



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

Integrated Performance Report

September 2019

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## Summary Performance Dashboard

Metric	Reporting Level	2019-20													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<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%	3.49%								
		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	R							G	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%								
		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	R							R	
		Actual	0	0	0	0	0	1								1
		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							R	
		Actual	6	7	7	7	2	4								33
		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	
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G							G
		Actual	0	0	0	0	0	0							0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

## Preventing People from Dying Prematurely

### Cancer Waiting Times

<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	R	G							R	
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%								92.63%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	G	G	G	G							R	
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%								88.32%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	R	G							G	
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%								97.41%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	100%	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%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G	R	R							R	
		Actual	100%	95%	100%	100%	95.24%	94.12%								97.44%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	100%	100%	95.45%	100%	100%	100%								99.10%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G	R	R	R							R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%								77.78%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	0 Patients	R	G	R	0 Patients	R							R	
		Actual	-	85.71%	100%	62.50%	-	0%								72.73%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G							-	
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%								84.27%
		Local Target	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>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%								86.59%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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

##### EMSA

<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	14	13	4	9	9	10								59
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4								
		Target	0	0	0	0	0	0	0							0



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

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

#### HCAI

<a href="#">Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R							R
		YTD	1	1	1	1	2	2							2
		Target	0	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							R
		YTD	2	4	8	10	13	16							16
		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							R
		YTD	14	25	39	55	70	78							78
		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	R							G
		Actual	100%	100%	100%	100%	100%	75%							95.8%
		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							G
		Actual	100%	100%	75%	100%	66.7%	100%							90.3%
		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							R	
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%								48.03%
		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							R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%								1.01%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	22%
<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							G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%								97.5%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	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							G	
		Actual	100%	100%	100%	100%	100%	100%								100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	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							G	
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%								70.38%
		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												
		Q1			Q2			Q3			Q4			YTD
		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			R
		Actual	95.24%	84.6%			89.92%
		Target	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			R
		Actual	75%	75%			75%
		Target	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			G
		Actual	100%	100%			100%
		Target	92%	92%	92%	92%	92%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 6 (note: time periods of data are different for each source).

Key Exception Areas for September	CCG	S&O
Diagnosics Improvement Trajectory	2.6%	2.6%
Diagnosics (National Target <1%)	3.49%	2.57%
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard Improvement Trajectory	-	70.93%
Cancer 62 Day Standard (Nat Target 85%)	82.86%	82.00%
A&E 4 Hour All Types Improvement Trajectory	-	92.60%
A&E 4 Hour All Types (National Target 95%)	88.46%	89.60%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	88
Ambulance Handovers 60+ mins (Zero Tolerance)	-	21
TIA Assess & Treat 24 Hrs (Target 60%)	-	6.25%
Mixed Sex Accommodation (Zero Tolerance)	10	11

*Yellow denotes achievement of trajectory*

### Planned Care

Year to date referrals are 7.7% higher than 2018/19 due to a 12.5% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital. GP referrals are currently 1% higher than 2018/19 levels.

Overall, referrals to Southport Hospital have increased by 6.7% year to date at month 6. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in September recording 3.49%, an improvement on last month's performance (4.51%). However this is above the CCGs improvement trajectory of 2.6% for September 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in September recording 2.57%, showing a further improvement on the previous month (3.72%). The Trust has reported a steady improvement across the previous 3 months and has therefore achieved their improvement trajectory of 2.6% for September 2019.

For referral to treatment, Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in September 2019; 1,468 patients over plan. The CCG failed to achieve the 92% target in September reporting 91.71%. Out of a total 9,442 patients waiting on the pathway, 783 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 4 cancelled operations in September 2019, showing a decline on August. 2 were due to a lack of beds, 1 ran out of theatre time and 1 was due to a surgeon being unavailable. Year to date there have been 33 cancelled operations at the Trust.

For month 6 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 9% in September 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 92% falling further below the England average of 96% and the percentage who would not recommend increased to 3% above the 2% England average.

## **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for September 2019 reached 89.60% for all types (88.45% YTD), which is below the Trust's improvement trajectory of 92.6%. For type 1 a performance of 84.40% was reported in September (81.79% YTD).

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

For Southport & Ormskirk Hospital, the percentage of stroke patients who spent at least 90% of their time on a stroke unit increased slightly in September with 75% against the 80% target; 21 patients out of 28 achieved the target. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 6.25% in September. This is a significant decline on last month when the Trust reported 14.30%.

In relation to mixed sex accommodation, the CCG has reported a total of 10 breaches in September and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in September. However the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. The CCG had 3 new cases of C.Difficile in September making a total of 16, against a year to date plan of 14 (year-end plan 30) so are over plan currently, (9 apportioned to acute trust and 7 apportioned to community).

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In September there were 8 new cases against a plan of 9, bringing the year to date figure to 78 against a YTD target of 57. Southport & Ormskirk Trust reported 18 new cases in September with 1 of those acquired through the hospital (129 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 4% in September. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service decreased to 79% below the England average of 86% and the percentage who would not recommend increased to 16% above the England average of 9%.

## **Mental Health**

For patients on CPA, Mersey Care reported 75% of patients being followed up within 7 days in September, falling below the 95% target. The failing performance was due to 1 Service User out of 4 not being followed up within the planned 7 days.

In relation to eating disorders service, Mersey Care continues to fail the 95% target, with performance declining further to 50% in September. Out of a potential 12 Service Users, 6 started treatment within the 18 week target.

In relation to falls, for patients identified as at risk of falling, 90% had a care plan in place in quarter 2, compared to the 98% target. This is a slight deterioration on quarter 1 performance. For those patients with a risk score of 2 or more, 80% had an appropriate care plan compared to a 100% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.89% in September, therefore failing to achieve the target. The recovery target of 50% was also not achieved in September with 46.5%.

### **Community Health Services**

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.

### **Children's Services**

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

### **Better Care Fund**

A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

### **CCG Oversight Framework**

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and 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	2555	-139	-5.2%	1799	2072	273	15.2%	5247	5565	318	6.1%
May	2727	2830	103	3.8%	1929	2266	337	17.5%	5456	6121	665	12.2%
June	2429	2471	42	1.7%	2069	1975	-94	-4.5%	5305	5348	43	0.8%
July	2580	2899	319	12.4%	2054	2433	379	18.5%	5433	6345	912	16.8%
August	2495	2353	-142	-5.7%	1914	2143	229	12.0%	5230	5336	106	2.0%
September	2391	2357	-34	-1.4%	1907	2246	339	17.8%	5085	5474	389	7.6%
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>2578</b>	<b>14</b>	<b>0.5%</b>	<b>2004</b>	<b>2189</b>	<b>185</b>	<b>9.2%</b>	<b>5398</b>	<b>5698</b>	<b>300</b>	<b>5.6%</b>
<b>YTD Total Month 6</b>	<b>15316</b>	<b>15465</b>	<b>149</b>	<b>1.0%</b>	<b>11672</b>	<b>13135</b>	<b>1463</b>	<b>12.5%</b>	<b>31756</b>	<b>34189</b>	<b>2433</b>	<b>7.7%</b>
<b>Annual/FOT</b>	<b>30763</b>	<b>30930</b>	<b>167</b>	<b>0.5%</b>	<b>24047</b>	<b>26270</b>	<b>2223</b>	<b>9.2%</b>	<b>64781</b>	<b>68378</b>	<b>3597</b>	<b>5.6%</b>

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





## Month 6 summary:



- Trends show that total referrals remain below average from the previous month at September 2019.
- Year to date referrals are 7.7% higher than 2018/19 due to a 12.5% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 15.0% 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 17.1%.
- The increase in General Medicine consultant-to-consultant referrals was discussed at the Southport & Ormskirk information sub group and found to be related to increased A&E attendances and subsequent referrals to an ACU outpatient clinic following an A&E attendance (ref source 04 - consultant in A&E).
- Overall, referrals to Southport Hospital have increased by 6.7% year to date at month 6. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 22.0%.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20 although GP referrals at month 6 have decreased to the lowest they have been since December 2018. However GP referrals are currently up by 1.0% at month 6 year to date compared to 2018/19.
- 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 13.6% higher when compared to the previous year with ISight making up the majority of this increase.





## 2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	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			

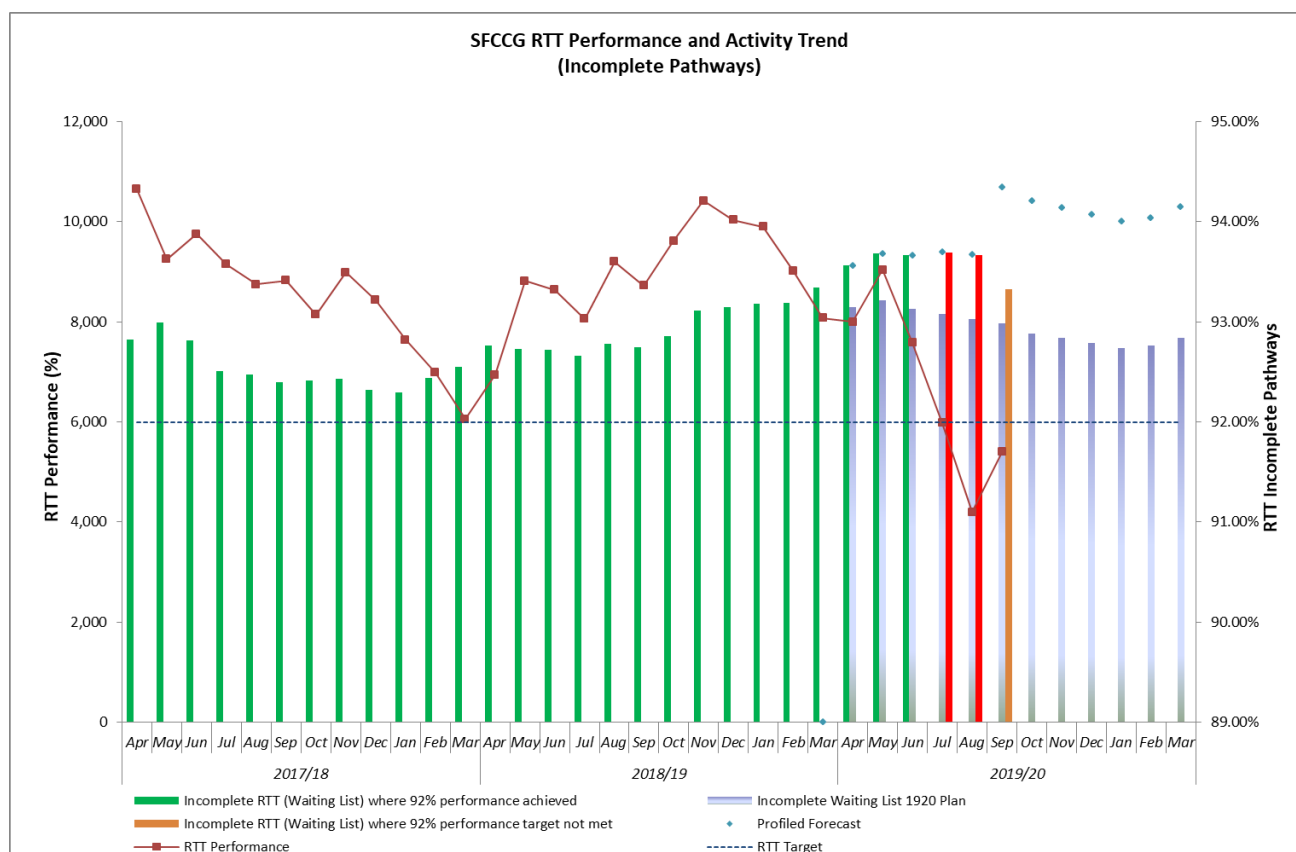
## 2.2 Diagnostic Test Waiting Times

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>	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	5.20%	4.35%	4.51%		
		S&O	5.30%	4.09%	3.72%	2.57%	
		National Target < 1% September improvement plans CCG: 2.6% S&O: 2.6% 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 September recording 3.49%, an improvement on last month's performance (4.51%). However this is above the CCGs improvement trajectory of 2.6% for September 2019. Out of 2,146 patients, 80 patients were waiting over 6 weeks, and 5 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (27), CT (15) and MRI (13).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in September recording 2.57%, showing a further improvement on the previous month (3.72%). The Trust has reported a steady improvement across the previous 3 months and has therefore achieved their improvement trajectory of 2.6% for September 2019. Out of 2,922 patients, 83 patients waited over 6 weeks, and 8 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non-Obstetric Ultrasound (41) and Cystoscopy (19).</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 have received a revised improvement action plan with trajectories and have outsourced MRI activity to a local provider which has had an impact on performance.</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. LCHC expecting sustainable recovery by June 2020.</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 obviously high on the agenda with continuing sourcing of high cost locums to fill as many vacant sessions as possible. To support, recover and maintain resilience the Trust has in place Service Level Agreements with another local provider and a private provider to support outsourcing 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. There 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.</p>							
<u>CCG Actions</u>							
<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. CCG escalated via NHSE/I performance call.</p> <p>The Trust had indicated that performance improvements were expected in September this has shown to be the case. However, the improvement trajectory will not be met until March 2020. The Trust have provided an improvement trajectory and corresponding narrative. Further discussions will be had at CCQRM to ensure improvements continue.</p>							
<b>When is performance expected to recover:</b>							
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.							
<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>		Jun-19	Jul-19	Aug-19	Sep-19	
		CCG	92.79%	92.0%	91.10%	91.71%	
		S&O	93.57%	92.72%	92.57%	93.43%	
		Plan: 92%					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed to achieve the 92% target in September reporting 91.71%. Out of a total 9,442 patients waiting on the pathway, 783 were waiting in excess of 18 weeks. Gynaecology is one of the main failing specialties for September reporting 87.4%, with 98 breaches. General Surgery is also failing with a performance of 90.6%; a total of 93 breaches. Ophthalmology performance has improved and is now reporting just above the 92% target at 92.4%, but is still contributing to the failure of the target with 81 breaches. ENT is failing at 90.5% with 72 breaches. Treatments grouped under 'Other' are performing at 86% in September with 203 breaches. The CCG will investigate the specialties that are reported under 'other' so identify trends and escalate where appropriate.</p> <p>Southport &amp; Ormskirk Trust continues to achieve the target with 93.43%. Despite recently experiencing a steady decline in performance this shows an improvement which is also reflected in the CCG performance. However the Trust still had 373 breaches out of a total 5,714 Southport &amp; Formby CCG patients. 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 88.76% (76 breaches out of 676)</li> <li>- Alder Hey with 61.13% (131 breaches out of 337)</li> <li>- Royal Liverpool with 86.49% (70 breaches out of 518)</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<p>Although S&amp;O are still achieving the target, recent over performance helped maintain CCG level performance. The CCG Planned Care Lead will liaise with Southport &amp; Ormskirk Trust to understand if RTT performance at provider level is expected to continue.</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/Is agreed trajectory.</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	9,442							9,337
<b>Difference</b>	<b>838</b>	<b>933</b>	<b>1,071</b>	<b>1,234</b>	<b>1,279</b>	<b>1,468</b>							<b>1,659</b>

Southport & Formby CCG had a total 9,442 patients waiting on an incomplete pathway in September 2019; 1,468 patients over plan.

