



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

December 2019

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Summary Performance Dashboard

Metric	Reporting Level	2019-20													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%	86.4%				
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%	2.57%				
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R	R				R
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%	91.48%				
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	0	0	0	0	0	0	0	0	0				0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Number of Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	6	7	7	7	2	4	8	5	8				54
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Preventing People from Dying Prematurely

Cancer Waiting Times

% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	R	G	G	G	G				G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%	95.44%				93.65%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	G	G	G	G	G	R	G				R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%	96.67%				90.32%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	R	G	R	G	G				G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%	97.33%				96.97%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R	G				G
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%	100%				98.20%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G	G	R	R	G	G	G				G
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%	100%				98.15%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%	100%				99.39%
		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	
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) 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	G				R
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%	97.14%				80.65%
		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%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) 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	G				R
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%	100%				78.57%
		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%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G	G	G	G				G
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%	88.24%				86.23%
		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

4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%	83.08%				85.91%
		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

Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	14	13	4	9	9	10	7	10	11				87
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1	2.6				
		Target	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	

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

HCAI

Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		YTD	1	1	1	1	2	2	2	2	2				2
		Target	0	0	0	0	0	0	0	0	0	0			
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R	R	R	R	R				R
		YTD	2	4	8	10	13	16	22	22	26				26
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E Coli infections Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		YTD	14	25	39	55	70	78	98	107	117				117
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G	G	G	R	G	G	R				G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%	87.5%				95.8%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G			G			G					G
		Actual	100%			100%			75%				91.4%	
		Target	56%			56%			56%			56%	56.00%	

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

IAPT (Improving Access to Psychological Therapies)

IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R	G	R	R	R	R	G				R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%	62.8%				48.3%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%	0.62%				8.88%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	22%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%	100%				
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%				
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Dementia

Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G				G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%	67.7%				69.6%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

Children and Young People with Eating Disorders

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R		R
		Actual	95.24%	84.6%	82.6%		
		Target	95.00%	95.00%	95.00%	95.00%	95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R		R
		Actual	75%	75%	75%		
		Target	95%	95%	95%	95%	95%

Wheelchairs

Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	G	G		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 9 (note: time periods of data are different for each source).

Constitutional Performance for December/Quarter 3	CCG	S&O
Diagnostics Improvement Trajectory	1.5%	1.2%
Diagnostics (National Target <1%)	2.57%	1.44%
Referral to Treatment (RTT) (92% Target)	91.48%	92.93%
Cancelled Operations (Zero Tolerance)	-	8
Cancer 62 Day Standard Improvement Trajectory	-	71.60%
Cancer 62 Day Standard (Nat Target 85%)	97.14%	92.11%
A&E 4 Hour All Types Improvement Trajectory	-	87.2%
A&E 4 Hour All Types (National Target 95%)	83.08%	85.04%
A&E 12 Hour Breaches (Zero Tolerance)	-	22
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	201
Ambulance Handovers 60+ mins (Zero Tolerance)	-	55
Stroke (Target 80%)	-	70.4%
TIA Assess & Treat 24 Hrs (Target 60%)	-	11.80%
Mixed Sex Accommodation (Zero Tolerance)	11	15
CPA 7 Day Follow Up (95% Target)	87.5%	-
EIP 2 Weeks (56% Target)	75%	-
IAPT 6 Weeks (75% Target)	100%	-
IAPT 18 Weeks (95% Target)	100%	-

Planned Care

Year to date referrals are 5.5% higher than 2018/19 due to an 8.9% increase in consultant-to-consultant referrals. GP referrals are closer to 2018/19 levels with a slight increase of 0.3% at month 9.

Overall, referrals to Southport Hospital have increased by 3.5% year to date at month 9. 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 December recording 2.57%, a significant decline on last month's performance (1.89%). Therefore, the CCG is now failing the improvement trajectory of 1.5% for December 2019. Southport and Ormskirk have shown a decline in performance and are now reporting above the national target of less than 1%, with 1.44% in December.

Southport & Formby CCG had a total 9,362 patients waiting on an incomplete pathway in December 2019; 1,793 patients over plan. The CCG failed to achieve the 92% target in December reporting 91.48%, below the 92% target. Out of a total 9,362 patients waiting on the pathway, 798 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 8 cancelled operations in December 2019, showing an increase on November. 5 were due to a lack of beds, 1 lack of an ITU bed and 2 lists overran. Year to date there have been 54 cancelled operations at the Trust.

For month 9 year to date, Southport & Formby CCG are failing 3 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 20.8% in December 2019. This is a significant improvement on previous months but remains below the England average of 24.9%. The percentage of patients who would recommend the service increased to 97% and is therefore now above the England average of 96%. The percentage who would not recommend remains at 1%, better than the England average.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for December 2019 reached 85.04% for all types (86.01% YTD), which is below the Trust's improvement trajectory of 87.2% for December. For type 1, a performance of 76.93% was reported in December (80.46% YTD).

Southport & Ormskirk Hospital reported 22 12-hour breaches in December against a zero tolerance threshold.

In 2019/20 NWAS has continued to progress improvements in delivery against the national Ambulance Response Performance (ARP) standards. This included re-profiling the fleet, improving call pick up in the Emergency Operation Centres (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.

Southport & Ormskirk's performance for stroke has improved in December but remains below the 80% plan with 70.4%; 19 out of 27 patients spending at least 90% of their time on a stroke unit. In relation to TIAs the Trust continues to report poor performance for 2019/20, with a performance of 11.8% in December. This equates to just 2 patients out of 17 achieving the target. This is an improvement on last month when the Trust reported 4.5% but remains significantly below target.

For Mixed Sex Accommodation (MSA), the CCG continues to breach the zero tolerance threshold with a total of 11 breaches in December. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in December. 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 4 new cases of C.Difficile in December making a total of 26, against a year to date plan of 22 (year-end plan 30) so are over plan currently (11 apportioned to Acute Trust and 15 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 December there were 10 new cases against a plan of 8, bringing the year to date figure to 117 against a YTD target of 83. Southport & Ormskirk Trust reported 20 new cases in December with 2 of those acquired through the hospital (189 YTD). There are no targets set for Trusts at present.

Mental Health

The percentage of patients on a Care Programme Approach (CPA) discharged from inpatient care and followed up within 7 days has seen a decrease in performance with 87.5% in December against the 95% target. This equated to 1 patient out of 8 who has now been followed up.

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, with performance dropping to 62.5% in December. Out of a potential 8 service users, 5 started treatment within the 18 week target.

In quarter 3, the percentage of patients identified as 'at risk' having a care plan in place fell further below the 98% target with 62.5%. This equated to 5 out of 8 patients.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.62% in December, therefore failing to achieve the target of 1.59%. However, the recovery target of 50% was achieved in December with 62.8%.

In quarter 3, performance for children and young people's eating disorders continues to report below the 95% standard (and 100% local target), with 82.6% for routine cases (4 breaches) and 75% for urgent cases (1 breach).

For patients with Severe Mental Illness (SMI) having physical health checks, the 50% target was not achieved in quarter 3, with a performance of 34.2%. This shows an improvement on the last quarter.

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 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care (DTCOC).

CCG Oversight Framework

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

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January-20. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2552	-142	-5.3%	1799	2075	276	15.3%	5247	5562	315	6.0%
May	2727	2832	105	3.9%	1929	2265	336	17.4%	5456	6121	665	12.2%
June	2429	2469	40	1.6%	2069	1973	-96	-4.6%	5305	5344	39	0.7%
July	2580	2901	321	12.4%	2054	2427	373	18.2%	5433	6337	904	16.6%
August	2495	2353	-142	-5.7%	1914	2144	230	12.0%	5230	5338	108	2.1%
September	2391	2373	-18	-0.8%	1907	2266	359	18.8%	5085	5515	430	8.5%
October	2729	2714	-15	-0.5%	2237	2294	57	2.5%	5965	6076	111	1.9%
November	2722	2733	11	0.4%	2111	2147	36	1.7%	5735	5783	48	0.8%
December	2102	2019	-83	-3.9%	1811	1831	20	1.1%	4571	4602	31	0.7%
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2550	-14	-0.5%	2004	2158	154	7.7%	5398	5631	232	4.3%
YTD Total Month 9	22869	22946	77	0.3%	17831	19422	1591	8.9%	48027	50678	2651	5.5%
Annual/FOT	30763	30595	-168	-0.5%	24047	25896	1849	7.7%	64781	67571	2790	4.3%



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





Month 9 Summary:

- Trends show that total referrals have decreased by 20.4% (1,181) from the previous month at December 2019.
- Although a notable decrease, this is in line with historical trends whereby the extended festive period impacts on referral numbers reported. Taking this into account results in -16.4% (-45) less referrals for the working day lost.
- Year to date referrals are 5.5% higher than 2018/19 due to an 8.9% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 10.8% higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department to the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 12.6%.
- Overall, referrals to Southport Hospital have increased by 3.5% year to date at month 9. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 19.0%.
- The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although it is anticipated that this will level out on a monthly basis as the service has now been operational for over 12 months. Further work monitoring referrals continues via the information sub group.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. GP referrals are currently 0.3% 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 6.8% 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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		84.6%	82.1%	82.3%	86.4%		
		Plan: 100%					
Performance Overview/Issues:							
<p>The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. However this was not achieved. Southport & Formby CCG is showing a performance of 86.4% for December, which is an improvement on last month.</p> <p>The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an e-RS referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. December data shows an overall performance of 90.3% for Southport & Formby CCG, an improvement on the previous month (85.1%).</p>							
Actions to Address/Assurances:							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, Advice and Guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG has communicated to its Acute providers (LUHFT and S&O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board. Advice and Guidance, and improved utilisation of e-RS will be key components. The CCG have yet to receive detailed plans and this has been escalated to the CCGs turnaround director.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	3.49%	2.39%	1.89%		
		S&O	2.57%	2.16%	0.87%	1.44%	
		National Target < 1% <u>December improvement plans</u> CCG: 1.5% S&O: 1.2% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in December recording 2.57%, a significant decline on last month's performance (1.89%). Therefore, the CCG is now failing the improvement trajectory of 1.5% for December 2019. Out of 1,982 patients, 51 patients were waiting over 6 weeks and 8 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in MRI (16), Cystoscopy (10), Colonoscopy (9) and Cardiology (7).</p> <p>Southport and Ormskirk have shown a decline in performance and are now reporting above the national target of less than 1%, with 1.44% in December. This equates to 37 patients out of 2,573 waiting over 6 weeks for their diagnostic test. The majority of breaches were in Cystoscopy (15), Colonoscopy (9) and Non-Obstetric Ultrasound (9). 18 of the 37 breaches reported were Southport & Formby CCG patients. The breached patients from December have been dated for the month of January. All active patients due in January will be offered a date within the required timescale. For Cystoscopy (including gynaecology) there were 15/99 = 15.2%, reasons - single surgeon providing service until newly recruited consultant in place this being in January 2020. Also, due to the Christmas period, high volumes of annual leave was taken by surgeons and there was difficulties delivering WLI's as a result of HMRC pensions and tax issues.</p> <p>For Southport & Formby CCG patients, Liverpool University Hospitals are breaching the target with 5.08% (12 breaches) and Liverpool Heart & Chest with 32.73% (18 breaches).</p>							
Actions to Address/Assurances:							
<u>CCG Actions</u>							
<p>There are diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who started in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans. LCHC expecting sustainable recovery by June 2020.</p> <p>There are still underlying issues at the CCG's lead provider relating to HMRC Pension and tax, with a reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered. CCG escalated via NHSE/I performance call and the response was that this is a national issue which has also been escalated by NHS England.</p> <p>Southport & Ormskirk had indicated that performance improvements were expected in September onwards and this has shown to be the case until December 2019. The Trust had indicated that the constitutional target would not be met until March 2020. However, outsourcing of diagnostic activity has proved to be successful and had initially brought the Trust back in line with the national target, however, high consultant annual leave, bank holidays and HMRC pensions and tax issues have impacted December performance. Sustainability of delivery is not assured but will be closely monitored.</p>							
When is performance expected to recover:							
CCG recovery expected in June 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	91.71%	91.93%	91.55%		
		S&O	93.43%	93.29%	93.34%	92.93%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in December reporting 91.48%, below the 92% target. Out of a total 9,362 patients waiting on the pathway, 798 were waiting in excess of 18 weeks. This shows a deterioration in performance compared to last month. Gynaecology remains one of the main failing specialties for December reporting 88.76%, with 95 breaches. General Surgery is also failing with a performance of 89.23%; a total of 97 breaches. Treatments grouped under 'Other' are performing at 86.90% in December with 205 breaches.</p> <p>Southport & Ormskirk Hospital Trust (S&O) continues to achieve the target with 92.93%. This shows a slight decline on last month's performance. For Southport & Formby CCG patients, the Trust reported 348 breaches out of a total 5,164 patients, a performance of 93.69%. However, the Trust is failing in General Surgery (88.42%) and Gynaecology (88.47%) for Southport & Formby CCG patients which is having an impact on CCG performance. The following providers are failing the target for Southport & Formby CCG patients and therefore also contributing to the CCGs underperformance:</p> <ul style="list-style-type: none"> - Liverpool University Hospitals Foundation Trust (LUHFT) * with 84.91% (182 breaches out of 1,206). - Alder Hey with 68.15% (129 breaches out of 405). <p>*The Royal Liverpool Hospital and Aintree Hospital have now merged to become LUHFT. Before the merger, both hospitals were contributing towards the CCG failing the target.</p>							
Actions to Address/Assurances:							
<p>As part of the conversations with Aintree Hospital regarding the RTT contract performance notice, expectations have been set that the provider should investigate the opportunities of repatriating activity in underperforming specialties to providers that are achieving RTT performance, i.e. S&O, Spire Liverpool etc. It is envisaged that although S&O's RTT performance could dip as a result of receiving repatriated activity, this could be mitigated against an improvement in performance at Aintree Hospital and the CCGs overall position. The CCG formally responded to Aintree's initial improvement trajectory reiterating verbal conversations regarding repatriation and also an expectation that an improved trajectory was received by the 22nd January 2020. A response was received from the Trust which will be discussed at the March Liverpool University Foundation Hospital Trust (LUHFT) Collaborative Commissioning Forum (CCF).</p> <p>Although S&O are still achieving the target. The CCG Planned Care Lead will liaise with S&O to understand if RTT performance at provider level is expected to continue.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG has raised locality specific issues with the Trust. A response was received from the Trust informing that the majority of breaches are within Community Paediatrics, a consultant-led service. As a result the CCG commissioning and performance leads are reviewing RTT guidance, with a view to challenge whether or not this activity is being reported accurately.</p>							
When is performance expected to recover:							
The CCG has received a revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)  		Previous 3 months and latest				129c	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	Sep-19	Oct-19		
		CCG	0	0	0		
		S&O	0	0	0	0	
		Plan: Zero					
Performance Overview/Issues:							
The CCG has been informed of an upcoming 52 week breach at Southport & Ormskirk Hospital in January 2020 within Ophthalmology. A technical interface issue has been identified between e-RS and the Medway appointment system.							
Actions to Address/Assurances:							
An RCA will be undertaken, which will go through the appropriate governance processes and further detail will be provided in the month 10 report.							
When is performance expected to recover:							
No further breaches are anticipated.							
Quality:							
To be confirmed.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

Figure 2 – RTT Performance & Activity Trend

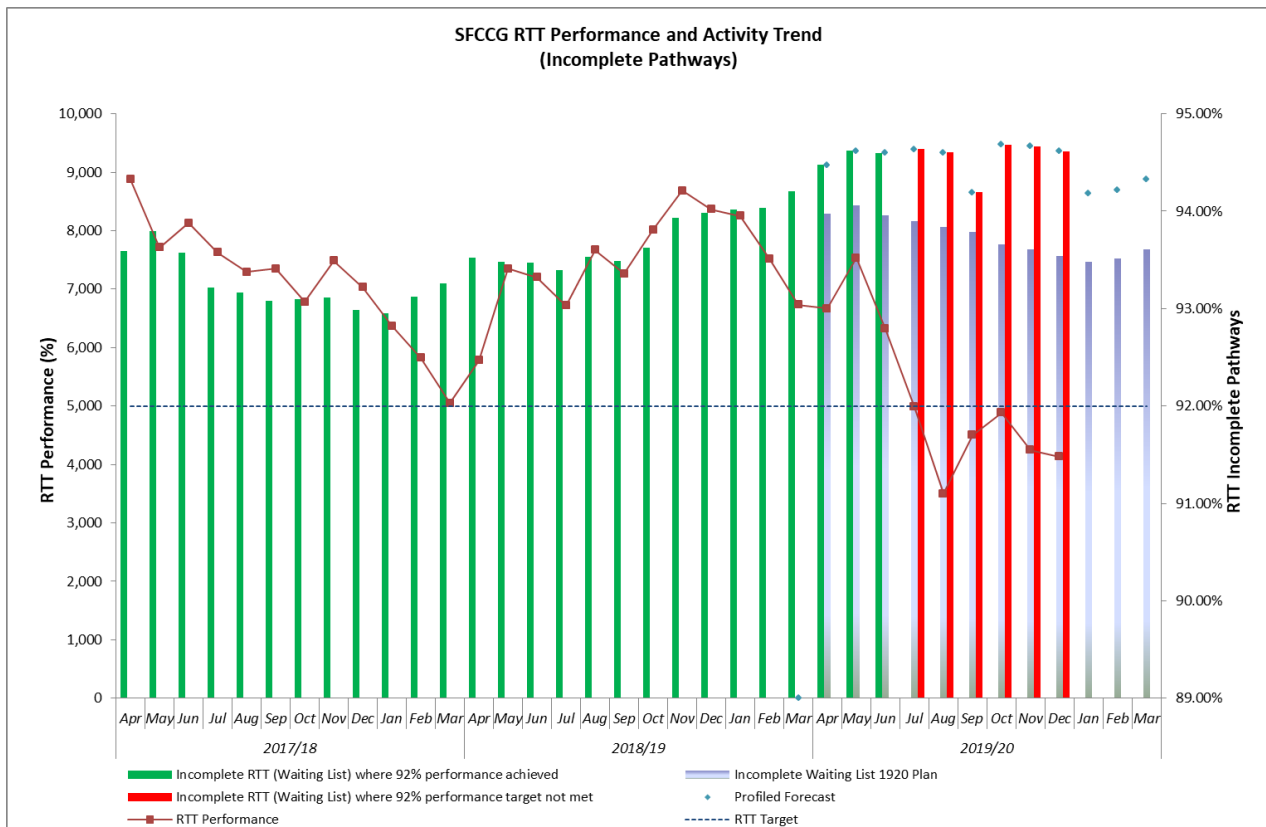


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362				9,362
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767	1,793				1,684

Southport & Formby CCG had a total 9,362 patients waiting on an incomplete pathway in December 2019; 1,793 patients over plan.

The CCG has seen a 1,063/11% increase in December 2019 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has declined to 92.93%, therefore CCG performance has also declined and remains below the 92% target at 91.48%.

