



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

Integrated Performance Report

October 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	R						R	
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%							
		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	R						R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%							
		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	R						G	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%							
		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						R	
		Actual	0	0	0	0	0	1	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						R	
		Actual	6	7	7	7	2	4	8							41
		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						G
		Actual	0	0	0	0	0	0	0						0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

## Preventing People from Dying Prematurely

### Cancer Waiting Times

<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	G						G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%						93.16%
		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%
<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	G						R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%						89.3%
		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%
<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	R						G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%						97.06%
		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%
<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						G
		Actual	100%	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%
<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	G						R
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%						97.79%
		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%
<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						G
		Actual	100%	100%	95.45%	100%	100%	100%	100%						99.19%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<a href="#">% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</a> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G	R	R	R	R					R	
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%						78.29%
		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%
<a href="#">% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</a> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	N/A	R	G	R	N/A	R	R					R	
		Actual	-	85.71%	100%	62.50%	-	0%	0%						66.67%
		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%
<a href="#">% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</a> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G	G					-	
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%						84.96%
		Local Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%

#### Accident & Emergency

<a href="#">4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</a> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%						86.35%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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

#### EMSA

<a href="#">Mixed sex accommodation breaches - All Providers</a> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	14	13	4	9	9	10	7						66
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">Mixed Sex Accommodation - MSA Breach Rate</a> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5						
		Target	0	0	0	0	0	0	0	0					0

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

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

#### HCAI

<a href="#">Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R						R
		YTD	1	1	1	1	2	2	2						2
		Target	0	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						R
		YTD	2	4	8	10	13	16	22						22
		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						R
		YTD	14	25	39	55	70	78	98						98
		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						G
		Actual	100%	100%	100%	100%	100%	75%	100%						96.43%
		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						R	
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%							47.8%
		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						R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%							1.05%
		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						G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%							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						G	
		Actual	100%	100%	100%	100%	100%	100%	100%							100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	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	R						G	
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%							70.1%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

### Children and Young People with Eating Disorders

<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R				R
		Actual	95.24%	84.6%				89.92%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R			R	
		Actual	75%	75%			75%	
		Target	95%	95%	95%	95%	95%	95%

### Wheelchairs

<a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	G			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 7 (note: time periods of data are different for each source).

Key Exception Areas for October	CCG	S&O
Diagnosics Improvement Trajectory	2.6%	2.7%
Diagnosics (National Target <1%)	2.39%	2.16%
Cancelled Operations (Zero Tolerance)	-	8
Cancer 62 Day Standard Improvement Trajectory	-	90.28%
Cancer 62 Day Standard (Nat Target 85%)	80.95%	74.49%
A&E 4 Hour All Types Improvement Trajectory	-	90.30%
A&E 4 Hour All Types (National Target 95%)	85.04%	87.84%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	168
Ambulance Handovers 60+ mins (Zero Tolerance)	-	37
TIA Assess & Treat 24 Hrs (Target 60%)	-	5.26%
Mixed Sex Accommodation (Zero Tolerance)	7	14

*Yellow denotes achievement of trajectory*

### Planned Care

Year to date referrals are 6.8% higher than 2018/19 due to an 11% increase in consultant-to-consultant referrals. GP referrals are currently 0.8% higher than 2018/19 levels.

Overall, referrals to Southport Hospital have increased by 5.4% year to date at month 7. 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 October recording 2.39%, an improvement on last month's performance (3.49%). This is now below the CCGs improvement trajectory of 2.6% for October 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in October recording 2.16%, showing a further improvement on the previous month (2.57%). The Trust has reported a steady improvement across the previous 4 months and therefore continues to achieve their improvement trajectory of 2.7% for October 2019.

Southport & Formby CCG had a total 9,474 patients waiting on an incomplete pathway in October 2019; 1,706 patients over plan. The CCG failed to achieve the 92% target in October reporting 91.93%, only slightly below the 92% target. Out of a total 9,474 patients waiting on the pathway, 765 were waiting in excess of 18 weeks. Therefore the target was missed by just 7 patients.

Southport & Ormskirk reported 8 cancelled operations in October 2019, showing an increase on September. 6 were due to a lack of beds, 1 ran out of theatre time and 1 was an admin error. Year to date there have been 41 cancelled operations at the Trust.

For month 7 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 18.4% in October 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remains below the England average of 96% and the percentage who would not recommend decreased to 2% in line with the England average.

## **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for October 2019 reached 87.84% for all types (88.36% YTD), which is below the Trust's improvement trajectory of 90.3% for October. For type 1 a performance of 74.31% was reported in October (80.32% 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 in October with 94.12% against the 80% target; 16 patients out of 17 achieved the target. In relation to the TIAs the Trust continues to report poor performance for 2019/20, with a performance of 5.26% in October. This is a further decline on last month when the Trust reported 6.25%.

The CCG continues to breach the zero tolerance threshold with a total of 7 breaches in October. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in October. 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 6 new cases of C.Difficile in October making a total of 22, against a year to date plan of 16 (year-end plan 30) so are over plan currently (11 apportioned to acute trust and 11 apportioned to community).

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In October there were 20 new cases against a plan of 9, bringing the year to date figure to 98 against a YTD target of 66. Southport & Ormskirk Trust reported 27 new cases in October with 4 of those acquired through the hospital (156 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 25% in October, a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service increased to 90% above the England average of 85% and the percentage who would not recommend decreased to 6% below the England average of 9%.

## **Mental Health**

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. An update for October is not currently available.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 1.29% in October, therefore failing to achieve the target. The recovery target of 50% was also not achieved in October with 46.7%.

## **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.

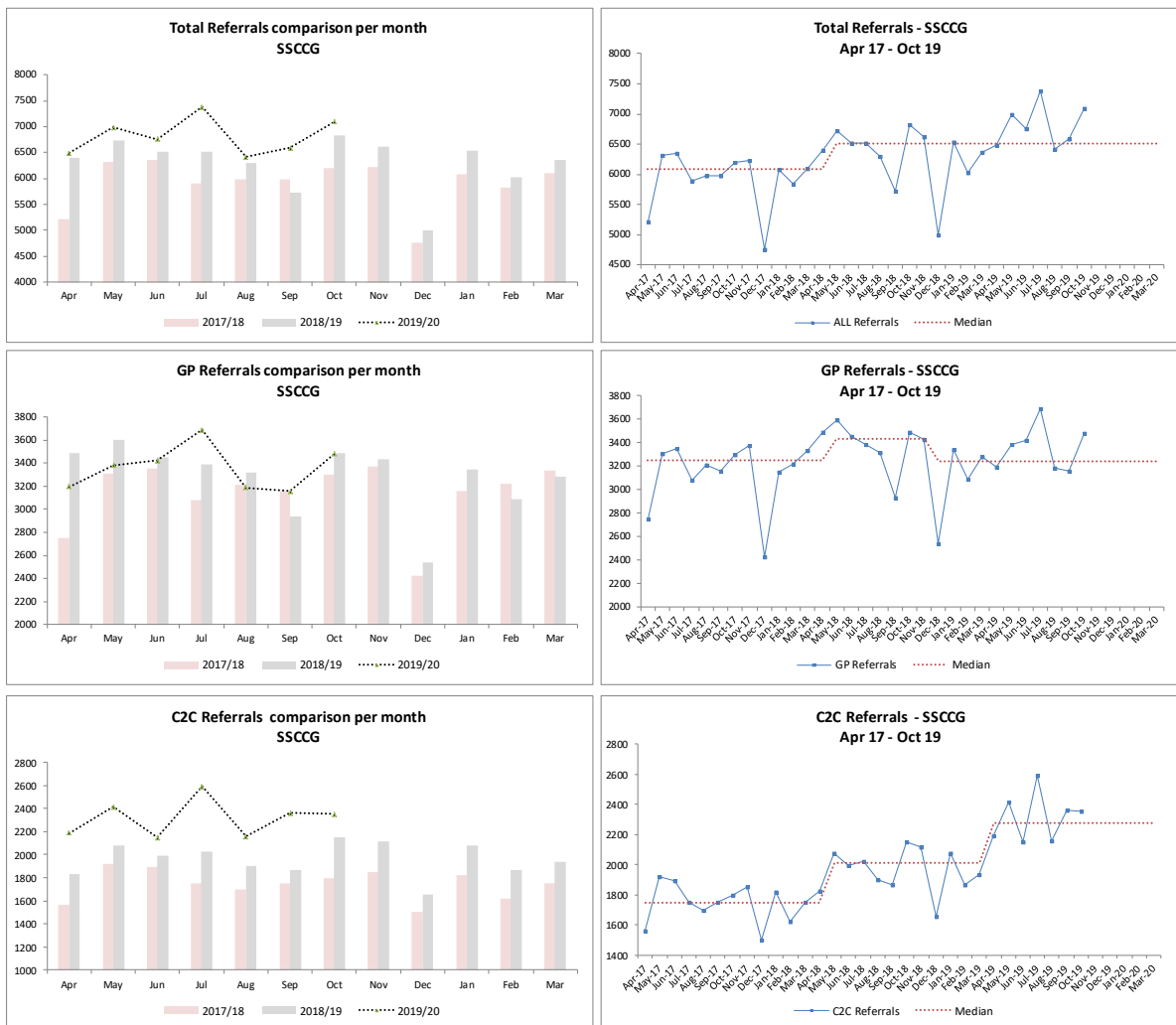
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar 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			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2554	-140	-5.2%	1799	2074	275	15.3%	5247	5566	319	6.1%
May	2727	2832	105	3.9%	1929	2267	338	17.5%	5456	6123	667	12.2%
June	2429	2469	40	1.6%	2069	1976	-93	-4.5%	5305	5348	43	0.8%
July	2580	2902	322	12.5%	2054	2433	379	18.5%	5433	6348	915	16.8%
August	2495	2356	-139	-5.6%	1914	2149	235	12.3%	5230	5347	117	2.2%
September	2391	2369	-22	-0.9%	1907	2269	362	19.0%	5085	5515	430	8.5%
October	2729	2710	-19	-0.7%	2237	2269	32	1.4%	5965	6047	82	1.4%
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>2599</b>	<b>35</b>	<b>1.4%</b>	<b>2004</b>	<b>2205</b>	<b>201</b>	<b>10.0%</b>	<b>5398</b>	<b>5756</b>	<b>358</b>	<b>6.6%</b>
<b>YTD Total Month 7</b>	<b>18045</b>	<b>18192</b>	<b>147</b>	<b>0.8%</b>	<b>13909</b>	<b>15437</b>	<b>1528</b>	<b>11.0%</b>	<b>37721</b>	<b>40294</b>	<b>2573</b>	<b>6.8%</b>
<b>Annual/FOT</b>	<b>30763</b>	<b>31186</b>	<b>423</b>	<b>1.4%</b>	<b>24047</b>	<b>26463</b>	<b>2416</b>	<b>10.0%</b>	<b>64781</b>	<b>69075</b>	<b>4294</b>	<b>6.6%</b>



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



## Month 7 summary:



- Trends show that total referrals have increased by 9.6% (532) from the previous month at October 2019.
- Year to date referrals are 6.8% higher than 2018/19 due to an 11.0% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 13.4% higher than in the equivalent period of 2018/19 however there was only a 1.4% increase from month 6 to 7. 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 16.2%.
- Overall, referrals to Southport Hospital have increased by 5.4% year to date at month 7. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 22.2%
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20 after a decrease to the lowest they have been since December 2018. GP referrals have now risen back above average at month 7. GP referrals are currently 0.8% up on the equivalent period in the previous year
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 9.8% higher when compared to the previous year with ISight making up the majority of this increase.

