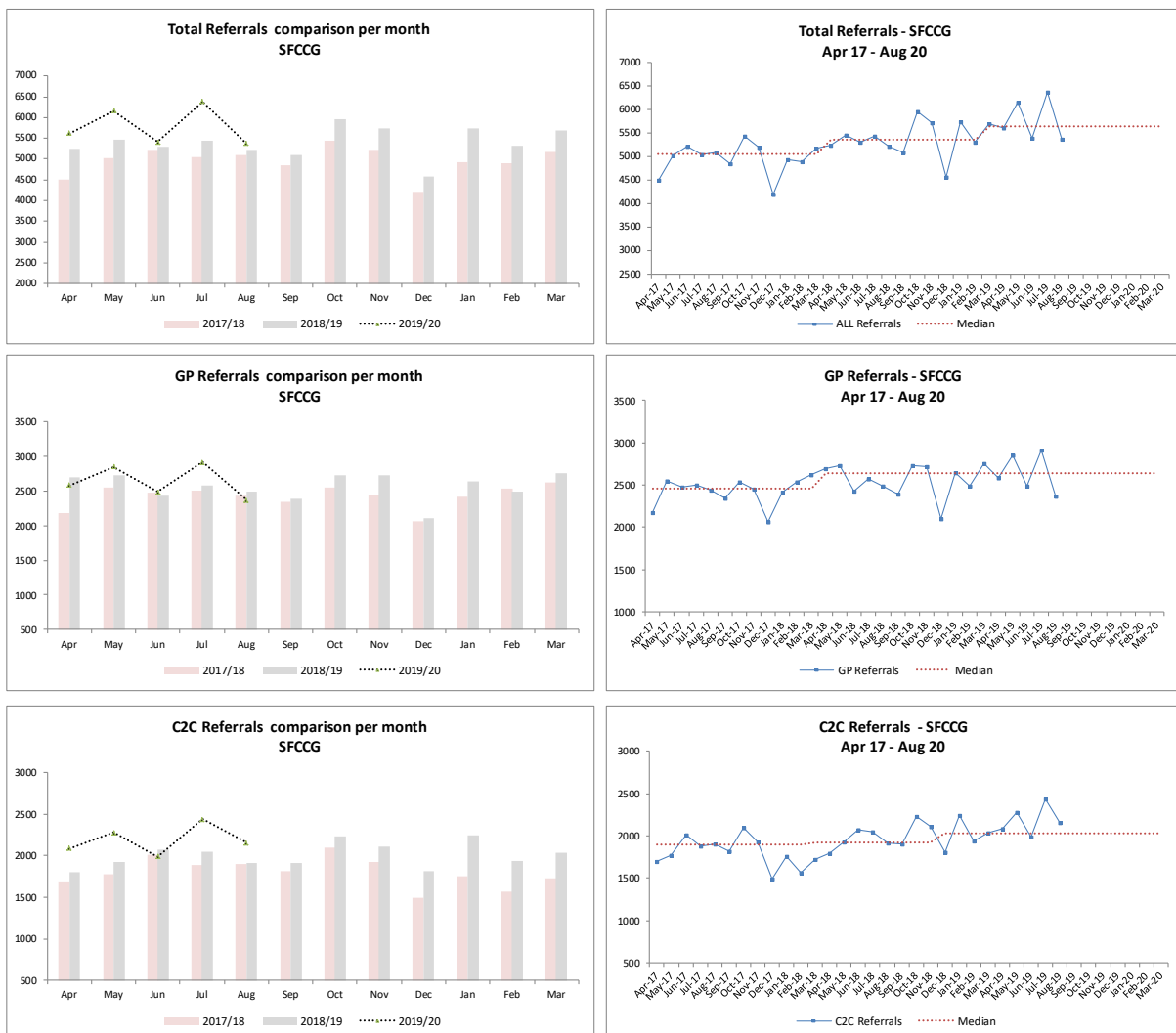
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar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

## 2. Planned Care

### 2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2584	-110	-4.1%	1799	2088	289	16.1%	5247	5618	371	7.1%
May	2727	2852	125	4.6%	1929	2277	348	18.0%	5456	6165	709	13.0%
June	2429	2491	62	2.6%	2069	1988	-81	-3.9%	5305	5406	101	1.9%
July	2580	2919	339	13.1%	2054	2437	383	18.6%	5433	6383	950	17.5%
August	2495	2366	-129	-5.2%	1914	2154	240	12.5%	5230	5379	149	2.8%
September	2391				1907				5085			
October	2729				2237				5965			
November	2722				2111				5735			
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
<b>Monthly Average</b>	<b>2564</b>	<b>2642</b>	<b>79</b>	<b>3.1%</b>	<b>2004</b>	<b>2189</b>	<b>185</b>	<b>9.2%</b>	<b>5398</b>	<b>5790</b>	<b>392</b>	<b>7.3%</b>
<b>YTD Total Month 5</b>	<b>12925</b>	<b>13212</b>	<b>287</b>	<b>2.2%</b>	<b>9765</b>	<b>10944</b>	<b>1179</b>	<b>12.1%</b>	<b>26671</b>	<b>28951</b>	<b>2280</b>	<b>8.5%</b>
<b>Annual/FOT</b>	<b>30763</b>	<b>31709</b>	<b>946</b>	<b>3.1%</b>	<b>24047</b>	<b>26266</b>	<b>2219</b>	<b>9.2%</b>	<b>64781</b>	<b>69482</b>	<b>4701</b>	<b>7.3%</b>

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



### **Data quality notes:**



Liverpool Heart & Chest Hospital data for month 5 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.

### **Month 5 summary:**



- Trends show that a step change has been triggered at August 2019 as total referrals have been above average for 6 consecutive months.
- Year to date referrals are 8.5% higher than 2018/19 due to a 12.1% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 14.4% higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department to the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 21%.
- Overall, referrals to Southport Hospital have increased by 7.2% year to date at month 5. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine and Trauma & Orthopaedics at an average of 25.4%.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently up by 2.2% at Month 5.
- 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 15.8% 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
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		81.9%	92.6%	89.2%	83.9%		
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
<p>The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. However this was not achieved. Southport &amp; Formby CCG is showing a performance of 83.9% for August, a decline on 89.2% 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. August data shows an overall performance of 88.4% for Southport &amp; Formby CCG, a decline on the previous month (92.7%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
<b>Actions to Address/Assurances:</b>							
<p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.</p> <p>Meetings with Southport &amp; Ormskirk's PMO are to be organised to discuss QIPP opportunities, advice and guidance and ERS utilisation will be picked up as part of the overall QIPP agenda. Additionally, a meeting will be convened with acute providers to review the consistency of the localised datasets, ensure a standardised approach and provide assurance that the denominator used to inform eRS performance is as accurate as possible.</p>							
<b>When is performance expected to recover:</b>							
A recovery trajectory will be formulated after discussions with providers.							
<b>Quality:</b>							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> <li>- A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee).</li> <li>- NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received).</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

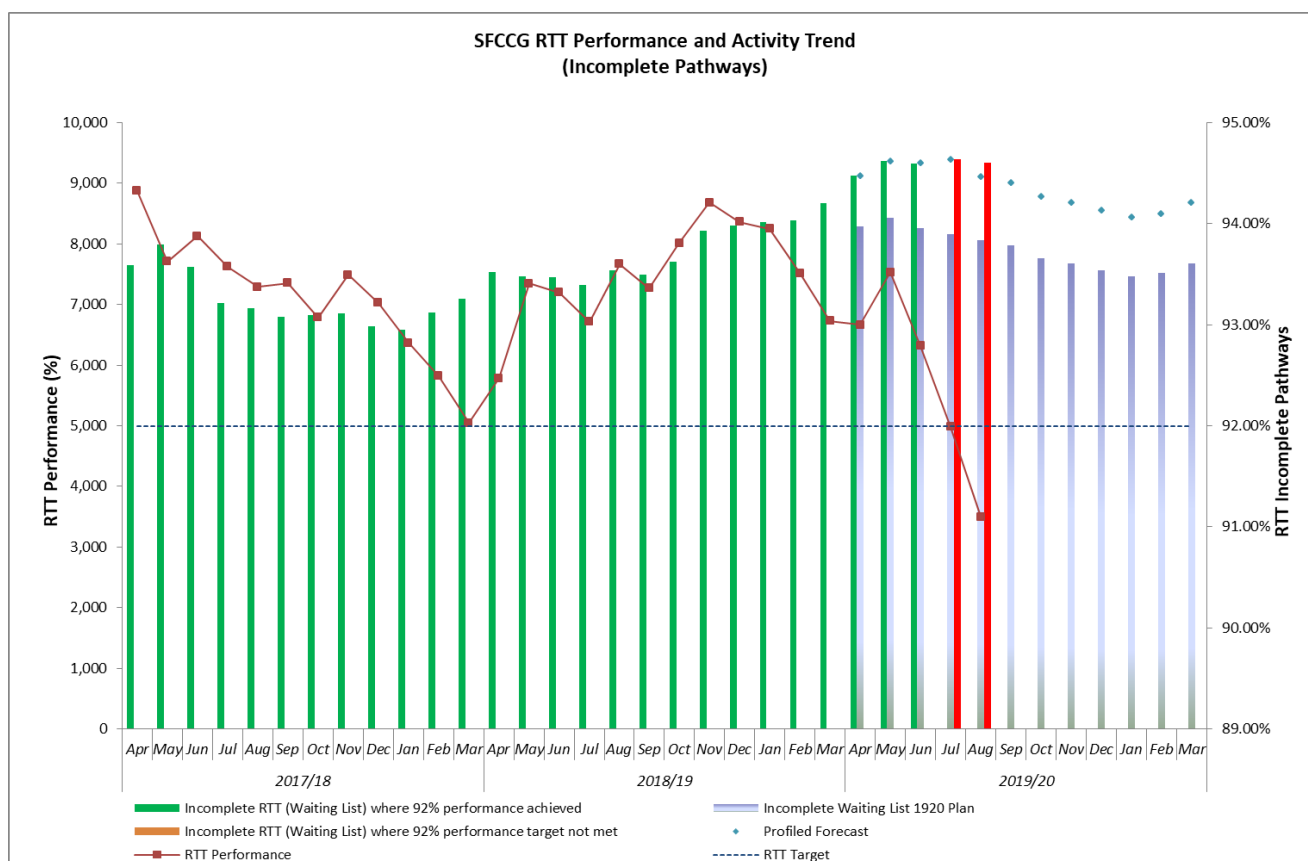
## 2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		CCG	3.71%	5.20%	4.35%		
		S&O	4.14%	5.30%	4.09%	3.72%	
		National Target < 1% August improvement plans CCG: 2.5%    S&O: 1.5% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the less than 1% target for Diagnostics in August recording 4.51%, a deterioration on last month's performance (4.35%). This is also above the CCGs improvement trajectory of 2.5% for August 2019. Out of 2,130 patients, 107 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (26), Colonoscopy (21), CT (20) and MRI (16).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in August recording 3.72%, showing a further improvement on the previous month (4.09%). However the Trust has still failed their improvement trajectory of 1.5% for August 2019. Out of 2,906 patients, 119 patients waited over 6 weeks, and 11 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (38), Colonoscopy (34), Cystoscopy (12) and MRI (10).</p> <p>The Trust has significant workforce constraints within Radiology and Endoscopy. The recent changes to the tax rebate has further impacted on the Trust, as it has up and down the country. The CCG are yet to receive a revised improvement action plan with trajectories this will be discussed at the next Collaborative Commissioning Forum (CCF) and appropriate escalation processes will be followed.</p> <p>There are also diagnostic issues emanating from Liverpool Heart &amp; Chest which affect the CCG performance. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who started in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.</p>							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions</u>							
<p>The two key service lines that are impacting upon performance for Diagnostics are:</p> <p><b>Radiology:</b> National shortages within both the Radiologist and Radiographic workforce are having impacts on the delivery of diagnostics within the Trust. The Radiology team are currently at 40% vacancy (10 ET). Of the positions filled only 5 of the 6 are substantive with 1 locum. This has resulted in delays for decisions to treat and hence delayed discharge back into the community. A performance improvement plan is in place. Recruitment is high on the agenda with continuing sourcing of locums to fill as many vacant sessions as possible. To support recovery and maintain resilience the Trust has in place Service Level Agreements (SLAs) with another local provider and a private provider to support delivery of activity.</p> <p><b>Endoscopy:</b> Due to recent national government briefings regarding Consultant contracts (tax rebate and pension allowances) the Trust has lost capacity within the service to manage demand (and further compounding this at a time when demand has increased). The Trust has been undertaking significant work in improving endoscopy performance which includes organisational change to allow for increased availability of endoscopy sessions from a nursing workforce point of view. The Trust has commenced in-house training of nursing staff to be able to perform endoscopy. The Trust has also engaged with external providers to assist medical staffing of endoscopy sessions through insourcing. The trust has improvement plans in place to address the issues however the fundamental issue is a necessary overreliance on temporary workforce solutions.</p>							
<u>CCG Actions</u>							
<p>Improvements expected in September, however, further assurance has been requested via the Contracting &amp; Clinical Quality Review Meeting (CCQRM) on 18th September, with a request for an updated action plan (including SLA's) and improvement trajectory by 25th September.</p> <p>HMRC Pension and tax issues are providing a significant challenge to the trust as there are reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered.</p> <p>The Trust had indicated that performance improvements are expected in September, however, the improvement trajectory will not be met until March 2020. The Trust have provided an improvement trajectory and corresponding narrative. Further discussions will be had at CCQRM to ensure improvements continue. Additionally, NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators.</p>							
<b>When is performance expected to recover:</b>							
<p>The Trust have provided the CCG with an action plan that indicates that performance will be back in line with the improvement trajectory by March 2020. NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