The CCG has seen a 6,053/18% increase in April to September 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RRT performance has improved to 93.43% thus improving the CCG RTT performance, although the CCG remains below the 92% target at 91.71%.

### 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.	
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	0	0	0		1
		S&O	0	0	0		0
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had one 52 week breach in September. This was a patient waiting at iSIGHT for treatment in Ophthalmology, who has now been seen and discharged. The provider advised that the 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>Actions to Address/Assurances:</b>							
Narrative has been provided by the provider and actions addressed to mitigate against further breaches.							
<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	Respiratory Medicine	38	1 patient; treated in October
Southport & Formby CCG	Aintree	Ophthalmology	42 & 45	2 patients; treated in October
Southport & Formby CCG	Alder Hey	All other	39-41	21 patients; 7 treated, 13 TCI, 1 sent to service for date. Capacity issues in community paediatrics.
Southport & Formby CCG	Countess of Chester	ENT	40 & 42	2 patients; No trust comments.
Southport & Formby CCG	Isight	Ophthalmology	52	1 patient; treated in October. Patient has been poorly and unfit for surgery as was having Chemotherapy – moving forward the Trust 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.
Southport & Formby CCG	Lancashire Teaching	All other	36 & 41	2 patients; 1 treated, 1 DNA'd. Theatre and IP Capacity issues.
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37 & 41	2 patients; 2 treated in October. Theatre and IP Capacity issues.
Southport & Formby CCG	Liverpool Women's	Gynaecology	36-51	5 patients; No trust comments. The 51 week waiter is not showing in the October weekly tracker so it can be assumed they will not breach.
Southport & Formby CCG	Manchester University	Gynaecology	36	1 patient; No trust comments. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
Southport & Formby CCG	Pennine Acute	All Other	36	1 patient; Awaiting an appointment. The patient is waiting for a surgery date as at 12/11/2019. There are currently 2 people still waiting on dates before him, so it's likely that he will get a date in December.
Southport & Formby CCG	Royal Liverpool & Broadgreen	General Surgery	38	1 patient; pathway stopped, Capacity issues.
Southport & Formby CCG	Royal Liverpool & Broadgreen	T&O	37 & 43	2 patients; pathway stopped, Capacity issues. The Trust reported 84.9% for RTT, which although is an improvement on the previous month, remains below the 92% compliance. The Trust has specific plans in place to recover for General Surgery, Trauma and Orthopaedics, Urology, Dermatology and Paediatric Dentistry.
Southport & Formby CCG	Southport & Ormskirk	Gastroenterology	37	1 patient; Discharged date in October. New patient appointment 15/05/2019. Changed by hospital to 12/06/2019, Changed by patient to 11/09/2019. Changed by patient to 21/10/2019. Changed by hospital to 30/10/2019. Patient DNA'd and discharged.
Southport & Formby CCG	Southport & Ormskirk	General Surgery	43	1 patient; TCI Date in October. Referred 29/11/2018, First appointment 19/12/18 and follow up 22/03/2019. TCI 15/07/2019 cancelled due to an emergency. Follow up 18/09/2019 and TCI 09/10/2019 for hernia repair.
Southport & Formby CCG	Southport & Ormskirk	Gynaecology	39	1 patient; Discharged date in October. Referred 28/12/2018. New Patient appointment cancelled by hospital 3 times
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36	1 patient; Treated date in October. Referred 21/1/19, had 1st appointment 11/2/19, review 6 weeks patient cancelled 1/4/19, hospital cancelled 29/4/19, patient seen 22/5/19 and had visual fields done 24/6/19 – referred to Royal Liverpool Hospital for electro- diagnostic tests - seen at Royal 7/10/19, seen back here 17/10/19 for results and treated
Southport & Formby CCG	Southport & Ormskirk	Urology	38	1 patient; Discharged date in October. New patient appointment 05/04/2019. Changed by patient to 02/08/2019 and listed for treatment on 13/09/2019. Patient cancelled and removed from the list on 01/10/2019.
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	37 & 45	2 patients; 1 treated, 1 TCI date in November. Patient was a tertiary referral, seen and sent for diagnostics, reviewed and referred to another consultant, reviewed and listed for surgery. Patient cancelled surgery for 24/09/2019 as unfit. Patient was a tertiary referral into the Trust as a breach. Referred for 4 different diagnostics before being treated with physiotherapy

The CCG had a total of 48 patients waiting over 36 weeks of which there was 1 patient waiting over 52 weeks. Of the 48 patients, 16 patients have been treated, 15 have TCI dates, 3 no longer required appointment, 1 awaiting first appointment, 1 DNA'd, 3 discharged and 9 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	Jun-19	Jul-19	Aug-19	Sep-19		
		7	7	2	4		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk reported 4 cancelled operations in September 2019, showing an increase on August. 2 were due to a lack of beds, 1 ran out of theatre time and 1 was due to a surgeon being unavailable. Year to date there have been 33 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.							
Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. CCG are awaiting update on service level agreement in place to understand impact.							
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>When is performance expected to recover:</b>							
Escalation via the CCQRM for an expected recovery trajectory.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

## 2.5 Cancer Indicators Performance

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



Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
<b>2 week urgent GP Referral for suspected cancer</b>		<b>Previous 3 months, latest and YTD</b>					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.
<b>RED</b>	<b>TREND</b>	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	94.12%	93.15%	92.81%	96.16%		
		S&O	94.80%	93.76%	92.32%	96.36%	94.36%	
		Plan: 93%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the two week standard in September 2019 with a performance of 96.16%. However the CCG continues to fail year to date with 92.63%. In September, 20 patients breached the target out of a total 521 treated.								
<b>Actions to Address/Assurances:</b>								
<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 Allan			Sarah McGrath			

### 2.5.2 - Two Week Wait for Breast Symptoms



Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
<b>2 week wait for breast symptoms (where cancer was not initially suspected)</b>		<b>Previous 3 months, latest and YTD</b>						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.
<b>RED</b>	<b>TREND</b>	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
			96.67%	97.22%	100%	93.55%		
		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 93.55% in September 2019. However due to poor performance earlier in the financial year the CCG is still failing year to date with 88.32%. Year to date there have been 25 breaches from a total of 214 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	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	98.61%	97.73%	94.55%	96.72%		97.41%
		S&O	98.39%	100.0%	94%	95.31%		97.49%
Plan: 96%								
<b>Performance Overview/Issues:</b>								
<p>The CCG achieved the 96% target in September reporting 96.72% and year to date with 97.41%. In September, just 3 breaches out of a total 64 treated were reported.</p> <p>Southport &amp; Ormskirk Trust failed the target with 95.31% in September but are still achieving year to date with 97.49%. In September, 3 breaches out of 64 treated were reported. 1 breach was a lower gastroenterology patient with their delay due to inadequate elective capacity. 2 breaches were skin patients with delays due to DNA and patient choice.</p>								
<b>Actions to Address/Assurances:</b>								
Southport and Ormskirk Hospital is experiencing increased demand for colorectal cancer surgery from GP referred, upgraded and screening pathways. The Trust has advised that it is considering a business case for an additional colorectal consultant post.								
<b>When is performance expected to recover:</b>								
October 2019 for skin								
<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 – 31 Day Standard Cancer Treatment: Drug

Indicator		Performance Summary					Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - drug		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	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	100%	100%	95.24%	94.12%		97.44%
		S&O	100%	100%	100%	100%		100%
Plan: 98%								
<b>Performance Overview/Issues:</b>								
The CCG failed to achieve the 98% target with 94.12% in September. Just 1 patient out of 17 breached the target. This was a Lung patient at Clatterbridge who waited 46 days due to patient choice to delay. The CCG is also failing YTD with 97.44%.								
<b>Actions to Address/Assurances:</b>								
Breach was due to patient's own decision to delay treatment								
<b>When is performance expected to recover:</b>								
Oct-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			



## 2.5.4 - 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	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	85.29%	68.18%	80.65%	82.86%	77.78%	
		S&O	78.02%	78.89%	75.28%	82.00%	76.78%	
		Plan: 85% Trust's September improvement plan: 70.93% 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 82.86% in September 2019 and are still failing year to date with 77.78%. In September, 6 breaches were reported from a total of 35 patients seen. Delays were due to patient choice, inadequate elective capacity, health care provider initiated delay and other reasons not specified.</p> <p>Southport &amp; Ormskirk Trust failed the target in September with a performance of 82% and are failing year to date reporting 76.78%. This is above the Trust's agreed improvement plan of 70.93% for September. In September, there were the equivalent of 9 breaches from a total of 50 apportioned patients. Reasons for delays were inadequate elective capacity, patient choice, inadequate outpatient capacity, health care provider initiated delay, complex diagnostic pathway and other reasons not specified.</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>- recruitment to 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 fortnightly 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> RED TREND  		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.
			Jun-19	Jul-19	Aug-19	Sep-19		
CCG	100%	62.5%	0 Patients	0%	72.73%			
S&O	0 Patients	75.0%	0 Patients	60%	52.63%			
		Target: 90%						
<b>Performance Overview/Issues:</b>								
<p>For the CCG, 2 patients were treated on this pathway in September and unfortunately both breached the target, resulting in a performance of 0%. Therefore the CCG remains below target YTD with 72.73%. YTD there have been 6 breaches from a total of 22 patients seen. Both breaches in September were lower gastroenterology patients with delays due to inadequate elective capacity and other reason not specified.</p> <p>Southport &amp; Ormskirk Trust treated the equivalent of 2.5 patients on this pathway in September, with 1 breaching, resulting a performance of 60%. The Trust remains below target YTD with 52.63%. YTD there have been 4.5 breaches from a total of 9.5 patients seen.</p>								
<b>Actions to Address/Assurances:</b>								
<p>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. A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways and should help with this issue.</p> <p>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. The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway.</p>								
<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> RED TREND  		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.
			Jun-19	Jul-19	Aug-19	Sep-19		
CCG	60%	83.33%	84.62%	100%	84.27%			
S&O	73.17%	86.96%	87.50%	100%	87.33%			
		Local Target: 85%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the 85% local target in September 2019 reporting 100%. Year to date performance is currently at 84.27%.								
<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	Jun-19	Jul-19	Aug-19	Sep-19	
		2	4	4	2	
		Plan: No plan				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Trust had 2 patients waiting over 104 days in September 2019, for urology and head and neck pathways.						
<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		

## 2.5.8 Faster Diagnosis Standard (FDS)

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

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

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

This new standard should help to:

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

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**. Please note there is currently no agreed operational standard for this measure and that there are also limitations on data completeness at the present time.