## 2.1.1 E-Referral Utilisation Rates



Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
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	Jul-19	Aug-19	Sep-19	Oct-19		
		89.2%	83.9%	84.6%	82.1%		
		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 82.1% for October, a slight decline on 84.6% reported the previous month.</p> <p>The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an e-RS referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. October data shows an overall performance of 85.5% for Southport &amp; Formby CCG, a further decline on the previous month (87.7%).</p>							
<b>Actions to Address/Assurances:</b>							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of e-RS was escalated to NHSE as part of an SI investigation relating to e-RS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of e-RS 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. A response has still not been received.</p>							
<b>When is performance expected to recover:</b>							
To be confirmed as part of the outpatient strategy case for change.							
<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		



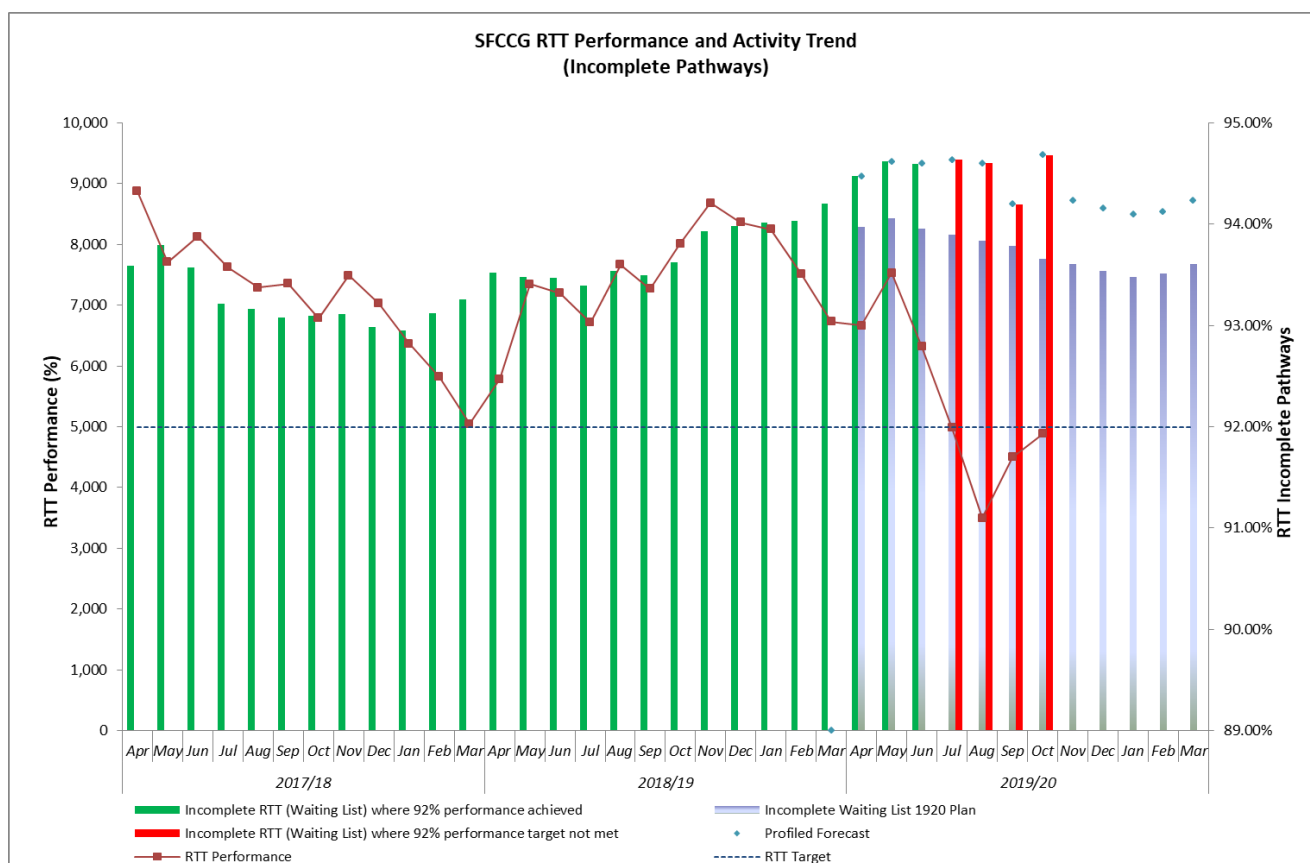
## 2.2 Diagnostic Test Waiting Times

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>	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	4.35%	4.51%	3.49%		
		S&O	4.09%	3.72%	2.57%	2.16%	
		National Target < 1% October improvement plans CCG: 2.6% S&O: 2.7% 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 October recording 2.39%, an improvement on last month's performance (3.49%). This is now below the CCGs improvement trajectory of 2.6% for October 2019. Out of 2,221 patients, 61 patients were waiting over 6 weeks, and 8 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (21) and Cystoscopy (9).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in October recording 2.16%, showing a further improvement on the previous month (2.57%). The Trust has reported a steady improvement across the previous 4 months and therefore continues to achieve their improvement trajectory of 2.7% for October 2019. Out of 2,820 patients, 68 patients waited over 6 weeks, and 7 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non-Obstetric Ultrasound (36) and Cystoscopy (16).</p>							
<b>Actions to Address/Assurances:</b>							
<u>Trust Issues/Actions</u>							
<p><b>Cystoscopy:</b> Specialist spinal service. Breaches were due to patient choice, a lack of theatre capacity due to the increase in demand for urgent cases, emergency leave taken by the consultant in October when the list had to be cancelled and the Urology/Spinal Consultant being the sole person to see the patients. The Trust plans to accommodate alternate weekly session with Urology/Spinal Consultant within job plan going forward.</p> <p><b>Non Obstetric Ultrasound:</b> Capacity issues</p> <p>Insourcing has been agreed by the Trust with 'Your Medical' a company who are known to the trust and have previously delivered work for them. This work has commenced and all patients have been offered or booked in November. Numbers have decreased and show continued improvement going forward.</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 Ultrasound activity to a local provider which has had an impact on performance. Additionally, the Trust have insourced Endoscopy and Radiology reporting which has further supported the improved 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 theatre upgrade completed in October 2019, however, a backlog of patients has built up. The Trust has developed a backlog improvement plan which they initiated in November 2019 with an expectation that performance would recover by June 2020.</p> <p><u>CCG Actions</u></p> <p>HMRC Pension and tax issues are providing a significant challenge to Southport &amp; Ormskirk 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 and the response was that this is a national issue which has also been escalated by NHS England.</p> <p>The Trust had indicated that performance improvements were expected in September onwards, this has shown to be the case. However, constitutional target 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>							
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>	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	92.0%	91.10%	91.71%		
		S&O	92.72%	92.57%	93.43%	93.29%	
		Plan: 92%					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed to achieve the 92% target in October reporting 91.93%, only slightly below the 92% target. Out of a total 9,474 patients waiting on the pathway, 765 were waiting in excess of 18 weeks. Therefore the target was missed by just 7 patients. Gynaecology remains one of the main failing specialties for October reporting 85.93%, with 178 breaches, showing a deteriorating position compared to last month. General Surgery is also failing with a performance of 89.81%; a total of 97 breaches. Treatments grouped under 'Other' are performing at 87.52% in October with 178 breaches.</p> <p>Southport &amp; Ormskirk Trust continues to achieve the target with 93.29%. This shows a slight decline on last month. For Southport &amp; Formby CCG patients, the Trust reported 369 breaches out of a total 5,246 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>- Liverpool University Hospitals* with 88.21% (141 breaches out of 1,055)</li> <li>- Alder Hey with 66.29% (119 breaches out of 353)</li> </ul> <p>*The Royal Liverpool Hospital and Aintree Hospital have now merged to become Liverpool University Hospitals. Before the merger, both hospitals were contributing towards the CCG failing the target.</p>							
<b>Actions to Address/Assurances:</b>							
<p>As part of the conversations with Aintree Hospital regarding the RTT contract performance notice, expectations have been set that the provider should investigate the opportunities of repatriating activity in underperforming specialties to providers that are achieving RTT performance, i.e. S&amp;O, Spire Liverpool etc. It is envisaged that although S&amp;O's RTT performance could dip, this could be mitigated against an improvement in performance at Aintree Hospital and the CCGs overall position. The CCG have drafted a letter to Aintree Hospital which is awaiting executive sign off.</p> <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>Although Alder Hey are achieving RTT at catchment level, the CCG has raised locality specific issues with the Trust. A response was received from the Trust informing that the majority of breaches are within Community Paediatrics, a consultant-led service. Further detail on this has been requested. The following assurances have been provided:</p> <ul style="list-style-type: none"> <li>• Main areas of concern are Sefton/Southport.</li> <li>• Currently out for advert for locum – have one doctor interested so far. On recruitment they will be allocated to this area</li> <li>• WLI clinics continue which has seen an improvement in the RTT and these will continue at least until January 2020.</li> <li>• Long term sick is now at 1 member of staff, but returning member is on long phased return.</li> <li>• Currently out for recruitment of 2 new nursing staff to support clinics.</li> </ul>							
<b>When is performance expected to recover:</b>							
The CCG will request a revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).							
<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	9,474						9,337
Difference	838	933	1,071	1,234	1,279	1,468	1,706						1,659

Southport & Formby CCG had a total 9,474 patients waiting on an incomplete pathway in October 2019; 1,706 patients over plan.

The CCG has seen a 6,981/18% increase in April to October 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has dropped slightly to 93.29% therefore the CCG remains below the 92% target at 91.93%.

### 2.3.1 Referral to Treatment – 52+ Week Waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
GREEN	TREND	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	0	0	0		0
		S&O	0	0	0		0
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had one 52 week breach highlighted in September & October (this is the same patient). However, on investigation it transpires the patient should have never breached. The consultant applied for an IFR for the patient but this was declined. After review it has been confirmed that the RTT clock should have stopped on the patient on 23rd August 2019, when the patient was informed that the IFR had been declined. Therefore the patient was not a true 52+ week waiter.							
<b>Actions to Address/Assurances:</b>							
The provider has confirmed that they will submit a revised position with the 52 week waiter adjusted to being discharged in August and not breaching. NHS England will then publish the revised position.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		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	Alder Hey	All Other	36-41	<b>23 Patients;</b> 13 TCI dates in December and January, 9 sent for service date, 1 with no information. The Trust is experiencing capacity issues in community paediatrics (see section 2.3 for further details).
Southport & Formby CCG	Blackpool Teaching	Cardiology	37	<b>1 Patient;</b> TCI date in January.
Southport & Formby CCG	Isight	Ophthalmology	52+	<b>1 Patient;</b> Consultant applied for an IFR for the patient but this was declined. After review it has been confirmed that the RTT clock should have stopped on the patient on 23rd August 2019, when the patient was informed that the IFR had been declined. Therefore the patient was not a true 52+ week waiter. This will be refreshed by the Trust retrospectively and published by NHS England.
Southport & Formby CCG	Lancashire Teaching	All Other	37-41	<b>2 Patients;</b> 2 TCI dates in December. Admitted Capacity Issues.
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37-38	<b>2 Patients;</b> 1 treated, with delays due to hospital and patient cancellations. 1 discharged due to medical reasons.
Southport & Formby CCG	Lancashire Teaching	T&O	38	<b>1 Patient;</b> TCI date in December.
Southport & Formby CCG	Royal Liverpool Hospital	All Other	37-40	<b>2 Patients;</b> Both have TCI dated in December. Long wait on waiting list. RLBH reported that the following specialities have specific plans in place to recover General Surgery, Trauma and Orthopaedics, Urology, Dermatology and Paediatric Dentistry. <ul style="list-style-type: none"> <li>Ophthalmology is now compliant, this has improved the Trust's overall position.</li> <li>A programme of work and training will be launched to ensure the Access policy is being adhered to.</li> <li>Throughout winter elective activity has been protected on the both the Royal and Broadgreen sites. 80% of this elective activity is Orthopaedics.</li> <li>RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.</li> </ul>
Southport & Formby CCG	Royal Liverpool Hospital	T&O	38	<b>1 Patient;</b> Pathway stopped. Capacity issues.
Southport & Formby CCG	Royal Liverpool Hospital	General Surgery	48	<b>1 Patient;</b> Pathway stopped. Capacity issues.
Southport & Formby CCG	Aintree Hospital	Ophthalmology	38-40	<b>3 Patients;</b> 3 Treated in November.
Southport & Formby CCG	Aintree Hospital	General Surgery	37	<b>1 Patient;</b> Patient treated on 15/11/2019
Southport & Formby CCG	Liverpool Women's	Gynaecology	38-47	<b>6 Patients;</b> No further info. Capacity and previous serious incident declared in February 2018 regarding the recording of both RTT and Cancer. In line with the RTT recovery plan agreed with NHSI the Trust has managed to continue their reduction in 52 week breaches. For most of 2018/19 the Trust has operated with 25% gaps in consultant workforce due to difficult to recruit specialist posts and long-term sickness with locum Consultants and own Consultants completing waiting list initiatives to provide additional capacity. Recruitment on-going into substantive general gynaecology and oncology posts and successful recruitment will have a significant impact on the trajectory continuing to improve moving forward.
Southport & Formby CCG	Manchester University	Gynaecology	37	<b>1 Patient;</b> No further info. 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 Chief Operating Officer and 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	40	<b>1 Patient;</b> TCI date in December.
Southport & Formby CCG	Renacres	Gastroenterology	38	<b>1 Patient;</b> The patient had an initial appointment in December 2018, then experienced delays for their procedure due to being unwell and the hospital cancelling due to equipment failure. The procedure was attempted in May 2019 but patient could not tolerate it. The patient then DNA'd their next appointment. The procedure was completed in July 2019 and the patient was discharged, but the discharge was not completed fully on the system. Therefore this is a data quality issue and the patient did not wait as long as 38 weeks for treatment. The provider has confirmed the discharge has now been completed fully.
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	38	<b>1 Patient;</b> No further info. Trust will only provide updates for 40+ week waiters.
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	41	<b>1 Patient;</b> Patient dated for 19/11/2019. 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 they were unfit for surgery.
Southport & Formby CCG	Southport & Ormskirk	ENT	36	<b>1 Patient;</b> Discharged in November. Delay due to cancellation by hospital. Seen 08/11/2019 and discharged.
Southport & Formby CCG	Southport & Ormskirk	Gynaecology	37	<b>2 Patients;</b> 1 TCI date in November, 1 Unknown. Delays due to patient cancellations and difficulties contacting patient.
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	37-38	<b>2 Patients;</b> 1 Discharged, 1 Treated. Delays due to numerous patient and hospital cancellations.
Southport & Formby CCG	Southport & Ormskirk	Urology	38	<b>1 Patient;</b> Delays partly due to multiple diagnostics, patient cancellations and DNAs. Patient has since had medical issues so has been put on hold.