## 2.3 Referral to Treatment Performance

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>		May-19	Jun-19	Jul-19			Aug-19
		CCG	93.52%	92.79%	92.0%			91.10%
		S&O	94.22%	93.57%	92.72%	92.57%		
		Plan: 92%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed to achieve the 92% target in August, reporting 91.1%. Out of a total 9,337 patients waiting on the pathway, 831 were waiting in excess of 18 weeks. General Surgery is one of the main failing specialties for August reporting 89.6%, with 94 breaches. Gynaecology is also contributing to the decline with a performance of 89.8%; a total of 88 breaches. Ophthalmology is also reporting just under the 92% target at 91.7%, with 86 breaches. Treatments grouped under 'Other' are performing at 85.6% in August with 220 breaches.</p> <p>Southport &amp; Ormskirk Trust continue to achieve the target with 92.57%. However they have shown a steady decline in performance since May 2019. The following providers are failing the target for Southport &amp; Formby CCG patients and therefore impacting on CCG performance:</p> <ul style="list-style-type: none"> <li>- Aintree Hospital with 88.65% (158 breaches out of 1,392)</li> <li>- Alder Hey with 59.54% (246 breaches out of 608)</li> <li>- Royal Liverpool with 83.62% (172 breaches out of 1,050)</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<p>Although S&amp;O are still achieving the target, recent overperformance helped maintain CCG level performance. The CCG Planned care lead will liaise with Southport &amp; Ormskirk Trust to understand when /if RTT performance at provider level, is expected to improve.</p> <p>A Contract Performance Notice (CPN) has been issued to Aintree in relation to RTT performance, primarily focused on Gastroenterology. It has been agreed that a system approach is required to improve performance and as such a task and finish group will be established to drive change, resulting in improved performance.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG will raise locality specific issues with the Trust via Children's Commissioning Manager.</p>								
<b>When is performance expected to recover:</b>								
<p>Aintree have submitted an improvement trajectory that is not forecasting a recovery in line with NHSE/I's agreed trajectory. The CCG have requested formal confirmation from NHSE/I whether the revised improvement trajectory has been ratified.</p> <p>The CCG's Children's Commissioning Manager will seek to gain clarity of the issues at Alder Hey in relation to RTT performance. Further details will be provided on receipt of response and will be escalated as per the CCG escalation policy.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Karl McCluskey		Rob Caudwell		Terry Hill				

**Figure 2 – RTT Performance & Activity Trend**





**Figure 3 – Southport & Formby CCG Total Incomplete Pathways**

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

Southport & Formby CCG had a total 9,337 patients waiting on an incomplete pathway in August 2019; 1,279 patients over plan. The CCG has seen a 9222/25% increase in April to August 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RRT performance has dropped to 93.19% thus tipping the CCG RTT performance below the 92% target to 91.10%.

## 2.3.1 Referral to Treatment – 52+ Week Waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
GREEN	TREND	May-19	Jun-19	Jul-19	Aug-19		
		CCG	0	0	0		0
		S&O	0	0	0		0
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has had zero breaches as at August. However there is a breach expected to be reported in September. This was a patient waiting at iSIGHT for treatment in Ophthalmology, who has now been seen and discharged.							
<b>Actions to Address/Assurances:</b>							
Narrative has been provided by the provider and actions addressed to mitigate against further breaches. Further details provided in figure 4.							
<b>When is performance expected to recover:</b>							
October 2019.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

## 2.3.2 Provider assurance for long waiters



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

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
Southport & Formby CCG	Aintree	ENT	42	Patient treated in September.
Southport & Formby CCG	Aintree	Gastroenterology	36	Patient treated in September.
Southport & Formby CCG	Aintree	Ophthalmology	38 to 41	<b>3 patients;</b> all treated.
Southport & Formby CCG	Alder Hey	All Other	46	<b>21 patients;</b> 7 treated, 1 TCI date, 13 unknown. Capacity issues in community paediatrics. The Trust has recruited a prescribing pharmacist who has been in post (part time) since beginning of May and has now commenced his own clinics. Additional ADHD follow up capacity has been made available in Southport & Sefton to reduce the waiting times for follow ups. Additional nurse prescribers – two have completed the course through Edge Hill University and will start solo clinics in October again supporting ADHD follow up waiting lists. A further two commenced training in September with Liverpool University with the course finishing January 2020 and will be able to fly solo around July 2020. WLI clinics for new patients have been undertaken in August, September and October. There are plans to continue with these clinics, based on outpatient capacity until the end of the year.
Southport & Formby CCG	Countess of Chester	ENT	36 & 38	<b>2 patients;</b> unknown outcome.
Southport & Formby CCG	iSIGHT	Ophthalmology	48	Patient has been poorly and unfit for surgery as was having Chemotherapy. Going forward the provider will discharge this category of patient and request that they are referred back once they are fit for surgery. Patient was treated on 6th October 2019 and clock has been stopped. <b>Patient will be reported as a 52 week breach on the September snapshot.</b>
Southport & Formby CCG	Lancashire Teaching	All Other	37 & 38	<b>2 patients;</b> 1 declined treatment & discharged, 1 TCI date.
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37	Patient has TCI date in October.
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	51	Patient treated in September.
Southport & Formby CCG	Liverpool Women's	Gynaecology	37 to 47	<b>3 patients;</b> 2 treated in September, 1 unknown.
Southport & Formby CCG	Manchester University	General Surgery	40	<b>1 patient;</b> outcome unknown.
Southport & Formby CCG	Robert Jones & Agnes Hunt	T&O	42	Patient treated in September.
Southport & Formby CCG	Royal Liverpool & Broadgreen	All Other	49	Patient treated in September. Capacity issues.
Southport & Formby CCG	Royal Liverpool & Broadgreen	General Surgery	39 to 46	<b>3 patients;</b> 1 treated, 2 unknown.
Southport & Formby CCG	Royal Liverpool & Broadgreen	Ophthalmology	39	Patient treated. Capacity issues.
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	36 & 39	<b>2 patient;</b> 1 treated, 1 TCI date. Long Wait on Waiting List
Southport & Formby CCG	Southport & Ormskirk	All Other	36 & 39	No Trust comments.
Southport & Formby CCG	Southport & Ormskirk	ENT	41	Patient has declined four appointments in January, May and June and has had three appointments changed in August, September and October.
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37 to 42	<b>3 patients;</b> 1 treated, 2 unknown.
Southport & Formby CCG	Southport & Ormskirk	North Midlands	36	No Trust comments.
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36	<b>2 patients;</b> no Trust comments.
Southport & Formby CCG	Southport & Ormskirk	Urology	45	Patient had TCI date in September
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	41	Patient has been sent for 4 different diagnostic tests to determine cause of symptoms and to decide if any treatment can be offered.

The CCG had a total of 55 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. However, one patient was waiting 48 weeks at iSIGHT and will be reported as a 52 week breach in September (details above). Of the 55 patients, 22 patients have been treated, 5 have TCI dates, 1 no longer required appointment and 27 unknown outcomes.



## 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	May-19	Jun-19	Jul-19	Aug-19	
		7	7	7	2	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk reported 2 cancelled operations in August 2019, showing an improvement on July. 2 elective operations were cancelled at short notice. Year to date there have been 29 cancelled operations at the Trust.						
<b>Actions to Address/Assurances:</b>						
The CCG requested a recovery plan via the CCQRM.						
Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.						
<b>When is performance expected to recover:</b>						
Further escalation to both the CCQRM and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days, and an improvement plan/trajectory to mitigate against further cancellations.						
<b>Quality:</b>						
This was discussed at the CCQRM on the 18/9/19 and the trust assured the group that all cancelled ops had been rebooked and that they have piloted a member of staff to contact patients two days before the planned surgery to ensure that they would not be cancelling. This has impacted on the number of cancellations/DNA and the trust have seen a reduction. Currently looking to see if they are able to make the post sustainable to maintain the improvement. There still remains some capacity issues with regards to recruitment of anaesthetists which they are actively trying to do.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Terry Hill		

## 2.5 Cancer Indicators Performance



### 2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					Linked to 122a	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	93.34%	94.12%	93.15%	92.81%		
		S&O	95.03%	94.80%	93.76%	92.32%	93.99%	
		Plan: 93%						
<b>Performance Overview/Issues:</b>								
The CCG failed the two week standard in August 2019 reporting just under the 93% target with a performance of 92.81%. Therefore the CCG continues to fail year to date with 92.02%. In August, 41 patients breached the target out of a total 570 treated. 36 breaches were at Southport & Ormskirk, 3 at Aintree and 2 at Royal Liverpool. 28 breaches were due to patient choice, 12 due to inadequate out-patient capacity and 1 due to other reason. The maximum wait was 33 days (at Royal Liverpool) due to inadequate out-patient capacity.								
<b>Actions to Address/Assurances:</b>								
28/41 breaches across three different providers were related to patient choice and unavailability in the holiday season.								
<b>When is performance expected to recover:</b>								
Sep-19								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			

### 2.5.2 - 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	May-19	Jun-19	Jul-19	Aug-19	YTD		
		87.23%	96.67%	97.22%	100%	87.43%		
		Plan: 93% Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.						
<b>Performance Overview/Issues:</b>								
The CCG continues to achieve the two week wait target for patients with breast symptoms, achieving 100% in August 2019. However due to poor performance earlier in the financial year the CCG is still failing year to date with 87.43%. Year to date there have been 23 breaches from a total of 183 patients treated. All breaches were at Aintree. Cancer data is monitored cumulatively so year to date the CCG is reporting red.								
<b>Actions to Address/Assurances:</b>								
As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways, as well as increased management of benign breast disease in primary care. The forms will be uploaded onto practice EMIS systems over the next month.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. Capacity and demand now appear to be well matched. However there needs to be close monitoring in respect of potential for referral shift where there are pressures in breast services elsewhere in the region.								
<b>When is performance expected to recover:</b>								
N/A								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allen			Sarah McGrath			

## 2.5.3 – 31 Day First Definitive Treatment for Cancer



Indicator		Performance Summary					Potential organisational or patient risk factors	
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	97.18%	98.61%	97.73%	94.55%		97.52%
		S&O	95.56%	98.39%	100.0%	94%		97.96%
		Plan: 96%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed to achieve the 96% target in August reporting 94.55%. However due to positive performance in previous months the target is still being achieved year to date with 97.52%. In August, just 3 breaches out of a total 55 treated were reported. 2 breaches were lower gastroenterology patients at Southport &amp; Ormskirk Hospital with their delays due to inadequate elective capacity. 1 breach was a head and neck patient at Clatterbridge with their delay due to admin. The longest waiting patient was 49 days.</p> <p>Southport &amp; Ormskirk Trust also failed the target with 94% in August, but are still achieving year to date with 97.96%. In August, 3 breaches out of 50 treated were reported. All 3 breaches were lower gastroenterology patients with delays due to inadequate elective capacity.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Southport and Ormskirk Hospital is experiencing increased demand for colorectal cancer surgery from GP referred, upgraded and screening pathways. The Trust is considering a business case for an additional colorectal consultant post.</p>								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			