2.3.2 Provider assurance for long waiters



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

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-49	42 patients; 18 TCI Dates, 13 treated, 5 sent for service date, 3 sent for service review, 3 discharged. Capacity issues within Community Paediatrics. Main areas of concern are patients from South Sefton and Southport & Formby CCGs. Interviews took place for a locum on Friday 31st January 2020 and the successful candidate will start in post in May 2020 and will be allocated to the Southport area. WLI clinics will continue until March 2020 as an improvement has been seen in the RTT performance. Long term sickness is now at 1 member of staff, but the returning member is still on a long phased return. A new round of recruitment is underway for 2 new nursing staff to support the clinics (previous recruitment round was unsuccessful in appointing).
Blackpool Teaching	Cardiology	46	1 patient; Treated 13/01/2020
Lancashire Teaching	General Medicine	40	1 patient; Patient seen in clinic on 24/05/19 and endoscopy completed 02/09/19. Awaiting follow up to be booked
Liverpool University Hospitals (Aintree)	All Other	39	1 patient; Treated 10/01/2020
Liverpool University Hospitals (Aintree)	Gastroenterology	37	1 patient; Treated 03/01/2020
Liverpool University Hospitals (Aintree)	General Surgery	36-39	2 patients; Both treated
Liverpool University Hospitals (Aintree)	Ophthalmology	37	1 patient; Awaiting Appointment
Liverpool University Hospitals (Aintree)	Respiratory Medicine	40	1 patient; Treated 13/01/2020
Liverpool University Hospitals (Royal)	All Other	39	1 patient; Pathway Stopped. Ophthalmology is now compliant; this has improved the Trust's overall position. Care Group and speciality compliance trajectories are currently being worked on. 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. Programme of work which involves pre-operative assessment, theatre utilisation, on the day flow and scheduling (particularly focusing on booking patients in chronological order.) The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a service level agreement (SLA) in place or a justified clinical reason. BI teams have been asked to produce data so each Care Group can be monitored against activity plan.
Liverpool University Hospitals (Royal)	General Surgery	38-40	2 patients; Both Pathways Stopped. Capacity Issues
Manchester University	ENT	37	1 patient; No trust information given. See Commentary below...
Manchester University	Gynaecology	46	1 patient; No trust information given. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
North Midlands	All Other	41	1 patient; 1 Pathway Closed.
North Midlands	General Surgery	44	1 patient; 1 TCI Date in February.
Wirral University	Gynaecology	39	1 patient; No trust information given.
Southport & Ormskirk	All Other	38	1 patient; Treated on 21/01/2020. The first appointment was on 12/06/2019. Patient was sent for a duplex scan on 22/07/2019. Follow up was booked for 16/10/2019 but was cancelled by the hospital because the consultant was on leave. The patient attended the follow up on 30/10/2019 when the patient was listed. Patient cancelled treatment booked for 24/12/2019 but was treated on 21/01/2020.
Southport & Ormskirk	Gastroenterology	38	1 patient; 1 Pathway Stopped. New patient referral received but cancelled by the hospital on 16/07/2019, 15/10/2019, 16/12/2019 and 19/12/2019 and the patient cancelled an appointment on 14/09/2019. The patient declined an appointment on 07/01/2010 as it wasn't for Gastroenterology but for Gynaecology and therefore pathway was stopped at 39 weeks.
Southport & Ormskirk	Gynaecology	36-37	4 patients; 3 treated, 1 TCI Date in March. 1 patient referred for new appointment but was cancelled by the hospital on 01/08/2019 and 10/09/2019. Patient attended on 17/09/2019 and was put on the waiting list for treatment. Patient had treatment on 08/01/2020 at 38 weeks. 1 patient clock started on 12/4/2019 for treatment. The pre-op was cancelled by the patient on the 16/05/2019 but attended pre-op clinics on 20/05/2019 and 03/01/2020 and was declared fit. Patient was treated on 08/01/2020 at 38 weeks. 1 patient clock started on the waiting list on 15/04/2019. Patient attended pre-op clinic on 13/05/2019 but next appointment was cancelled by the patient on 14/05/2019. Next appointment for 27/09/2019 was then cancelled by the hospital. Patient attended pre-op clinics on 21/10/2019 and 06/03/2020 and has a treatment date of 10/03/2020. 1 patient clock started on the waiting list on 23/04/2019 and patient was treated on 22/01/2020 at 39 weeks.
Southport & Ormskirk	Ophthalmology	37	1 patient; 1 treated on 16/01/2020. New patient referral appointment was on 30/4/2019 and the patient was put on the waiting list for treatment. Patient was seen in the pre-op clinic on 23/5/2019 and then again on 31/5/2019. Patient seen by the Optometrist on 19/11/2019 and treated on 16/1/2020 at 39 weeks.
Southport & Ormskirk	T&O	38	1 patient; 1 treated on 21/01/2020. New patient appointment was on 06/08/2019 was cancelled by the hospital on 30/04/2019 and 09/07/2019 and an appointment was cancelled by the patient on 04/07/2019. Patient was sent for an Ultrasound on 29/08/2019. The follow up was on 01/10/2019 and the patient was added to the waiting list for excision of 3 lipomas. The patient had the operation on 21/01/2020 at 41 weeks.
Southport & Ormskirk	Plastic Surgery	40-45	2 patients; 2 treated in January. 1 Patient listed at week 26. Patient booked for surgery 15/01/2020 (48 weeks). Patient listed at week 13. Patient booked for surgery 27/1/20 (45 weeks).

The CCG had a total of 68 patients waiting over 36 weeks. Of the 68 patients, 27 patients have been treated, 20 have To Come In (TCI) dates, 3 unknown outcomes, 1 awaiting first appointment, 8 sent to service, 3 discharged, 5 pathway stopped and 1 awaiting a follow up.



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	Sep-19	Oct-19	Nov-19	Dec-19	
		4	8	5	8	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 8 cancelled operations in December 2019, showing an increase on November. 5 were due to a lack of beds, 1 lack of an ITU bed and 2 lists overran. Year to date there have been 54 cancelled operations at the Trust.						
Actions to Address/Assurances:						
Southport and Ormskirk Hospital NHS Trust (S&O) has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.						
Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although an SLA had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.						
Cancelled operations performance is being closely reviewed at the S&O Contract and Clinical Quality Review Meeting (CCQRM) and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days. CCG contract lead for S&O has stated that thorough discussions are taking place and there is a shared understanding that data issues are the cause of the failure of the measure. Ongoing work is being undertaken and monitored at CCQRM.						
Cancelled operations reporting was discussed at the January 2020 Collaborative Commissioning Forum (CCF) with a request to be raised at the February 2020 CCQRM for a more detailed discussion.						
When is performance expected to recover:						
Escalation via the CCQRM for an expected recovery trajectory.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

2.5 Cancer Indicators Performance



2.5.1 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19	YTD		
		93.55%	96.55%	91.89%	96.67%	90.32%		
		Plan: 93%						
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in December 2019 with 96.67%. However, year to date performance continues to fail with 90.32%. Year to date, 30 patients have breached out of a total 310 seen.								
Actions to Address/Assurances:								
The majority of symptomatic breast referrals from Southport and Formby GPs are made to Aintree and Royal Liverpool sites. Both sites have achieved the operational standard in December 2019.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and Waiting List Initiatives (WLIs). 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.								
When is performance expected to recover:								
Continued sustained recovery expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.5 - 31 Day Standard Cancer Treatment: Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19	YTD		
		CCG 100%	100%	85.71%	100%	98.20%		
		S&O 100%	100%	100%	100%	100%		
		Plan: 94%						
Performance Overview/Issues:								
The CCG and the Trust are achieving the target for December and year to date.								
Actions to Address/Assurances:								
Exception commentary not required as achieving target.								
When is performance expected to recover:								
Continued sustained recovery expected.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.2 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19	YTD		
		CCG	82.86%	80.95%	81.40%	97.14%	80.65%	
		S&O	82.00%	74.49%	81.31%	92.11%	78.53%	
		Plan: 85% Trust's December improvement plan: 71.6% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
The CCG achieved the 85% target in December 2019 with 97.14% but is still failing year to date due to previous breaches with 80.65%. Year to date, 65 breaches were reported from a total of 336 patients seen.								
Southport & Ormskirk Hospital Trust achieved the national target in December with a performance of 92.11% but are still failing year to date reporting 78.53%. Therefore performance is also above the Trust's agreed improvement plan of 71.6% for December. Year to date there have been 87.5 breaches from a total of 707.5 patients seen. Please note this is the first time the Trust has exceeded the operational standard for this indicator in 14 months and represents considerable progress.								
Actions to Address/Assurances:								
<u>Key Trust Recovery Actions</u> - Progress towards compliance with internal target of first appointment within 7 days - Improvements in reporting times for Radiology								
<u>System actions</u> - New approach of mutual accountability for cancer standards through the Cancer Alliance. New cancer performance meeting with provider Chief Operating Officers commenced September 2019. The group is including representatives from the Radiology network and leads from Liverpool Clinical Laboratories - Potential for head and neck pathway redesign alongside the Rapid Diagnostic model for head and neck at Aintree - Improvement work on the Haemato-oncology Diagnostic Service (HODS) to reduce turnaround time on samples reporting - Work with LUHFT and Clatterbridge to address performance and sustainability of haematology oncology services								
When is performance expected to recover:								
The trajectory submitted by the provider does not indicate sustained recovery to the operational standard within the current financial year but indicates improvement to 82.61% by February 2020. The Trust has met the standard for December 2019 and predicts sustained recovery by June 2020.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.3 - 62 Day NHS Screening Service

Indicator	Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening Service <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">RED</div> <div style="border: 1px solid black; padding: 2px;">TREND</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;">   </div>	Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
		Sep-19	Oct-19	Nov-19	Dec-19			YTD
	CCG	0%	0%	85.71%	100%			78.57%
S&O	60%	0%	0%	100%	52%	Target: 90%		
Performance Overview/Issues:								
<p>The CCG achieved the 90% target in December 2019 with a performance of 100%. However, the CCG remains below target year to date due to previous breaches with 78.57%. Year to date, 9 breaches out of 42 have been reported.</p> <p>Southport & Ormskirk Hospital Trust treated the equivalent of 1.5 patients on this pathway in December, who achieved the target, resulting in a performance of 100%. However, the Trust remains below target year to date with 52%. Year to date there have been 6 breaches from a total of 12.5 patients apportioned to the Trust.</p>								
Actions to Address/Assurances:								
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard . In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity (estimated at 250%) resulting in increased demand for endoscopy.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway. A new Screening Group with Sefton Local Authority as a Sub Group of the Health Protection Forum commenced in January 2020.</p>								
When is performance expected to recover:								
Small numbers (typically fewer than 3 patients per month) in the target cohort means that there can be volatile performance against this standard which makes prediction difficult.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.4 104+ 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	Sep-19	Oct-19	Nov-19	Dec-19	
		2	4	6	1	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 1 patient waiting over 104 days in December 2019. This was a gynaecological patient who waited 111 days.						
Actions to Address/Assurances:						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. Patient choice, thinking time around treatment modality and unavailability due to holidays remain a key factor in most of these very long waits.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.5.5 Faster Diagnosis Standard (FDS)