The CCG had a total of 55 patients waiting over 36 weeks of which there was 1 patient reported as waiting over 52 weeks (the same patient as last month). This patient should have been discharged in August 2019 and the provider will submit a revised position to NHS England (see figure 2.3.1 for more information). Of the 55 patients, 6 patients have been treated, 22 have TCI dates, 22 unknown outcomes and 5 discharged.



## 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	Jul-19	Aug-19	Sep-19	Oct-19		
		7	2	4	8		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk reported 8 cancelled operations in October 2019, showing an increase on September. 6 were due to a lack of beds, 1 ran out of theatre time and 1 was an admin error. Year to date there have been 41 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. The CCG have been informed that although an SLA had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.							
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 Wait for Breast Symptoms

Indicator		Performance Summary					Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19	YTD	
		97.22%	100%	93.55%	96.55%	89.30%	
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 96.55% in October 2019. However due to poor performance earlier in the financial year the CCG is still failing year to date with 89.30%. Year to date there have been 26 breaches from a total of 243 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		

### 2.5.2 – 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	Jul-19	Aug-19	Sep-19	Oct-19	YTD	
		CCG 97.73%	94.55%	96.72%	95.4%	97.06%	
		S&O 100.0%	94%	95.31%	100%	97.84%	
Plan: 96%							
<b>Performance Overview/Issues:</b>							
The CCG failed the 96% target in October reporting 95.4% but are achieving year to date with 97.06%. In October, 4 breaches out of a total 87 treated were reported. Delays were due to patient choice (2), inadequate elective capacity (1) and medical reasons (1).							
Southport & Ormskirk Trust achieved the target with 100% in October and are still achieving year to date with 97.84%.							
<b>Actions to Address/Assurances:</b>							
The elective capacity breach relates to a colorectal patient at LUHFT. Additional locum capacity is expected from January 2020.							
<b>When is performance expected to recover:</b>							
Nov-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 – 31 Day Standard Cancer Treatment: Drug


Indicator		Performance Summary					Potential organisational or patient risk factors
<b>31 day standard for subsequent cancer treatment - drug</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.
			Jul-19	Aug-19	Sep-19	Oct-19	
CCG	100%	95.24%	94.12%	100%	97.79%		
S&O	100%	100%	100%	0 Patients	100%		
		Plan: 98%					
<b>Performance Overview/Issues:</b>							
The CCG achieved the 98% target with 100% in October but is still failing YTD with 97.79% due to previously reported breaches. 3 breaches have been reported year to date.							
<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		




## 2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	68.18%	80.65%	82.86%	80.95%	78.29%	
		S&O	78.89%	75.28%	82.00%	74.49%	76.42%	
		Plan: 85% Trust's October improvement plan: 90.28% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed the 85% target with 80.95% in October 2019 and are therefore still failing year to date with 78.29%. In October, 8 breaches were reported from a total of 42 patients seen. Delays were due to inadequate elective capacity, health care provider initiated delay, complex diagnostic pathways and other reasons not specified.</p> <p>Southport &amp; Ormskirk Trust failed the target in October with a performance of 74.49% and are failing year to date reporting 76.42%. This is below the Trust's agreed improvement plan of 90.28% for October. In October, there were the equivalent of 8 breaches from a total of 42 apportioned patients. Reasons for delays were inadequate elective capacity, admin delay, 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>- progress with MDT optimisation</li> <li>- appointment of early diagnosis support worker for upper gastroenterology to improve administrative and patient engagement processes</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 now rolled out to all practices</li> <li>- Cancer Themed Protected Learning Time Event for primary care took place November 2019 with a focus on referral quality in lung and colorectal cases.</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. The Group is including representatives from the Radiology network and leads from Liverpool Clinical Laboratories</li> <li>- Potential for head and neck pathway redesign alongside the Rapid Diagnostic model for head and neck at Aintree</li> <li>- work with LUFT and Clatterbridge to address performance and sustainability of haematology oncology services</li> </ul>								
<b>When is performance expected to recover:</b>								
The trajectory submitted by the provider does not indicate recovery to the operational standard within the current financial year but indicates improvement to 82.61% by February 2020.								
<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 NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors		
<b>62 day wait for first treatment following referral from an NHS Cancer Screening Service</b> 		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.		
		RED	TREND	Jul-19	Aug-19	Sep-19			Oct-19	YTD
		↓	CCG	62.5%	0 Patients	0%			0%	66.67%
		S&O	75.0%	0 Patients	60%	0%	50.00%			
		Target: 90%								
<b>Performance Overview/Issues:</b>										
<p>For the CCG, 2 patients were treated on this pathway in October and both breached the target, resulting in a performance of 0%. Therefore the CCG remains below target YTD with 66.67%. YTD there have been 8 breaches from a total of 24 patients seen. Both breaches in October were lower gastroenterology patients with delays due to healthcare provider initiated delay and other reason not specified.</p> <p>Southport &amp; Ormskirk Trust treated the equivalent of 0.5 patients on this pathway in October, with 0.5 breaching, resulting a performance of 0%. Therefore the Trust remains below target YTD with 50%. YTD there have been 5 breaches from a total of 10 patients apportioned to the Trust.</p>										
<b>Actions to Address/Assurances:</b>										
<p>NHSE has responsibility for commissioning of Cancer Screening programmes 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.</p> <p>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 in a symptomatic patient.</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.</p>										
<b>Actions to Address/Assurances:</b>										
<p>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.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways and should help with the issue of patient engagement.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway. A new Screening Group with Sefton Local Authority will commence in January 2020.</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 Consultant Decision to Upgrade Patients Priority

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors		
<b>62 day wait for first treatment following consultants decision to upgrade patients priority</b> 		Previous 3 months, latest and YTD					Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.		
		RED	TREND	Jul-19	Aug-19	Sep-19			Oct-19	YTD
		↓	CCG	83.33%	84.62%	100%			87.5%	84.96%
		S&O	86.96%	87.50%	100%	88.64%	87.55%			
		Local Target: 85%								
<b>Performance Overview/Issues:</b>										
The CCG achieved the 85% local target in October 2019 reporting 87.5%. Year to date performance is currently at 84.96%.										
<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					

## 2.5.6 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19	
		4	4	2	4	
		Plan: No plan				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Trust had 4 patients waiting over 104 days in October 2019.						
<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		

## 2.5.7 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%	78.94%						80.81%
No of Patients	397	522	422	604	449	467	584						3445
Diagnosed within 28 Days	333	422	349	476	365	378	461						2784



  

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92%	93%						96.37%
No of Patients	25	34	24	34	23	25	28						193
Diagnosed within 28 Days	24	34	24	33	22	23	26						186

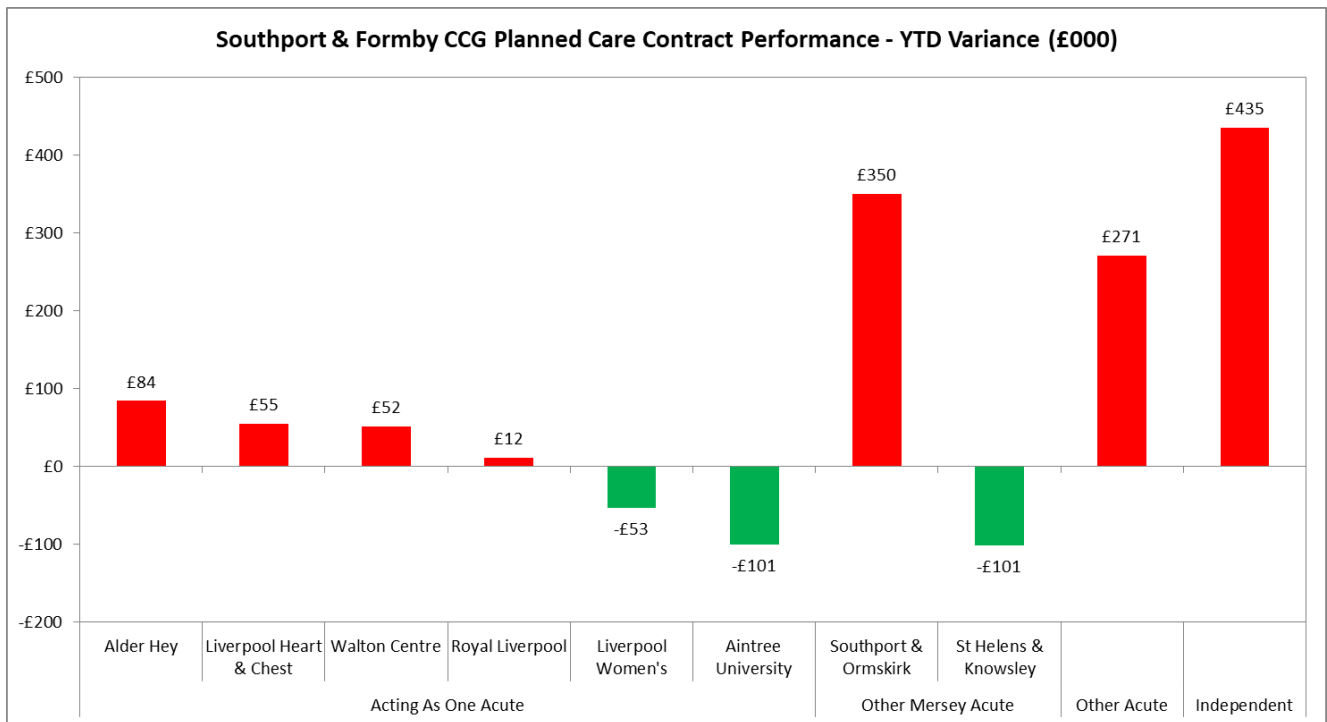
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%						41.18%
No of Patients	20	33	21	13	20	12	17						136
Diagnosed within 28 Days	13	20	7	3	5	3	5						56

## 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>	Jul-19	Aug-19	Sep-19	Oct-19			
		RR	13.6%	12.2%	9%			18.4%
		% Rec	93%	95%	92%			95%
		% Not Rec	4%	2%	3%			2%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%						
<b>Performance Overview/Issues:</b>								
Southport & Ormskirk Trust has reported a response rate for inpatients of 18.4% in October 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service increased to 95% but remains below the England average of 96% and the percentage who would not recommend decreased to 2% in line with the 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, for this month it appears to have risen significantly in the number responding which has been confirmed with the trust. Providers and commissioners will need to prepare for the implementation of the new FFT ready for implementation in 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 7 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/4.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly decreased over spend of approximately £955k/4.1%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 7 with a variance of £350k/3%. This is followed by Renacres and Wrightington, Wigan and Leigh Hospitals with an over performance of £241k/11% and £237k/23% respectively. Isight is also reporting a notable over performance of £190k/28% at month 7.