## 2.5.4 - 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	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	80.56%	85.29%	68.18%	80.65%	76.80%	
		S&O	75.29%	78.02%	78.89%	75.28%	75.58%	
		Plan: 85% Trust's August improvement plan: 79.01% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed the 85% target with 80.65% in August 2019 and are still failing year to date with 76.80%. In August, 6 breaches were reported from a total of 31 patients seen. Delays were due to patient choice, inadequate elective capacity, complex diagnostic pathways and other reasons (not stated).</p> <p>Southport &amp; Ormskirk Trust failed the target in August with a performance of 75.28% and are failing year to date reporting 75.58%. This is also below the Trust's agreed improvement plan of 79.01% for August. In August, there were the equivalent of 11 breaches from a total of 44.5 apportioned patients. Reasons for delays were due to healthcare provider initiated delay, inadequate elective capacity, complex diagnostic pathways, patient choice and other reasons (not stated).</p>								
<b>Actions to Address/Assurances:</b>								
<p>The CCG raised performance issues at the recent Information sub group with the provider and have asked for further information on the reasons for variable performance and a lack of an improvement trajectory. Comprehensive action plans and demand analysis using statistical methods have now been received.</p> <p>Key Trust actions for this month include:</p> <ul style="list-style-type: none"> <li>- shortlisting of 2 applicants in respect of 3.2 WTE radiologist vacancies</li> <li>- review and upgrade of tracking team roles</li> <li>- transfer to Telemedicine for radiology reporting</li> <li>- development of cancer KPI dashboard with generic measures to be reported at tumour level to be complete by end October</li> <li>- thematic review of delays in transfers out and development of "push" approach to ensure transfer to tertiary centres by day 38</li> </ul> <p><u>CCG actions</u></p> <ul style="list-style-type: none"> <li>- Development of revised referral forms to promote compliance with NICE NG12</li> <li>- Cancer Themed Protected Learning Time Event scheduled for the end of November 2019</li> </ul> <p><u>System actions</u></p> <ul style="list-style-type: none"> <li>- New approach of mutual accountability for cancer standards through the Cancer Alliance. New cancer performance meeting with provider Chief Operating Officers commenced September 2019.</li> </ul>								
<b>When is performance expected to recover:</b>								
<p>The Trust also reported that they have a 2 weekly meeting which the CCG Lead will be invited to so that progress can be shared and trajectories of improvements discussed in further detail. Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



## 2.5.5 - 62 Day NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors	
<b>62 day wait for first treatment following referral from an NHS Cancer Screening Service</b>  		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.	
			May-19	Jun-19	Jul-19	Aug-19			YTD
		CCG	85.71%	100%	62.5%	0 Patients			80%
		S&O	50%	0 Patients	75.0%	0 Patients	50%		
		Target: 90%							
<b>Performance Overview/Issues:</b>									
For the CCG no patients were treated on this pathway in August, but the CCG remains below target YTD with 80%. YTD there have been 4 breaches from a total of 20 patients seen.									
Southport & Ormskirk Trust treated no patients on this pathway in August, but the Trust remains below target YTD with 50%, due to performance in previous months. YTD there have been 3.5 breaches from a total of 7 patients seen.									
<b>Actions to Address/Assurances:</b>									
Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.									
There is also an impact of the introduction of FIT testing into the Bowel Cancer Screening Programme from July 2019 in terms of higher uptake and sensitivity than had been planned for. This has resulted in increased demand for endoscopy and may mean that any patients with a positive cancer diagnosis wait longer to move through the pathway.									
<b>When is performance expected to recover:</b>									
Small numbers (typically fewer than 3 patients per month) in the target cohort means that there can be volatile performance against this standard which makes prediction difficult.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Graeme Allan			Sarah McGrath				



## 2.5.6 - 62 Day Consultant Decision to Upgrade Patients Priority

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors	
<b>62 day wait for first treatment following consultants decision to upgrade patients priority</b>  		Previous 3 months, latest and YTD					Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	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.	
			May-19	Jun-19	Jul-19	Aug-19			YTD
		CCG	93.75%	60%	83.33%	84.62%			82.05%
		S&O	90.32%	73.17%	86.96%	87.50%	85.79%		
		Local Target: 85%							
<b>Performance Overview/Issues:</b>									
The CCG failed to achieve the 85% local target in August 2019 reporting 84.62%; 2 patients breached the target out of a total 13. Reasons for delays were health care provider initiated delay and other reasons (not stated). Year to date performance is currently at 82.05%.									
<b>Actions to Address/Assurances:</b>									
<b>When is performance expected to recover:</b>									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Graeme Allan			Sarah McGrath				

## 2.5.7 104+ Day Breaches

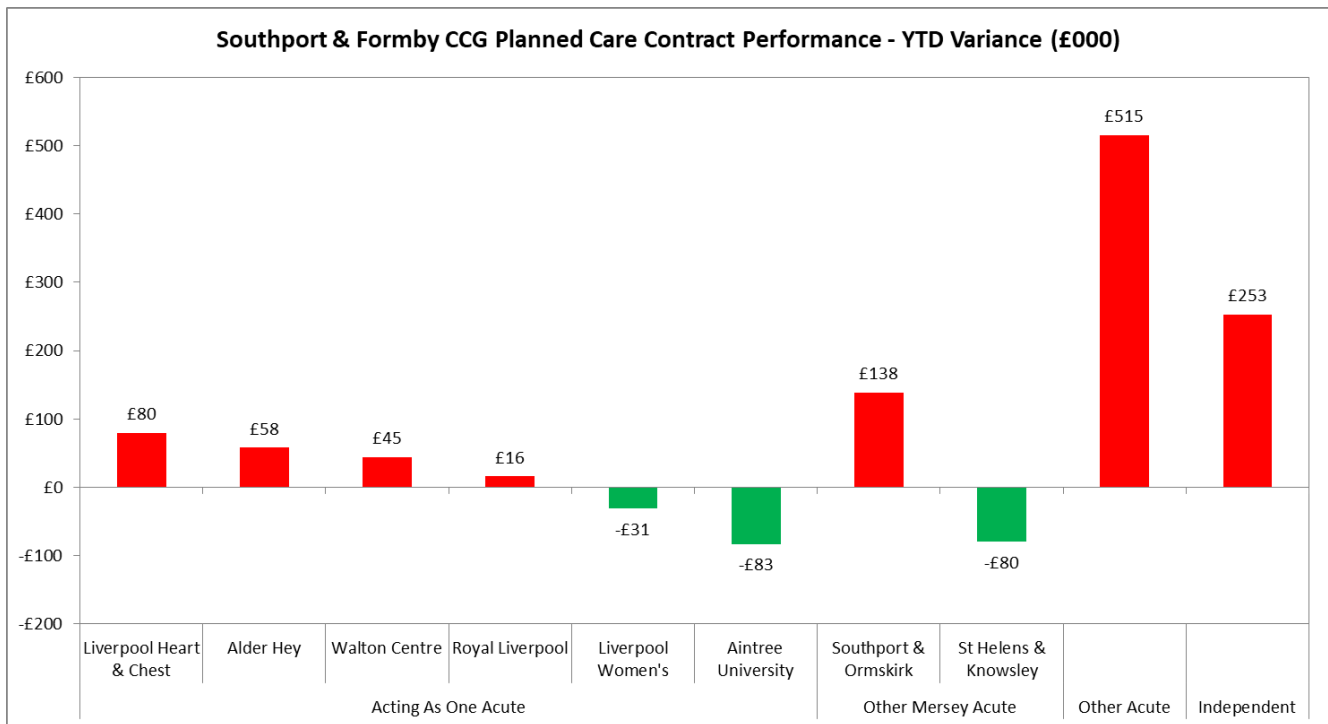
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		2	2	4	4	
		Plan: No plan				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Trust had 4 patients waiting over 104 days in August 2019. The longest waiting patient was at 185 days waiting for treatment in Urology, their delay due to inadequate elective capacity. 1 lung patient experienced delays due to a complex diagnostic pathway, 1 head and neck patient again due to inadequate elective capacity and 1 haematology patient with delay due to patient choice.						
<b>Actions to Address/Assurances:</b>						
Southport and Formby CCG expects to receive Root Cause Analyses for these pathways.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Graeme Allan		Sarah McGrath		

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: Inpatients		Previous 3 months and latest					
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		RR	13.6%	11.8%	13.6%		12.2%
		% Rec	96%	95%	93%		95%
		% Not Rec	2%	2%	4%		2%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for inpatients of 12.2% in August 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remained below the England average of 96% and the percentage who would not recommend dropped to 2% in line with the 2% England average.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: <ul style="list-style-type: none"> <li>- the outcomes of the FFT responses and actions planned/taken as a result of these</li> <li>- how the provider listens to patients and carers and respond to their feedback</li> <li>- how the provider provides a safe environment for patients</li> <li>- how the provider meets the physical and comfort needs of patients</li> <li>- how the provider supports carers</li> <li>- how the provider recognises patients and carers individuality and involves them in decisions about their care</li> <li>- how the provider communicates effectively patients throughout their journey</li> <li>- how the provider used E&amp;D data to drive patient and carer experience and service improvement.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

## 2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 5 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £912k/5.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly reduced over spend of approximately £827k/5.1%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 5 with a variance of £477k/106%. This is followed by Renacres and Southport & Ormskirk Hospitals with an over performance of £157k/10% and £138k/2% respectively.

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

## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	4,671	4,653	-18	0%	£2,425	£2,433	£8	0%
Elective	542	457	-85	-16%	£1,522	£1,333	-£188	-12%
Elective Excess BedDays	99	163	64	65%	£26	£43	£17	65%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	538	425	-113	-21%	£105	£87	-£18	-17%
OPFASPCL - Outpatient first attendance single professional consultant led	5,970	6,517	547	9%	£1,049	£1,132	£83	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,206	378	-828	-69%	£122	£43	-£80	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,800	18,352	1,552	9%	£1,436	£1,618	£182	13%
Outpatient Procedure	9,892	11,289	1,397	14%	£1,346	£1,544	£198	15%
Unbundled Diagnostics	8,255	5,009	-3,246	-39%	£539	£476	-£63	-12%
<b>Grand Total</b>	<b>47,973</b>	<b>47,243</b>	<b>-730</b>	<b>-2%</b>	<b>£8,570</b>	<b>£8,709</b>	<b>£138</b>	<b>2%</b>

\*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Southport & Formby CCG referrals to Southport Hospital are currently 7% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Urology, General Medicine and General Surgery amongst others. Each of these specialities are currently seeing an over performance for outpatient first attendances.

The increase in Trauma & Orthopaedic first outpatient attendances appears to be a result of internally generated referrals related to Joint Health. Consultant-to-consultant referral increases in General Medicine was also raised via the Southport & Ormskirk information sub group and found to be related to the increase in A&E attendances and subsequent referrals to an ACU outpatient clinic following an A&E attendance (referral source 04 - consultant in A&E).

Outpatient follow up over performance is driven by Clinical Haematology appointments with an over performance of £121k/42% evident at month 5. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 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	9	11	2	25%	£1	£1	£0	24%
Daycase	72	96	24	34%	£95	£99	£3	4%
Elective	45	109	64	141%	£258	£673	£415	161%
Elective Excess BedDays	13	8	-5	-36%	£3	£2	-£1	-33%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	44	13	43%	£2	£3	£1	26%
OPFASPCL - Outpatient first attendance single professional consultant led	160	277	117	73%	£22	£40	£18	84%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	45	77	32	71%	£3	£6	£3	118%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	62	224	162	263%	£1	£6	£5	309%
OPFUPSPCL - Outpatient follow up single professional consultant led	597	884	287	48%	£36	£56	£20	54%
Outpatient Procedure	109	210	101	93%	£15	£30	£15	101%
Unbundled Diagnostics	115	146	31	27%	£14	£13	-£1	-9%
<b>Grand Total</b>	<b>1,257</b>	<b>2,086</b>	<b>829</b>	<b>66%</b>	<b>£450</b>	<b>£927</b>	<b>£477</b>	<b>106%</b>

Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. However, over performance is focussed largely within the elective point of delivery and the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery.

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

## 2.7.3 Renacres Hospital

Figure 8 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	609	766	157	26%	£591	£702	£111	19%
Elective	100	105	5	5%	£479	£472	-£7	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	1,055	1,220	165	16%	£182	£209	£26	14%
OPFUPNFTF - Outpatient follow up non face to face	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,389	1,598	209	15%	£101	£116	£15	15%
Outpatient Procedure	1,473	896	-577	-39%	£188	£156	-£32	-17%
Unbundled Diagnostics	463	537	74	16%	£39	£53	£13	34%
Physio	692	719	27	4%	£21	£22	£1	4%
Outpatient Pre-op	0	490	490	0%	£0	£30	£30	0%
<b>Grand Total</b>	<b>5,782</b>	<b>6,331</b>	<b>549</b>	<b>9%</b>	<b>£1,603</b>	<b>£1,759</b>	<b>£157</b>	<b>10%</b>



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

Outpatient first appointments are showing a 16% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 5% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Trauma & Orthopaedics and Gastroenterology.