The standard will initially apply to referrals from:

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

**Figure 5 – FDS monitoring for Southport & Formby CCG**

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%							81.20%
No of Patients	397	522	422	604	449	467							2861
Diagnosed within 28 Days	333	422	349	476	365	378							2323



  

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92%							96.97%
No of Patients	25	34	24	34	23	25							165
Diagnosed within 28 Days	24	34	24	33	22	23							160

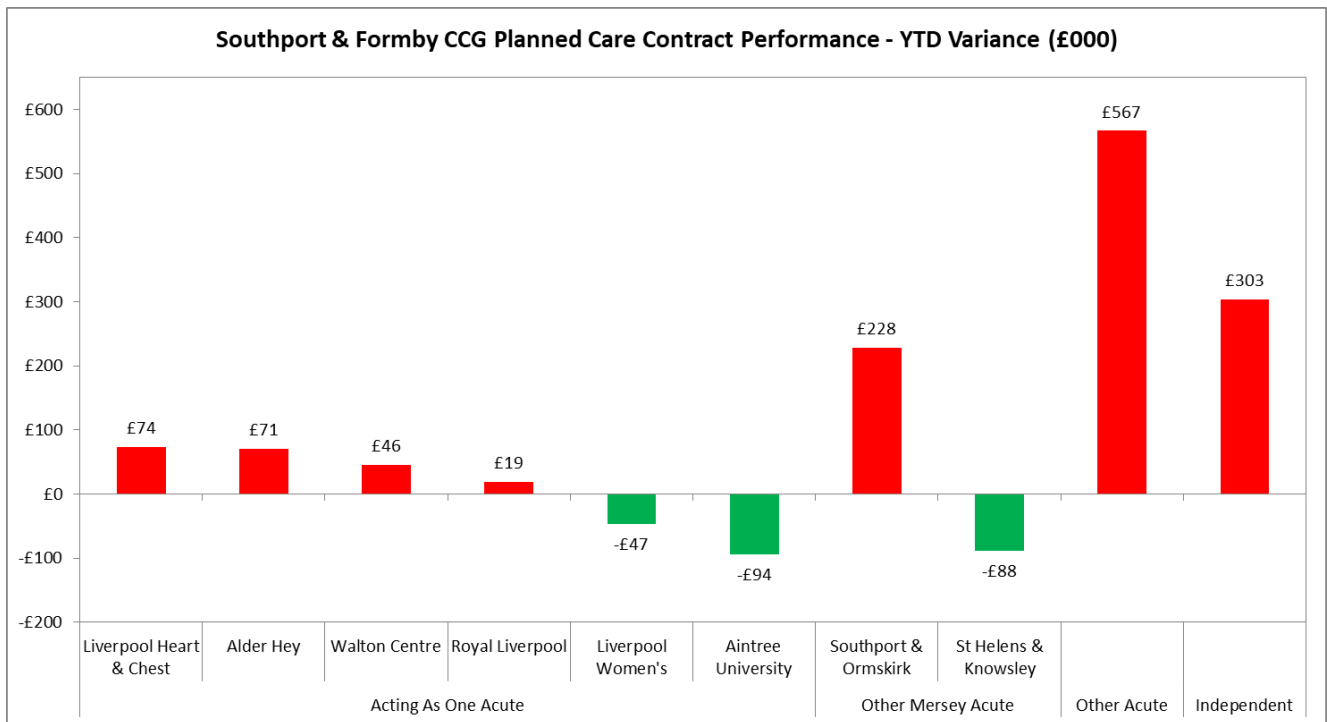
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%							42.86%
No of Patients	20	33	21	13	20	12							119
Diagnosed within 28 Days	13	20	7	3	5	3							51

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Southport &amp; Ormskirk Friends and Family Test Results: Inpatients</b>		<b>Previous 3 months and latest</b>						
<b>RED</b>	<b>TREND</b>	Jun-19	Jul-19	Aug-19	Sep-19			
		RR	11.8%	13.6%	12.2%			9%
		% Rec	95%	93%	95%			92%
		% Not Rec	2%	4%	2%			3%
		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 9% in September 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 92% falling further below the England average of 96% and the percentage who would not recommend increased to 3% above 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 in February the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: - the outcomes of the FFT responses and actions planned/taken as a result of these - how the provider listens to patients and carers and respond to their feedback - how the provider provides a safe environment for patients - how the provider meets the physical and comfort needs of patients - how the provider supports carers - how the provider recognises patients and carers individuality and involves them in decisions about their care - how the provider communicates effectively patients throughout their journey - how the provider used E&D data to drive patient and carer experience and service improvement.								
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 6 - Planned Care - All Providers



Performance at Month 6 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1m/5.6%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a comparable over spend of approximately £1m/5.2%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 6 with a variance of £528k/97%. This is followed by Southport & Ormskirk and Renacres Hospitals with an over performance of £228k/2% and £160k/8% respectively. Isight is also reporting a notable over performance of £151k/25% at month 6.

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

## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 7 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,519	5,575	56	1%	£2,865	£2,917	£52	2%
Elective	637	542	-95	-15%	£1,787	£1,587	-£199	-11%
Elective Excess BedDays	116	166	50	43%	£31	£44	£13	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	644	467	-177	-27%	£126	£95	-£31	-25%
OPFASPCL - Outpatient first attendance single professional consultant led	7,144	7,854	710	10%	£1,255	£1,370	£115	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,449	427	-1,022	-71%	£147	£48	-£99	-68%
OPFUPSPCL - Outpatient follow up single professional consultant led	20,197	22,220	2,023	10%	£1,726	£1,959	£232	13%
Outpatient Procedure	11,817	13,376	1,559	13%	£1,608	£1,830	£222	14%
Unbundled Diagnostics	9,856	6,011	-3,845	-39%	£643	£567	-£76	-12%
<b>Grand Total</b>	<b>57,380</b>	<b>56,638</b>	<b>-742</b>	<b>-1%</b>	<b>£10,189</b>	<b>£10,417</b>	<b>£228</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 6.7% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such as Trauma & Orthopaedics, Urology, Dermatology, General Medicine and General Surgery amongst others.

Breast Surgery, Trauma & Orthopaedics and General Medicine make up the majority of outpatient first attendance increases. 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 were 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 £123k/31% evident at month 6. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 8 - Planned Care – Wrightington, Wigan and Leigh Hospital

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	11	12	1	13%	£1	£1	£0	13%
Daycase	86	115	29	33%	£115	£122	£7	6%
Elective	54	122	68	124%	£311	£757	£446	143%
Elective Excess BedDays	15	8	-7	-47%	£4	£2	-£2	-44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	37	51	14	38%	£3	£3	£0	16%
OPFASPCL - Outpatient first attendance single professional consultant led	192	336	144	75%	£26	£49	£23	90%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	54	95	41	76%	£3	£7	£4	118%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	74	270	196	265%	£2	£7	£5	305%
OPFUPSPCL - Outpatient follow up single professional consultant led	718	1,070	352	49%	£43	£68	£24	56%
Outpatient Procedure	131	269	138	105%	£18	£38	£20	112%
Unbundled Diagnostics	137	180	43	31%	£17	£16	-£1	-5%
<b>Grand Total</b>	<b>1,510</b>	<b>2,528</b>	<b>1,018</b>	<b>67%</b>	<b>£542</b>	<b>£1,071</b>	<b>£528</b>	<b>97%</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.

Trauma & Orthopaedics market share for this provider continues to increase with approximately 30% of all Trauma & Orthopaedic spend at Wrightington, Wigan and Leigh compared to 19% at the equivalent period in 2018/19. 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 9 - Planned Care – Renacres Hospital



Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	731	921	190	26%	£710	£846	£137	19%
Elective	120	119	0	0%	£575	£539	-£36	-6%
OPFASPCL - Outpatient first attendance single professional consultant led	1,266	1,467	202	16%	£219	£251	£32	15%
OPFUPNFTF - Outpatient follow up non face to face	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,667	1,912	246	15%	£121	£139	£18	15%
Outpatient Procedure	1,767	1,074	-693	-39%	£226	£186	-£40	-18%
Unbundled Diagnostics	556	627	71	13%	£47	£61	£14	29%
Physio	830	855	25	3%	£25	£26	£1	3%
Outpatient Pre-op	0	574	574	0%	£0	£35	£35	0%
<b>Grand Total</b>	<b>6,939</b>	<b>7,549</b>	<b>610</b>	<b>9%</b>	<b>£1,923</b>	<b>£2,083</b>	<b>£160</b>	<b>8%</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 4% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Gastroenterology and Trauma & Orthopaedics.



## 2.8 Personal Health Budgets (PHBs)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Latest and previous 3 quarters				105b	CCG resource to be identified to support the progression of PHBs for children and young people continuing care, s117 and specialist wheelchair services, and the wider personalisation agenda.
GREEN	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		24	32	78	106		
<b>Performance Overview/Issues:</b>							
In quarter 2 2019/20, the cumulative total for new PHBs reported was 106 against a plan of 84. This is above the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.							
<b>Actions to Address/Assurances:</b>							
Trajectory has increased following the NHS default position for all CHC packages of care for people living in their own home to be in receipt of a PHB. The CHC team are working to transfer all CHC packages of care across to a PHB including fast track and nursing homes. The majority of these packages are notional PHBs with a smaller number being provided as a 3rd party/managed budget or a direct payment. Sefton Carers Centre are taking referrals to support 3rd party/managed budget and direct payments this includes new and existing PHBs. Awareness sessions are planned to take place by MLC SU and community teams to promote PHBs as part of CHC pathway including as part of the CHC review process.							
The CCG has submitted the five year planning figures to NHS E which predict a number of 168 by the end of Q4 (19-20). The CCG is on target to meet the internal target and the NHS E target of 120 (upper boundary) and the lower boundary of 123 for Q4 2020-21. There is little progress against PHBs for Children and Young People continuing care as a legal right to have. This is an agenda item at the monthly IPA board.							
NHS E have announced a legal right for PHBs for s117 and specialist wheelchair services from April 2020-21. This has been flagged to CCG commissioning team and Leadership Team. A request has been made for inclusion with the provider contract for Lancashire and Cumbria Care NHS FT with respect to Specialist Wheelchair Services, and included as an agenda item at the CCQRM. Resource needs to be identified to support the progressions of PHBs and the personalisation agenda.							
<b>When is performance expected to recover:</b>							
Performance has recovered and on trajectory for compliance against the upper boundary by the end of Q4							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
		Tracey Forshaw			Tracy Forshaw		



### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

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

Indicator	Performance Summary					IAF	Potential organisational or patient risk factors	
<b>CCG A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>RED</p> </div> <div style="text-align: center;">  <p>TREND</p> </div> </div>	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.	
		Jun-19	Jul-19	Aug-19	Sep-19			YTD
	All Types	85.73%	88.32%	87.51%	88.46%			86.59%
	Type 1	80.52%	83.67%	82.45%	76.46%	80.18%		
National Standard: 95%								
<b>Performance Overview/Issues:</b>								
Southport & Formby CCG's performance against the 4-hour target for September 2019 reached 88.46% for all types (86.59% YTD), and 76.46% for type 1 (80.18% YTD), both of which are significantly below the national standard of 95%.								
<b>Actions to Address/Assurances:</b>								
<p>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&amp;O system capacity and demand profiling work has now been completed and a set of priorities agreed across the system to support performance.</p> <p>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.</p> <p>CCG are looking to commission an emergency response vehicle from NWS and LCFT to support reduction in conveyance, attendances and admissions.</p>								
<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 September 2019 is 92.6%. 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	
<b>S&amp;O A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>   		<b>Previous 3 months, latest and YTD</b>					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.	
			Jun-19	Jul-19	Aug-19	Sep-19		YTD
		All Types	87.88%	89.95%	89.09%	89.60%		88.45%
	Type 1	80.81%	84.25%	82.55%	84.40%	81.79%		
		National Standard: 95% September improvement plan: 92.6% Yellow denotes achieving improvement plan but not national standard of 95%						

**Performance Overview/Issues:**

Southport & Ormskirk's performance against the 4-hour target for September 2019 reached 89.60% for all types (88.45% YTD), which is below the Trust's improvement trajectory of 92.6%. For type 1 a performance of 84.40% was reported in September (81.79% YTD).

**Actions to Address/Assurances:**

The Trust reported that 4 hour performance has dropped compared to last September, however, this is against a backdrop of a further 5% increase in attendances (additional 238 patients and an additional 296 patients who were categorised as majors). Attendance patterns and volumes continue to cause concern with late shifts routinely seeing pressures as attendances spike with high numbers of patients are referred to specialties, bottlenecks in bed availability collectively leading to increased waiting times. Night shifts are routinely staffed with 4 doctors but there is an urgent need to bolster late shifts with senior decision makers, but this a challenge given the market. Discussions have been held in PAG regarding this. The new medical proforma between ED and Medicine launched in September has had positive feedback and reduced some of the previous delays in specialty reviews. Discussions are due to take place with a few selected GP practices to test if the form could be adapted for primary care referring into the Trust to ambulatory pathways. This work is progressing with support from Strata. It is critical that ambulatory units have capacity to stream appropriate patients from ED to reduced avoidable delays. ED welcomed its newest substantive consultant on 1 October taking the substantive headcount to 7wte, supported by 1 Associate Specialist, 1 locum consultant and 1 pure Paediatric ED substantive consultant. This is the strongest workforce the department has seen, particularly as we head into winter.

**When is performance expected to recover:**

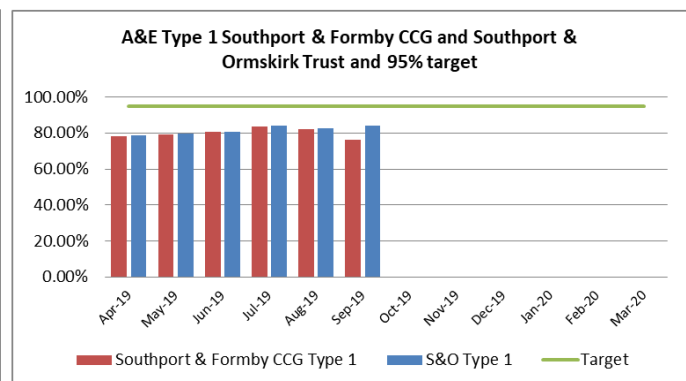
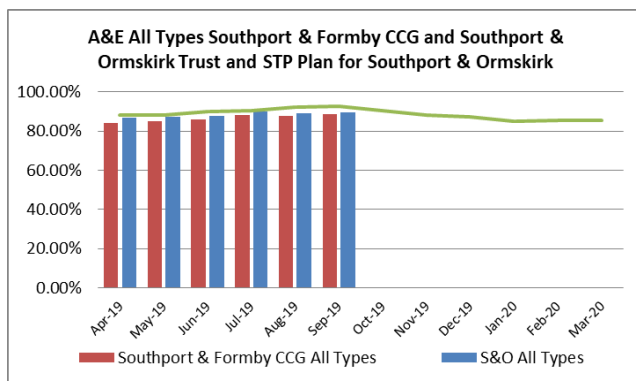
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for September 2019 is 92.6%.