**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	6,518	6,611	93	1%	£3,384	£3,508	£124	4%
Elective	753	629	-124	-16%	£2,112	£1,900	-£213	-10%
Elective Excess BedDays	137	175	38	28%	£36	£46	£10	27%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	762	530	-232	-30%	£149	£107	-£42	-28%
OPFASPCL - Outpatient first attendance single professional consultant led	8,492	9,391	899	11%	£1,492	£1,645	£153	10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,715	508	-1,207	-70%	£174	£57	-£117	-67%
OPFUPSPCL - Outpatient follow up single professional consultant led	23,912	26,245	2,333	10%	£2,044	£2,312	£268	13%
Outpatient Procedure	14,000	15,805	1,805	13%	£1,905	£2,159	£254	13%
Unbundled Diagnostics	11,529	7,057	-4,472	-39%	£753	£666	-£87	-12%
<b>Grand Total</b>	<b>67,818</b>	<b>66,951</b>	<b>-867</b>	<b>-1%</b>	<b>£12,049</b>	<b>£12,399</b>	<b>£350</b>	<b>3%</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 5.4% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, Urology, Dermatology, General Medicine and General Surgery amongst others. Increases in Trauma & Orthopaedics are related to a change in service at the local WiC whereby patients are now being referred onto the Providers A&E Department rather than being seen and discharged in the WiC. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Further work monitoring referrals continues via the information sub group.

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

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

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

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
All other outpatients	19	13	-6	-32%	£2	£1	-£1	-32%
Daycase	125	139	14	11%	£176	£150	-£26	-15%
Elective	111	146	35	32%	£663	£909	£245	37%
Elective Excess BedDays	20	8	-12	-60%	£5	£2	-£3	-55%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	65	61	-4	-6%	£5	£4	-£1	-14%
OPFASPCL - Outpatient first attendance single professional consultant led	401	399	-2	0%	£55	£58	£3	5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	120	108	-12	-10%	£7	£8	£1	14%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	243	323	80	33%	£6	£9	£2	41%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,156	1,271	115	10%	£69	£81	£12	17%
Outpatient Procedure	257	302	45	18%	£34	£42	£8	24%
Unbundled Diagnostics	226	207	-19	-8%	£22	£18	-£5	-21%
<b>Grand Total</b>	<b>2,743</b>	<b>2,977</b>	<b>234</b>	<b>9%</b>	<b>£1,044</b>	<b>£1,281</b>	<b>£237</b>	<b>23%</b>

\*1819 M7 actuals used as plan for 1920

Wrightington, Wigan and Leigh over performance is predominantly caused by a £245/23% over performance in Electives and focused largely within the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery.

Trauma & Orthopaedics market share for this provider continues to increase with approximately 29% of all Trauma & Orthopaedic spend at Wrightington, Wigan and Leigh compared to 21% 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.

## 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	853	1,094	241	28%	£828	£1,009	£181	22%
Elective	139	138	-1	-1%	£671	£631	-£40	-6%
OPFASPCL - Outpatient first attendance single professional consultant led	1,476	1,785	309	21%	£255	£307	£51	20%
OPFUPNFTF - Outpatient follow up non face to face	4	0	-4	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,944	2,288	344	18%	£141	£167	£25	18%
Outpatient Procedure	2,062	1,323	-738	-36%	£264	£228	-£35	-13%
Unbundled Diagnostics	649	738	89	14%	£55	£71	£16	29%
Physio	968	993	25	3%	£29	£30	£1	3%
Outpatient Pre-op	0	689	689	0%	£0	£42	£42	0%
<b>Grand Total</b>	<b>8,095</b>	<b>9,048</b>	<b>953</b>	<b>12%</b>	<b>£2,244</b>	<b>£2,485</b>	<b>£241</b>	<b>11%</b>



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

Outpatient first appointments are showing a 20% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 7% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as Pain Management, Gastroenterology and Trauma & Orthopaedics.

### 3. Unplanned Care



#### 3.1 Accident & Emergency Performance

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

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>		Jul-19	Aug-19	Sep-19	Oct-19	YTD	
		All Types	88.32%	87.51%	88.46%	85.04%	86.35%	
		Type 1	83.67%	82.45%	76.46%	79.08%	80.01%	
		National Standard: 95%						
<b>Performance Overview/Issues:</b>								
Southport & Formby CCG's performance against the 4-hour target for October 2019 reached 85.04% for all types (86.35% YTD), and 79.08% for type 1 (80.01% YTD), both of which are significantly below the national standard of 95%.								
<b>Actions to Address/Assurances:</b>								
The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however the Trust is not meeting the agreed NHSI improvement trajectory. The S&O system capacity and demand profiling work has now been completed. The main areas of focus remain attendance avoidance, primary care streaming and increase in short term bed provision.								
To support attendance and admission avoidance the CCG has commissioned an emergency response vehicle which is jointly provided service from NWAS and Lancashire & South Cumbria Foundation Trust (LSCFT), operational from October.								
The CCG also plan to increase the number of short term residential and nursing intermediate care beds as recommended via the Venn capacity work.								
The Trust continue to operate with workforce constraints which is causing variation in internal processes and procedures. The Trust have a recruitment plan in operation which forms part of their internal improvement plan to address flow. The CCG are continuing to work together with the Trust to develop and implement identified schemes that will go towards mitigating the capacity shortfall, which are listed within the system winter plan.								
<b>When is performance expected to recover:</b>								
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for October 2019 is 90.3%. Performance continues to improve however there is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
<b>Quality:</b>								
Despite the ongoing pressures across the system the trust have maintained an improved position with 12 hour breaches and corridor care indicative of maintained patient safety.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Jan Leonard		Tim Quinlan			Sharon Forrester			



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

Indicator		Performance Summary					Potential organisational or patient risk factors	
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		All Types	89.95%	89.09%	89.60%	87.84%		88.36%
		Type 1	84.25%	82.55%	84.40%	74.31%		80.32%
		National Standard: 95% October improvement plan: 90.3% Yellow denotes achieving improvement plan but not national standard of 95%						

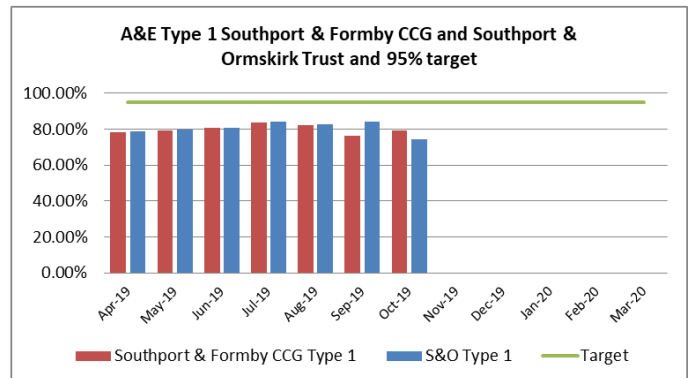
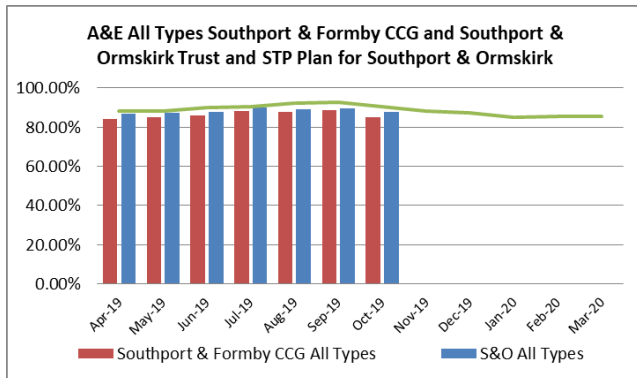
**Performance Overview/Issues:**  
Southport & Ormskirk's performance against the 4-hour target for October 2019 reached 87.84% for all types (88.36% YTD), which is below the Trust's improvement trajectory of 90.3% for October. For type 1 a performance of 74.31% was reported in October (80.32% YTD).

**Actions to Address/Assurances:**  
The Trust reported that as a result of a 9.4% increase in attendances on the Southport site (an extra 418 patients) and significant bed pressures, the urgent care system struggled to maintain flow resulting in a late increase in the number of patients who waited longer than 4 hours in the emergency department (ED) (1504 patients compared to 1143 patients last year). 65.82% of 4-hour breaches were attributable to bed delays; 15.35% were due to ED delays, 9% were due to specialty delays, 8% were due to clinical delays. ED continues to try and strengthen staffing levels on the late shift, when activity levels frequently exceed capacity.



**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 October 2019 is 90.3%.

**Quality:**  
The Trust reported 27 x 12 hour breaches for October but have given assurance that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.

Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Tim Quinlan	Sharon Forrester



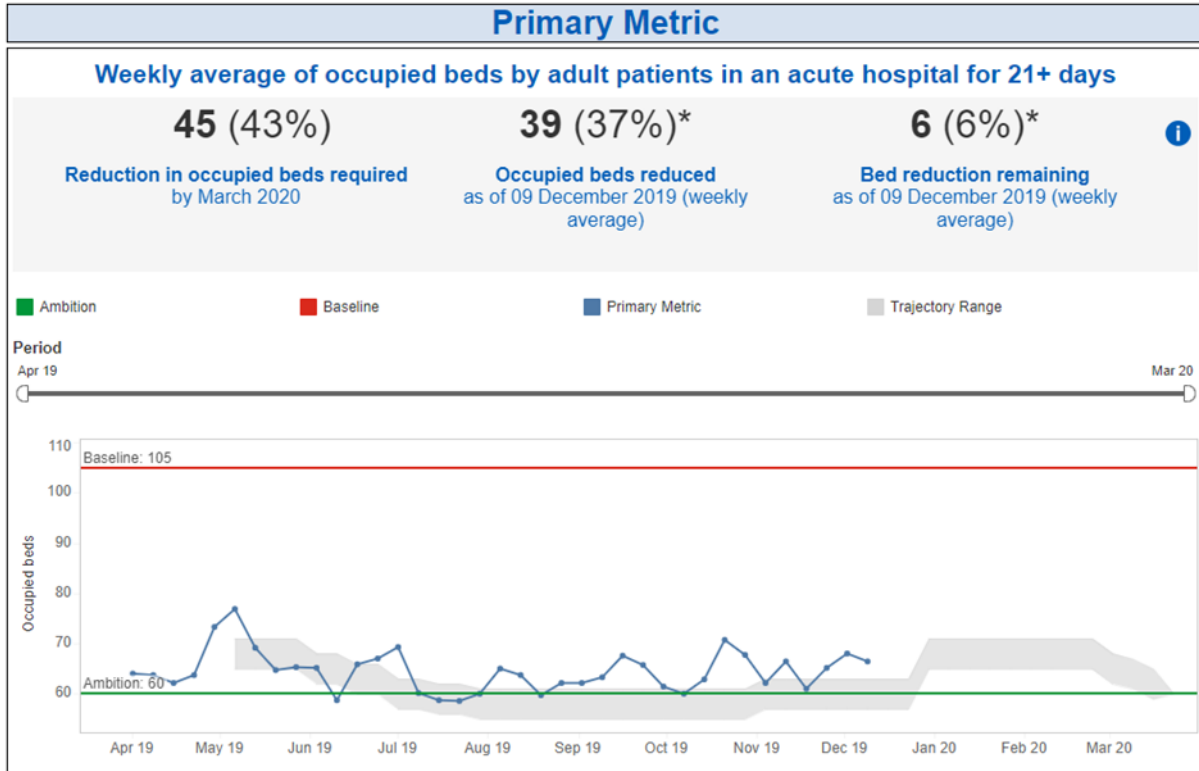
### 3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

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	Jul-19	Aug-19	Sep-19	Oct-19	
		4	0	5	27	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
Southport & Ormskirk Hospital reported 27 12-hour breaches in October against a zero tolerance threshold. These were all related to inpatient bed pressures.						
<b>Actions to Address/Assurances:</b>						
The Trust has reported that all breaches occurred during and immediately following weekends pressures. ED saw a 9.4% increase in attendances across the month (additional 418 patients) and 90 additional admissions. Across the majority of the month, the Trust worked against the 12 hour standard with all escalation areas open and in use, high numbers of patients bedded overnight in ED each night awaiting a bed and corridor care in use due to lack of clinical capacity in the department. Timelines have been completed for all 27 patients with assurance provided that all patients received timely and appropriate clinical care whilst in the department.						
<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. Performance expected to recover in November.						
<b>Quality:</b>						
The Trust reported 27 x 12 hour breaches for October but have given assurance that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.						
<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 9<sup>th</sup> December 2019 (weekly average) shows 66 occupied beds. This shows a reduction of 39 beds, 6 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.
RED	TREND	Category	Target	Aug-19	Sep-19	Oct-19		
		Cat 1 mean	<=7 mins	00:07:40	00:07:55	00:07:20		
		Cat 1 90th Percentile	<=15 mins	00:16:07	00:14:46	00:13:16		
		Cat 2 mean	<=18 mins	00:24:17	00:23:59	00:27:27		
		Cat 2 90th Percentile	<=40 mins	00:53:33	00:53:17	00:59:34		
		Cat 3 90th Percentile	<=120 mins	02:40:24	02:04:03	03:10:53		
Cat 4 90th Percentile	<=180 mins	03:41:19	03:18:07	02:54:27				
<b>Performance Overview/Issues:</b>								
<p>In October 2019 there was an average response time in Southport and Formby of 7 minutes 20 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes and 27 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved the category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&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	Aug-19	Sep-19	Oct-19		
		(a) 30-60 mins	111	88	168		
		(b) 60+ mins	15	21	37		
<b>Performance Overview/Issues:</b>							
For October, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 88 to 168. Those over 60 minutes also increased from 21 to 37.							
<b>Actions to Address/Assurances:</b>							
Ambulance handovers completed within 15 mins dropped to 48.23%. This is sadly a reflection of the increase of 9.4% in overall attendances and the challenges in inpatient flow, resulting in high numbers of patients awaiting beds in ED and delays in timely access to ED cubicles. 83.63% of patients arriving by ambulance were handed over within 30 minutes from arrival, compared to 72.91% last October. The Trust attended the 1st NWAS Handover Collaborative on 25/10/19 and is now on a 90 day improvement programme. PDSA cycles are planned for Fit to Sit (led by NWAS) and Consultant based in triage (planned for wc 18/11/19).							
<b>When is performance expected to recover:</b>							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Tim Quinlan			Sharon Forrester		

### 3.5 Unplanned Care Quality Indicators



#### 3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19		
		a) 88.00%	73.30%	75%	94.12%		
		b) 12.50%	14.30%	6.25%	5.26%		
		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 in October and is now reporting above the 80% plan with 94.12%; 16 out of 17 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 5.26% in October. This is a further decline on last month when the Trust reported 6.25%.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions</u>							
TIA performance for October was 5.26%. Work is ongoing to improve reporting with clinical engagement. Of the 19 patients who are included in October's figures, 52.63% of the patients were seen in clinic within 3 days with 89.47% seen within a week. 47.37% of the patients had initially presented at A&E where treatment/investigation/advice had been given where appropriate before the clinic appointment.							
<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>		Jul-19	Aug-19	Sep-19			Oct-19
		CCG	9	9	10			7
		S&O	14	17	11			14
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
<p>The CCG continues to breach the zero tolerance threshold with a total of 7 breaches in October. All breaches were at Southport &amp; Ormskirk NHS Trust.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 14 in October. Of the 14 breaches, 7 were for Southport &amp; Formby CCG, 6 for West Lancashire CCG and 1 for South Sefton CCG.</p>								
<b>Actions to Address/Assurances:</b>								
<p>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.</p>								
<b>When is performance expected to recover:</b>								
<p>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.</p>								
<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>		Jul-19	Aug-19	Sep-19		Oct-19
		CCG	1	2	2		2
		Trust	0	1	1		1
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had no new cases of MSRA in October. 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 October. However due to the 1 case of MRSA reported in August 2019 the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the trust 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>							
As a zero tolerance performance not expected to recover							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control representative to attend and report to CQPG annually. Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the Trust regarding further investment in estates and cleaning services.							
<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		
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Latest and previous 3 months (cumulative position)</b>						
<b>RED</b>	<b>TREND</b>		Jul-19	Aug-19	Sep-19			Oct-19
		CCG	10	13	16			22
		Trust	13	19	24			33
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16						
<b>Performance Overview/Issues:</b>								
<p>The CCG had 6 new cases of C.Difficile in October making a total of 22, against a year to date plan of 16 (year-end plan 30) so are over plan currently (11 apportioned to Acute Trust and 11 apportioned to community).</p> <p>The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20. 5 C diff cases in October, however 3 of these will be appealable as no lapses in care - Regionally C diff rates have increased this year and Southport and Ormskirk are no exception. The target for 2019/20 is for no more than 16 cases and the Trust has currently had 20 cases, however 7 of these cases have been successfully appealed and a further 4 cases are eligible for appeal.</p>								
<b>Actions to Address/Assurances:</b>								
<p>The Trust has reported that 3 of these will be appealable as no lapses in care. Regionally C diff rates have increased this year and Southport and Ormskirk are no exception. The target for 2019/20 is for no more than 16 cases and the Trust has currently had 20 cases, however 7 of these cases have been successfully appealed and a further 4 cases are eligible for appeal. Some of the issues identified as part of the RCA process were multiple prescriptions of Abxs not only in the hospital but also in the community prior to admission and frail patients with feeding tubes or long term catheters.</p> <p>The Consultant Microbiologist and the Antimicrobial Pharmacist are reviewing the current Antimicrobial guidelines to recommend suitable alternatives to the frequent use of cephalosporin's which have an increased risk of C diff.</p> <p>Trust had significant issues with Klebsiella Bacteraemia outbreak on the spinal unit which required support from PHE/Spec comm Weekly outbreak meetings and action tracker showed that we were on track with the following criteria including</p> <ul style="list-style-type: none"> <li>• Increase in cleaning</li> <li>• Improved cleanliness score of over 95%</li> <li>• Estates work completed on bedded areas</li> <li>• Refurbishment of the bathrooms</li> <li>• Dashboard of infection control evidence collated the HII/infection control improvements audits and evidence of education and audits of relevant actions</li> </ul> <p>This evidence was reviewed with the DIPC and the epidemiological curve which demonstrated a decrease in new colonisations and then discussed with PHE. It was felt that there were greater risk of patients not receiving specialist SCI care as opposed to risks of colonisation. No infections had occurred during the period of closure with the outbreak organism plans are on track to open the Centre fully by mid-December 2019.</p> <p>Of the 51 beds in total, currently 12 closed for refurbishment following the planned admissions this week.</p>								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
Some concerns regarding IPC within the trust and walk around of specific wards 7a and 7b on the 18/12/19, assurance given from the trust regarding further investment in estates and cleaning services								
<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	Jul-19	Aug-19	Sep-19	Oct-19			
		CCG	55	70	78			98
		Trust	87	111	129			156
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 October there were 20 new cases against a plan of 9, bringing the year to date figure to 98 against a YTD target of 66. Southport & Ormskirk Trust reported 27 new cases in October with 4 of those acquired through the hospital (156 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. November meeting cancelled so no further progression at present.								
<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	94.4	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101.9	↓

Performance is within accepted tolerance. The priority is to continue the ongoing work to identify and mitigate risks to patient safety, encourage learning and embedding of lessons learned into practice. The process of reviewing and improving pathways of care, both clinical and organisational, should continue as usual business.

### 3.6 CCG Serious Incident Management

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

There are 56 incidents open on StEIS (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 (M7)	SIs Reported (YTD)	Closed SIs (M7)	Closed SIs (YTD)	Open SIs (M7)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	4	39	3	36	40	15
Lancashire Care NHS Foundation Trust	1	6	1	2	7	5
NHS Southport & Formby CCG	1	3	1	1	2	1
Mersey Care NHS Foundation Trust (Mental Health)	1	7	1	11	4	1
Aintree University Hospital NHS Foundation Trust	0	0	0	1	0	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community Trust	0	0	2	2	0	0
North West Ambulance Service NHS Foundation Trust	1	1	0	0	2	1
Royal Liverpool University Hospital	0	1	0	1	0	0
<b>Total</b>	<b>8</b>	<b>57</b>	<b>8</b>	<b>54</b>	<b>56</b>	<b>26</b>

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

- 5 have been reviewed and are now closed
- 7 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 1 RCA has been received and is due to be reviewed at SIRG in January 2020.
- 2 RCA was received and reviewed but further assurances requested from the provider.

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

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

- 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 1 SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR) and 1 RCA has since been received and closed.
- Southport and Formby CCG – Reported on behalf of I-Sight. This has now been reviewed and closed.
- Mersey Care NHS Foundation Trust (Mental Health) – SIs were reviewed at SIRG and closed.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.

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

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No		Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA rcvd 60+ days	RCA not received
S&O	38	1	34	*5		31	8	0	0	8	16

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

The Provider have now submitted all overdue RCAs and the CCG note the continual improvements made by the trust, in relation to submitting reports closer to the 60 day deadline and 100% compliance with the 48 hour timescales and 72 hour report submissions. The Provider is still subject to a Contract Performance Notice (CPN) as the CCG have requested assurance that the Serious Incident process is sustainable. The CCG will close the CPN at the end of March 2020 if assurance can be provided.

**Figure 14 - Timescale Performance for Lancashire Care Community Trust**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+	RCA not rcvd
Lancashire Care	5	1	3	3	-	4	1	0	1	2	0

The CCG continues to monitor this requirement and work with the providers to ensure reports are submitted on time, 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 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 October 2019 was 326, an increase compared to October 2018 with 124. Delays due to NHS have increased, with those due to social care decreasing. 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 October 2019 were due to patient family choice.

See DTOC appendix for more information.