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

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

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

This new standard should help to:

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

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

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

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

The standard will initially apply to referrals from:

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



Figure 5 – FDS monitoring for Southport & Formby CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%	78.94%	82.89%	78.79%				80.89%
No of Patients	397	522	422	604	449	467	584	485	330				4260
Diagnosed within 28 Days	333	422	349	476	365	378	461	402	260				3446

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92%	93%	97%	100%				96.86%
No of Patients	25	34	24	34	23	25	28	36	26				255
Diagnosed within 28 Days	24	34	24	33	22	23	26	35	26				247

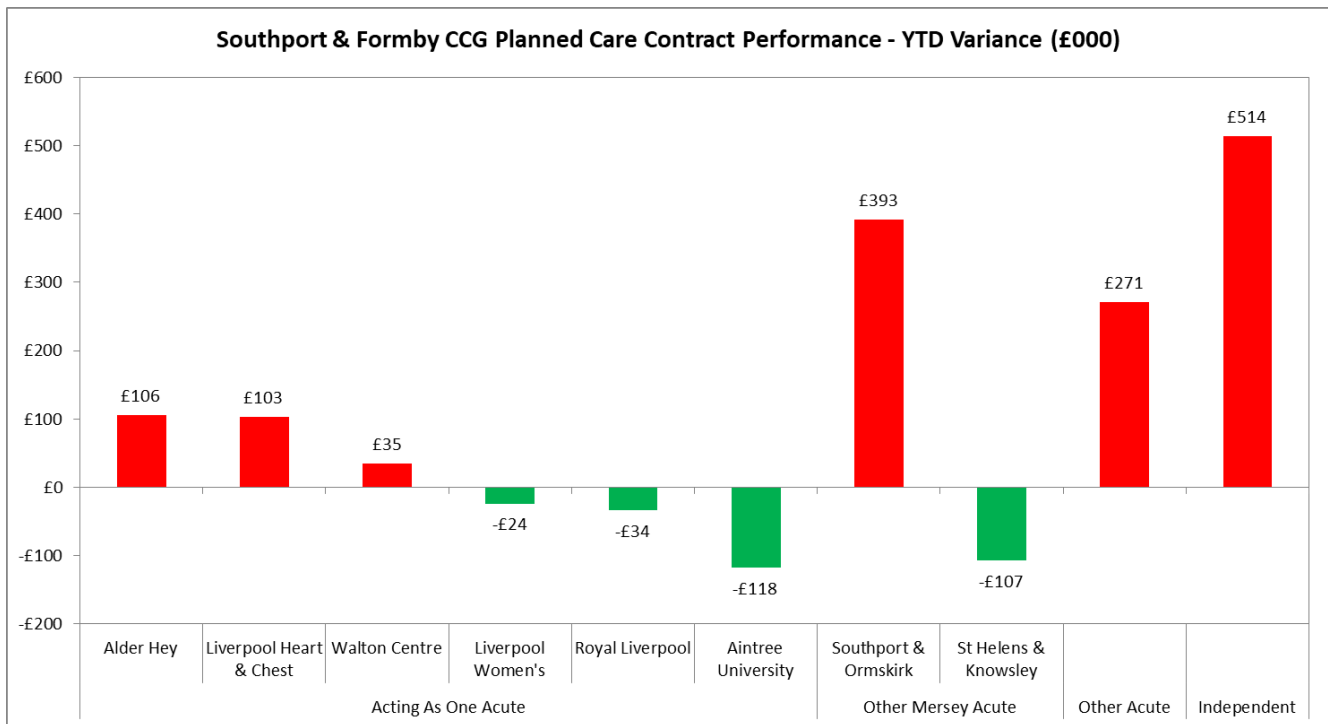
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%	42.86%				44.78%
No of Patients	20	33	21	13	20	12	17	37	28				201
Diagnosed within 28 Days	13	20	7	3	5	3	5	22	12				90

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		RR	9%	18.4%	16.4%		20.8%
		% Rec	92%	95%	94%		97%
		% Not Rec	3%	2%	2%		1%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues: Southport & Ormskirk Hospital Trust has reported a response rate for inpatients of 20.8% in December 2019. This is a significant improvement on previous months but remains below the England average of 24.9%. The percentage of patients who would recommend the service increased to 97% and is therefore now above the England average of 96%. The percentage who would not recommend remains at 1%, better than the England average.							
Actions to Address/Assurances: The Trust recognises the importance and benefits of regular engagement with both patients, carers and Trust staff to develop and maintain a positive culture within the organisation. As well as the National Friends and Family test which the Trust will submit an aggregated report on to the CCQR in March, Leadership Walk Rounds and 'Back to the Floor' visits continue to improve the visibility of Board members across the organisation.							
When is performance expected to recover: The above actions will continue with an ambition to improve performance during 2019/20.							
Quality: FFT response rates have an improved since last month following a drop in November which is encouraging. Providers and commissioners are in preparation for the implementation of the new FFT ready for implementation on 1st April 2020.							
Indicator responsibility:							
Leadership Team Lead Brendan Prescott		Clinical Lead N/A		Managerial Lead Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 9 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.17m/4%. 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 £1.10m/3.7%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 9 with a variance of £393k/3%. This is followed by Renacres and Isight with an over performance of £261k/9% and £245k/28% respectively. Wrightington, Wigan and Leigh is also reporting a notable over performance of £167k/12% at month 9.

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	8,327	8,362	35	0%	£4,323	£4,401	£78	2%
Elective	959	827	-132	-14%	£2,690	£2,505	-£185	-7%
Elective Excess Bed Days	175	178	3	2%	£46	£47	£1	1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	978	621	-357	-36%	£191	£126	-£65	-34%
OPFASPCL - Outpatient first attendance single professional consultant led	10,897	11,881	984	9%	£1,915	£2,086	£172	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,190	686	-1,504	-69%	£222	£77	-£145	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	30,538	33,383	2,845	9%	£2,610	£2,935	£325	12%
Outpatient Procedure	17,893	20,156	2,263	13%	£2,434	£2,754	£320	13%
Unbundled Diagnostics	14,687	8,951	-5,736	-39%	£959	£852	-£107	-11%
Grand Total	86,643	85,045	-1,598	-2%	£15,391	£15,784	£393	3%

*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 3.5% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such as Trauma & Orthopaedics, General Medicine, General Surgery, Accident & Emergency and Paediatrics amongst others. The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although this is expected to now level out on a monthly basis as the service has been operational for over 12 months. Further monitoring of referrals and activity continues via the information sub group.

Outpatient follow up over performance is driven in the main 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	26	27	1	3%	£3	£3	£0	-1%
Daycase	182	173	-9	-5%	£237	£198	-£39	-16%
Elective	156	180	24	15%	£925	£1,125	£201	22%
Elective Excess BedDays	18	8	-10	-56%	£4	£2	-£2	-53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	93	78	-15	-16%	£7	£6	-£1	-16%
OPFASPCL - Outpatient first attendance single professional consultant led	537	519	-18	-3%	£79	£76	-£3	-4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	156	132	-24	-15%	£9	£9	£0	1%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	344	401	57	17%	£9	£11	£2	19%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,537	1,604	67	4%	£97	£101	£5	5%
Outpatient Procedure	344	395	51	15%	£45	£54	£9	20%
Unbundled Diagnostics	308	277	-31	-10%	£28	£24	-£4	-15%
Grand Total	3,701	3,794	93	3%	£1,443	£1,610	£167	12%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £201/22% over performance in Electives and focussed 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. A notable decrease in activity was evident at month 9. However, this was anticipated as part of a seasonal trend.

Trauma & Orthopaedics market share for this provider has increased from 22% in 2018/19 to 25% in 2019/20. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist.

2.7.3 Renacres Hospital



Figure 9 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,097	1,431	334	31%	£1,064	£1,289	£224	21%
Elective	179	168	-11	-6%	£863	£770	-£93	-11%
OPFASPCL - Outpatient first attendance single professional consultant led	1,898	2,293	395	21%	£328	£393	£65	20%
OPFUPNFTF - Outpatient follow up non face to face	5	0	-5	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,500	3,090	590	24%	£182	£224	£42	23%
Outpatient Procedure	1,713	1,674	-39	-2%	£282	£289	£8	3%
Unbundled Diagnostics	834	982	148	18%	£71	£95	£24	34%
Physio	1,245	1,263	18	1%	£38	£38	£1	2%
Outpatient Pre-op	937	770	-167	-18%	£57	£47	-£10	-18%
Grand Total	10,408	11,671	1,263	12%	£2,885	£3,146	£261	9%

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

Outpatient first appointments are showing a 20% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 9.1% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Referral increases have been evident for specialities such as Gastroenterology, Pain Management, and Trauma & Orthopaedics.