### 3. Unplanned Care



#### 3.1 Accident & Emergency Performance

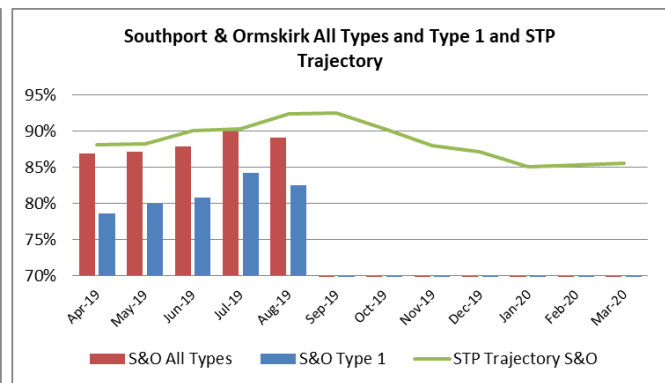
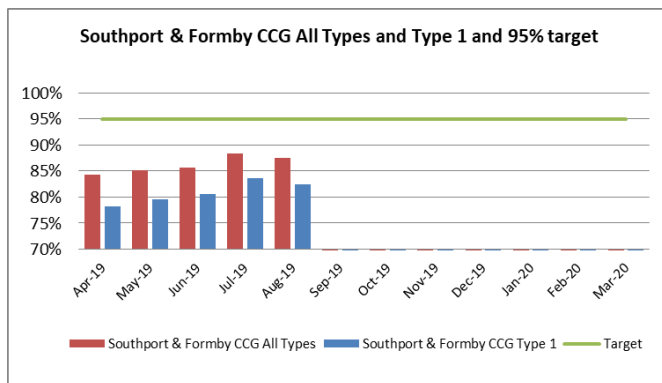
##### 3.1.1 A&E 4 Hour Performance: Southport & Formby CCG

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	May-19	Jun-19	Jul-19	Aug-19	YTD		
		All Types	85.15%	85.73%	88.32%	87.51%	86.21%	
		Type 1	79.49%	80.52%	83.67%	82.45%	80.90%	
		National Standard: 95%						
<b>Performance Overview/Issues:</b>								
Southport & Formby CCG's performance against the 4-hour target for August 2019 reached 87.51% for all types (86.21% YTD), and 82.45% for type 1 (80.90% YTD), both of which are significantly below the national standard of 95%.								
<b>Actions to Address/Assurances:</b>								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however the Trust is not meeting the agreed NHSI improvement trajectory. The S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.								
The Trust continue to operate with workforce constraints which is causing variation in internal processes and procedures. The Trust have a recruitment plan in operation which forms part of their internal improvement plan to address flow. The CCG are continuing to work together with the Trust to develop and implement identified schemes that will go towards mitigating the capacity shortfall, which are listed within the system winter plan.								
<b>When is performance expected to recover:</b>								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for August 2019 is 92.4%. Performance is expected to improve during quarter 2. Performance continues to improve however there is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
<b>Quality:</b>								
Despite the ongoing pressures across the system the trust have maintained an improved position with 12 hour breaches and corridor care indicative of maintained patient safety.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Jan Leonard		Tim Quinlan			Sharon Forrester			





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

Indicator		Performance Summary					Potential organisational or patient risk factors	
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	YTD		
		All Types	87.20%	87.88%	89.95%	89.09%		88.22%
		Type 1	79.95%	80.81%	84.25%	82.55%		81.27%
		National Standard: 95% August improvement plan: 92.4% Yellow denotes achieving improvement plan but not national standard of 95%						
<b>Performance Overview/Issues:</b>								
Southport & Ormskirk's performance against the 4-hour target for August 2019 reached 89.09% for all types (88.22% YTD), which is below the Trust's improvement trajectory of 92.4%. For type 1 a performance of 82.55% was reported in August (81.27% YTD).								
<b>Actions to Address/Assurances:</b>								
The Trust reported that performance across the Trust against the 4-hour standard fell in August 2019, with a 2.5% decrease on the Southport site. There was a 7.7% increase in attendances at Southport (395 additional patients with a shift in case mix that saw 428 additional majors category patients). There was a 1.7% increase in admission rate (193 additional admissions). The Emergency Department (ED) welcomed a new consultant at the start of August and remains on track for a further consultant to join on 1 October 2019. The Tier 1 workforce position improved following August changeover with all trainee posts filled, and the majority of night shifts now have 4 doctors as a result. Tier 2 had 1 remaining ST vacancy in August, which has been filled from 4/4/19, however the urgent need to recruit additional SAS doctors remains a significant concern, taking into account ongoing shift in case mix and attendance times across late and night shifts. As short terms measures, additional shifts are put out to bank and agency to try and enhance staffing levels. A revised workforce strategy is currently under review with an innovative approach to attract candidates taking into account the current market. ED continues to develop Physicians Associates to add additional resilience and capacity to the Tier 1 workforce with 6 in post (2 signed off and 4 in their supernumerary year), and recruitment to further ANP posts planned. There was a reduction in the use of ACU as an escalation area in August, increasing the opportunity to consistently stream from ED. ACU has plans in place to run a Perfect Week w/c 16 September and it is anticipated that the service will remain open 2 evenings a week in preparation for winter to maximise opportunities to stream.								
<b>When is performance expected to recover:</b>								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for August 2019 is 92.4%. Performance is expected to improve during quarter 2.								
<b>Quality:</b>								
The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan			Sharon Forrester			



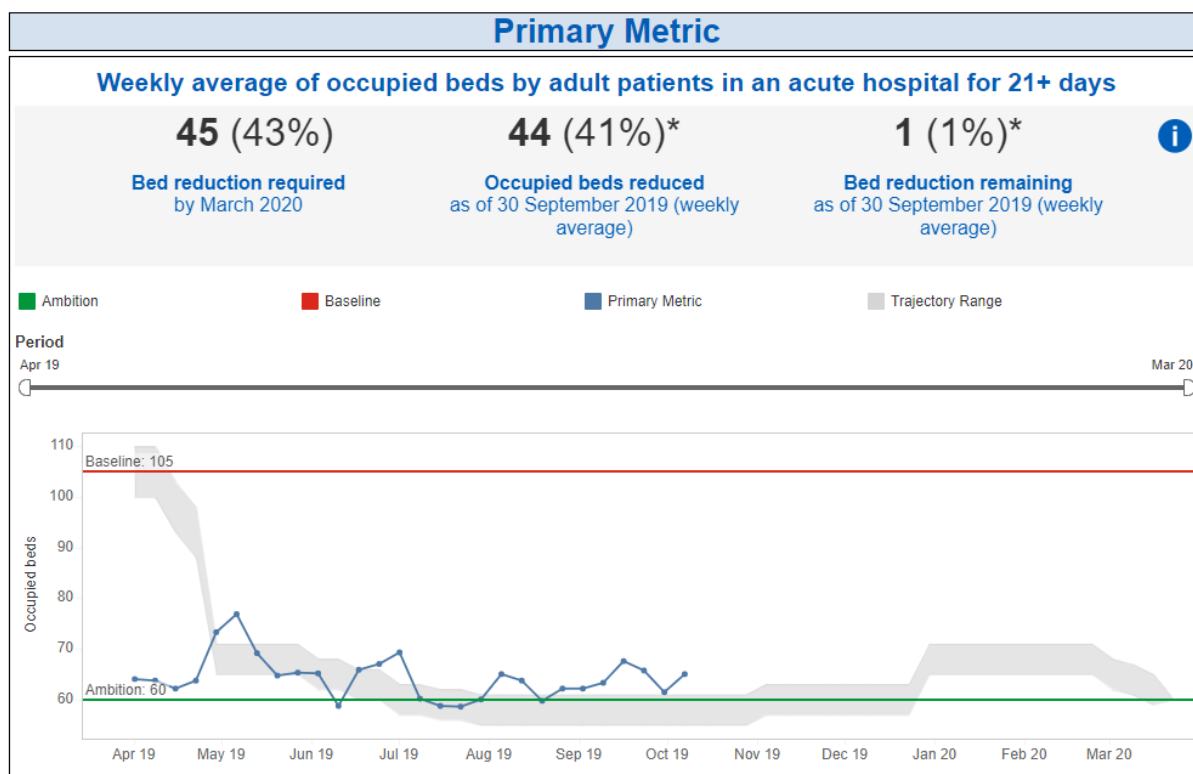
### 3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

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.
GREEN	TREND	May-19	Jun-19	Jul-19	Aug-19		
		12	4	4	0		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Achieving.							
<b>Actions to Address/Assurances:</b>							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

### 3.2 Occupied Bed Days

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

Figure 9 – Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in August 2019 and is still close to achieving in March 2020 as the latest reporting as at 30th September 2019 (weekly average) shows 65 occupied beds. This shows a reduction of 44 beds, 1 less than the ambition for March 2020.

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

### 3.3 Ambulance Service Performance



Indicator		Performance Summary				Definitions	Potential organisational or patient risk factors	
<b>Category 1, 2, 3 &amp; 4 performance</b>		<b>Previous 2 months and latest</b>				<b>Category 1</b> -Time critical and life threatening events requiring immediate intervention <b>Category 2</b> -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.	
<b>RED</b>	<b>TREND</b>	Category	Target	Jun-19	Jul-19			Aug-19
		Cat 1 mean	<=7 mins	00:06:53	00:07:43			00:07:40
		Cat 1 90th Percentile	<=15 mins	00:12:41	00:14:28			00:16:07
		Cat 2 mean	<=18 mins	00:26:59	00:26:55			00:24:17
		Cat 2 90th Percentile	<=40 mins	01:00:18	01:04:12			00:53:33
		Cat 3 90th Percentile	<=120 mins	02:19:42	02:50:49			02:40:24
Cat 4 90th Percentile	<=180 mins	03:07:51	03:07:19	03:41:19				
<b>Performance Overview/Issues:</b>								
<p>In August 2019 there was an average response time in Southport and Formby of 7 minutes 40 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes and 17 seconds against a target of 18 minutes. The CCG also failed the category 3 &amp; 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into the system.</p> <p>Category 1 and 2 will remain an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into system. There are further aspects of the Ambulance Response Programme (ARP) where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear &amp; treat and see &amp; treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire &amp; Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have been asked by the lead commissioners for a briefing on action that will be taken to mitigate risk.</p> <p>Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times. Work is ongoing by North Mersey Commissioners with providers to develop or improve care pathways with a focus on category 3/4 calls and reduction of conveyance to AED.</p>								
<b>When is performance expected to recover:</b>								
<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>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

### 3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND		Indicator	Jun-19	Jul-19	Aug-19	
		(a)	30-60 mins	104	123	111	
		(b)	60+ mins	28	20	15	
<p>a) All handovers between ambulance and A&amp;E must take place within 15 minutes (30 to 60 minute breaches)</p> <p>b) All handovers between ambulance and A&amp;E must take place within 15 minutes (&gt; 60 minute breaches)</p>							
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk reported a decrease in ambulance handover times in August 2019. Handovers between 30 and 60 minutes decreased from 123 to 111, and those over 60 minutes decreased from 20 to 15.							
<b>Actions to Address/Assurances:</b>							
<p>The Trust has reported that over 56% of ambulance handovers were completed within 15 minutes during August 2019. This is the best performance for over 2 years. The estates work completed across winter 2018/19 to create dedicated ambulance space has increased capacity to not only handover patients timely but also ensure that the electronic timestamp is completed in real time. There has been no progress made for a Hospital Arrival Screen (HAS) to be installed in resus so patients brought in by ambulance and taken directly into resus still have a delay in capturing the electronic timestamp for handover. This has been escalated to the Trust's Performance Improvement Board (PFIB). Difficulties are still experienced during periods of heightened pressure when patient flow across the department is restricted. Work streams 1 and 2 are working on high impact actions to improve different aspects of patient flow across the system (including front door schemes of triage and streaming, workforce, red to green) to collectively improve patient flow. NWAS attended the site in August to complete a second audit on ambulance activity and further opportunities to improve handover performance. The Emergency Department (ED) continues to work with NWAS Sector Manager and local Ambulance Liaison Offices (ALOs).</p>							
<b>When is performance expected to recover:</b>							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

### 3.5 Unplanned Care Quality Indicators



#### 3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
<b>Southport &amp; Ormskirk: Stroke &amp; TIA</b>		<b>Previous 3 months and latest</b>				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		a) 64.90%	52.90%	88.00%	73.30%		
		b) 25%	27.30%	12.50%	14.30%		
		Stroke Plan: 80% TIA Plan: 60% <b>There have been issues with the reporting of TIA</b>					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk's performance for stroke has declined in August and is reporting under the 80% plan again, with 22 out of 30 patients spending at least 90% of their time on a stroke unit.							
In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 14.3% in August. Out of 14 patients just 2 achieved the target. This is a slight improvement on last month when the Trust reported 12.50%.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions:</u>							
- Stroke: The deterioration was driven by an increased number of stroke admissions which has affected patient flow on ASU and a lack of protected Stroke Beds on ASU not being available due high occupancy on the Southport site. The COO has reinforced and reinvigorated a focus at daily site meetings to ensure a stroke bed is available at all times with escalation in place							
- TIA: The Trust are working to improve data collection month on month to ensure we can isolate the follow up activity effectively.							
<u>CCG Actions</u>							
This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.							
The CCG managerial lead plans to link in with identified Stroke leads for the trust to obtain an exception report against the failing indicators. The Stroke operational group hosted by the trust has not been meeting due to consultant capacity.							
The CCG have commissioned Stroke ESD outreach from the trust which is currently in mobilisation, the aims of which to support patients home early which should support performance.							
<b>When is performance expected to recover:</b>							
Quarter 2 2019/20							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan			Sharon Forrester		