**Quality:**



The trust have reported 5 x 12 hour breaches for September, the trust have given assurance that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.

**Indicator responsibility:**

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Tim Quinlan	Sharon Forrester



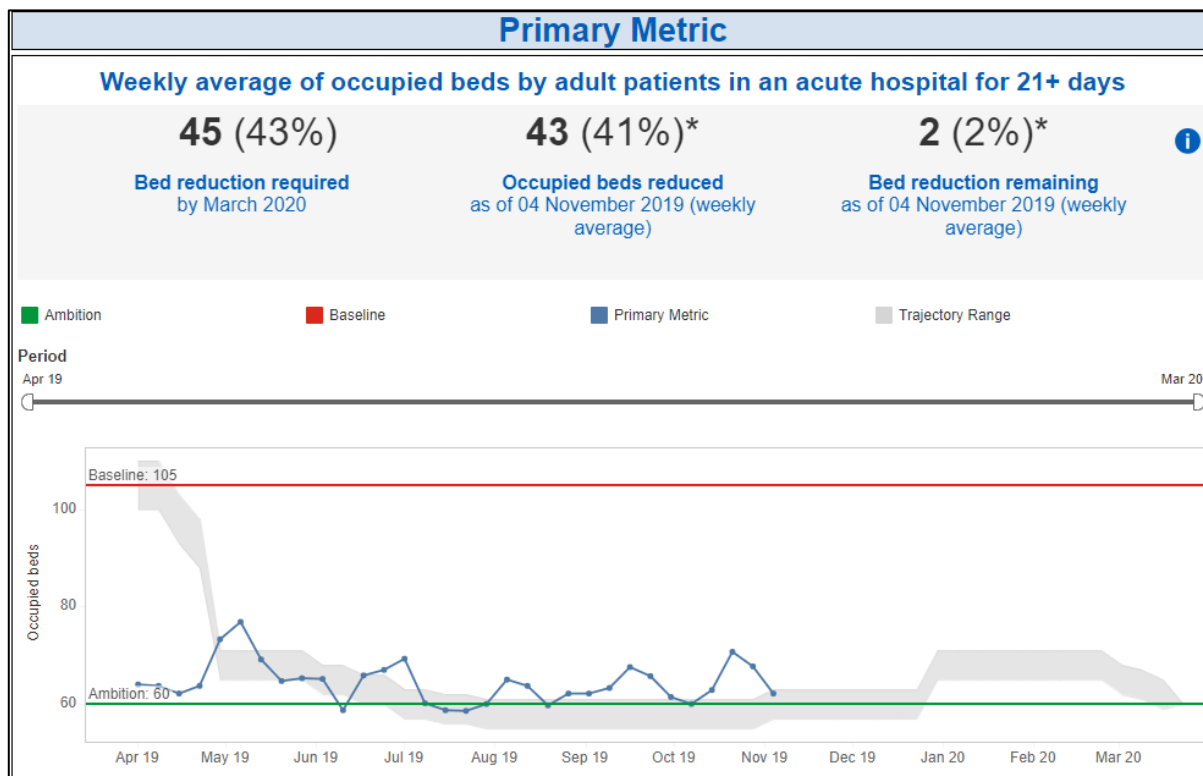
### 3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		4	4	0	5		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Hospital reported 5 12-hour breaches in September against a zero tolerance threshold. 4 were attributable for patient flow (all 4 occurred on a Monday morning following a challenging weekend) and 1 was a delay in securing a mental health bed. Year to date the Trust has reported 35 breaches.							
<b>Actions to Address/Assurances:</b>							
Full clinical timelines have been completed for all 5 patients and shared with the CCG. Patient flow remains a challenge, particularly across the weekend. September saw a 5% increase in attendances (an additional 238 patients). There were 296 more patients this September categorised as majors than last year. As a result of continued bed pressures, specialty reviews continue to take place in ED, with specialties enhancing senior decision making support to ensure patients have timely reviews and management plans. Work stream 2 continues to pursue reducing length of stay with daily tracking of discharges, discharge huddles, red to green board rounds, and stakeholder meetings. Work stream 1 continues to progress streaming from the front door. Plans had been in place to run a perfect week on ACU w/c 30 September which sadly was restricted as the Unit was bedded each day as an escalation area. Timely availability of mental health beds remains a challenge.							
<b>When is performance expected to recover:</b>							
The CCG have provided director leadership to support and improve system working within partners. Escalation card are in place via the EMS plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches.							
<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 10 – Occupied Bed Days, Southport & Ormskirk Hospitals**





Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in October 2019 and is still close to achieving in March 2020 as the latest reporting as at 4th November 2019 (weekly average) shows 62 occupied beds. This shows a reduction of 43 beds, 2 less than the ambition for March 2020.

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

### 3.3 Ambulance Service Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					<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	Jul-19	Aug-19	Sep-19		
		Cat 1 mean	<=7 mins	00:07:43	00:07:40	00:07:55		
		Cat 1 90th Percentile	<=15 mins	00:14:28	00:16:07	00:14:46		
		Cat 2 mean	<=18 mins	00:26:55	00:24:17	00:23:59		
		Cat 2 90th Percentile	<=40 mins	01:04:12	00:53:33	00:53:17		
		Cat 3 90th Percentile	<=120 mins	02:50:49	02:40:24	02:04:03		
		Cat 4 90th Percentile	<=180 mins	03:07:19	03:41:19	03:18:07		
<b>Performance Overview/Issues:</b>								
<p>In September 2019 there was an average response time in Southport and Formby of 7 minutes 55 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 23 minutes and 59 seconds against a target of 18 minutes. The CCG also failed the category 3 &amp; 4 90th percentile response. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into the system.</p>								
<b>Actions to Address/Assurances:</b>								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear &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 advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p>								
<b>When is performance expected to recover:</b>								
<p>The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

### 3.4 Ambulance Handovers

Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Indicator	Jul-19	Aug-19	Sep-19		
		(a) 30-60 mins	123	111	88		
		(b) 60+ mins	20	15	21		
<b>Performance Overview/Issues:</b>							
For September, Southport & Ormskirk reported a decrease in ambulance handover times between 30 and 60 minutes from 111 to 88. However those over 60 minutes increased slightly from 15 to 21.							
<b>Actions to Address/Assurances:</b>							
The Trust has reported that over 58% of ambulance handovers were completed within 15 minutes from arrival - the best reported position to date. This was despite a 5% increase in attendances and the ongoing bed pressures experienced. 268 ambulances were handed over 30+ minutes last September compared to 125 this year. There is still further work that can be done to improve handover times. The timestamp for patients brought straight into resus remains inaccurate as there is no HAS screen in resus. The Trust has signed up to a collaborative starting at the end of October to work as a system to improve ambulance handover times.							
<b>When is performance expected to recover:</b>							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan			Sharon Forrester		



## 3.5 Unplanned Care Quality Indicators

### 3.5.1 Stroke and TIA Performance



Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
<b>Southport &amp; Ormskirk: Stroke &amp; TIA</b>		<b>Previous 3 months and latest</b>				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>	Jun-19	Jul-19	Aug-19	Sep-19		
		a) 52.90%	88.00%	73.30%	75%		
		b) 27.30%	12.50%	14.30%	6.25%		
		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 improved slightly in September but is still reporting under the 80% plan with 21 out of 28 patients spending at least 90% of their time on a stroke unit.							
In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 6.25% in September. This is a significant decline on last month when the Trust reported 14.30%.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions:</u> Stroke: - Protected Stroke Beds: Working to ensure a Stroke Ward bed is always available to a Stroke patient. Stroke Nurses are now attending the bed meetings to help with this. - ASU Patient Flow: Ensuring a timely transfer to Stroke Ward from A&E and likewise to 7B for Rehab patients. - Outliers: Daily review of outliers to ensure they are transferred to the ASU as quickly as possible. - Recruitment for the ESD Service: ESD service commenced 19/08/19 for Sefton Patients  TIA: Now we have resolved issues with collation of the TIA data, we are working with the clinical team to ensure the logic being used to calculate TIA performance fits with the clinical pathway in place.							
<u>CCG Actions</u> This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.  The CCG managerial lead continues to attempt to link in with identified Stroke leads for the trust to obtain an exception report against the failing indicators. The Stroke operational group hosted by the trust has not been meeting due to consultant capacity.  The CCG have commissioned Stroke ESD outreach from the trust which is currently in mobilisation, the aims of which to support patients home early which should support performance.							
<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			





### 3.5.2 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>		Jun-19	Jul-19	Aug-19		Sep-19
		CCG	4	9	9		10
		S&O	14	14	17		11
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG has reported a total of 10 breaches in September and has therefore breached the zero tolerance threshold. All breaches were at Southport & Ormskirk NHS Trust.							
In September the Trust had 11 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 11 breaches, 10 were for Southport & Formby CCG and 1 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 will continue to follow policy and work with all teams, and report breaches if they occur. New single sex breach for critical care to be reviewed.							
<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>		Jun-19	Jul-19	Aug-19		Sep-19
		CCG	1	1	2		2
		Trust	0	0	1		1
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had no new cases of MSRA in September. However the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust also reported no new cases in September. However due to the 1 case of MRSA reported in August 2019 the Trust has breached the zero tolerance threshold for 2019/20. Meeting was held with the trust with CCG representation to ensure compliance.							
<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		Jun-19	Jul-19	Aug-19		Sep-19
		CCG	8	10	13		16
		Trust	10	13	19		24
		2019/20 Plans CCG: <=30 Southport & Ormskirk: <=16					
<b>Performance Overview/Issues:</b>							
<p>The CCG had 3 new cases of C.Difficile in September making a total of 16, against a year to date plan of 14 (year end plan 30) so are over plan currently (9 apportioned to acute trust and 7 apportioned to community).</p> <p>The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20. In September the Trust reports they had 5 cases of c diff (24 YTD). 13 community onset healthcare associated (COHA) and 11 hospital onset healthcare associated (HOHA).</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, typing of organism arranged through reference laboratory which identified a unique strain to the centre. 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		Jun-19	Jul-19	Aug-19		Sep-19
		CCG	39	55	70		78
		Trust	66	87	111		129
		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 September there were 8 new cases against a plan of 9, bringing the year to date figure to 78 against a YTD target of 57. Southport & Ormskirk Trust reported 18 new cases in September with 1 of those acquired through the hospital (129 YTD). There are no targets set for Trusts at present.							
<b>Actions to Address/Assurances:</b>							
Lynne Savage (chair of the GNBSI meeting) is liaising with NHSE/I regarding Cheshire and Merseyside hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
Following the GNBSI SIQSG meeting with NHSE/I, a letter was received from AQUA requesting participation in the AMR programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. Lynne Savage will follow this up with AQUA.							
<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 11 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Sept 2019	100	96.3	↑
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101.9	↓

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

### 3.6 CCG Serious Incident Management

#### 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 the Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis. The Quality Team are currently aligning SI processes with the Quality Team at Liverpool CCG. This collaborative approach will allow for more effective management of the SI process and support wider learning across the area.

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

There are 57 incidents open on StEIS (same as previous month) where Southport and Formby CCG is the RASCI (Responsible, Accountable, Supporting, Consulted, and 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 (M6)	SIs Reported (YTD)	Closed SIs (M6)	Closed SIs (YTD)	Open SIs (M6)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	3	35	2	33	39	15
Lancashire Care NHS Foundation Trust	0	5	1	2	7	5
NHS Southport & Formby CCG	0	2	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	7	2	10	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
Royal Liverpool University Hospital	1	1	1	1	0	0
<b>Total</b>	<b>5</b>	<b>51</b>	<b>7</b>	<b>47</b>	<b>56</b>	<b>28</b>

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

- 6 have been reviewed and are now closed
- 4 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 December 2019.
- 2 RCA was received and reviewed but further assurances requested from the provider.
- 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 reviewed in December 2019 SIRG.

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 iSight. 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.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.
- Bridgewater Community NHS Trust – RCA received and reviewed at SIRG in October 2019 - now closed.

**Figure 13 - Timescale Performance for Southport and Ormskirk Hospital**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA rcvd 60+ days	RCA not received
S&O	34	1	30	*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 14 - Timescale Performance for Lancashire Care Community Trust**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+	RCA not rcvd
Lancashire Care	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 has also reviewed the providers Pressure Ulcer Improvement Plan and has 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 (DTOC) reported in September 2019 was 218, an increase compared to September 2018 with 184. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in September 2019 were due to patient family choice. This is due to improved recording and understanding within the teams of appropriate categories to use following participation in a North West ADASS Masterclass on DTOC in July 2019. The majority of delay reasons in September 2019 were due to further non-acute NHS, patient family choice and care package in home.

See DTOC appendix for more information.