2.8 Personal Health Budgets

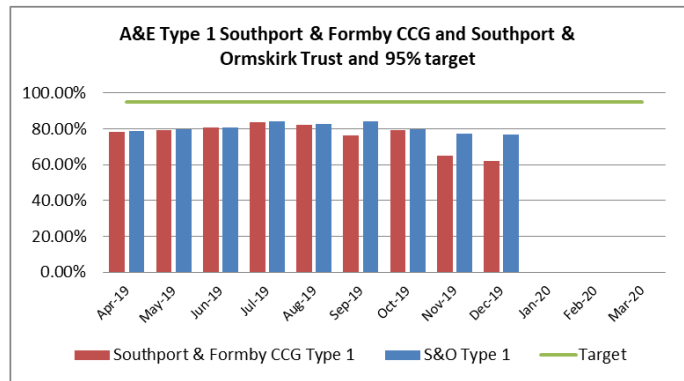
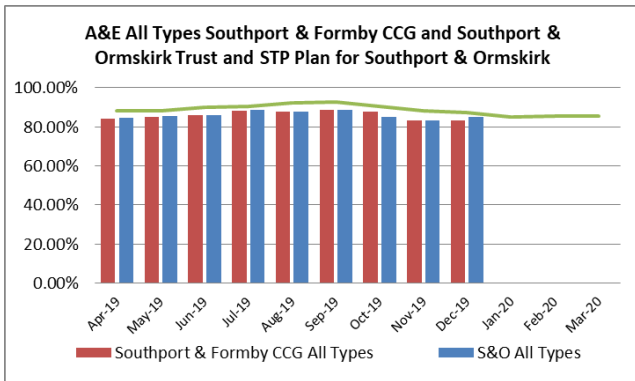
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Latest and previous 3 quarters				105b	CCG resource to be identified to support the progression of PHBs for children and young people continuing care, s117 and specialist wheelchair services, and the wider personalisation agenda.
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		32	78	106	177		
Performance Overview/Issues:							
In quarter 3 2019/20, the cumulative total for new PHBs reported was 177 against a plan of 120. This is also above the upper boundary of 170.							
Actions to Address/Assurances:							
Trajectory has increased following the NHS default position for all Continuing Health Care (CHC) packages of care for people living in their own home to be in receipt of a PHB. The CHC team are working to transfer all CHC packages of care across to a PHB including fast track and nursing homes. The majority of these packages are notional PHBs with a smaller number being provided as a 3rd party/managed budget or a direct payment. Sefton Carers Centre are taking referrals to support 3rd party/managed budget and direct payments this includes new and existing PHBs. Awareness sessions are planned to take place by Midlands & Lancs CSU (MLCSU) and community teams to promote PHBs as part of CHC pathway including as part of the CHC review process.							
The CCG has submitted the five year planning figures to NHS E which predict a number of 168 by the end of Q4 (19-20). The CCG is on target to meet the internal target and the NHS E target of 120 (upper boundary) and the lower boundary of 123 for Q4 2020-21. There is little progress against PHBs for Children and Young People continuing care as a legal right to have. This is an agenda item at the monthly IPA board. The service specification for MLCSU is under review to reflect the requirements for PHB's.							
When is performance expected to recover:							
Performance if above trajectory							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Tracey Forshaw		Tracey Forshaw			

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19	YTD		
		CCG All Types	88.46%	85.04%	82.98%	83.08%	85.91%	
		CCG Type 1	76.46%	79.08%	65.25%	62.31%	76.38%	
		S&O All Types	88.69%	85.17%	83.05%	85.04%	86.01%	
		S&O Type 1	84.40%	79.70%	77.28%	76.93%	80.46%	
		S&O Improvement Plan	92.6%	90.3%	88.0%	87.2%	-	
		National Standard: 95% November improvement plan: 88% Yellow denotes achieving improvement plan but not national standard of 95%						
Performance Overview/Issues:								
<p>Southport & Formby CCG's performance against the 4-hour target for December 2019 reached 83.08% for all types (85.91% YTD), and 62.31% for type 1 (76.38% YTD), both of which are significantly below the national standard of 95%.</p> <p>Southport & Ormskirk's performance against the 4-hour target for December 2019 reached 85.04% for all types (86.06% YTD), which is below the Trust's improvement trajectory of 87.2% for December. For type 1, a performance of 76.93% was reported in December (80.46% YTD).</p>								
Actions to Address/Assurances:								
<u>CCG Actions</u>								
<ul style="list-style-type: none"> - Audit conducted by Health Watch to determine increase in attendance via the Emergency Department (ED). This will inform hospital avoidance work streams i.e. GP in ED, Sefton Emergency Response Vehicle (SERV) car, Same Day Emergency Care (SDEC) and cancer related unplanned attendances. - Programme Director role extended to July with specific focus on demand and capacity, risk management and escalation and system integration/leadership. This role is also intended to focus on the internal processes and tactical schemes developed by the Trust to improve patient flow. - A revisit from Venn company is scheduled for 3rd week in February to re run the winter schemes and evaluate impact. - Work stream priorities have been revised for 20/21 which will be the focus of the AED local sub group. - There is currently a 25% vacancy rate in nursing within the Trust and a therapy shortfall in the community. Partners have agreed to work together on a local staff recruitment and retention strategy. 								
<u>Trust Actions</u>								
<p>The Trust reported that in December the Southport site saw a 4% increase in attendances and a 7% increase (261 patients) in those triaged as majors category. Significant bed pressures resulted in assessment areas continually used as escalation areas, requiring all specialty reviews to take place down in the Emergency Department (ED), which slowed cubicle turnover. Patients were routinely bedded overnight in ED as the variance between admissions and discharges continued. The number of patients receiving care delivered on the corridor increased from 196 patients in December 2018 to 657 patients as a result of poor outflow from ED. Over 70.18% of breaches against the 4-hour standard were as a result of bed pressures and lack of assessment space; 8.3% were as a result of ED delays; 8.9% were as a result of specialty delays; 7.6% were as a result of other delays (e.g. results, transport), and just under 5% were due to clinical reasons. The Ambulatory Care Unit (ACU) opened on 4 weekend dates in December with over 40 patients streamed from ED. All Sundays in January and February have been staffed with Acute Physicians to enable weekend streaming to ambulatory pathways to reduce pressure on ED. The continued use of ACU as an escalation area reduces capacity to stream during the week, with the team often reduced to working from 1 cubicle on the Surgical Assessment Unit (SAU). Further discussion required on the medical workforce model for ACU given the challenges in recruitment to Acute Physicians. Medical staffing levels in ED remain challenged to meet the increase in activity, particularly on late shifts into the night, despite ongoing use of bank/ agency when it can be secured. Night shifts have 4 doctors, however, the shift in activity times and shift in case mix has still resulted in long delays to be seen overnight. The department continues to enhance its Tier 1 workforce with 6 Physician Associates and an advert currently out for a further 2. Efforts continue to increase Tier 2 workforce. Addressing the length of stay on the wards and releasing assessment capacity is critical in enabling ED to flow and reducing the overall time that patients spend in the department.</p> <p>Paediatric ED saw unprecedented attendances in December (up to 50% at times) with high acuity and reliance on additional staffing to open further escalation capacity. Meetings have been held between the Clinical Director for ED, Paediatricians and Women's & Children's management team to devise a strategy.</p>								
When is performance expected to recover:								
Trusts have agreed a new trajectory for 19/20 with improvements but not recovering against the 95% target. There has been a slight dip in performance from last year however is still significantly improved from the year before. There is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
Quality:								
Despite the continued focus on improvement with the S&O system, patients continue to experience corridor care and 12 hour breaches which is indicative of poor patient experience. The system are implementing the above actions in aim to mitigate the incidence and risk of 12 hour breaches.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Vacant			Sharon Forrester			



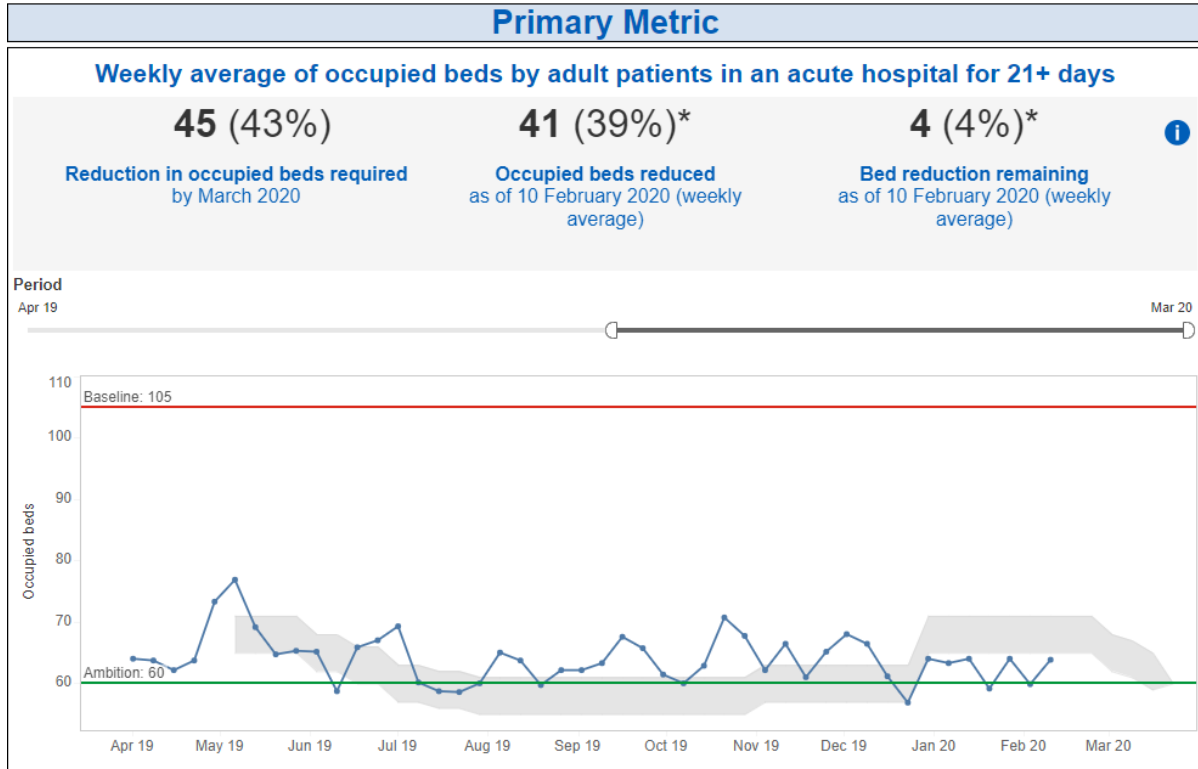
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary				Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				<p>12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.</p> <p>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.</p>
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19	
		5	27	15	22	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Hospital reported 22 12-hour breaches in December against a zero tolerance threshold.						
Actions to Address/Assurances:						
<u>Trust Comments</u>						
<p>The Trust reported 22 breaches against the 12 hour standard across the month of December 2019. The 22 breaches occurred across 5 separate days and all across weekends. There was a 4% increase in ED attendances at Southport, of which an additional 261 patients were majors category. With just under 82% of all attendances to Southport ED triaged as majors category, this demonstrates the challenged case mix that continues to present at Southport. Assessment areas were routinely bedded in efforts to bridge the gap between admissions and discharges, resulting in specialty reviews taking place in ED instead of transferring patients to the assessment areas. Increased senior decision making capacity was put into ED to support this, and the conversion rate from attendance to admission was 30.23%, which is lower than last December.</p> <p>In response to increase support, an additional 11 beds were opened on the Southport site in mid December to try and mitigate misalignment in the bed base, the lack of alternatives available in the system, and the increased pressure in emergency care.</p> <p>Staffing all ward areas remained a challenge, due to vacancies and sickness, and prevented the use of all recognised escalation areas being utilised on 3 of the 5 occasions. In efforts to reduce the pressure at weekends, ACU was open on 4 weekend dates with a total of 42 patients streamed to ambulatory pathways. Enhanced Matron cover was implemented reviewing quality, safety and staffing, and ED continued to increase medical workforce where possible to enable command and control model to continue.</p> <p>Despite daily huddles with system partners targeting steps required to enable discharges, concern remains that the medical resource available across the wards does not deliver daily consultant rounds across all areas or ensure that a full MDT approach is delivered to driving length of stay. Timelines have been completed on all 22 patients and demonstrated that patients had specialty reviews, consultant reviews, patients commenced on treatment plans and received ongoing care whilst in the department. Timelines have been shared with CCG and NHS England.</p>						
When is performance expected to recover:						
The CCG have provided director leadership to support and improve system working within partners. Escalation cards are in place via the escalation management plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches. Performance expected to recover in January.						
Quality:						
The Trust reported 22 breaches against the 12 hour standard across the month of December 2019 assurance has been given that quality and safety was maintained. 48 hour timelines and RCA's will be provided to the CCG nursing and quality team.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Vacant		Sharon Forrester		