### 3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mixed Sex Accommodation (MSA)</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>		May-19	Jun-19	Jul-19		Aug-19
		CCG	13	4	9		9
		S&O	37	14	14		17
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has reported a total of 9 breaches in August and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.							
In August the Trust had 17 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 17 breaches, 9 were for Southport & Formby CCG and 8 for West Lancashire CCG.							
<b>Actions to Address/Assurances:</b>							
The majority of breaches are in HDU and Obs ward. All delays have a datix completed. There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependent on the overall Trust position. The Critical Care Manager now attends the 13:30 bed meeting daily. Obs ward to monitor mixed sex breaches.							
<b>When is performance expected to recover:</b>							
This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



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

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
<b>RED</b>	<b>TREND</b>		May-19	Jun-19	Jul-19		Aug-19
		CCG	1	1	1		2
		Trust	0	0	0		1
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had one case of MSRA in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust has also reported 1 case of MRSA in August 2019 and has therefore breached the zero tolerance threshold for 2019/20.							
<b>Actions to Address/Assurances:</b>							
There have been no further cases of MRSA bacteraemia.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control representative to attend and report to CQPG annually.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

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

Indicator		Performance Summary				Potential organisational or patient risk factors		
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)						
RED	TREND		May-19	Jun-19	Jul-19			Aug-19
		CCG	4	8	10			13
		Trust	6	10	13			19
		2019/20 Plans CCG: <=30 Southport & Ormskirk: <=16						
<b>Performance Overview/Issues:</b>								
<p>The CCG had 3 new cases of C.Difficile in August making a total of 13, against a year to date plan of 11 (year end plan 30) so are over plan currently, (9 apportioned to acute trust and 4 apportioned to community).</p> <p>The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20. In August the Trust reports they had 6 cases of c diff (19 YTD). 4 community onset healthcare associated (COHA) and 2 hospital onset healthcare associated (HOHA). This is over the monthly objective.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit which required support from PHE/Spec comm and the trust, the trust engaged on a significant improvement plan which involved having to close beds and large scale estates plan implemented to prevent reoccurrence. Proposal outlined for significant investment to meet cleaning standards. Unit opened on a phased approach after further inspection from Public Health England (PHE). Further estates work is planned from the trust to improve the rest of the unit to ensure that it is fit for purpose and reoccurrence is less likely.</p> <p>Cleaning in affected areas with Chlorine dioxide cleaner disinfectant and side room in addition was fogged using hydrogen peroxide vapour.</p>								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
Final report through the quality schedule with the Infection Prevention Control (IPC) rep to attend and report to CQPG annually								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Doug Callow		Jennifer Piet				

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

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND		May-19	Jun-19	Jul-19		Aug-19
		CCG	25	39	55		70
		Trust	40	66	87		111
		Plan: 109 Year-End for the CCG No Trust plan					
<b>Performance Overview/Issues:</b>							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In August there were 15 new cases against a plan of 9, bringing the year to date figure to 70 against a YTD target of 48. Southport & Ormskirk Trust reported 24 new cases in August with 2 of those acquired through the hospital (111 YTD). There are no targets set for Trusts at present.							
<b>Actions to Address/Assurances:</b>							
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with Public Health England around E Coli who have asked the Sustainability and Transformation Partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with action and next steps identified as							
<ul style="list-style-type: none"> <li>• Identify SRO</li> <li>• Agree 4 leads for individual subgroups</li> <li>• Collectively agree platforms to share good practice and share learning</li> <li>• Agree next steps and forward plan to be presented on 2 October 2019 at a regional event.</li> </ul> The C&M 2018/19 rate for community onset E. coli Bacteraemias was higher than both the England and North West, with some of the highest rates seen in Southport and Formby and South Sefton.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration work stream also.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.6 Hospital Mortality

Figure 10 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	April 2019	100	94.8	↔
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	111.50	↑

In relation to HSMR, Southport & Ormskirk Trust has reported that performance is within accepted tolerance. Their priority is to continue the ongoing work to identify and mitigate risks to patient safety, encourage learning and embedding of lessons learned into practice. The process of reviewing and improving pathways of care, both clinical and organisational, should continue as usual business.

For SHMI, the Trust has reported continued gradual improvement. The drivers for this are improvements to patient flow and improved depth of coding of comorbidity (accurate representation of the health of the population treated). The persistently lower than average crude death rate in this context also suggests either an improvement in care or earlier discharge with death occurring in the community, or both. As SHMI includes deaths within 30 days of discharge this aspect should be controlled for in subsequent releases.



Whilst the target is 100, performance is assessed more on a confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with peers and performance continues to improve.

### 3.6 CCG Serious Incident Management

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

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 and will continue to monitor progress at Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis.

#### Figure 11 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There are 57 incidents open on StEIS (a slight increase from 56 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.

Trust	SIs Reported (M5)	SIs Reported (YTD)	Closed SIs (M5)	Closed SIs (YTD)	Open SIs (M5)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	11	32	6	31	39	15
Lancashire Care NHS Foundation Trust	0	5	0	1	7	5
NHS Southport & Formby CCG	0	2	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	7	2	8	4	2
Aintree University Hospital NHS Foundation Trust	0	0	1	1	0	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community Trust	0	0	0	0	1	1
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
<b>Total</b>	<b>12</b>	<b>46</b>	<b>9</b>	<b>40</b>	<b>56</b>	<b>28</b>

There are 15 SIs open > 100days for Southport and Ormskirk Hospital (S&O), down from 12 SIs open >100 days for Month 1. The following applies at the time of writing this report:

- 4 RCA overdue and still awaited
- 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.
- 2 RCAs have been received and are due to be reviewed at SIRG in November 2019.
- 1 RCA was received and reviewed but further assurances requested from the provider.
- 1 stop the clock has been applied.
- 1 extension has been granted due to involvement of multi-organisations

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

For the remaining 12 SIs open > 100 days the following applies:

- Lancashire Care NHS Foundation Trust – 1 is a legacy SI that transitioned over from Southport and Formby Community Services. It remains open until the assurance has been

provided in relation to the overarching pressure ulcer action plan. 2 RCAs have been reviewed with further assurances requested and the remaining SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR).

- Southport and Formby CCG – Reported on behalf of i-Sight. Support on completion of the RCA was provided by the CCG, awaiting final report.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG and closed. Currently awaiting confirmation of closure from Liverpool CCG.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SI's.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.
- Bridgewater Community NHS Trust – RCA received and reviewed at SIRG in October 2019 - now closed.

**Figure 12 - Timescale Performance for Southport and Ormskirk Hospital**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA rcvd 60+ days	RCA not received
S&O	31	1	27	*5	26	6	0	0	7	13

\* 1 x SI was downgraded therefore the 72 hour report was not required.  
 1 x SI did not require 72 hour report as RCA was sent in early.  
 3 x were closed and combined into one overarching thematic review.

The Provider is still subject to a Contract Performance Notice which is being managed by the CCG. Although compliance against the 60 day timescale remains a concern, the CCG note the continual improvements made by the trust, in relation to submitting reports closer to the 60 day deadline and 100% compliance with the 48 hour timescales and 72 hour report submissions. Concerns in relation to the 60 day compliance are being escalated via Provider SI assurance meetings and CCQRM. This has also been discussed with the Director of Nursing at S&O and assurance has been received that compliance will be achieved by November 2019.

**Figure 13 - Timescale Performance for Lancashire Care Community Trust**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+	RCA not rcvd
Lancashire Care	4	1	3	2	-	4	1	0	1	2	0

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

The CCG Quality Team have also reviewed the providers Pressure Ulcer Improvement Plan and have requested some further information in order to obtain the necessary assurances. This will be

monitored on a monthly basis via the SIRG panel and feedback provided via the Joint Quality and Performance Committee.



### **3.7 CCG Delayed Transfers of Care**

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

Total delayed transfers of care (DTC) reported in August 2019 was 183, an increase compared to August 2018 with 175. Delays due to NHS have risen back to 100%, with those due to social care decreasing back to 0%. The majority of delay reasons in August 2019 were due to patient family choice and public funding.

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

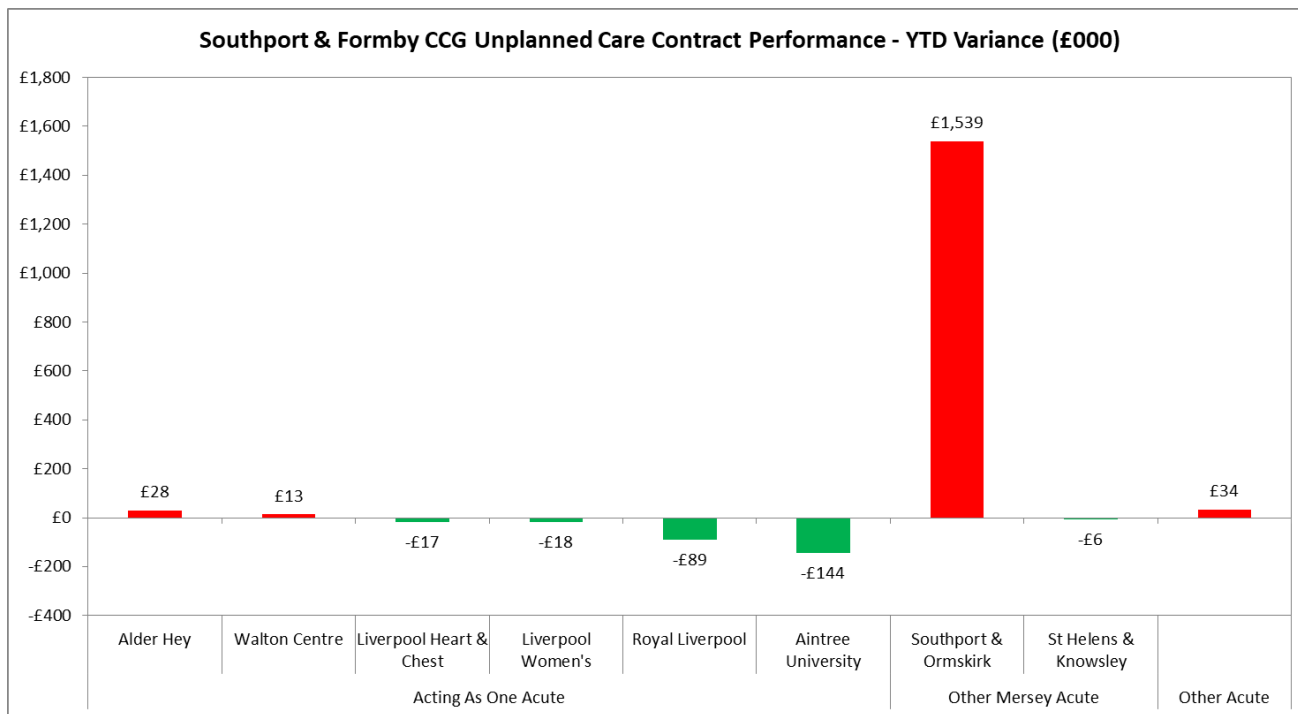
### 3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Southport &amp; Ormskirk Friends and Family Test Results: A&amp;E</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		RR	1.50%	3.0%	1.5%		0.8%
		% Rec	92%	93%	88%		89%
		% Not Rec	5%	6%	9%		4%
		2019 England Averages Response Rates: 12.2% % Recommended: 86% % Not Recommended: 9%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for A&E of 0.8% in August. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 89% so still above the England average of 86% and the percentage who would not recommend decreased to 4% better than the England average of 9%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: <ul style="list-style-type: none"> <li>- the outcomes of the FFT responses and actions planned/taken as a result of these</li> <li>- how the provider listens to patients and carers and respond to their feedback</li> <li>- how the provider provides a safe environment for patients</li> <li>- how the provider meets the physical and comfort needs of patients</li> <li>- how the provider supports carers</li> <li>- how the provider recognises patients and carers individuality and involves them in decisions about their care</li> <li>- how the provider communicates effectively patients throughout their journey</li> <li>- how the provider used E&amp;D data to drive patient and carer experience and service improvement.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020. S & O also presented at the EPEG in October and they have also introduced SMS, Text, to try and increase uptake of the survey							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

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

#### 3.9.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 5 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.3m/7.1%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £1.5m/8.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £1.5m/9% against plan at month 5.