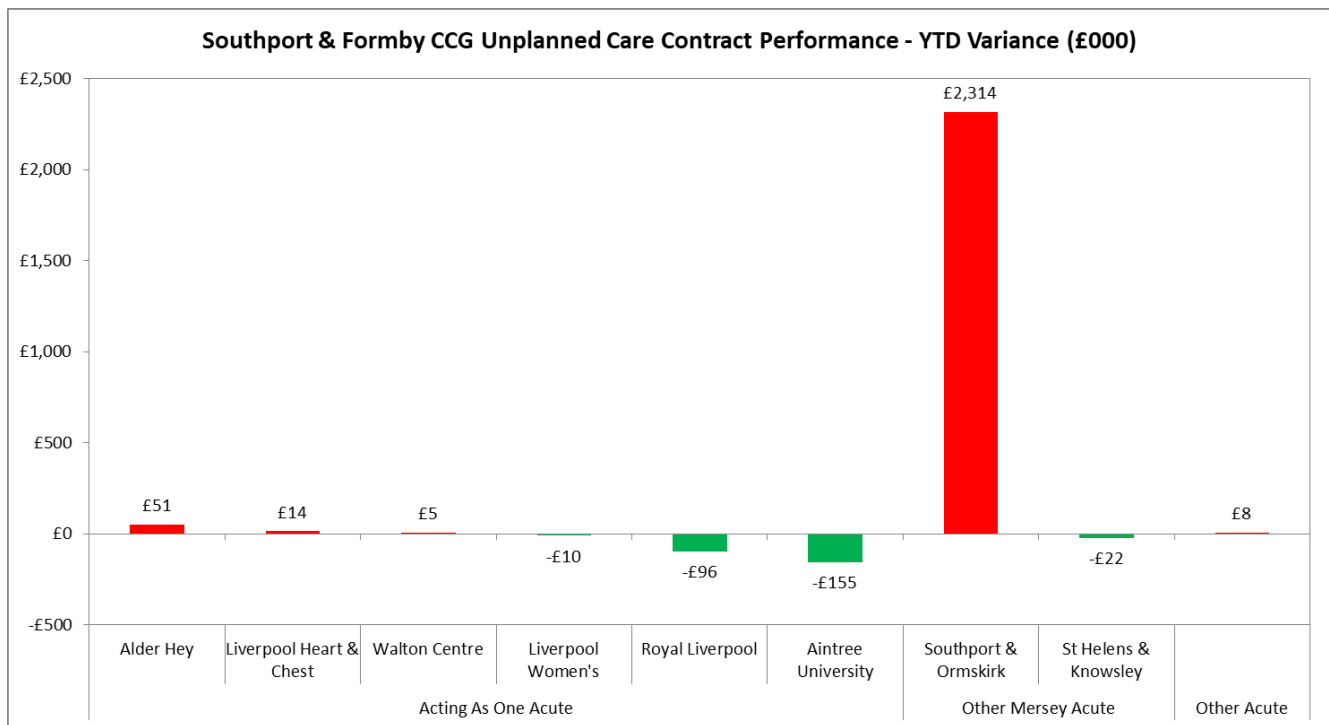
### 3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Southport &amp; Ormskirk Friends and Family Test Results: A&amp;E</b>		<b>Previous 3 months and latest</b>					
<b>GREEN</b>	<b>TREND</b>	Jul-19	Aug-19	Sep-19	Oct-19		
		RR	1.5%	0.8%	4%		25%
		% Rec	88%	89%	79%		90%
		% Not Rec	9%	4%	16%		6%
		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 25% in October, a significant improvement on previous months and above the England average of 12.2%. The percentage of patients who would recommend the service increased to 90% above the England average of 85% and the percentage who would not recommend decreased to 6% below 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.							
<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, for this month it appears to have risen significantly in the number responding which has been confirmed with the trust.. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners 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			

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

#### 3.9.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 7 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.1m/8.1%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £2.3m/8.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £2.3m/10% against plan at month 7.

**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	23,505	26,133	2,628	11%	£3,916	£4,283	£367	9%
NEL - Non Elective	7,766	8,305	539	7%	£15,241	£17,680	£2,440	16%
NELNE - Non Elective Non-Emergency	784	607	-177	-23%	£1,501	£1,342	-£158	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	38	33	612%	£3	£12	£10	398%
NELST - Non Elective Short Stay	1,897	1,973	76	4%	£1,320	£1,394	£74	6%
NELXBD - Non Elective Excess Bed Day	3,461	1,826	-1,635	-47%	£886	£467	-£419	-47%
<b>Grand Total</b>	<b>37,418</b>	<b>38,882</b>	<b>1,464</b>	<b>4%</b>	<b>£22,866</b>	<b>£25,180</b>	<b>£2,314</b>	<b>10%</b>

Year to date A&E attendances are currently 11% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. However, non-elective admissions account for the majority of the over performance reported. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in early 2019/20. This includes admissions related to Heart Failure, Sepsis, Pneumonia and Stroke.

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

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

## 4. Mental Health

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

#### 4.1.1 Mental Health Contract Quality Overview

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

#### ADHD Transition

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

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

#### ASD

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

are going explore reconfiguring the existing resource to create additional assessment capacity. The Trust will provide commissioners with proposals in January 2020.

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

### Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has submitted a service review document which contains proposals for how the service could be remodelled. The commissioners will provide comment by December 2019.

### Core 24 KPIs

In Month 7 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD
Emergency Pathway - Assessment within 1 hour	90%	85.48%	86.38%	89.95%	88.04%	88.83%	88.59%	92.93%	88.54%
Emergency Pathway - Package of care within 4 hours	90%	86.96%	84.94%	85.62%	81.29%	85.38%	83.33%	78.69%	83.76%
Urgent Pathway - Assessment within 1 hour	90%	57.47%	54.43%	54.62%	60.52%	58.94%	59.42%	59.43%	57.91%
Urgent Pathway - Assessment within 4 hour	90%	94.95%	90.98%	82.96%	88.00%	84.18%	80.00%	82.00%	85.61%
Urgent Pathway - Full MH assessment within 24 hours	90%	65.06%	78.41%	64.00%	61.11%	65.55%	61.46%	69.23%	66.19%



The Trust has reviewed the data and has identified some coding issues relating to urgent/emergency coding and staff training is underway to ensure staff are recording the correct pathway codes. A further update and an improvement trajectory plan will be submitted for Month 8.

### Safeguarding



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



### 4.1.2 CPA 7 Day Follow Up



Indicator		Performance Summary				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					
<b>GREEN</b>	<b>TREND</b>	Jul-19	Aug-19	Sep-19	Oct-19		
		100%	100%	75%	100%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
The Trust reported 100% of patients being followed up within 7 days in October and therefore achieving the 95% target.							
<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>		
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					
<b>RED</b>	<b>TREND</b>	Jul-19	Aug-19	Sep-19	Oct-19		
		42.9%	80.0%	50.0%	77.78%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
The Trust continues to fail the 95% target, although performance improved to 77.78% in October. Out of a potential 9 Service Users, 7 started treatment within the 18 week target. Demand for the service continues to increase and to exceed capacity.							
This month 79 people are waiting for treatment with 24 breaching the 18 week to treatment target. This has decreased from last month's figure of 43 breaching the 18 week to treatment KPI.							
<b>Actions to Address/Assurances:</b>							
Trust Actions: 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter DNA and cancellation policy. 4. Using therapy contracts to contract number of sessions. 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Recruit to vacant posts Band 7 Clinical Psychologist will commence on 04/11/2019 7. Commissioners are currently reviewing a service proposal which was received in November.							
<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 to be shared with Commissioners.							
<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 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	Jul-19	Aug-19	Sep-19	Oct-19	
		0.97%	0.91%	0.89%	1.29%	
		Access Plan: 1.59%				
<b>Performance Overview/Issues:</b>						
The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 22% (5.5% per quarter) in the last quarter of 2019/20 only. The monthly target for M7 19/20 is therefore approximately 1.59%. Month 7 performance was 1.29% and failing to achieve the target standard although is a significant improvement from the previous month. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance.						
<b>Actions to Address/Assurances:</b>						
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 due to commence in January 2020 with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups (e.g. Colleges and older People) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through CBT. The service will be developing communication for GP practices.						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.						
<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	Jul-19	Aug-19	Sep-19	Oct-19	
		52.6%	44.2%	45.5%	46.7%	
		Recovery Plan: 50%				
<b>Performance Overview/Issues:</b>						
The percentage of people moved to recovery was 46.7% in month 7 of 2019/20 and the target was not achieved although this was an increase from the previous month. Recovery for step 2 patients was reported as being 52.9% whilst recovery for Step 3 patients was reported as being 34.8% which impacted on the overall recovery figure.						
<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. The introduction of the Silver Cloud online therapy tool should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.						
<b>When is performance expected to recover:</b>						
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.						
<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		

## 4.4 Dementia Diagnosis

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Potential Risk: Commissioners and Mental Health Clinical Lead have raised a concern with NHS England and North England Analytical Team regarding data that does not appear to be extracted from Trinity practice. The impact is a sudden drop of performance in may from 75.6% to 68.3% which equates to approximately 151 patients who have been excluded from the count. This was raised via email on 13th August 2019.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19		
		68.3%	68.3%	68.4%	66.6%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
Southport & Formby CCG failed the 66.7% target in October for the first time, with a performance of 66.6%. Out of an estimated 2,257 patients aged 65+ with dementia, 1,503 were recorded as diagnosed.							
<b>Actions to Address/Assurances:</b>							
Information from NHS Digital indicates that the drop in diagnosis rates is due to an extraction error with St Marks and Trinity practice merging. Over 65s registry data is not being extracted from Trinity practice. This will be investigated.							
<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>		
Jan Leonard		Hilal Mulla			Kevin Thorne		

## 5. Community Health

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



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

#### 5.1.1 Quality

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

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

## 5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire & South Cumbria Adult Community Services: Podiatry		Previous 3 months and latest					
AMBER	TREND	RTT Long Waiters 19 to 24 weeks					
		Jul-19	Aug-19	Sep-19	Oct-19		
		68	165	37	6		
<b>Performance Overview/Issues:</b>							
<p>In October the Trust reported 6 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 787 podiatry patients were waiting on the pathway at this point, 193 less than in September. Therefore the overall performance for the service remains well above the 92% target at 99.2%, a further increase from the previous month when 96.2% was reported. The Trust advised that all of the 6 breaches in October were due to patient choice and had an appointment booked.</p> <p>The Trust's position has improved further as at 5th November with just 4 patients 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>						
Actions as per month 6: Work is being undertaken by the Provider to reduce the number of DNAs. The service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. 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>						
Situation same as month 6: 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>						
Action same as M6: Work is being undertaken by the Provider to reduce the number of DNAs. The service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. 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)

The CCG and provider are reviewing the consistency of data between national data submission and local interpretation. We are temporarily unable to report waiting times relating to CAMHS services this month whilst the review is ongoing. The CCG expect to report this information in the next CCG published report.