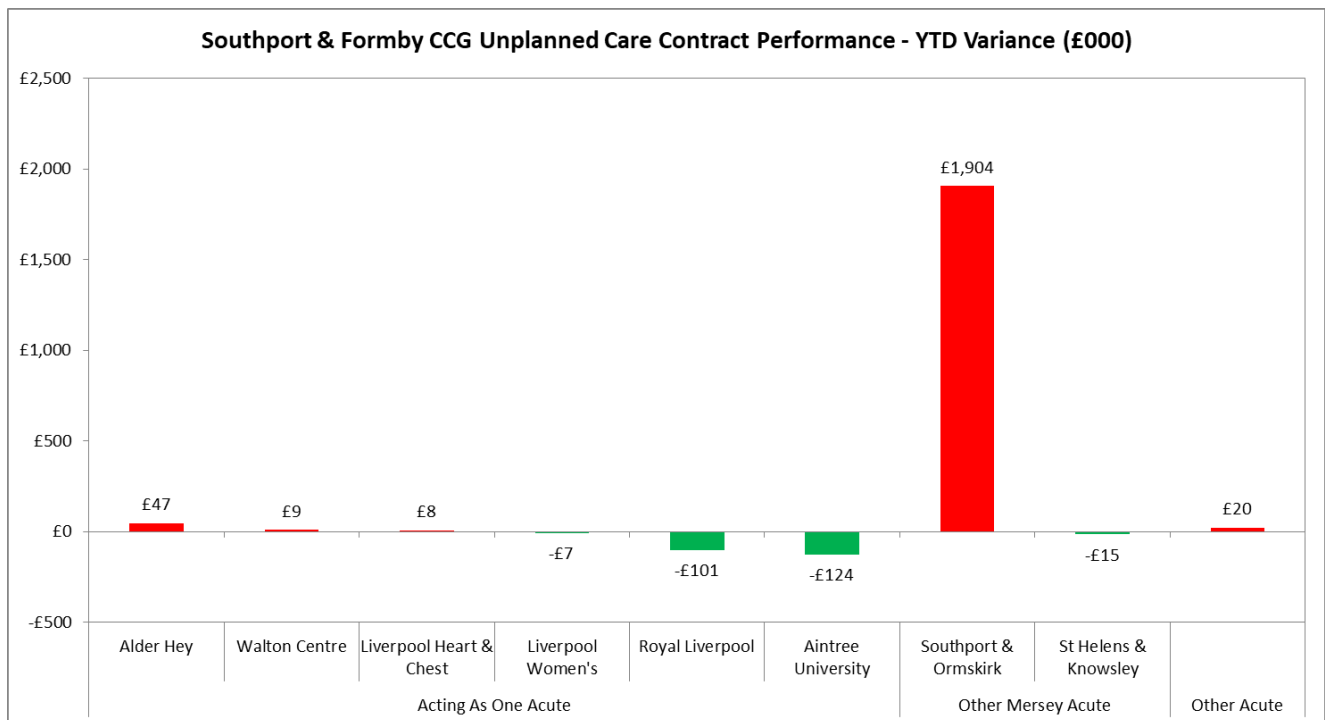
### 3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: A&E		Previous 3 months and latest					
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		RR	3.0%	1.5%	0.8%		4%
		% Rec	93%	88%	89%		79%
		% Not Rec	6%	9%	4%		16%
		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 4% in September. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service decreased to 79% below the England average of 86% and the percentage who would not recommend increased to 16% above the England average of 9%.							
<b>Actions to Address/Assurances:</b>							
The trust has introduced SMS text and interactive voice messaging for FFT on A&E. This has had a great impact on response rates, with responses increasing from 1.5% to 19% in the first week of the system being introduced. This will not be reflected in the FFT figures due to the delay in reporting.							
<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 15 - Unplanned Care – All Providers



Performance at month 6 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.7m/7.8%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £1.9m/8.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £1.9m/10% against plan at month 6.

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

## 3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 16 - 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	19,826	22,295	2,469	12%	£3,303	£3,648	£346	10%
NEL - Non Elective	6,616	7,001	385	6%	£12,983	£14,897	£1,914	15%
NELNE - Non Elective Non-Emergency	668	634	-34	-5%	£1,278	£1,192	-£86	-7%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	38	33	735%	£2	£12	£10	484%
NELST - Non Elective Short Stay	1,616	1,675	59	4%	£1,125	£1,185	£61	5%
NELXBD - Non Elective Excess Bed Day	2,948	1,625	-1,323	-45%	£755	£415	-£340	-45%
<b>Grand Total</b>	<b>31,677</b>	<b>33,268</b>	<b>1,591</b>	<b>5%</b>	<b>£19,445</b>	<b>£21,350</b>	<b>£1,904</b>	<b>10%</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 Heart Failure, Sepsis, Pneumonia and Stroke.

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

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

## 4. Mental Health

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

#### 4.1.1 Mental Health Contract Quality Overview

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

#### Communication KPIs

Discharge Communication (Inpatients) to General Practice with 24 hours: The position at Q2 remains marginally in line with improvement trajectory with 79.95% being reported against a target of 95%. (54.20% in 2018/19).

Communication (Clinic letters/Outpatients) to General Practice within working 10 days: There has been an improvement in line with projected trajectory with 68.83% being reported against a target of 95%. (36.96% in 2018/19) The implementation of e-Comms across the service has contributed to improved performance in what has been historically has been a significantly under-performing KPI.

#### 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. Work will shortly commence on exploring a primary care option using the GP Federation to deliver ADHD as the specialist service is experiencing waits of 2 years.

Following investment in Mersey Care NHS FT the transition pathway from the Alder Hey ADHD service will commence in December 2019 this initially will enable those people aged 18+ who have been treated within the Alder Hey service to transition to the adult service.

### 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. It was also reported that Liverpool was receiving almost double the referrals that Sefton receives. The commissioners met with the Trust on 18/11/2019 and an initial outcome is that the trust is going explore reconfiguring the existing resource to create additional assessment capacity. The Trust will report back on options at the CQPG on 04/12/2019.



### Eating Disorders

The Trust’s eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has recently submitted a draft business case for comment.



### 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 CPA 7 Day Follow Up

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Percentage of patients on (CPA) discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest					
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		100%	100%	100%	75%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
The Trust reported 75% of patients being followed up within 7 days in September, falling below the 95% target. The failing performance was due to 1 Service User out of 4 not being followed up within the planned 7 days. This Service User was known to the Early Intervention Team and discharged to the Whitechapel. However after numerous attempts to complete the follow up care, the Service User had been unable to be located within the 7 days.							
<b>Actions to Address/Assurances:</b>							
Ongoing monitoring, Indicator is number sensitive							
<b>When is performance expected to recover:</b>							
The Service User has now been seen and care transferred to the Liverpool Early Intervention Team.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



### 4.1.3 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		31.3%	42.9%	80.0%	50.00%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
<p>The Trust continues to fail the 95% target, with performance declining further to 50% in September. Out of a potential 12 Service Users, 6 started treatment within the 18 week target. 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. Draft Business case received on 8/11/2019 for comment.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Trust Actions:</p> <ol style="list-style-type: none"> <li>1. Increasing psychological provision – by introducing more group interventions in place of individual therapy.</li> <li>2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service.</li> <li>3. Clearer and stricter DNA and cancellation policy.</li> <li>4. Using therapy contracts to contract number of sessions.</li> <li>5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.</li> <li>6. Recruit to vacant posts.</li> <li>7. Commissioners are awaiting a business identifying investment required to enhance the existing service and increase psychological provision within the service.</li> </ol> <p>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.</p>							
<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		



#### 4.1.4 Care Plans for Patients at Risk of Falling

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest					
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		91.7%	58.3%	92.3%	90.0%		
		Plan: 98%					
<b>Performance Overview/Issues:</b>							
The Trust reported performance below the 98% target in quarter 2 19/20, with 90% of patients (9/10) at risk of falling having a care plan. This was a deterioration on Quarter 1 19/20 when 92.3% of patients had a care plan in place							
<b>Actions to Address/Assurances:</b>							
<b>Trust Actions:</b>							
1. The falls management metric have been addressed in the division's modern matron meeting, with each matron disseminating the need for a Falls Risk Assessment Tool (FRAT) and care plan to their respective ward teams if this has been identified as a need on the patients nursing assessment.							
2. Adult ward teams to be informed of the need to complete a FRAT and falls care plan if an individual has sustained a fall in 12 months prior to completion of nursing assessment.							
3. Modern matron's are now contacting ward teams to advise around the completion of FRAT and falls care plans when a datix notification is received.							
<b>When is performance expected to recover:</b>							
Quarter 3 onwards							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



#### 4.1.5 Care Plans for Patients with Score of 2 or More

Indicator		Performance Summary					Potential organisational or patient risk factors
Patients with a score of 2 or more to receive an appropriate care plan		Previous 3 months and latest					
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		50.0%	75.0%	100%	80.0%		
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
The Trust failed to achieve the 100% target in September with a performance of 80%. This failed performance is due to just 1 out of a potential 5 patients failing to receive an appropriate care plan.							
<b>Actions to Address/Assurances:</b>							
To continually improve the KPI's the dietetics team and Physical Health Performance Nurse are offering a range of support to the Local division matrons, ward managers and ward staff. This includes face to face training (group and 1:1), online and telephone support and Malnutrition Universal Screening Tool (MUST) training which will continue in induction. The dietetics team offer training to each ward on new observations forms and meet with ward managers of the wards not meeting target to develop an action plan on how performance will improve. Reminder emails will continue to be sent to wards twice a week.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

## 4.1.6 Improving Physical Health for People with Severe Mental Illness (SMI)



Indicator		Performance Summary				Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		18.7%	25.7%	26.4%	25.5%	
		Plan: 50%				
<b>Performance Overview/Issues:</b>						
<p>As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.</p> <p>To support this objective CCGs are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2019/20. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</p> <p>Despite failing to achieve the 50% target in quarter 2 2019/20 with just 25.5%, the expectation is that performance will increase over the remaining 2 quarters. The percentage of people on the SMI register who had a comprehensive physical health check has increased quarter on quarter since this information was first reported in quarter 2. Of the 1,375 of people on the GP SMI register in Southport &amp; Formby CCG 350 received a comprehensive health check.</p>						
<b>Actions to Address/Assurances:</b>						
A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee. EMIS screens to enable data capture have been developed, however the initial version modified to be more simpler for primary care to complete.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 4.1.7 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>	Jun-19	Jul-19	Aug-19	Sep-19		
		RR	3.2%	3.5%	3.5%		3.8%
		% Rec	88%	90%	91%		89%
		% Not Rec	2%	3%	2%		3%
		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 September with 3.8%, above the England average. The percentage of patients who would recommend the service has decreased slightly to 89%, slightly below the England average. The percentage who would not recommend the service increased to 3% but is still below the 4% 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>							
<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. Revised FFT guidance has recently been published by NHS England for implementation by April 2020. All providers are aware and have received the guidance, requirements and timescales for implementation.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A					

## 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	Jun-19	Jul-19	Aug-19	Sep-19	
		1.01%	0.97%	0.91%	0.89%	
		Access Plan: 1.59%				
<b>Performance Overview/Issues:</b>						
<p>The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 22% (5.5% per quarter) in the last quarter of 2019/20 only. The monthly target for M6 19/20 is therefore approximately 1.59%. Month 6 performance was 0.89% 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>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.</p> <p>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.</p> <p>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		

## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19	
		42.9%	50.0%	44.7%	46.5%	
		Recovery Plan: 50%				
<b>Performance Overview/Issues:</b>						
The percentage of people moved to recovery was 46.5% in month 6 of 2019/20 and the target was not achieved although this was an increase 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>						
The newly appointed clinical lead for the service has been reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
<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>				<p>People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.</p>
<b>RED</b>	<b>TREND</b>	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>						
<p>People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. Southport &amp; 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.</p>						
<b>Actions to Address/Assurances:</b>						
<p>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.</p>						
<b>When is performance expected to recover:</b>						
Quarter 2 2019/20						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

## 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 2020/21 to reflect transformation and improvements in recording activity.



#### 5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the trust submits the agreed evidence which is then reviewed by the team and feedback given to the trust to ensure it meets the national and local requirements. This evidence is then included into the CCQRM and any queries or issues raised to form part of the contract monitoring.



The standard and completeness of the reports submitted has improved significantly over the last twelve months, with improved narrative and data collections included. For the provider a one year CQUIN was also agreed to raise the awareness and improve the uptake of the Personal Health Budgets and Continuing Health Care (PHB/CHC).