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

## 3.9.2 Southport & Ormskirk Hospital NHS Trust

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

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	16,602	18,591	1,989	12%	£2,766	£3,038	£272	10%
NEL - Non Elective	5,549	5,820	271	5%	£10,889	£12,463	£1,574	14%
NELNE - Non Elective Non-Emergency	560	457	-103	-18%	£1,072	£1,002	-£70	-7%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	4	36	32	843%	£2	£12	£10	549%
NELST - Non Elective Short Stay	1,355	1,356	1	0%	£943	£967	£23	2%
NELXBD - Non Elective Excess Bed Day	2,473	1,424	-1,049	-42%	£633	£362	-£271	-43%
<b>Grand Total</b>	<b>26,542</b>	<b>27,684</b>	<b>1,142</b>	<b>4%</b>	<b>£16,305</b>	<b>£17,844</b>	<b>£1,539</b>	<b>9%</b>

Year to date A&E attendances are currently 12% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. However, non-elective admissions account for the majority of the over performance reported. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in early 2019/20. This includes admissions related to Sepsis, Heart Failure, Pneumonia, UTI and Stroke.

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

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

## 4. Mental Health

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

#### 4.1.1 Mental Health Contract Quality Overview

##### Mersey Care NHS RiO M5 update

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust’s board reports.

Performance which is dependent on the Trust’s RiO system is expected to be fully reported from Quarter 2 with performance backdated. The Trust presented its updated RiO action plan – RiO reporting is expected to improve from Quarter 2.

##### ADHD Transition

Transition pathway developments planned for 2019/20 have been hindered by recruitment issues. The Trust has now recruited a consultant and it is expected that the transition pathway will commence from November 2019 onwards.

##### ASD

The Trust presented ASD at the October CQPG. It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger’s Assessment whilst 26 months was being reported for Liverpool. Sefton commissioners will

be meeting with Liverpool CCG on 22/10/2019 to agree revised contract activity within and a developing proposed joint service specification with an expectation that Sefton service will prioritise assessment from their existing resource.



### Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal.



### 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. The Trust has been advised that Safeguarding will be introducing quality review visits.

## 4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
<b>Eating Disorder Service Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		18.8%	31.3%	42.9%	80.0%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
Out of a potential 10 Service Users, 8 started treatment within the 18 week target. Despite failing to meet the 95% target this month saw a significant improvement from the 42.9% in the previous month. Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service pending confirmation of whether the Business Case has been approved. The Business Case recognises that since the initial service was commissioned that prevalence and identification of eating disorders in the population has increased.							
<b>Actions to Address/Assurances:</b>							
Trust Actions: 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter DNA and cancellation policy. 4. Using therapy contracts to contract number of sessions. 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Recruit to vacant posts. 7. Commissioners are awaiting a business identifying investment required to enhance the existing service and increase psychological provision within the service. The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.							
<b>When is performance expected to recover:</b>							
Performance is linked to current service capacity which mitigates against significant recovery. The group work commenced in September and the Trust will develop a trajectory.							
<b>Quality:</b>							
Linked to the above comments re: August CQPG Deep Dive.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



### 4.1.3 Patient Experience of Mental Health Services

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mersey Care Friends and Family Test Results: Mental Health</b>		<b>Previous 3 months and latest</b>					
<b>GREEN</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19		
		RR	3.7%	3.2%	3.5%		3.5%
		% Rec	89%	88%	90%		91%
		% Not Rec	2%	2%	3%		2%
		2019 England Averages Response Rates: 3.4% % Recommended: 90% % Not Recommended: 4%					
<b>Performance Overview/Issues:</b>							
Mersey Care have maintained good performance in the percentage of patients responding to friends and family test surveys in August with 3.5%, above the England average. The percentage of patients who would recommend the service has increased to 91%, above the England average. The percentage who would not recommend the service also improved, decreasing to 2%.							
<b>Actions to Address/Assurances:</b>							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: <ul style="list-style-type: none"> <li>- the outcomes of the FFT responses and actions planned/taken as a result of these</li> <li>- how the provider listens to patients and carers and respond to their feedback</li> <li>- how the provider provides a safe environment for patients</li> <li>- how the provider meets the physical and comfort needs of patients</li> <li>- how the provider supports carers</li> <li>- how the provider recognises patients and carers individuality and involves them in decisions about their care</li> <li>- how the provider communicates effectively patients throughout their journey</li> <li>- how the provider used E&amp;D data to drive patient and carer experience and service improvement</li> </ul>							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			





## 4.2 Cheshire & Wirral Partnership (Adult)



### 4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		1.14%	1.01%	0.97%	0.91%	
		Access Plan: 1.59% August 2019/20 reported 0.91% and failed				
<b>Performance Overview/Issues:</b>						
<p>The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 22% (5.5% per quarter) in the last quarter of 2019/20 only. The monthly target for M5 19/20 is therefore approximately 1.59%. Month 5 performance was 0.91% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. In 2019 the voluntary sector (5 organisations) received a total of 4406 therapy related referrals. Waiting times from referral continue to be within national timescales.</p>						
<b>Actions to Address/Assurances:</b>						
<p>Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups (e.g. Colleges) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. The service is also recruiting 5.0 Psychological Wellbeing Practitioners to work across both CCGs. Work is being undertaken to ascertain the number of people who chose to access non - IAPT compliant counselling interventions which are provided by the voluntary sector. The provider will also be asked to provide regular age profile information so as to enable specific age groups to be targeted. Fortnightly teleconference is taking place to monitor performance.</p>						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

### 4.3 Learning Disabilities Health Checks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Learning Disabilities Health Checks</b>		<b>Previous 3 quarters and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		5.7%	13.2%	27.2%	7.4%	
		Q1 19/20 Plan: 16%				
<b>Performance Overview/Issues:</b>						
People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. Southport & Formby CCGs target is a total of 491 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 1 2019/20, the total performance for the CCG was 7.4%, below the planned 16%. 609 patients are registered compared to the plan of 761, with just 45 being checked against a plan of 122.						
<b>Actions to Address/Assurances:</b>						
The CCG Primary Care Leads are working with the Council and their commissioned LD providers 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.						
<b>When is performance expected to recover:</b>						
Quarter 2 2019/20						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

### 4.3.1 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19	
		47.5%	42.9%	50.0%	45.6%	
		Recovery Plan: 50%				
<b>Performance Overview/Issues:</b>						
The percentage of people moved to recovery was 45.6% in month 5 of 2019/20 and the target was not achieved and this was a drop from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance. This approach is being revised.						
<b>Actions to Address/Assurances:</b>						
Recovery – The newly appointed clinical lead for the service will be reviewing non-recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 5. Community Health

### 5.1 Adult Community Services (Lancashire Care)



The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2019/20 to reflect transformation and improvements in recording activity.

#### 5.1.1 Quality

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

Concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services. The CCG has commissioned an external review of the current provision.

## 5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors
Lancashire Care Adult Community Services: Podiatry		Previous 3 months and latest				
RED	TREND	RTT Long Waiters 19 to 24 weeks				
		May-19	Jun-19	Jul-19	Aug-19	
		27	59	68	165	
<b>Performance Overview/Issues:</b>						
<p>In August the Trust reported 165 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 1,181 podiatry patients were waiting on the pathway at this point and therefore the performance fell below the 92% target at 86%. The Trust advised that out of the 165 breaches, 36 were patient choice, 3 data quality issue and 126 due to service capacity. All patients have future appointments booked. A high proportion of breaches are waiting for treatment in biomechanics. This element of the service which provides shoe insoles is in very high demand as it requires minimal follow up appointments and provides very successful treatment for patients.</p>						
<b>Actions to Address/Assurances:</b>						
<p>This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team and shared with the CCG on a monthly basis. The following actions have been reported:</p> <ul style="list-style-type: none"> <li>- Planning, Performance &amp; Quality (PPQ) lead to review 17 to 18 and 19 to 25+ waits to remove any data quality issues or duplicates.</li> <li>- Team leader to monitor inbound referrals on EMIS to ensure referrals are moved into correct waiting list pathway.</li> <li>- All staff are reminded if there is a new DNA to stop clock immediately.</li> </ul> <p>The podiatry service is currently experiencing vacancies and difficulties in recruiting band 5s due to a shortage of trained staff. However this has finally been successful and 2 band 5s have now been appointed and 1 has just commenced in post. The Trust has advised that the vacancies were the main reason for the number of long waiters increasing and therefore the position is now improving.</p>						
<b>When is performance expected to recover:</b>						
The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the end of November.						
<b>Quality:</b>						
All patients are triaged before their appointment.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 5.2 Any Qualified Provider – Audiology



Merseyside AQP audiology contracts expired on the 30th September 2018. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting arrangements until the 31st March 2020. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

## 6. Children's Services

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		84.0%	85.2%	84.0%	95.24%	
Plan: 100%						
<b>Performance Overview/Issues:</b>						
In quarter 1 the Trust reported under the 100% plan. Out of 21 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 95.24% against the 100% target. The patient who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<b>Actions to Address/Assurances:</b>						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		66.7%	66.7%	50.0%	75%	
		Plan: 100%				
<b>Performance Overview/Issues:</b>						
In quarter 1, the CCG had 4 patients under the urgent referral category, 3 of which met the target bringing the total performance to 75% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<b>Actions to Address/Assurances:</b>						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet. Further discussions required to establish national uplifts included in CCG baseline.						
<b>When is performance expected to recover:</b>						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

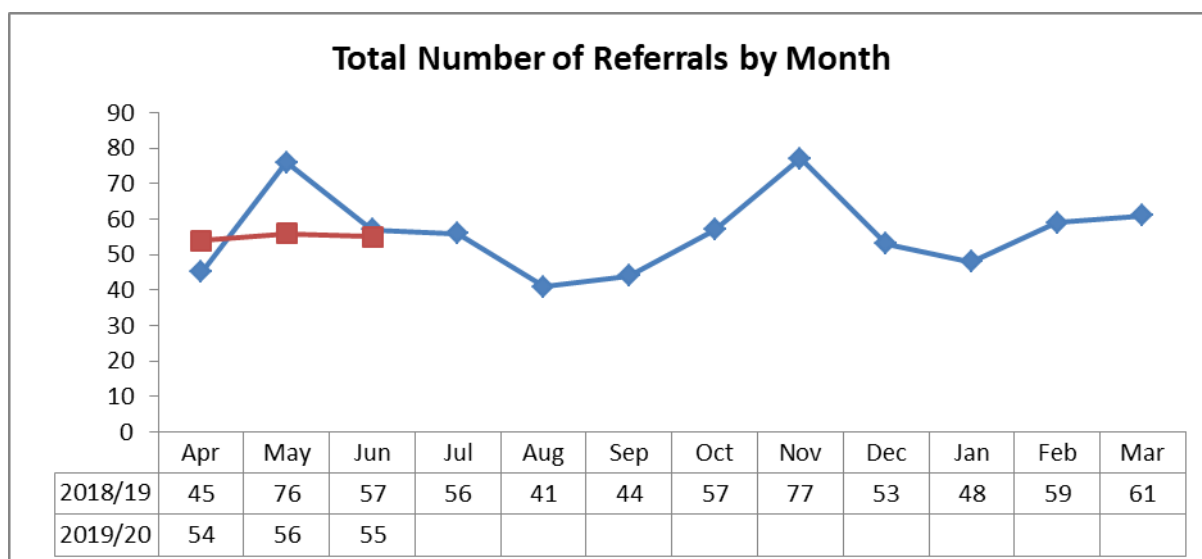
## 6.2 Child and Adolescent Mental Health Services (CAMHS)

### Scope of Data

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 1 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during April to June 2019/20.

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

**Figure 16 – CAMHS Referrals by Month**



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

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

**Figure 17 – CAMHS Source of Referral**

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

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

**Figure 18 – CAMHS Outcome of Referral**

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

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

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

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

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

**Figure 19 – CAMHS Waiting Times Referral to Assessment**

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

Of those Referrals during April to June 2019/20 that have been allocated and an assessment taken place, 40% (14) waited between 0 and 2 weeks for the assessment. 94.3% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of the two referrals that waited over 10 weeks from referral to intervention, 1 waited 104 days (14.9 weeks) and the other waited 106 days (15.1 weeks) which was the maximum wait in the given time period.

**Figure 20 – CAMHS Waiting Times Referral to Intervention**

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

37.1% (13) of all allocated referrals did not have a date of intervention. Of these, 2 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 11 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 11 waiting for an intervention, 3 were referred to the service within the month of June 2019 and all have had an assessment.

If these 13 referrals were discounted, that would mean 45.5% (10) of referrals waited 4 weeks or less from referral to intervention. All of referrals where an intervention took place had their first intervention within 12 weeks.