3.2 Occupied Bed Days

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



Figure 10 – Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in October 2019 and is still close to achieving in March 2020 as the latest reporting as at 10th February 2020 (weekly average) shows 64 occupied beds. This shows a reduction of 41 beds, 4 less than the ambition for March 2020.

3.3 Ambulance Service Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and /or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires	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	Oct-19	Nov-19	Dec-19		
		Cat 1 mean	<=7 mins	00:07:20	00:08:10	00:08:22		
		Cat 1 90th Percentile	<=15 mins	00:13:16	00:15:16	00:16:32		
		Cat 2 mean	<=18 mins	00:27:27	00:27:28	00:29:20		
		Cat 2 90th Percentile	<=40 mins	00:59:34	01:03:33	01:10:07		
		Cat 3 90th Percentile	<=120 mins	03:10:53	04:44:24	03:56:09		
Cat 4 90th Percentile	<=180 mins	02:54:27	02:56:05	02:42:23				
Performance Overview/Issues:								
<p>In December 2019 there was an average response time in Southport and Formby of 8 minutes 22 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 29 minutes and 20 seconds against a target of 18 minutes, the quickest response in Merseyside. The CCG also failed the category 3 90th percentile response but achieved the category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into the system.</p>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national Ambulance Response Performance (ARP) standards. This included re-profiling the fleet, improving call pick up in the Emergency Operation Centres (EOCs), use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of Voluntary Ambulance Service (VAS) and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right call at the right time.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Vacant			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Oct-19	Nov-19	Dec-19		
		(a) 30-60 mins	168	175	201		
		(b) 60+ mins	37	42	55		
Performance Overview/Issues:							
For December, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 175 to 201. Those over 60 minutes also increased from 42 to 55.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
Disappointingly, ambulance handovers completed within 15 minutes fell to 47.61%, which is a significant reduction on the December 2018 position.							
Patients arriving by ambulance saw a marginal increase, and NWS continue to use Manchester Triage and See and Treat pathways to support alternatives to ED. However, of the 4% increase in patients who self presented, an additional 261 patients were triaged as majors category. In response to the continued bed pressures, and the high numbers of patients bedded overnight each night in ED, the number of patients who reverse queued and received ongoing care on the corridor increased to 657 patients compared to 91 in December 2018. This is the highest recorded figure since June 2019. As a result of poor flow, the 4 ambulance cubicles were regularly blocked and struggled to empty to enable timely ambulance handovers. No divers were supported across December as neighbouring Trusts continued to experience pressures, and deflections did not deliver noticeable decrease due to the geographical footprint that the Trust covers. ED continues to work closely with NWS colleagues with further Plan, Do, Study, Acts (PDSA) planned in January to test opportunities to improve.							
The final element of the estates work to relocate the Hospital Arrival Screen (HAS) into resus awaits completion and has been chased again over the Christmas period. Without actions to address the bed pressures and enable ED to flow, delays in ambulance handovers will continue with the risk that this puts on our patients in the community.							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		a) 75%	94.12%	64.50%	70.4%		
		b) 6.25%	5.26%	4.50%	11.8%		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
<p>Southport & Ormskirk's performance for Stroke has improved in December but remains below the 80% plan with 70.4%; 19 out of 27 patients spending at least 90% of their time on a Stroke unit.</p> <p>In relation to TIAs, the Trust continues to report poor performance for 2019/20, with a performance of 11.8% in December. This equates to just 2 patients out of 17 achieving the target. This is an improvement on last month when the Trust reported 4.5% but remains significantly below target. In December, out of the 15 patients who breached, 4 were seen and treated within 24-47 hours, 4 within 48-71 hours, 2 within 72-95 hours, 2 within 96-119 hours and there were 3 data quality issues (counted as breaches).</p>							
Actions to Address/Assurances:							
<u>Trust Actions</u>							
<p>For Stroke, there were 8 breaches investigated in December. 6 patients breached due to bed capacity issues, as there were no beds on the Stroke Unit and no options available to make a Hyper Acute Stroke Unit (HASU) bed due to Trust bed occupancy. This was discussed and actions were put into place. Increased Stroke Nurse input at bed flow meetings, also discussed with patient flow team the importance of identifying ring fenced beds allocated to a patient. 2 patients had a late diagnosis of Stroke which delayed referral to the Stroke Team and identification of need for Stroke Unit bed.</p> <p>In relation to TIA performance, Southport & Ormskirk Trust has informed that work is ongoing to improve reporting with clinical engagement. The Trust has informed that they have resolved issues with collation of the TIA data, and are working with their clinical team to ensure the logic being used to calculate TIA performance fits with the clinical pathway in place. This includes:</p> <ul style="list-style-type: none"> • Clinical Triage for all referrals by Consultant • Weekly validation of data (by Consultant and Operational Team) <p>The following assurances relating to service provision remain in place:</p> <ul style="list-style-type: none"> • Four designated TIA Consultant led clinics per week, minimum of four protected slots per clinic (increase of 1 clinic per week) • Time critical patients supported by flexible / ad-hoc clinics • Consultant led triage of TIA referred patients • Assurances of no harm to patients seen outside of the 48hr standard • Stroke Clinical Lead to undertake audit of 6 months worth of TIA referrals and will provide summary report 							
<u>CCG Actions</u>							
<p>This now fits in with the extensive work of the Merseyside Stroke board. The lead consultant at Southport & Ormskirk Trust has been tasked with a current review of position of TIA care which has been requested by the CCG. The CCG has also requested detail around the 2 patients in December that were seen by the Stroke Specialist Nurse and did not receive treatment. The Early Supported Discharge (ESD) service is now staffed as expected with Speech and Language Therapy (SALT) provision being the last post to be recruited to. Interestingly, length of stay is lowest in Southport and Ormskirk across the Merseyside patch which is being attributed to the 28 day discharge process implemented this winter. This in itself needs to be reviewed to ensure both accuracy and context as, while it might suggest a successful pathway, the implications of impact on the care system (including social care) need to be considered before advocating a replication across the patch.</p>							
When is performance expected to recover:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Billie Dodd		



3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors		
Mixed Sex Accommodation (MSA)		Previous 3 months and latest						
RED	TREND		Sep-19	Oct-19	Nov-19			Dec-19
		CCG	10	7	10			11
		S&O	11	14	15			15
		Plan: Zero						
Performance Overview/Issues:								
<p>The CCG continues to breach the zero tolerance threshold with a total of 11 breaches in December. All breaches were at Southport & Ormskirk NHS Trust.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 15 in December. Of the 15 breaches, 11 were for Southport & Formby CCG and 4 for West Lancashire CCG.</p>								
Actions to Address/Assurances:								
<p>The Trust has reported that the majority of breaches are in HDU and Obs ward. The following actions are on-going:</p> <ul style="list-style-type: none"> - There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependent on the overall Trust position - The Critical Care Manager 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 is to be reviewed. 								
When is performance expected to recover:								
<p>This is a repeated issue for Southport and Ormskirk Hospital with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Debbie Fagan		Brendan Prescott		Brendan Prescott				