### 5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors
Lancashire Care Adult Community Services: Podiatry		Previous 3 months and latest				
AMBER	TREND	RTT Long Waiters 19 to 24 weeks				
		Jun-19	Jul-19	Aug-19	Sep-19	
		59	68	165	37	
<b>Performance Overview/Issues:</b>						
<p>In September the Trust reported 37 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 980 podiatry patients were waiting on the pathway at this point, 201 less than in August. This brings the overall performance for the service back above the 92% target at 96.2%, a significant increase from the previous month when 86% was reported. The Trust advised that out of the 37 breaches in September, 19 were patient choice and 18 due to service issues.</p> <p>Podiatry waiting times were discussed at the most recent information sub group meeting, where the Trust advised that as at 5th November they had just 4 patients waiting over 18 weeks.</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.</p> <p>The following actions have been reported:</p> <ul style="list-style-type: none"> <li>- Planning, Performance &amp; Quality (PPQ) lead to review all 18 week breaches</li> <li>- All 17-18 week waiters have appointments</li> <li>- Waiting list initiatives</li> <li>- Latest trajectory as at 1st October shows the total waiting list decreasing steadily across the coming weeks as the result of 90 additional slots.</li> </ul> <p>Despite having difficulties recruiting the Trust has now managed to recruit 2 band 5's and 1 band 6. The team has also worked extremely hard to bring the waiting list down. The team has been utilising their band 4's more effectively to help manage the demand. The team's aspiration is to keep patients waiting at a maximum 12 weeks.</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



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

## 6. Children's Services

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		85.2%	84.0%	95.24%	84.60%	
Plan: 100%						
<b>Performance Overview/Issues:</b>						
In quarter 1 the Trust reported under the 100% plan. Out of 26 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 84.60% against the 100% target. The 4 patients who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		66.7%	50.0%	75.0%	75.0%	
		Plan: 100%				
<b>Performance Overview/Issues:</b>						
In quarter 2, the CCG had 4 patients under the urgent referral category, 3 of which met the target bringing the total performance to 75% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<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		

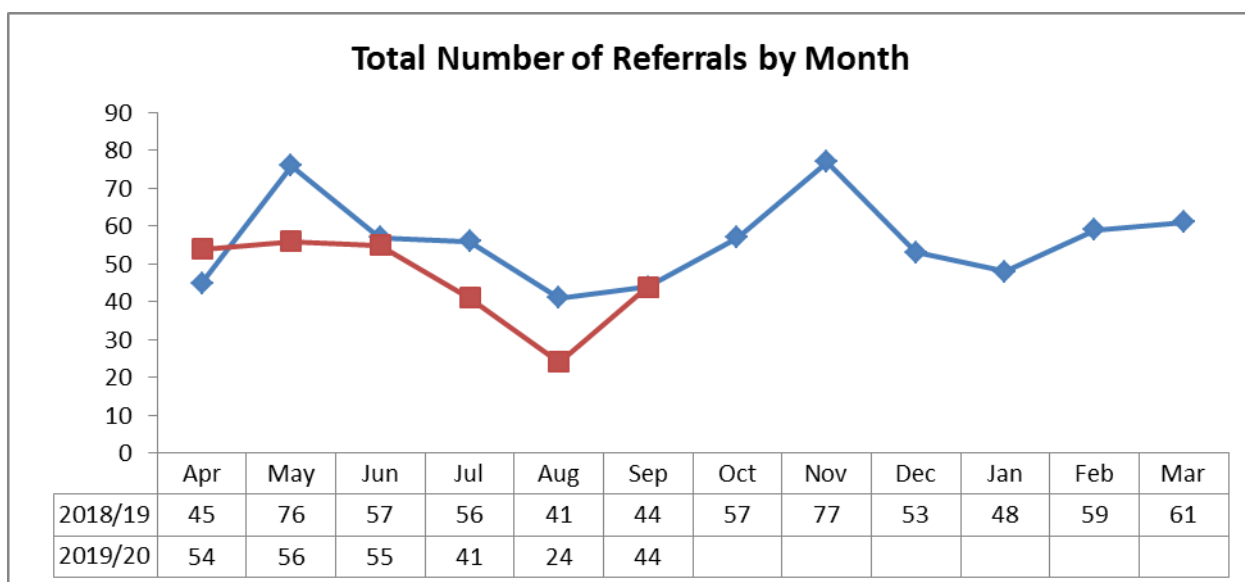
## 6.2 Child and Adolescent Mental Health Services (CAMHS)

### 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 2 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during July to September 2019/20. Data includes Southport & Formby CCG patients.

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 17 – CAMHS Referrals by Month**



Throughout quarter 2 2019/20 there were a total of 109 referrals made to CAMHS from Southport and Formby CCG patients. The monthly number of referrals saw a decrease in August which subsequently increased in September. During the second quarter of 2019/20 there were 2 DNAs out of 71 appointments which equates to a DNA rate of just 2.8%.

**Figure 18 – CAMHS Source of Referral**

Source of Referral	No. of Referrals	% of Total
GP Referral	54	49.5%
Allied Health Professional	25	22.9%
Consultant In This Hospital	15	13.8%
Other	6	5.5%
Consultant in Other Hospital	6	5.5%
A&E Attendance	3	2.8%
<b>Total</b>	<b>109</b>	<b>100%</b>

In relation to the Primary Referrer, 49.5% (54) of the total referrals made during Quarter 2 2019/20 derived from a GP Referral and 22.9% (25) came from an 'Allied Health Professional'.

**Figure 19 – CAMHS Outcome of Referral**

Outcome of Referral	No. of Referrals	% of Total
Declined	44	40.4%
Pending Action	33	30.3%
Allocated	32	29.4%
<b>Total</b>	<b>109</b>	<b>100%</b>

Of the total number of referrals received during July to September 2019/20, 44 (40.4%) of which had been 'Declined', 33 (30.3%) were 'Pending Action' and 32 (29.4%) were 'Allocated'. The proportion of referrals that were allocated increased in quarter 2 from 21.2% in quarter 1.

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 so do

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 32 referrals that have been accepted and allocated.

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

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	46.9%
2-4 Weeks	12	37.5%
4- 6 Weeks	1	3.1%
6-8 weeks	2	6.3%
8-10 Weeks	0	0.0%
10-12 Weeks	1	3.1%
(blank)	1	3.1%
<b>Total</b>	<b>32</b>	<b>100%</b>

Of those Referrals during July to September 2019/20 that have been allocated and an assessment taken place, 46.9% (15) waited between 0 and 2 weeks for the assessment. 96.9% of allocated referrals waited 12 weeks or less from point of referral to an assessment being made, the exception being 1 referral where an assessment date was not completed.

**Figure 21 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	4	12.5%	21.1%
2-4 Weeks	6	18.8%	31.6%
4- 6 Weeks	6	18.8%	31.6%
6-8 weeks	0	0.0%	0.0%
8- 10 weeks	2	6.3%	10.5%
10-12 Weeks	1	3.1%	5.3%
(blank)	13	40.6%	
<b>Total</b>	<b>32</b>	<b>100%</b>	

40.6% (13) of all allocated referrals did not have a date of intervention. Of these, 6 have already been discharged without having had an intervention so are therefore not waiting for said intervention, all had had an assessment.

The assumption can be made that of the remaining 7 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 7 waiting for an intervention, 3 were referred to the service within the month of September 2019.

If the 13 referrals with no intervention were discounted, that would mean 84.2% (16) 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. The CCG is seeing the waits reducing in 2019/20 as the longest wait was 14.5 weeks in quarter 2.

### **How are the issues being addressed?**

NHSE non-recurrent funding secured and waits are reducing. 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.

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

NHSE funding is reducing lengthy waiting times this will continue to be monitored throughout the remainder of the year.



### 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)

The information below remains the most recent available. Quarter 2 performance is due to be published on 13<sup>th</sup> December 2019.



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				
<b>RED</b>	<b>TREND</b>	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>					
<b>Leadership Team Lead</b>	<b>Clinical Lead</b>	<b>Managerial Lead</b>			
Geraldine O’Carroll	Hilal Mulla	Peter Wong			

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



### 6.4.1 Services

An initial meeting has been held with Alder Hey, Liverpool CCG and 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>	
		Jun-19	Jul-19	Aug-19	Sep-19		
		37 wks	36 wks	35 wks	34 wks		
		Average waiting times <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In September the Trust reported a 92nd percentile of 34 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on August when 35 weeks was reported. In September the longest waiting patient was 1 patient waiting at <b>51 weeks</b>. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of September there were no children who had waited over 52 weeks. 232 were waiting above 18 weeks; 141 were between 30- 40 weeks and 2 between 40-52 weeks (both had an appointment by the end of October).</p>							
<b>Actions to Address/Assurances:</b>							
<p>In September the waits continue to be under 40 weeks with a continuing trend downwards from April 2019. 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. 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 on a Sefton basis. There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
<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				
		Jun-19	Jul-19	Aug-19	Sep-19	
		14.5%	17.6%	17.3%	17.5%	
		Outpatient Clinic Provider Cancellations				
		Jun-19	Jul-19	Aug-19	Sep-19	
		3.1%	3.0%	10.7%	7.5%	
		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 September 2019 this remained static again at a rate of 17.5%. Provider cancellations saw a decrease from 10.7% in August to 7.5% in September.						
<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. They continue not report on waiting times for Sefton Dietetics again the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority. A contract performance notice may be considered by commissioners. The CCGs are working with AHCH to understand the nature of the DNAs for this service.						
AHCH has implemented a text appointment reminder system.						
There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services.						
<b>When is performance expected to recover:</b>						
March 2020.						
<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				
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		57.1%	85.7%	100%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
<b>Performance Overview/Issues:</b>						
Lancashire Care has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 2 2019/20, a performance of 100%, exceeding the 92% target.						
<b>Actions to Address/Assurances:</b>						
<b>When is performance expected to recover:</b>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		



## 7. Third Sector Overview

### Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q2 and referrals made by GP practices across the borough have increased significantly (indicated in bold italics throughout this summary). Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided. Funding following the reductions made during 2017-18 have remained static during 2018-19 and 2019-20.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q2 143 service users engaged with the service, 41 cases were closed and 76 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 128 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via other sources; these include social workers, other VCF providers, fire service and community mental health teams. Self-referrals or via family & friends has reduced during this period, however, **GP referrals have trebled during Q2**. During this quarter a further 18 volunteers were recruited to the service adding to the 11 during Q1, a further 38 volunteers are currently in the process of training prior to recruitment.

### Alzheimer's Society

The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q2; 8 in total (7 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton. The Society received 61 new referrals; 41% of referrals during Q2 were from a mixture of memory clinics, GP's and other health providers. **Referrals from GPs have doubled since Q4**. The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 195 visits were made during Q2. Dementia Community Support conducted 66 Individual Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

### Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 45 new referrals were received; 56% were self-referrals and 38% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 67% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £296,847 during this period; the total so far from April is £596,325.

### Crosby Housing and Reablement Team (CHART)

During Q2 the service received 66 new referrals, with more than half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 3 people avoid hospital admission (and enabled 19 patients to be discharged). The service also prevented 16 people from becoming homeless. The majority of new referrals were recorded as female (64%) with the remainder recorded as male.

### Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer who look after the Bowersdale Centre in Litherland. **The majority of referrals were made via GPs (50%)** and other VCF providers (38%), self-referrals reduced considerably to 12% compared to 67% in the first quarter. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety,

depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q2 there were 1,428 drop-in contacts (Monday to Friday). A total of 2,545 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups. The centre also hosted a diabetes health talk for service users during this period; advice was given regarding diet and exercise with a focus around prevention. This was delivered by an NHS community diabetes nurse. The centre are aiming to deliver further health talks for service users following on from the success of this and the bowel screening talk during Q1.

### Imagine independence

During Q2 Imagine Independence carried forward 109 existing cases. A further 79 were referred to the service via IAPT and 32 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 30 service users attended job interviews; 70% managed to secure paid work for 16+ hours per week and a further 6% secured employment for less than 16 hours per week. The service supported 45 people in retaining their current employment, and liaised with employers on behalf of clients.

### Netherton Feelgood Factory

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

### Parenting 2000

During Q2 the service received a total of 96 new referrals; these were for 19 adult and 77 children. A total of 23 service users accessed counselling for the first time. Of the 206 appointments available during this period a total of 196 were booked and 141 were actually used. There were 28 cancellations whilst 27 did not attend their scheduled appointment. The top five referral sources during Q2 were **GPs 32%**, Self/Carer/Parent 18%, **Hospital Trusts 22% (CAMHS & Alder Hey)**, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Maghull, Westway, Churchtown, Ainsdale Medical Centre, Corner Surgery, Roe Lane, Norwood Surgery, Cumberland House and St Marks.

### Sefton Advocacy

During Q2 the service received a total of 121 new referrals were received; of these 45% were signposted to more appropriate support. There were a total of 2,572 contacts recorded during this period and a further 257 home visits carried out. Advocates attended 5 medical appointments and a further 5 court tribunals. Case outcomes included options explained to service user, Representations made, Information given, Client empowerment, Signposting and Support. During Q2 these case outputs resulted in financial outcomes worth a total of £287,207 being achieved, the total achieved so far during this contract year is £652,615.

### Sefton Carers Centre

The number of Carers supported during Q2 increased significantly; there were a total of 214 new referrals (36 were parent carers) to the service along with 613 existing cases (134 parent carers). The Carers Support Team continue to work to reduce the backlog of 68 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. The majority of which were Sefton MBC (46%), Self-referral (19%) and other health services (10%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed and various training courses. The service has an average of 49 volunteers helping to deliver services to carers across Sefton, and during Q2 a total of 1,918 hours were worked by volunteers this equates to approximately £25k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 189 Young Carers registered with Sefton Carers Centre (in Tier 2).

### Sefton Council for Voluntary Service

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

- 4 x Health & Wellbeing Trainers that develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes; to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources; & signpost to other health/social care services.
- Health & Wellbeing Development Officer and Support Officer facilitate meetings: Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; and support Sefton Partnership Older Citizens.
- Community Development Worker (BME) tackles health & social care service inequalities. In addition to this the service received 169 new referrals, there are currently 189 active service users accessing services. During Q2 the service had 776 contacts.
- Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development and extension of partnership working. Referrals had been put on hold during Q1 but are now being accepted again following the successful recruitment of the Children & Families Development Officer.
- Community Development Worker (BME) tackles health & social care service inequalities. During Q2, the service has received 109 new referrals. Of these new referrals 33% were via NHS services (6% Mersey Care NHS Trust), 15% from local schools and Children's Centres, 13% word of mouth and 6% self-referred. The community development worker works in collaboration with other VCF organisations such as Parenting 2000.

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

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

#### Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 88 referrals in South Sefton and 79 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%. This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 110 volunteering hours to support service delivery, which equates to an added value of £1,429.

Stroke Association also attended Southport & Formby CCG Big Chat event, leaflets and information were distributed amongst attendees. In addition to this, the service was asked to attend an Arriva Bus service Health & Wellbeing event. Blood pressure readings were taken from 36 employees at Arriva resulting in 13 urgent follow ups required within 1 week and a further 6 follow ups needed within 1 month.

### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 there were 79 new referrals for counselling services, 18 to the support group and a further 4 for the outreach service.