**Performance Overview/Issues**

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



### How are the issues being addressed?

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

### When is the performance expected to recover by?



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

### Who is responsible for this indicator?

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

## 6.3 Alder Hey Children's Mental Health Services

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



Indicator	Performance Summary				Potential organisational or patient risk factors		
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services  	Latest and previous 3 quarters						
	RED	TREND	Q2 18/19	Q3 18/19		Q4 18/19	Q1 19/20
			6.6%	6.8%		6.1%	17.0%
Access Plan: 32% 2018/19 performance was 38.1% and achieved.							
<b>Performance Overview/Issues:</b>							
The CCG reported a performance of 17.0% in quarter 1, an improvement on the last quarter of 2018/19. The published data has incorporated the voluntary sector provider Venus from June 2019.							
Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.							
<b>When is performance expected to recover:</b>							
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in Sefton.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
Leadership Team Lead	Clinical Lead		Managerial Lead				
Geraldine O'Carroll	Hilal Mulla		Peter Wong				

## 6.4 Children’s Community Services (Alder Hey)



### 6.4.1 Services

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



### 6.4.2 Paediatric SALT

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
		May-19	Jun-19	Jul-19	Aug-19		
		43 wks	37 wks	36 wks	35 wks		
		Average waiting times <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In August the Trust reported a 92nd percentile of 35 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on July when 36 weeks was reported. In August the longest waiting patient was 1 patient waiting at <b>55 weeks</b>. Performance has steadily improved this financial year.</p> <p>At the end of August there were NO children who have waited over 52 weeks. 9 children have waited over 40 weeks, but have an appointment scheduled within the month.</p>							
<b>Actions to Address/Assurances:</b>							
<p>August’s figures show an improving position in waiting times and the numbers waiting over 40 weeks have significantly reduced since April 2019. The Sefton CCGs had already provided additional investment of £50k in 18/19, recruitment has taken place and the effects are now having an impact. Alder Hey submitted a business case for an additional £188k for additional speech therapists ( recurrent and non-recurrent funding) to bring waiting times down to 18 weeks by end of February 2020. This was agreed by the Sefton CCGs. Recruitment has taken place in September and the Trust anticipate that the waiting times will further significantly reduce over the next few months. A trajectory is being sought as part of the contract variation as assurance on meeting the February timescales. Monitoring of the position takes place at Contract Review meetings and with Executive senior input.</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>							
<b>When is performance expected to recover:</b>							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Peter Wong			

### 6.4.3 Paediatric Dietetics



Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p><u>DNAs</u>                      &lt;= 8.5%: <b>Green</b>                      &gt; 8.5% and &lt;= 10%: <b>Amber</b>                      &gt; 10%: <b>Red</b></p> <p><u>Provider Cancellations</u>                      &lt;= 3.5%: <b>Green</b>                      &gt; 3.5% and &lt;= 5%: <b>Amber</b>                      &gt; 5%: <b>Red</b></p>
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates				
		May-19	Jun-19	Jul-19	Aug-19	
		22.4%	14.5%	17.6%	17.3%	
		Outpatient Clinic Provider Cancellations				
		May-19	Jun-19	Jul-19	Aug-19	
		9.6%	3.1%	3.0%	10.7%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
<b>Performance Overview/Issues:</b>						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In August 2019 this remained static at a rate of 17.3%. Provider cancellations saw an increase from 3.0% in July to 10.7% in August.						
<b>Actions to Address/Assurances:</b>						
The CCGs have invested in extra capacity into the service in response to a Safe Staffing business case from Alder Hey. There are no reports on waiting times being received from Alder Hey for Sefton Dietetics and the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority. The CCGs are working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system						
A wider piece of work with Alder Hey and the CCGs is taking place to review and improve current data flows across all community and mental health services.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Peter Wong		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters				
<b>GREEN</b>	<b>TREND</b>	Waiting Times				
		Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		40.0%	57.1%	85.7%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
<b>Performance Overview/Issues:</b>						
Lancashire Care has reported 16 children out of 16 receiving equipment within 18 weeks for quarter 1 2019/20, a performance of 100%, exceeding the 92% target. This is an improvement on Q4 2018/19.						
<b>Actions to Address/Assurances:</b>						
<b>When is performance expected to recover:</b>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 7. Primary Care

### 7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				Extended access is based on 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.
<b>RED</b>	<b>TREND</b>	May-19	Jun-19	Jul-19	Aug-19	
		65%	61.96%	52.74%	48.32%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). August target 61.7%				
<b>Performance Overview/Issues:</b>						
<p>A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.</p> <p>In August, Southport &amp; Formby CCG practices reported a combined utilisation rate of 48.32%, below the CCG's 61.7% target for August. Total available appointments was 1,161, with 632 being booked (54.44%) and 71 DNA's (11.2%). This shows a downward trend in utilisation rates since May 2019.</p>						
<b>Actions to Address/Assurances:</b>						
<p>Extended access is available to the whole population, however, utilisation of appointments dropped below the target in July and August. Seasonal variation and increased activity in A&amp;E suggest a slight shift in acute service usage.</p> <p>The service reviewed and changed its model in the second quarter. The changes were in relation to skill mix and appointment capacity. The service have reduced the number of HCA appointments, as these appointments were underutilised, and these appointments have now been converted to ANP slots. The overall number of appointments available in the service have also increased. Booked appointments in this period have not increased, therefore the utilisation percentage has dropped.</p> <p>Utilisation between practices within Southport and Formby is variable. Practices are being supported to increase utilisation through the digital champion programme. The service are promoting 7 day access with patient groups and through engagement events for example 'The Big Chat', the service manager is also due to visit GP practices. Promotion of 7 day access is on practice envisage screens and practice websites.</p>						
<b>When is performance expected to recover:</b>						
Quarter 3.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Kati Scholtz		Angela Price		

**Figure 21 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service**

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
38.7%		34.4%	9.4%	4.9%	12.7%	
May-19	256	244	57	52	113	
	35.5%	33.8%	7.9%	7.2%	15.7%	
Jun-19	261	215	80	41	90	
	38.0%	31.3%	11.6%	6.0%	13.1%	
Jul-19	239	219	54	33	107	
	36.7%	33.6%	8.3%	5.1%	16.4%	
Aug-19	261	215	68	33	97	
	40.0%	33.0%	10.4%	5.1%	14.9%	

## 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 24<sup>th</sup> April achieving an overall rating of 'Good'. All the results are listed below.

Figure 22 – 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
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
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 Oversight Framework (OF)

### 8.1 Background

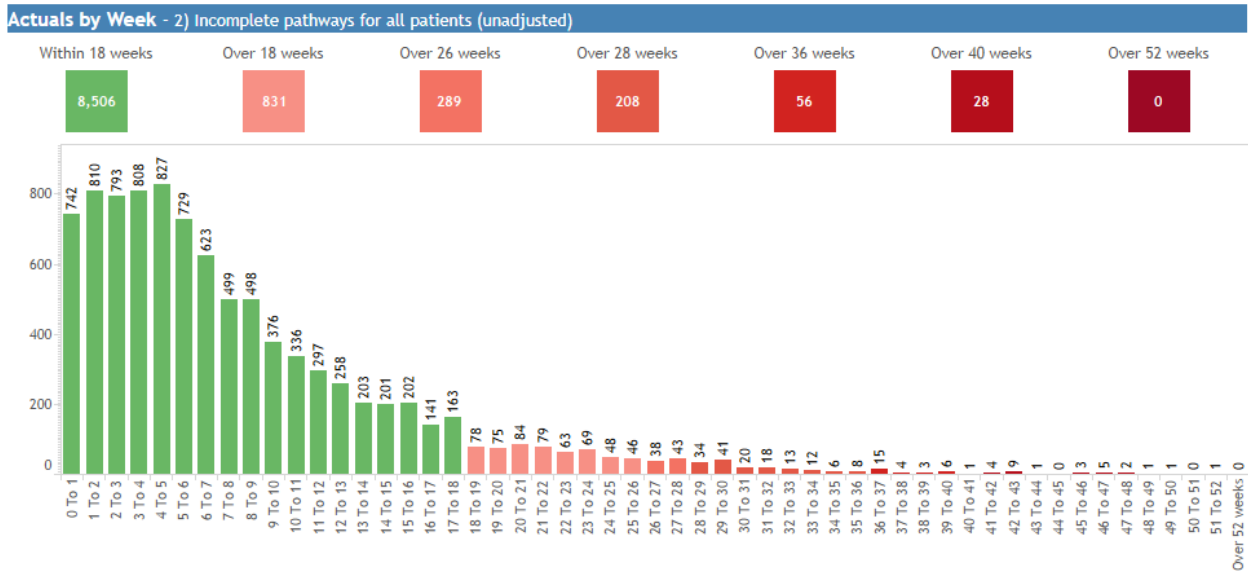
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators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

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

## 9. Appendices

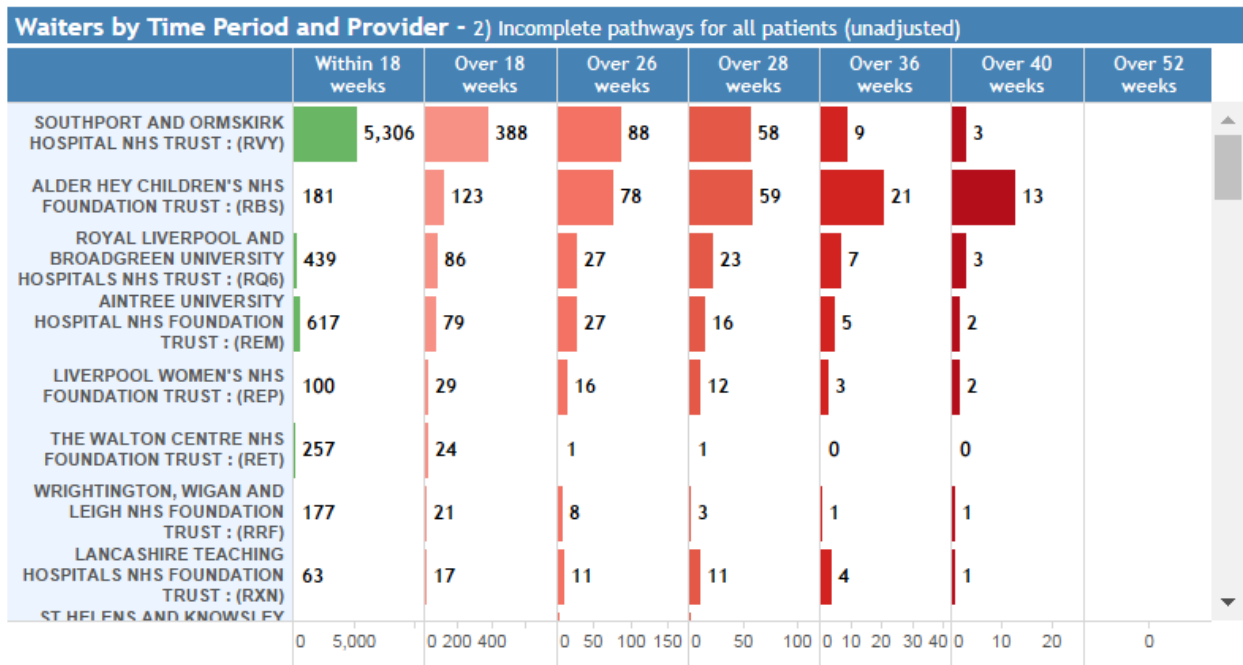
### 9.1.1 Incomplete Pathway Waiting Times

Figure 23 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 9.1.2 Long Waiters analysis: Top Providers

Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers



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

Figure 25 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

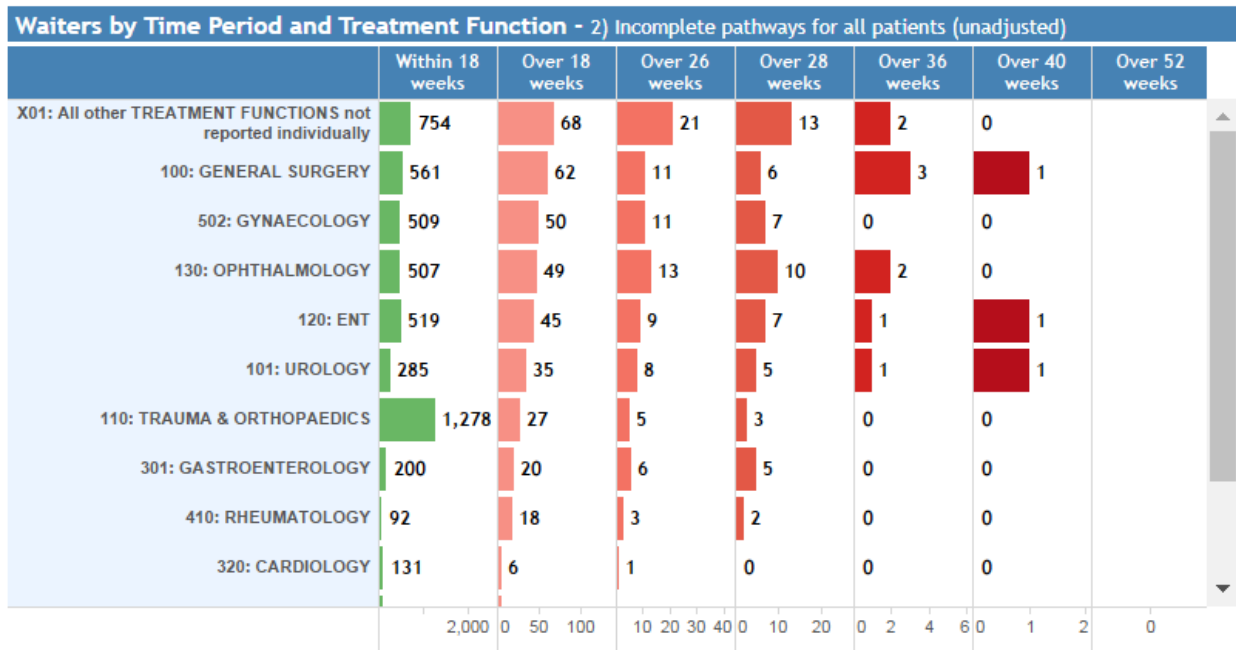
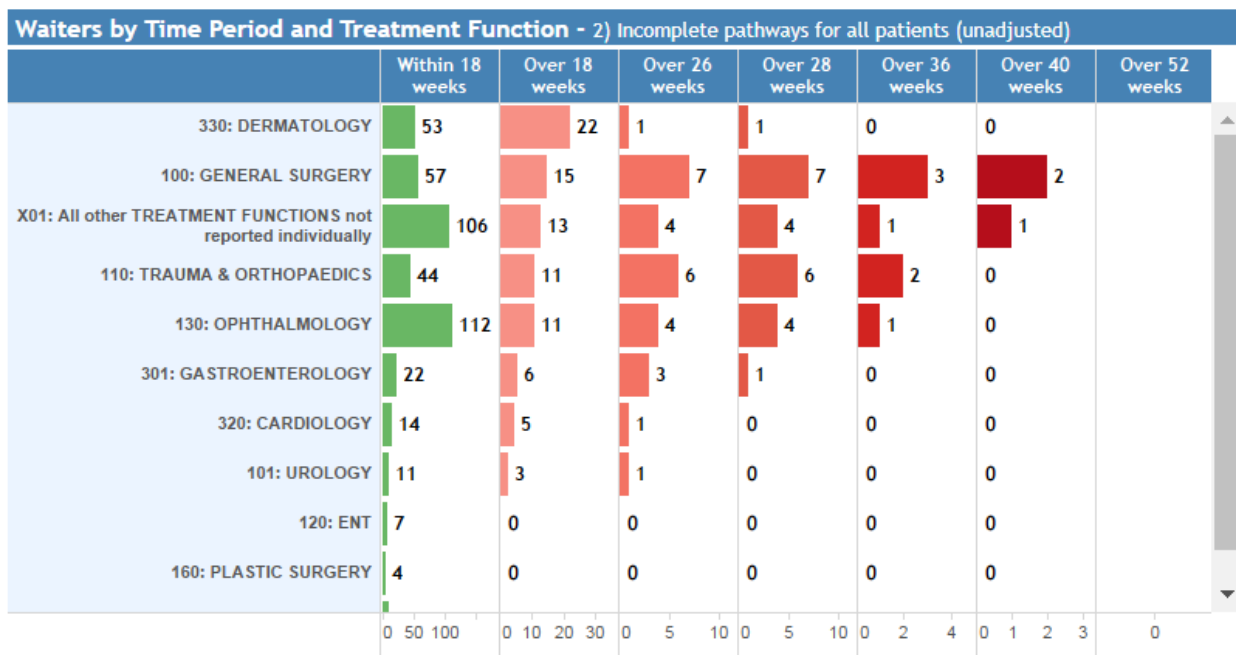
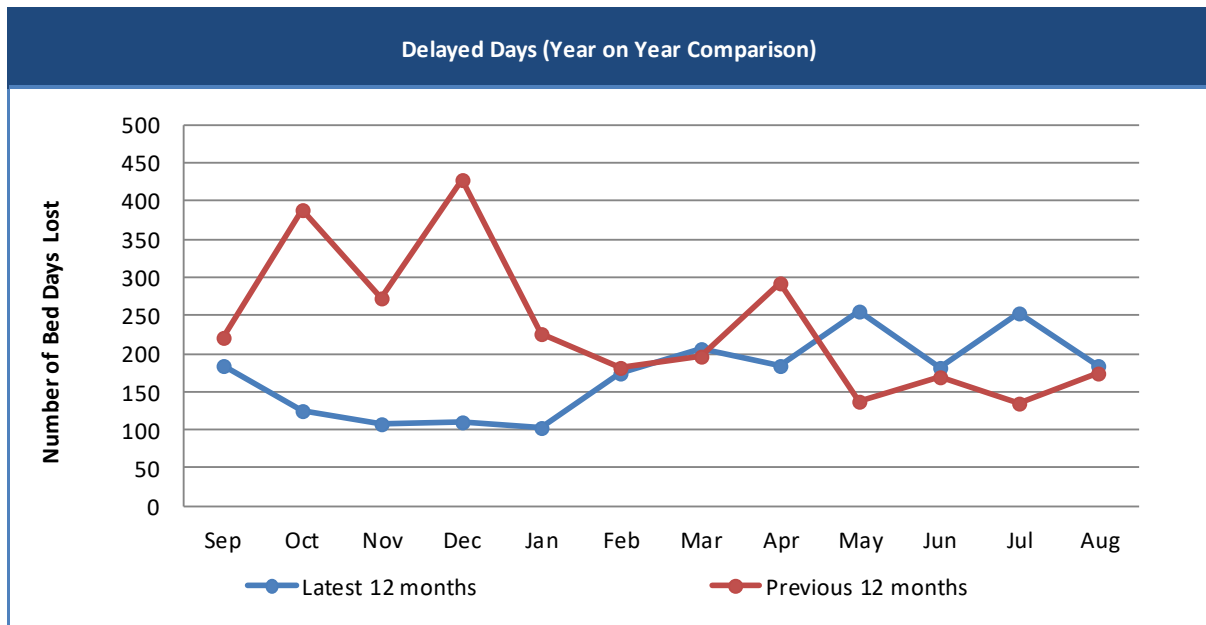


Figure 26 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



## 9.2 Delayed Transfers of Care

Figure 27 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Aug-19</b>	<b>Jul-19</b>	<b>Aug-18</b>
Total	183	253	175
NHS	100.0%	99.2%	96.0%
Social Care	0.0%	0.8%	4.0%
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 (Aug-19)**

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	0.5%
Community Equipment Adapt	2.7%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	7.7%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	70.5%
Public Funding	18.6%
Residential Home	0.0%
Other	0.0%



### 9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency										
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	YTD	
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	216	1.89	230	233	204	209	205	232
		Total Contacts (Domiciliary)	1,584	1,584	1,562	-1.3	152	114	130	121	134	651
		Total New Referrals	135	135	161	19.25	17	13	16	8	13	67
	Paediatric Dietetics	Caseload at Month End	90	90	281	212.22	324	271	263	264	253	324
		Referral to 1st contact (weeks average)	8.5	8.5	6.1	-28.24	7.4	4.2	7.4	6.1	5.2	7.4
		Total Contacts	541	541	718	132.72	42	66	77	70	42	239
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts (Domiciliary)	40	40	65	62.50	1	13	5	3	5	27
		Total Contacts (Outpatients)	501	501	653	30.34	41	55	72	67	37	272
		Total New Referrals	291	291	302	3.76	33	25	16	19	33	126
	Paediatric Occupational Therapy	Caseload at Month End	150	150	118	-21.33	113	129	113	122	113	121
		Referral to 1st contact (weeks average)	14.3	14.3	13.3	-6.99	16	9.9	13	12.8	14.8	16
		Total Contacts (Domiciliary)	3,343	3,343	3,259	-2.51	284	272	251	282	269	1,358
	Paediatric Physiotherapy	Total New Referrals	566	566	521	-7.95	48	61	36	45	27	217
		Caseload at Month End	64	64	63	-1.56	60	62	56	72	67	63
		Referral to 1st contact (weeks average)	5.8	5.8	6.4	10.34	6.2	5.8	7.6	7	5.2	6.7
	Paediatric Speech and Language Therapy	Total Contacts (Domiciliary)	6,103	6,103	4,740	-22.33	431	393	406	428	317	1,975
		Total New Referrals	553	553	562	1.63	48	51	43	53	39	234
		Referral to 1st contact (weeks average)	26.1	26.1	33.9	29.59	36.6	35.9	31.1	31.8	34	36.6
	Paediatric Speech and Language Therapy	Total Contacts (Domiciliary)	7,786	7,786	9,589	123.77	695	740	872	939	737	3,983
		Total New Referrals	746	746	739	-0.94	52	73	62	77	44	308

If Plan is <10,000:

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

- 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	19/20 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	149	108								1,843	1,480	-19.7%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35								448		
Total Number Waiting	942	918	876	815	758								9,364		
Number waiting over 18 weeks	519	461	466	433	403								4,675		
Longest weeks waiting - weeks	52	54	49	50	55								587		
Longest weeks waiting - patients	2	1	2	1	1								25		

- RAG rating
- <=18 weeks
  - 19 to 22 weeks
  - 23 weeks plus

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

## 9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

### Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
DNA	66	53	41	147	68	116	13	19	16	21	14	83
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.6%	17.3%	18.0%

### Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	6	0	5	29	0	44	4	7	3	3	8	25
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.8%	3.1%	3.0%	10.7%	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	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	27	63	63	207	128	184	10	38	18	33	17	116
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	25.2%	20.2%	23.5%

#### 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 28 – 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 29 – 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 5 performance and narrative detailed in the table below:

**Figure 30 – Southport & Formby CCG’s Month 5 Submission to NHS England**

Month 05 (August)	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,405	2,233	-7.2%	GP referrals decreased in month 5 in line with an expected trend. Referrals were below average in month but year to date GP referrals are within 1% of planned levels.
Other	2,305	2,629	14.1%	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 C2C increases have been evident within General Medicine and T&O at the main hospital provider. The former was raised via the S&O info sub group and found to be related to the increase in A&E attendances and subsequent referrals to an ACU outpatient clinic following an A&E attendance (ref source 04 - consultant in A&E).
<b>Total (in month)</b>	<b>4,710</b>	<b>4,862</b>	<b>3.2%</b>	
Variance against Plan YTD	24,051	26,132	8.7%	
Year on Year YTD Growth			11.5%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3,799	3,858	1.6%	OP first and follow up appointments have decreased in month 5 as part of a seasonal trend. This has brought year to date levels closer to planned levels (within 2% of plan) as expected. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	8,661	8,101	-6.5%	
<b>Total Outpatient attendances (in month)</b>	<b>12,460</b>	<b>11,959</b>	<b>-4.0%</b>	
Variance against Plan YTD	63,711	63,759	0.1%	
Year on Year YTD Growth			8.3%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,391	1,604	15.3%	Local monitoring suggests that day case activity is slightly closer to planned levels (approx. 3% up on plan year to date). Elective admissions have a greater variance (-4%) but activity variances are minimal. Total elective activity is slightly outside of the 2% threshold at month 5. Day case trends are following a similar pattern to 2018/19 but have been consistently higher. Initial feedback from the main hospital provider suggests theatre staff shortages and bed pressures have resulted in reduced elective offering. The CCG is working with the provider to understand demand, workforce and theatre capacity issues via contract review meetings. This work will continue throughout 1920.
Elective Ordinary spells	216	220	1.9%	
<b>Total Elective spells (in month)</b>	<b>1,607</b>	<b>1,824</b>	<b>13.5%</b>	
Variance against Plan YTD	8,455	8,812	4.2%	
Year on Year YTD Growth			8.1%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3,818	4,109	7.6%	Local A&E monitoring has shown that the CCGs A&E activity has increased to an historical peak in July-19 with activity focussed within the main hospital provider. This was part of a North Mersey trend and attendances have decreased in month 5 but remain above plan. 4hr performance at the main hospital provider is consistent with the previous month and is now at 89.09%. CCG urgent care leads and the main hospital provider continue to work together with system partners to understand the increase in attendances and address issues with patient flow in the department to support the 4hr target. The S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.
Year on Year YTD			9.1%	
<b>All types (in month)</b>	<b>4,398</b>	<b>4,874</b>	<b>10.8%</b>	
Variance against Plan YTD	21,988	23,326	6.1%	
Year on Year YTD Growth			7.7%	
<b>Total Non Elective spells (in month)</b>	<b>1,722</b>	<b>1,847</b>	<b>7.3%</b>	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions and activity has increased once again in month 5 to an historical peak. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. The areas for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. As above, the S&O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance. The CCG are working closer with Local authority to develop the enabling of step up beds to support the commissioning of the new Southport Emergency Response Vehicle to reduce conveyances, attendances and admissions. This also supports the clinically designed system wide frailty/falls pathway
Variance against Plan YTD	9,062	8,508	-6.1%	
Year on Year YTD Growth			15.7%	