3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		Sep-19	Oct-19	Nov-19		Dec-19
		CCG	2	2	2		2
		Trust	1	1	1		1
Plan: Zero							
Performance Overview/Issues:							
The CCG had no new cases of MSRA in December. 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 December. However, due to the 1 case of MRSA reported in August 2019, the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
As a zero tolerance performance not expected to recover							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend and report to Contract and Quality Performance Group (CQPG) annually. Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19. Assurance has been given from the Trust regarding further investment in estates and cleaning services.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					
RED	TREND		Sep-19	Oct-19	Nov-19		Dec-19
		CCG	16	22	22		26
		Trust	24	33	35		39
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16					
Performance Overview/Issues:							
<p>The CCG had 4 new cases of C.Difficile in December, bringing the year to date total to 26 against a year to date plan of 22 (year-end plan 30). 11 cases were apportioned to Acute Trust and 15 apportioned to community.</p> <p>Southport & Ormskirk Hospital reported 4 cases of C Diff in December, bringing the year to date total to 39. The Trust's national objective is to have no more than 16 healthcare associated cases in 2019/20.</p>							
Actions to Address/Assurances:							
<p>One of the four quality priorities for the Trust is infection prevention. An updated Programme Initiation Document (PID) was reviewed by the Trust's Quality and Safety Group in January. In response to feedback, the detailed work programme for 2020/21 will be revised during January to ensure a focus on targeted areas for improvement. A copy of the plan has been requested.</p> <p>1 Hospital C Diff and 1 Community onset Hospital associated in December. Hospital C Diff from Ward Frail Elderly Short Stay (FESS), however, no apparent lapses in care identified. Community occurring Hospital associated C Diff had been an in-patient on Ward 11A and was discharged 7 days prior to becoming C Diff positive. This patient is also likely to be appealable. The Trust currently has 8 appeals awaiting outcomes for C Diff.</p> <p>North West Regional Spinal Injuries Centre (NWR SIC) Klebsiella: Refurbishment work completed on 17/12/19, however, prior to this time the centre has been partially reopened and there were no further cases of the Gent resistant Extended Spectrum Beta-Lactamases (ESBL) producing Klebsiella pneumoniae. There is additional work that will be started in April 2020 to provide an extra 4 isolation rooms and also to update the decontamination area in the heavy workshop.</p>							
When is performance expected to recover:							
It is hoped that the above actions will reduce further outbreaks of C Diff within the Trust.							
Quality:							
Some concerns regarding IPC within the Trust and walk around of specific wards 7a and 7b on the 18/12/19. Assurance has been given from the Trust regarding further investment in estates and cleaning services							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	78	98	107		117
		Trust	129	156	169		189
Plan: 109 Year-End for the CCG No Trust plan							
Performance Overview/Issues:							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109, the same as last year when the CCG failed reporting 142 cases. In December there were 10 new cases against a plan of 8, bringing the year to date figure to 117 against a YTD target of 83. Southport & Ormskirk Trust reported 20 new cases in December with 2 of those acquired through the hospital (189 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The Chair of the Gram Negative Blood Stream Infection (GNBSI) Meeting made enquiries if NHSE/I Cheshire and Merseyside (C&M) would consider hosting the purchase of Catheter Passports for the CCGs with a view to reducing costs. NHSE/I have convened a GNBSI/Healthcare Associated Infection Programme Board for Cheshire and Merseyside CCGs as it had been acknowledged that there was a lack of a system wide collaborative support within C&M and Catheter Passports are included within the targeted areas. An overarching system wide improvement plan is being developed and will be shared locally upon receipt.							
The majority of cases continue to be urinary source, with none this year linked to urinary catheters.							
When is performance expected to recover:							
This is a cumulative total so recovery not expected, although monitoring of the numbers and exception reporting will continue.							
Quality:							
Following the Gram Negative Blood Stream Infection (GNBSI) Single Item Quality Surveillance Group meeting with NHSE/I, a letter was received from AQUA requesting participation in the Antimicrobial Resistance (AMR) programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. The Deputy Head of Clinical Quality & Safety will follow this up with AQUA. There is an NHSE/I AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board – information will be shared between the Boards.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.6 Hospital Mortality

Figure 11 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Dec 2019	100	88.3	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	99.1	↓

HSMR performance continues to be acceptable. The Trust is continuing work with the re-scoping of the Deteriorating Patient Project and realignment of work streams.

SHMI performance is also within tolerance and statistical norms. The SHMI release is quarterly. Actions are as per HSMR.

3.6 CCG Serious Incident Management

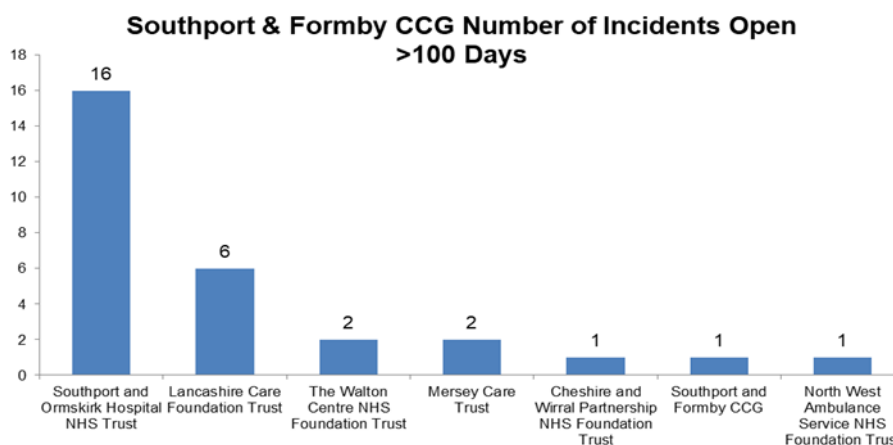
Figure 12 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There were 53 incidents open on StEIS where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient.

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	33
Lancashire Care Foundation Trust	9
Mersey Care Trust	5
The Walton Centre NHS Foundation Trust	2
Southport and Formby CCG	2
Cheshire and Wirral Partnership NHS Foundation Trust	1
North West Ambulance Service NHS Foundation Trust	1

There are 29 SIs which remain open on StEIS >100 days for Southport and Formby CCG (see table below). The majority are attributed to Southport and Ormskirk NHS Hospitals Trust (16) and there are 6 attributed to Lancashire Care (see rationale below under provider headings for further information). The remaining SIs are reported by providers who are not commissioned by Southport and Formby CCG and are therefore performance managed by the relevant RASCI commissioner.

Figure 13 – Incidents Open over 100 days for Southport & Formby CCG



There are 16 SIs open > 100days for Southport and Ormskirk Hospital (S&O), up from 15 SIs open >100 days for quarter 2. The following applies at the time of writing this report:

- 6 have been reviewed and are now closed
- 3 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 4 RCA was received and reviewed but further assurances requested from the provider.
- 3 stop the clocks have been applied due to the investigations being carried out by the HSIB.

For Lancashire Care NHS Foundation the following applies:

- 1 is a legacy SI that transitioned over from Southport and Formby Community Services. It remains open until the assurance has been provided in relation to the overarching pressure ulcer action plan.
- 2 RCAs have been reviewed with further assurances requested
- 1 SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR) and
- 1 Extension has been requested but declined from the CCG.
- 1 RCA has since been received and closed.

For the remaining SIs the following applies:

- Southport and Formby CCG – Reported on behalf of I-Sight. Support has been provided to complete this RCA and the provider has been working with the CCG commissioning team which has delayed the submission of the RCA.
- Mersey Care NHS Foundation Trust (Mental Health) – 2 x 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 14 - Timescale Performance for Southport & Ormskirk Hospital

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA rcvd 60+ days	RCA not received
S&O	43	1	37	*6	34	8	0	0	11	16

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

The Trust 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 15 - Timescale Performance for Lancashire Care Community Trust

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)					
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+	RCA not rcvd
Lancashire Care	6	2	5	3	-	4	1	0	1	2	0

The CCG Quality Team have also reviewed the providers Pressure Ulcer Improvement Plan and have requested some further information in order to obtain the necessary assurances. This will be monitored on a monthly basis via the SIRG panel and feedback provided via the Joint Quality and Performance Committee.



3.7 CCG Delayed Transfers of Care (DTOC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTOCs 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 Multidisciplinary Team (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 Decision Support Tools (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 the Integrated Community Reablement and Assessment Service (ICRAS).

Total DTOCs reported in December 2019 was 276, an increase compared to December 2018 with 111. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in December 2019 were due to patient family choice, further non-acute NHS and care package in home.

See DTOC appendix for more information.