## 6.3 Alder Hey Children’s Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		6.8%	6.1%	17.5%	5.6%	
		Access Plan: 34% Quarter 2 2019/20 performance reported 5.6% and achieved.				
<b>Performance Overview/Issues:</b>						
The CCG reported a performance of 5.6% in quarter 2, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 23.1% against the cumulative target of 17.0% therefore exceeding the plan.						
<b>Actions to Address/Assurances:</b>						
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.						
<b>When is performance expected to recover:</b>						
Cumulative access to date is at 23.1% which exceeds the trajectory of 17% so performance is on target to achieve the y/e target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. 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>	
		Jul-19	Aug-19	Sep-19	Oct-19		
		36 wks	35 wks	34 wks	33 wks		
		Average waiting times <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In October the Trust reported a 92nd percentile of 33 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on September when 34 weeks was reported. In October no children were waiting over 40 weeks. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of October there were no children who had waited over 52 weeks. 309 were waiting above 18 weeks; 209 were between 18-30 weeks and 100 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>Currently Paediatric speech and language waiting times are reported on a Sefton basis. There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
<b>When is performance expected to recover:</b>							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to 0 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		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					
		Jul-19	Aug-19	Sep-19	Oct-19		
		17.6%	17.3%	17.5%	10.3%		
		Outpatient Clinic Provider Cancellations					
		Jul-19	Aug-19	Sep-19	Oct-19		
		3.0%	10.7%	7.5%	6.3%		
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%					
<b>Performance Overview/Issues:</b>							
<p>The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In October 2019 performance improved but remains high at a rate of 10.3%. Provider cancellations have seen a decrease over the past two month from 7.5% in September to 6.3% in October. This is an improvement on DNAs and provider cancellations. It should be noted that RTT is under 18 weeks.</p>							
<b>Actions to Address/Assurances:</b>							
<p>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.</p> <p>AHCH has implemented a text appointment reminder system.</p> <p>There is a work plan being developed currently with the Trust to report on CCG level on all their transacted services.</p>							
<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 & South Cumbria NHS FT)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters					
GREEN	TREND	Waiting Times					
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		57.1%	85.7%	100%	100%		
		For 2019/20, 92% of children should receive equipment within 18 weeks					
<b>Performance Overview/Issues:</b>							
Lancashire & South Cumbria NHS FT has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 2 2019/20, a performance of 100%, exceeding the 92% target.							
<b>Actions to Address/Assurances:</b>							
<b>When is performance expected to recover:</b>							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

## 7. Primary Care

### 7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				Extended access is based on 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.	
<b>GREEN</b>	<b>TREND</b>	Jul-19	Aug-19	Sep-19	Oct-19		
		52.74%	48.32%	56.67%	72%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). October target 64.7%					
<b>Performance Overview/Issues:</b>							
<p>A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.</p> <p>In October, Southport &amp; Formby CCG practices reported a combined utilisation rate of 72%, above the CCG's 64.7% target for October. Total available appointments was 1,125, with 914 being booked (81.24%) and 104 DNA's (11.4%). This shows an improvement on last month.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Extended access is available to the whole population, however, utilisation of appointments dropped below the CCG target in quarter 2 due to service changes implemented following a review of skill mix and appointment capacity. The service manager has also done work with local GP practices to promote the service.</p> <p>The results of these changes are now being realised with an improvement in utilisation evident in October at 72%, which exceeds the CCG target of 64.7%.</p>							
<b>When is performance expected to recover:</b>							
Quarter 3.							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Kati Scholtz			Angela Price		

**Figure 17 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service**

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
		38.7%	34.4%	9.4%	4.9%	12.7%
	May-19	256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
	Jun-19	261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
	Jul-19	239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
	Aug-19	261	215	68	33	97
41.3%		34.0%	10.8%	5.2%	15.3%	
Sep-19	237	237	71	55	95	
	34.1%	34.1%	10.2%	7.9%	13.7%	
Oct-19	234	391	97	55	137	
	33.7%	56.3%	14.0%	7.9%	19.7%	

## 7.2 CQC Inspections

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

**Figure 18 – CQC Inspection Table**

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	24 April 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
<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	
<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #32CD32; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #FF9800; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #FF4500; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #D3D3D3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #A9A9A9; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## **8. CCG Oversight Framework (OF)**

### **8.1 Background**

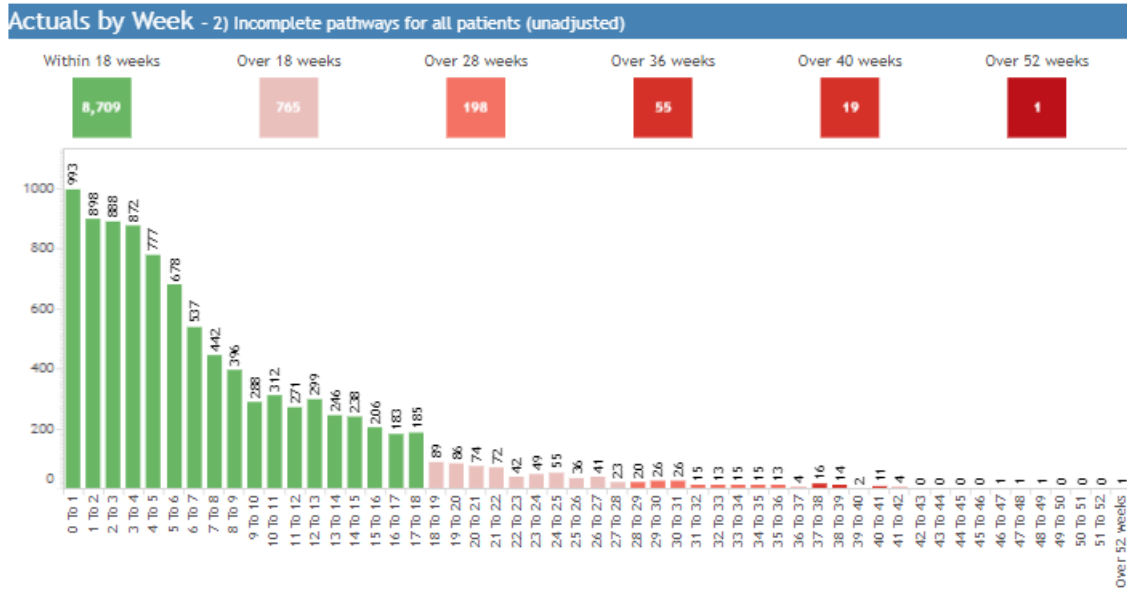
The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators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

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

## 9. Appendices

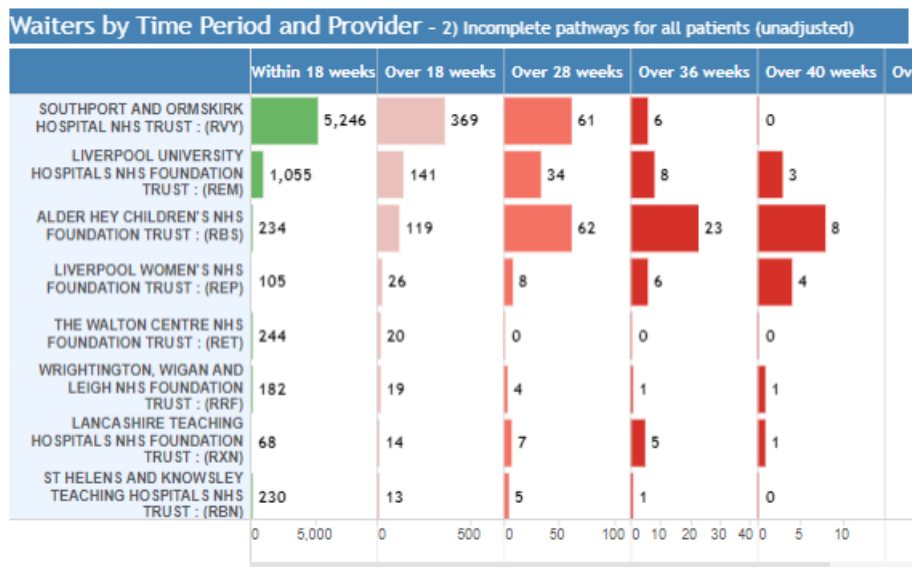
### 9.1.1 Incomplete Pathway Waiting Times

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



### 9.1.2 Long Waiters analysis: Top Providers

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





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

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

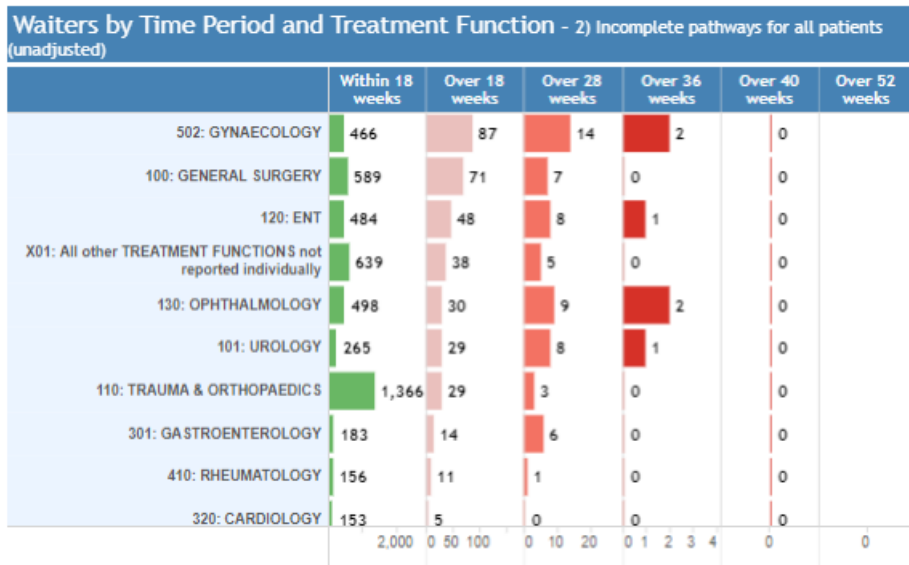
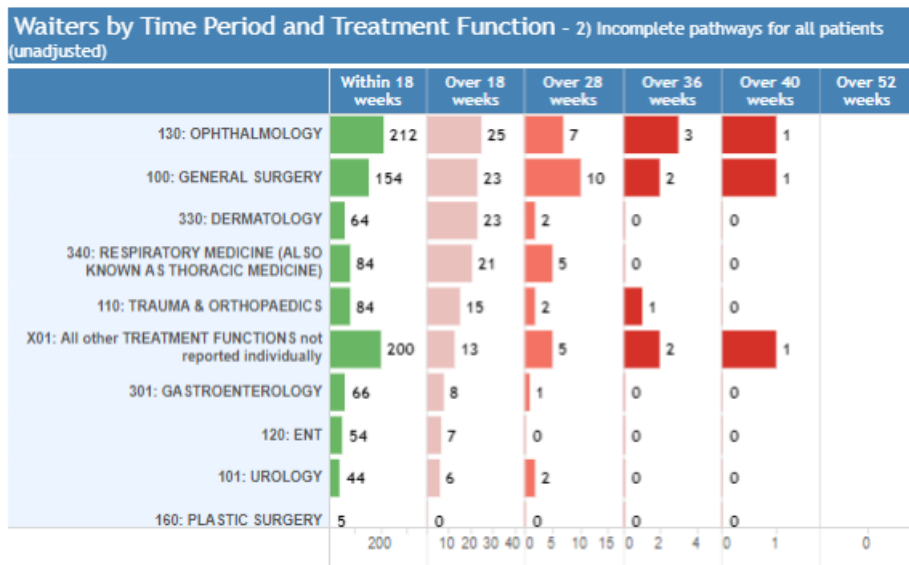
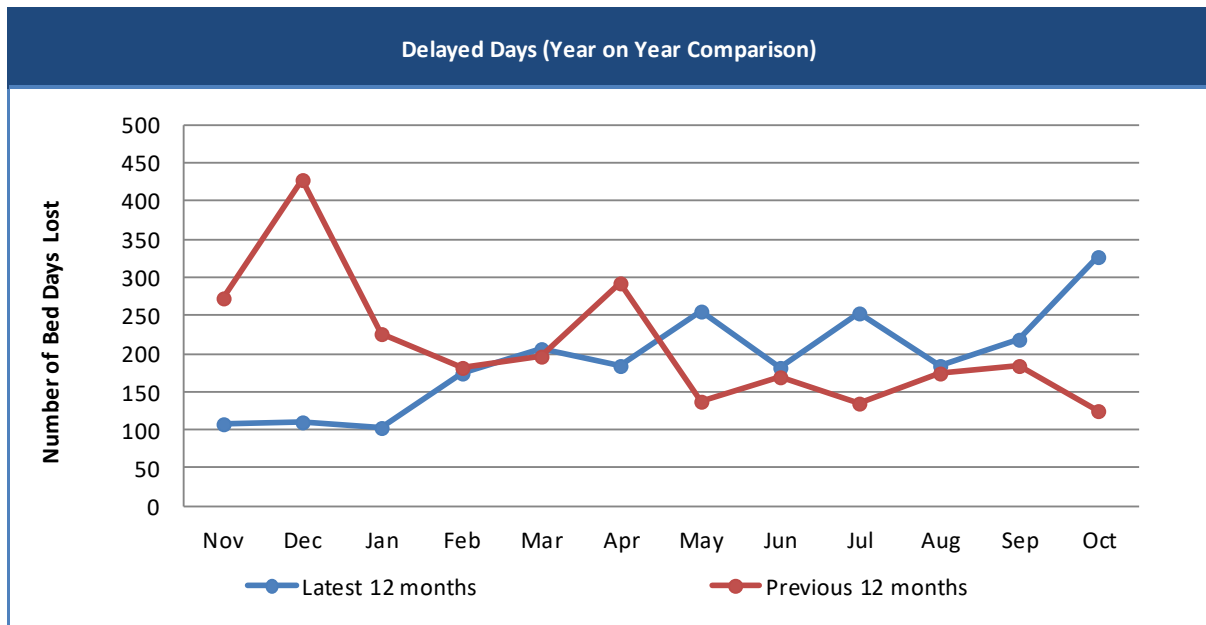