***The number of GP referrals during this period has increased significantly, and this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.***

Of the 625 counselling sessions available during this period, 450 were booked and used, 151 were cancelled by the client and 24 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 4 referrals made to the Outreach Service (with 62 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There were 18 new referrals received during the period with 90 attendances in total.



### Macmillan Cancer Support Centre – Southport

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

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head & neck cancers. During Q2 the centre received 130 new referrals; 78% were self-referrals, 8% Aintree UHT, Southport & Ormskirk Hospital NHS Trust 4% and GPs 4%. There were 130 contacts at the centre and a further 12 active service users. The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

## 8. Primary Care

### 8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				Extended access is based on 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>	Jun-19	Jul-19	Aug-19	Sep-19	
		61.96%	52.74%	48.32%	56.67%	
		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 63.2%				
<b>Performance Overview/Issues:</b>						
A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.						
In September, Southport & Formby CCG practices reported a combined utilisation rate of 56.67%, below the CCG's 63.2% target for September. Total available appointments was 1,117, with 695 being booked (62.22%) and 62 DNA's (8.9%). This shows an improvement on last month.						
<b>Actions to Address/Assurances:</b>						
Extended access is available to the whole population, however, utilisation of appointments has been below the target for the past three consecutive months (July to September). Seasonal variation and increased activity in A&E suggest a slight shift in acute service usage.						
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.						
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.						
<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 22 – 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 38.7%	220 34.4%	60 9.4%	31 4.9%	81 12.7%
May-19	256 35.5%	244 33.8%	57 7.9%	52 7.2%	113 15.7%	
Jun-19	261 38.0%	215 31.3%	80 11.6%	41 6.0%	90 13.1%	
Jul-19	239 36.7%	219 33.6%	54 8.3%	33 5.1%	107 16.4%	
Aug-19	261 41.3%	215 34.0%	68 10.8%	33 5.2%	97 15.3%	
Sep-19	237 34.1%	237 34.1%	71 10.2%	55 7.9%	95 13.7%	

## 8.2 CQC Inspections

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

Figure 23 – 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

## 9. CCG Oversight Framework (OF)

### 9.1 Background

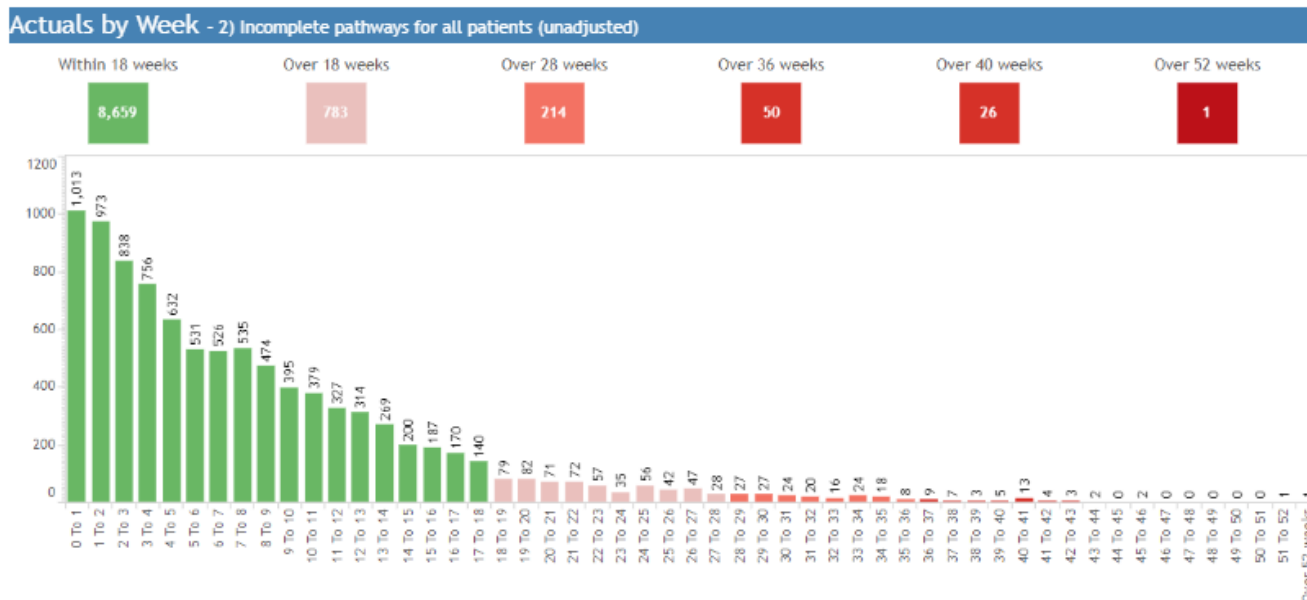
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators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

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.

# 10. Appendices

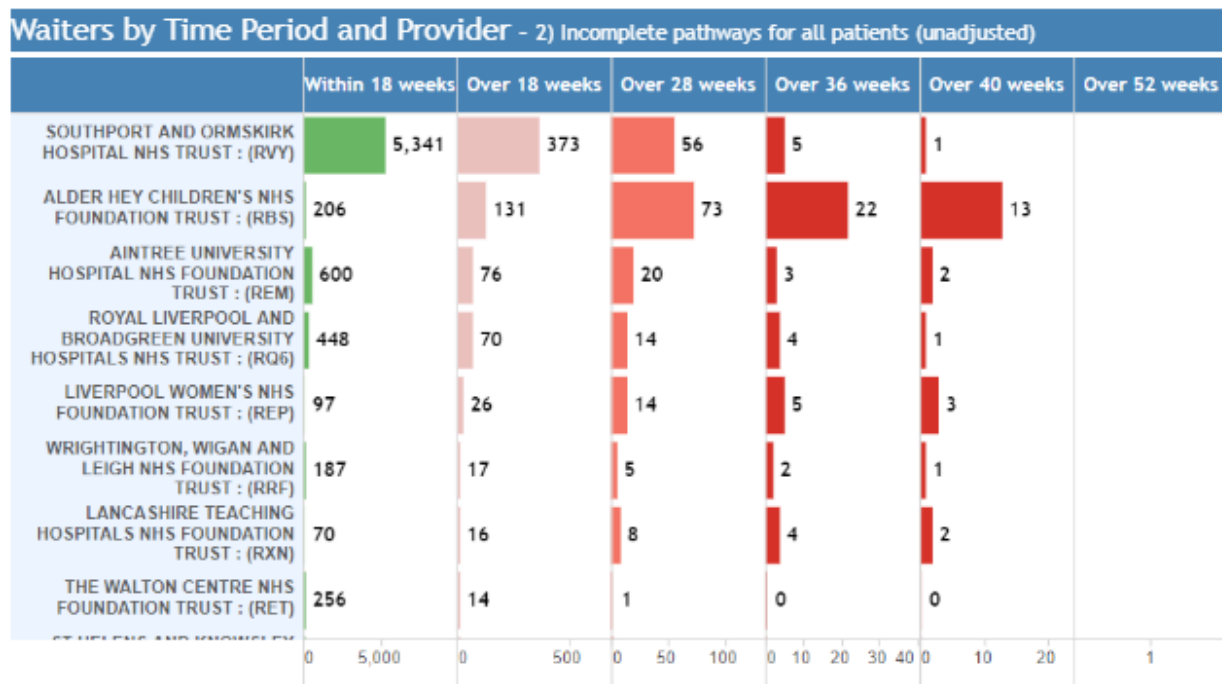
## 10.1.1 Incomplete Pathway Waiting Times

Figure 24 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



## 10.1.2 Long Waiters analysis: Top Providers

Figure 25 - Patients waiting (in bands) on incomplete pathway for the top Providers



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

Figure 26 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

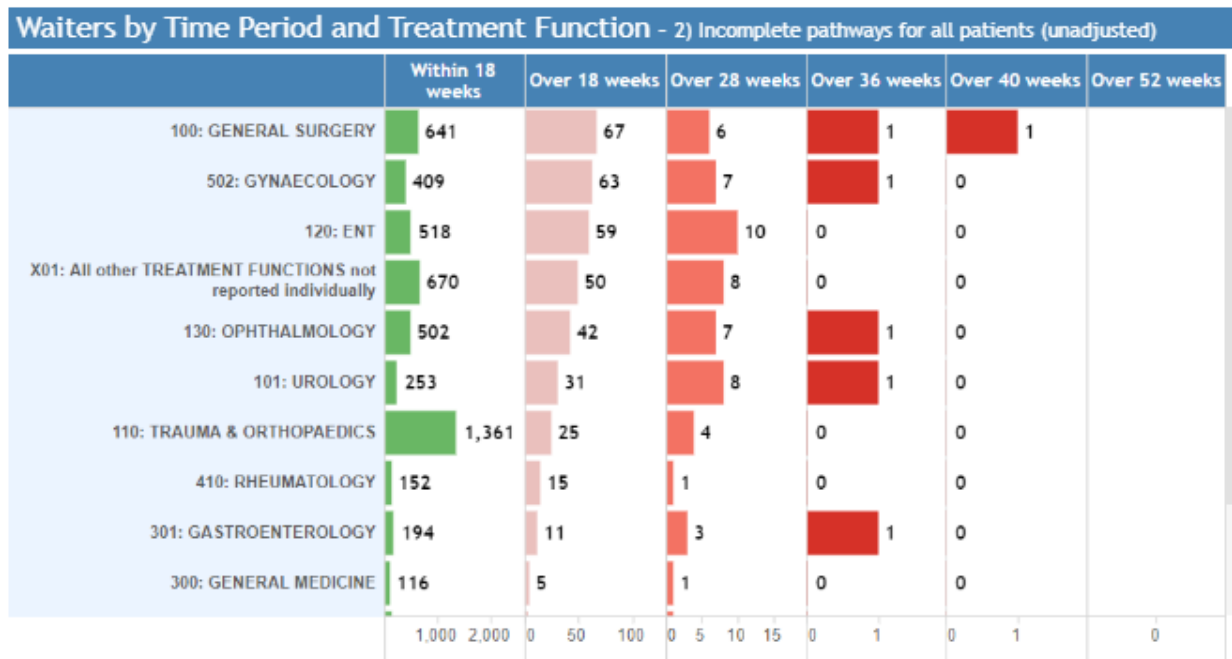
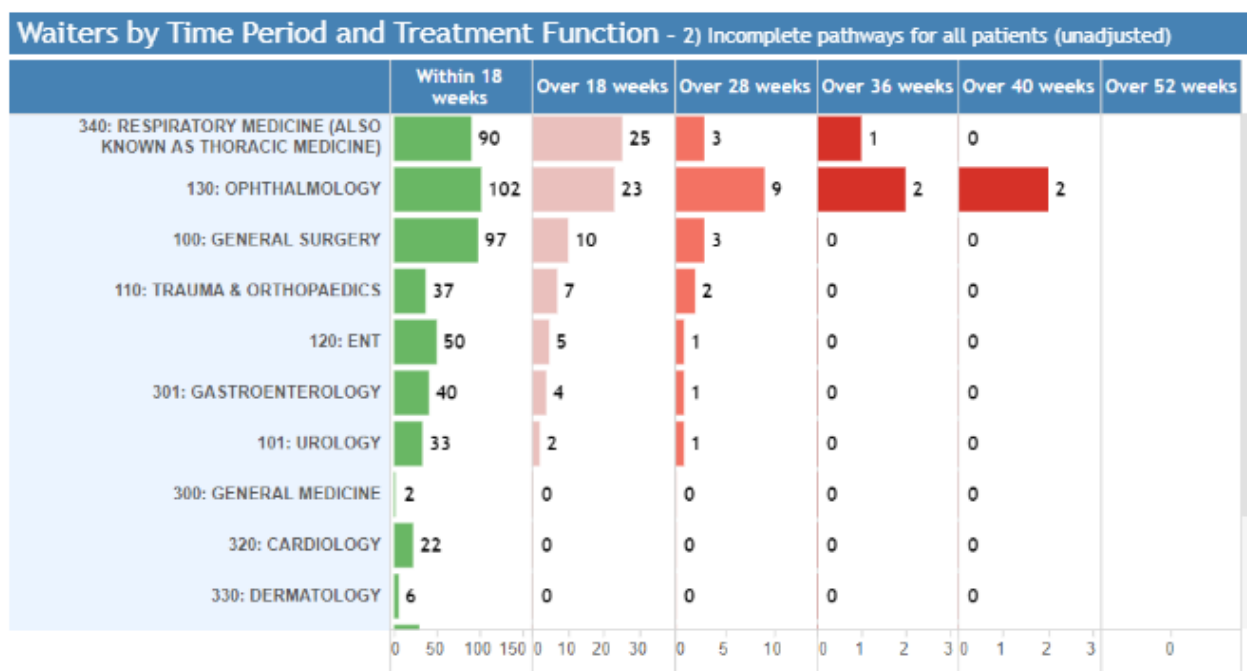