Figure 22 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



## 9.2 Delayed Transfers of Care

Figure 23 – Southport & Ormskirk DTOC Monitoring



<b>DTOC Key Stats</b>			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Oct-19</b>	<b>Sep-19</b>	<b>Oct-18</b>
Total	326	218	124
NHS	99.7%	97.2%	100.0%
Social Care	0.3%	2.8%	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 (Oct-19)

<b>SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST</b>	
Care Package in Home	9.2%
Community Equipment Adapt	3.4%
Completion Assesment	3.4%
Disputes	0.0%
Further Non-Acute NHS	6.1%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	68.4%
Public Funding	0.0%
Residential Home	9.5%
Other	0.0%

### 9.3 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	Oct	
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	539	539	766	-22.43	41	68	77	88	41	64	69	448
		Total Contacts (Domiciliary)	39	39	62	-59.97	1	13	5	3	5	2	7	36
		Total Contacts (Outpatients)	500	500	706	-41.20	40	55	72	85	36	62	62	412
		Total New Referrals	289	289	295	-2.74	32	25	16	18	32	24	25	172
	Paediatric Occupational Therapy	Caseload at Month End	150	150	116	-22.67	113	129	113	122	113	115	108	121
		Referral to 1st contact (weeks average)	14.3	14.3	12.9	-9.79	16	9.9	13	12.1	14.8	11.4	13.3	16
		Total Contacts (Domiciliary)	3,342	3,342	3,165	-6.30	285	275	248	284	271	226	257	1,846
		Total New Referrals	566	566	523	-7.60	48	61	36	47	27	44	42	305
	Paediatric Physiotherapy	Caseload at Month End	64	64	65	1.56	60	62	56	72	67	68	67	65
		Referral to 1st contact (weeks average)	5.8	5.8	6.2	6.90	6.2	5.8	7.6	7	5.2	5.9	6	6.7
		Total Contacts (Domiciliary)	6,103	6,103	4,774	-21.78	431	396	406	428	322	392	410	2,785
		Total New Referrals	553	553	597	7.96	48	51	43	53	39	54	60	348
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	25.9	25.9	31.1	20.08	36.6	35.9	31.1	32	34	24.2	24.1	36.6
		Total Contacts (Domiciliary)	7,809	7,809	10,113	29.59	696	740	873	941	741	848	1,060	5,899
		Total New Referrals	753	753	813	7.95	52	73	62	76	44	73	92	474
		Caseload at Month End	212	212	192	-9.43	230	233	204	209	205	138	128	232
Paediatric Continence	Total Contacts (Domiciliary)	1,584	1,584	1,531	-3.35	152	114	130	121	134	129	113	893	
	Total New Referrals	135	135	168	24.44	17	13	16	8	13	12	19	98	
	Caseload at Month End	90	90	278	208.89	322	269	261	261	279	273	282	322	
Paediatric Dietetics	Referral to 1st contact (weeks average)	8.5	8.5	6	-25.41	7.5	4.2	7.4	6.1	5.2	6.4	5.2	7.5	

If Plan is <10,000:

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

If Plan is >10,000:

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

### 9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Number of Referrals	146	162	139	150	110	152	219
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33
Total Number Waiting	944	920	879	819	764	733	733
Number waiting over 18 weeks	521	483	488	435	405	375	320

RAG rating

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

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

## 9.5 Alder Hey Dietetics Waiting Times – Southport & Formby CCG

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

RAG rating

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

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

### Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	121
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%	10.3%	16.2%

### Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	10	43
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.8%	3.1%	2.9%	10.7%	7.5%	6.3%	6.4%

### Outpatient Clinics - Cancs by PATIENT

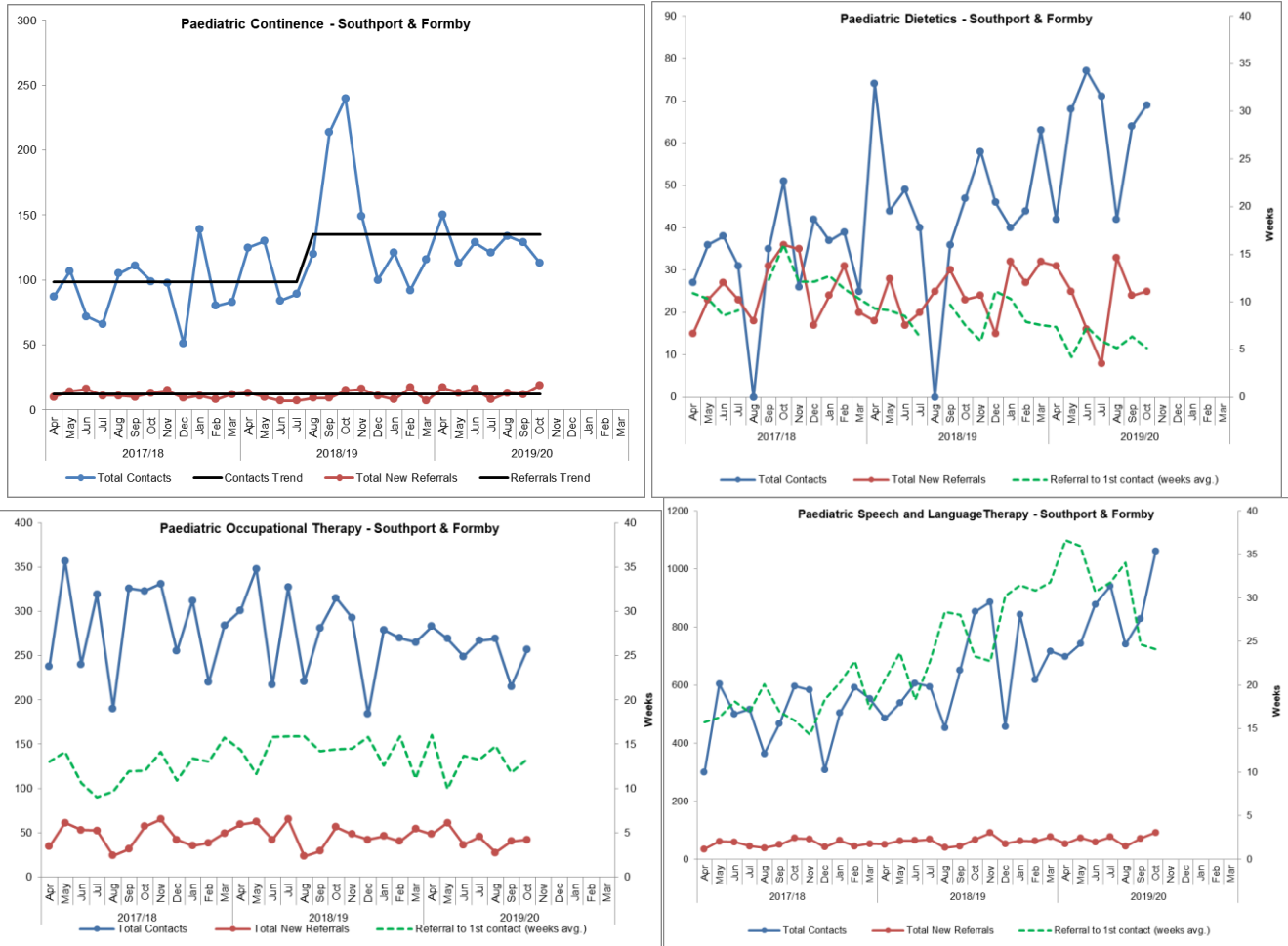
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	189
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	24.9%	23.2%

### Rag Ratings & Targets 19/20

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

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

## 9.7 Alder Hey Activity & Performance Charts



## 8.7 Better Care Fund

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

A summary of the Q1 BCF performance is as follows:

**Figure 24 – 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 25 – BCF High Impact Change Model Assessment**

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

## 9.8 NHS England Monthly Activity Monitoring

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

Month 7 performance and narrative detailed in the table below:

**Figure 26 – Southport & Formby CCG's Month 7 Submission to NHS England**

Month 07 (October)	Month 07 Plan	Month 07 Actual	Month 07 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2560	2649	3.5%	GP referrals increased in month 7 in line with seasonal trend; however, local activity shows that referrals are within the 2% threshold against plan.
Other	2574	2976	15.6%	An increase in Other referrals has been apparent throughout the financial year 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. Discussions continue around referrals A&E attendance (ref source 04 - consultant in A&E) causing an increase in T&O and Gen Med Specialties. The former was raised via the S&O info sub group and found to be related to a change in service at the local WIC whereby patients are now being referred onto the Providers A&E Department rather than being seen and discharged in the WIC. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although this should now level out on a monthly basis as the service is now operational for over 12 months. Discussions regarding referrals will continue with the provider via the information sub group.
<b>Total (in month)</b>	5134	5625	9.6%	
Variance against Plan YTD	34092	36754	7.8%	
Year on Year YTD Growth			9.3%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4124	4367	5.9%	OP first and follow up appointments have both increased in month 7 as part of a seasonal trend. OPFA are above average in line with averages for 1920 to date and OPFUP were slightly above average but within the 2% threshold within month against plan. Total outpatient activity is in line with planned levels at month 7 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	9637	9972	3.5%	
<b>Total Outpatient attendances (in month)</b>	13761	14339	4.2%	
Variance against Plan YTD	91129	91371	0.3%	
Year on Year YTD Growth			7.4%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1439	1714	19.1%	Local monitoring suggests that day case activity are currently 6% above plan YTD with elective inpatients below plan by approx. -7% YTD. Day case trends are following a similar pattern to 2018/19 but remain consistently higher each month. 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	241	224	-7.1%	
<b>Total Elective spells (in month)</b>	1680	1938	15.4%	
Variance against Plan YTD	11772	12489	6.1%	
Year on Year YTD Growth			7.7%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	4036	4100	1.6%	The CCGs A&E activity increased with seasonal trend in month 7 although variance is within the 2% threshold against plan in month. Attendances remain historically high; however, October seasonal trend has not shown as big an increase as 2018/19. Despite this, 4hr performance has decreased and is now at 85% from 89% in Month 6. Pressures in surrounding Paediatric A&E departments are beginning to impact on each other and subsequently showing an increase in Respiratory attendances at the main Provider. A&E conversion rate remains stable thus suggesting lesser Paediatric Respiratory conditions are attending A&E and being discharged from the department. 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			8.1%	
<b>All types (in month)</b>	4398	4714	7.2%	
Variance against Plan YTD	30783	32699	6.2%	
Year on Year YTD Growth			7.2%	
<b>Total Non Elective spells (in month)</b>	1731	1843	6.47%	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions and activity has increased in month 7 in line with an increase in A&E attendances. Non-elective spells in early 1920 are contributing the YTD underperformance against plan; however, activity in month is now more in line with in-month plan and Month 7 2018/19. 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	12522	12093	-3.43%	
Year on Year YTD Growth			12.10%	