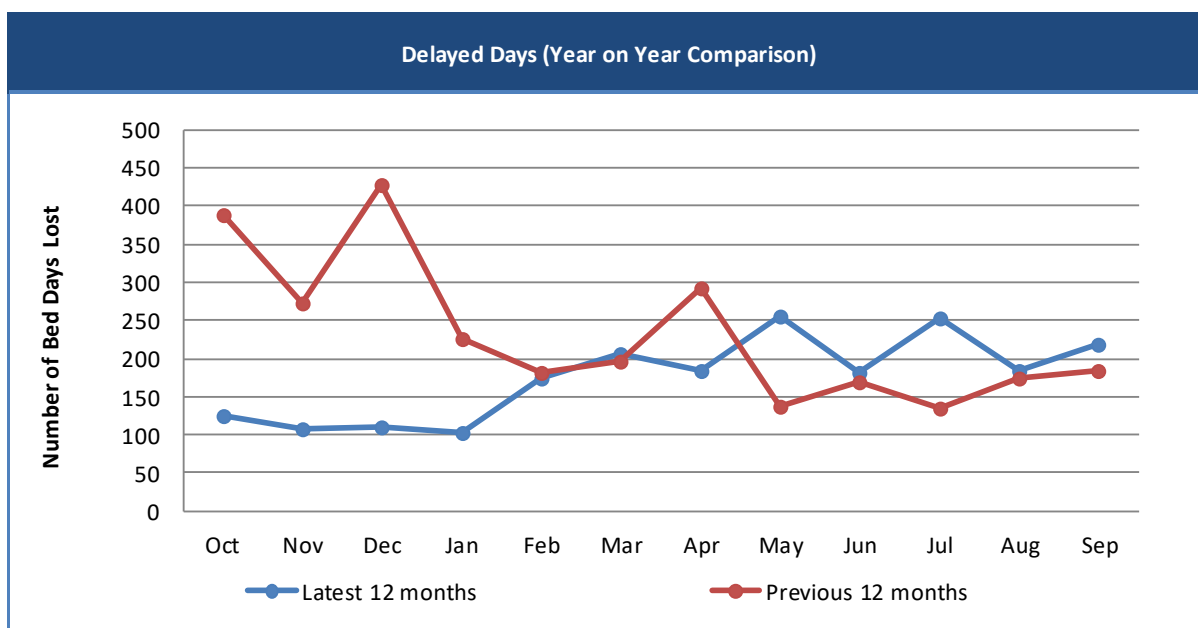
Figure 27 - Patients waiting (in bands) on incomplete pathway for Aintree University Hospitals NHS Foundation Trust





## 10.2 Delayed Transfers of Care

Figure 28 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Sep-19</b>	<b>Aug-19</b>	<b>Sep-18</b>
Total	218	183	184
NHS	97.2%	100.0%	100.0%
Social Care	2.8%	0.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

### Reasons for Delayed Transfer % of Bed Day Delays (Sep-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	3.2%
Community Equipment Adapt	6.4%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	8.7%
Housing	0.0%
Nursing Home	4.6%
Patient Family Choice	77.1%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

### 10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	2019/20						YTD
							Apr	May	Jun	Jul	Aug	Sep	
NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	212	212	203	-4.25	230	233	204	209	205	138	232
		Total Contacts (Domiciliary)	1,584	1,584	1,560	-1.25	152	114	130	121	134	129	780
		Total New Referrals	135	135	158	17.04	17	13	16	8	13	12	79
	Paediatric Dietetics	Caseload at Month End	90	90	280	211.11	324	271	263	264	283	277	324
		Referral to 1st contact (weeks average)	8.5	8.5	6.1	-29.41	7.4	4.2	7.4	6.1	5.2	6.4	7.4
		Total New Referrals	541	541	726	34.20	42	69	77	70	42	64	363
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	39	39	56	43.59	1	13	5	3	5	1	28
		Total Contacts (Domiciliary)	502	502	670	33.47	41	65	72	67	37	63	335
		Total Contacts (Outpatients)	291	291	300	3.43	33	25	16	19	33	24	150
		Total New Referrals	150	150	118	-21.33	113	129	113	122	113	115	121
	Paediatric Occupational Therapy	Caseload at Month End	14.3	14.3	13.1	-8.39	16	9.9	13	12.8	14.8	11.8	16
		Referral to 1st contact (weeks average)	3,343	3,343	3,146	-6.49	284	272	251	282	269	215	1,573
		Total Contacts (Domiciliary)	566	566	516	-8.83	48	61	36	46	27	40	258
		Total New Referrals	64	64	64	0.00	60	62	56	72	67	66	64
	Paediatric Physiotherapy	Caseload at Month End	5.8	5.8	6.3	10.34	6.2	5.8	7.6	7	5.2	5.9	6.7
		Referral to 1st contact (weeks average)	6,103	6,103	4,736	-22.41	431	396	406	428	318	390	2,369
		Total Contacts (Domiciliary)	553	553	574	3.95	48	51	43	53	39	53	287
		Total New Referrals	26.1	26.1	32.3	23.75	36.6	35.9	31.1	31.8	34	24.6	36.6
	Paediatric Speech and Language Therapy	Caseload at Month End	7,787	7,787	9,626	23.62	696	740	873	939	739	827	4,813
		Referral to 1st contact (weeks average)	746	746	756	1.46	52	73	62	77	44	71	379
		Total Contacts (Domiciliary)											
		Total New Referrals											

If Plan is <10,000:

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

If Plan is >10,000:

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

### 10.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 18/20	% Variance
Number of Referrals	146	182	139	149	109	147							1,943	1,510	-18.1%
Incomplete Pathways - 92nd Percentile	45	43	37	38	35	34							448		
Total Number Waiting	942	918	878	815	759	724							9,364		
Number waiting over 18 weeks	519	481	466	433	403	373							4,675		
Longest weeks waiting - weeks	52	54	49	50	55	51							587		
Longest weeks waiting - patients	2	1	2	1	1	1							25		

RAG rating  
■ <= 15 weeks  
■ 19 to 22 weeks  
■ 23 weeks plus

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

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

### Sefton Dietetics Paeds

#### Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	19/20 Total
Appointments	327	532	429	647	528	688	52	66	94	100	67	99	478
DNA	66	53	41	147	68	116	13	19	16	21	14	21	104
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	17.0%

#### 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	Sep-19	19/20 Total
Appointments	327	532	429	647	528	688	52	66	94	100	67	99	478
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	33
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	6.5%

#### Outpatient Clinics - Cancs by PATIENT

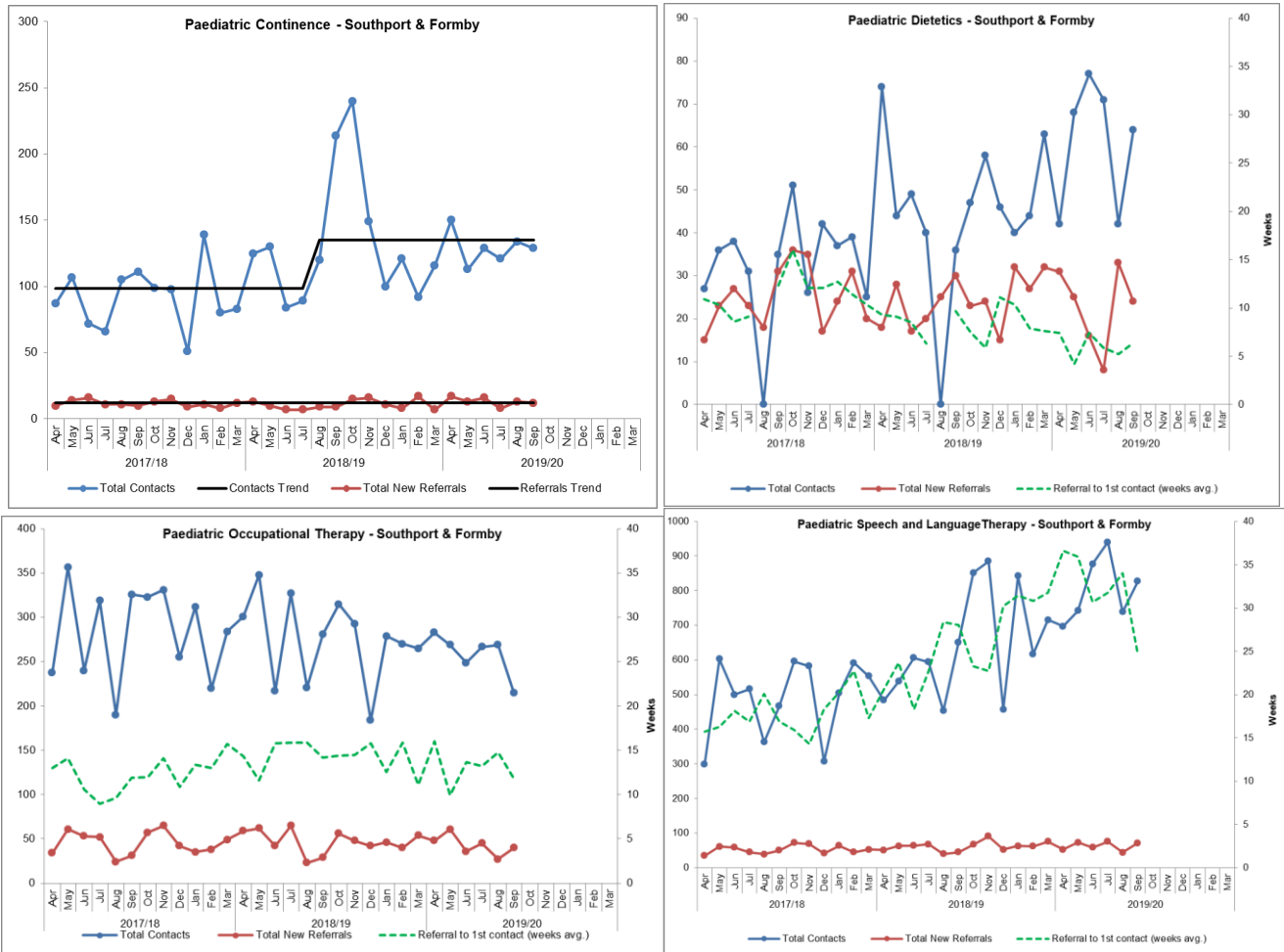
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	19/20 Total
Appointments	327	532	429	647	528	688	52	66	94	100	67	99	478
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	140
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	22.7%

#### Rag Ratings & Targets 19/20

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

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

## 10.6 Alder Hey Activity & Performance Charts



## 8.7 Better Care Fund

A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q1 BCF performance is as follows:

**Figure 29 – BCF Metric Performance**

**8.1 Non-Elective Admissions**

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

**8.2 Delayed Transfers of Care**

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

**8.3 Residential Admissions**

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

## 8.4 Reablement

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

**Figure 30 – BCF High Impact Change Model Assessment**

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

## 10.7 NHS England Monthly Activity Monitoring

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

Month 6 performance and narrative detailed in the table below:

**Figure 31 – Southport & Formby CCG's Month 6 Submission to NHS England**

Month 06 (September)	Month 06 Plan	Month 06 Actual	Month 06 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,538	2,301	-9.3%	GP referrals increased slightly in month 6 in line with an expected trend. However, referrals have now been below average for two consecutive months. YTD GP referrals are only slightly outside of the 2% threshold against plan and further data would be required to establish whether the recent decrease in referrals is part of an on-going trend or is statistically relevant.
Other	2,369	2,696	13.8%	
<b>Total (in month)</b>	<b>4,907</b>	<b>4,997</b>	<b>1.8%</b>	An increase in Other referrals has been apparent and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that C2C increases have been evident within Gen Med, Gen Surg, Clinical Physiology 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). Discussions regarding referrals will continue with the provider via the information sub group.
Variance against Plan YTD	28,958	31,129	7.5%	
Year on Year YTD Growth			10.1%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4,083	3,835	-6.1%	OP first and follow up appointments have both increased in month 6 as part of a seasonal trend. OPFA were in line with averages for 1920 to date and OPFUP were above average but below plan in month. Total outpatient activity is in line with planned levels at month 6 YTD. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	9,574	9,206	-3.8%	
<b>Total Outpatient attendances (in month)</b>	<b>13,657</b>	<b>13,041</b>	<b>-4.5%</b>	
Variance against Plan YTD	77,368	77,032	-0.4%	
Year on Year YTD Growth			8.0%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,395	1,546	10.8%	Local monitoring suggests that day case activity are currently 4% above plan YTD with elective inpatients below plan by approx. -8% YTD. Day case trends are following a similar pattern to 2018/19 but have been consistently higher each month. A number of admissions at the main hospital provider appear to have been recorded as 'procedure not carried out' and the CCG are querying this as a data quality issue. Further feedback from the provider regarding elective inpatients suggests theatre staff shortages and bed pressures have resulted in a 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	242	180	-25.6%	
<b>Total Elective spells (in month)</b>	<b>1,637</b>	<b>1,726</b>	<b>5.4%</b>	
Variance against Plan YTD	10,092	10,551	4.5%	
Year on Year YTD Growth			7.9%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3,856	4,011	4.0%	The CCGs A&E activity has decreased in month 6 and local monitoring suggests total activity is within the 2% threshold against plan in month. However, attendances remain historically high. Despite this, 4hr performance at the main hospital provider is consistent with the previous month and is now at 89.6%. 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 as part of winter planning and a set of priorities agreed across the system to support performance. CCG UC leads are also sighted on actions implemented by the main hospital provider including recruitment plans to support process improvement and flow in the AE dept.
Year on Year YTD			8.7%	
<b>All types (in month)</b>	<b>4,397</b>	<b>4,664</b>	<b>6.1%</b>	
Variance against Plan YTD	26,385	27,985	6.1%	
Year on Year YTD Growth			7.5%	
<b>Total Non Elective spells (in month)</b>	<b>1,729</b>	<b>1,744</b>	<b>0.9%</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 decreased in month 6 in line with a reduction in A&E attendances. Non-elective spells in month were within the 2% threshold against plan but reductions in early 1920 are contributing the the YTD underperformance against plan. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. 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	10,791	10,250	-5.0%	
Year on Year YTD Growth			14.2%	