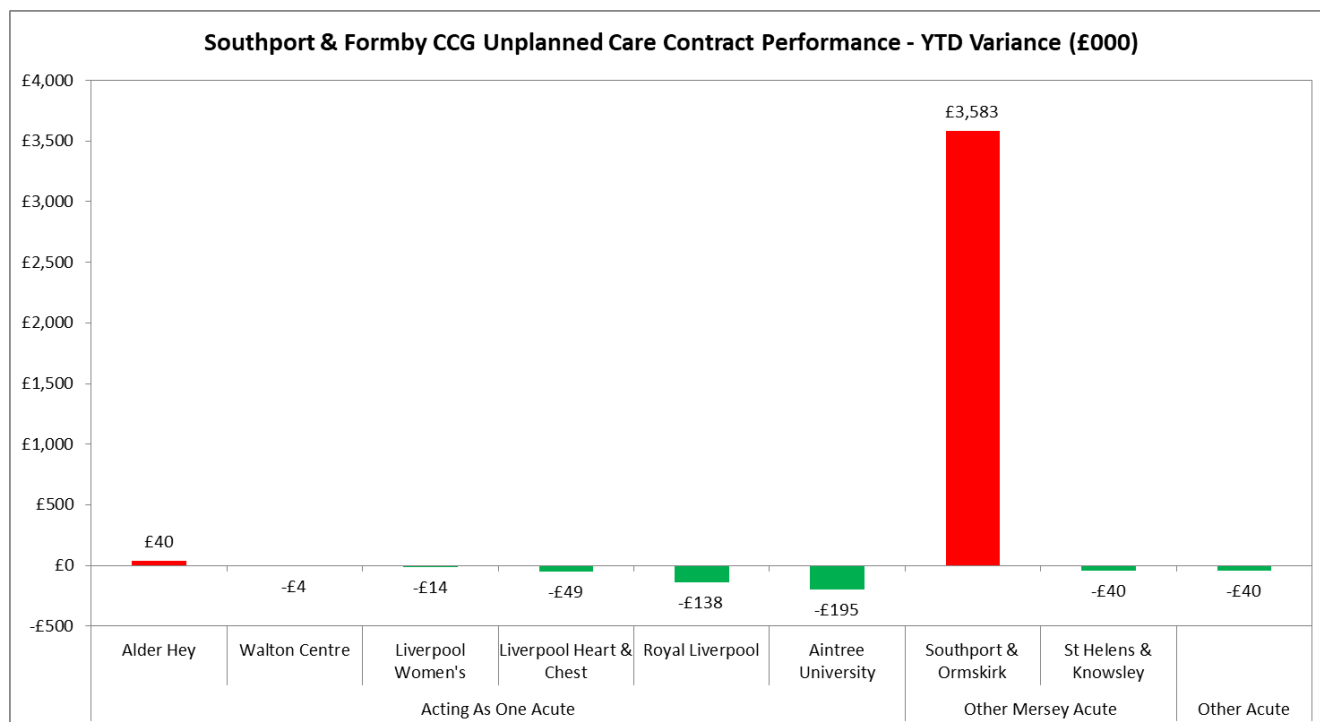
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family (FFT) Test Results: A&E		Previous 3 months and latest					
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		RR	4%	25%	23.3%		22.7%
		% Rec	79%	90%	89%		89%
		% Not Rec	16%	6%	6%		6%
		2019 England Averages Response Rates: 12.2% % Recommended: 84% % Not Recommended: 10%					
Performance Overview/Issues:							
The Trust is reporting above the England average for December.							
Actions to Address/Assurances:							
Not required as achieving targets.							
When is performance expected to recover:							
Continued recovery expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 16 - Unplanned Care – All Providers



Performance at month 9 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £3.1m/9.3%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £3.5m/10.4%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £3.5m/12% against plan at month 9.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 9, the value is £119k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

Figure 17 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19 (M1-9)	2,788	£109,935
2019/20 (M1-9)	2,983	£119,720
Variance	195	£9,785
Variance %	7%	9%

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 18 - 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	30,301	33,886	3,585	12%	£5,048	£5,532	£484	10%
NEL - Non Elective	9,967	10,911	944	9%	£19,560	£23,283	£3,723	19%
NELNE - Non Elective Non-Emergency	1,006	874	-132	-13%	£1,926	£1,742	-£184	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	7	46	39	571%	£3	£14	£11	329%
NELST - Non Elective Short Stay	2,434	2,553	119	5%	£1,694	£1,810	£115	7%
NELXBD - Non Elective Excess Bed Day	4,441	2,231	-2,210	-50%	£1,137	£573	-£565	-50%
Grand Total	48,158	50,501	2,343	5%	£29,369	£32,952	£3,583	12%

*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 12% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. November-19 also saw a secondary peak in attendances. However, non-elective admissions account for the majority of the over performance reported and historic highs have been reported from October to December 2019. 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.

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.

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.

Autism Spectrum Disorder (ASD)

The Trust has employed a consultant to fully understand capacity and demand issues within the ASD service. This will identify the service redesign required to increase assessment capacity in the first instance, as commissioners have requested so as to mitigate against long waits and options for possible future investment. Commissioners have requested that proposals should be shared by March 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 fed back that the proposal was lacking physical health input and will be meeting the Trust in late February to work up a more sufficient proposal which will be submitted for approval via CAG and QIPP committee route.

Core 24 KPIs

In Month 9 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Target	Dec 2019	
Emergency Pathway - Assessment within 1 hour	90%	87.50%	Decline from 88.89% in November 2019
Emergency Pathway - Package of care within 4 hours	90%	57.14%	Decline from 62.26% in November 2019
Urgent Pathway - Assessment within 4 hour	90%	91.67%	Improvement from 82.0% reported in November 2019
Urgent Pathway - Full MH assessment within 24 hours	90%	100.00%	Improvement from 69.23% reported in November 2019

For all CORE 24 indicators the Trust are undertaking the following actions:

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

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



Communication KPI: All patients seen in outpatients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays).

There has been long standing sub-optimal performance against the KPI and the Trust presented an action plan at February CQPG with an improvement trajectory to achieve the 95% threshold. Commissioners were not assured by the action plan and have asked for it to be resubmitted.



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 Care Programme Approach (CPA) 7 Day Follow Up

Indicator	Performance Summary				Potential organisational or patient risk factors		
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days 	Previous 3 months and latest						
	RED	TREND	Sep-19	Oct-19		Nov-19	Dec-19
			75%	100%		100%	87.5%
		Plan: 95%					
Performance Overview/Issues:							
The Trust reported 87.5% of patients being followed up within 7 days in December and is therefore failing to meet the 95% target. Out of 8 service users 1 was not followed up within 7 days. The Trust stated that multiple attempts were made to contact the service user but the team was unsuccessful. The service user has since been followed up, however, this was outside the 7 day target.							
Actions to Address/Assurances:							
The Trust works to ensure that patients are followed up within the time period, but it should be acknowledged that the indicator is number sensitive.							
When is performance expected to recover:							
January onward, but noting KPI number sensitivity.							
Quality:							
Trust provides update at Clinical Quality Performance Group (CQPG).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



4.1.3 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19	
		50.0%	77.78%	77.78%	62.50%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust continues to fail the 95% target, and performance saw a deterioration from 77.78% in November, to 62.5% in December. Out of a potential 8 Service Users, 5 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.						
Actions to Address/Assurances:						
Trust Actions:						
<ol style="list-style-type: none"> 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service. 3. Clearer and stricter Did Not Attend (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. Recruitment to Band 7 Clinical Psychologist has taken place and post will shortly join the service. 7. Commissioners reviewed a service proposal which was received in November. The commissioners have fed back that the proposal lacks physical health input. CCG will be meeting with Trust in February 2020 to develop business case with physical health component with the aim of bringing the case through Clinical Advisory Group (CAG) and Quality, Innovation, Productivity and Prevention (QIPP) groups in 2020/21. 						
When is performance expected to recover:						
There has been a significant improvement compared to 38.10% for 2018/19 and continued improvement expected.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



4.1.4 Care Plans for Patients at Risk of Falling

Indicator		Performance Summary				Potential organisational or patient risk factors
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 19
RED	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		58.3%	92.3%	90.0%	62.5%	
		Plan: 98%				
Performance Overview/Issues:						
The Trust reported performance below the 98% target in quarter 3 19/20, with 62.5% of patients (5/8) at risk of falling having a care plan. This was a deterioration on Quarter 2 19/20 when 90.0% of patients had a care plan in place.						
Actions to Address/Assurances:						
Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.						
When is performance expected to recover:						
Quarter 4						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.5 Care Plans for Patients with Score of 2 or More



Indicator		Performance Summary					Potential organisational or patient risk factors
Patients with a score of 2 or more to receive an appropriate care plan		Previous 3 months and latest				KPI 25	
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		75.0%	100%	80.0%	100%		
		Plan: 100%					
Performance Overview/Issues:							
Achieving.							
Actions to Address/Assurances:							
Not required as achieving target.							
When is performance expected to recover:							
Continued performance expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

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



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<p>The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check</p>		<p>Previous 3 quarters and latest</p>				<p>123g As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</p>	<p>Risk that CCG is unable to achieve nationally mandated target.</p>
				25.7%	26.4%	25.5%	34.2%
		Plan: 50%					
Performance Overview/Issues:							
<p>As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.</p> <p>To support this objective CCGs are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2019/20. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</p> <p>Despite failing to achieve the 50% target in quarter 3 2019/20 with just 34.2%, this is an improvement on the previous quarter. Further to this, the expectation is that performance will continue to increase over the remaining quarter. Of the 1,025 of people on the GP SMI register in Southport & Formby CCG, 351 received a comprehensive health check in quarter 3 2019/20.</p>							
Actions to Address/Assurances:							
<p>Local Quality Contract (LQC) scheme developed and is in place from April 2019. In Q2 the data capture tool was simplified following feedback and is in place. Practices have been reminded of the importance of SMI health checks. Performance is expected to improve in Quarter 4.</p>							
When is performance expected to recover:							
<p>Performance should improve in Quarter 4 2019/20 onwards.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		0.89%	1.29%	0.93%	0.62%		
		National Monthly Access Plan: 1.59% Local Target: 4.75% in Quarter 4					
Performance Overview/Issues:							
<p>The access standard is defined as 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. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 9 performance was 0.62% and failing to achieve the national target.</p> <p>Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance. The service also reported in January that 2 staff have left to go to Liverpool IAPT after training from Psychological Wellbeing Practitioner level. The percentage of clients leaving with no intervention significantly increased in December which will have had an impact on the access rate.</p>							
Actions to Address/Assurances:							
<p>Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition, those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups, e.g. Colleges and older People, to encourage uptake of the service. Three staff returning from maternity leave and long term sickness are expected to 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 Cognitive Behavioural Therapy. GP practices have been informed of Silver Cloud.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		44.9%	46.2%	37.3%	62.8%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
Achieving							
Actions to Address/Assurances:							
Not required as achieving target.							
When is performance expected to recover:							
Continued achievement is expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.3 Learning Disabilities (LD) Health Checks

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

4.4 Dementia Diagnosis

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Potential Risk: Commissioners and Mental Health Clinical Lead have raised a concern with NHS England and North England Analytical Team regarding data that does not appear to be extracted from Trinity practice. The impact is a sudden drop of performance in may from 75.6% to 68.3% which equates to approximately 151 patients who have been excluded from the count. This was raised via email on 13th August 2019.
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		68.4%	66.6%	67.9%	67.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
Achieved.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Hilal Mulla		Kevin Thorne			

4 Community Health

4.5 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 the Integrated Community Reablement and Assessment Service (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 (KPI) 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.



4.5.1 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).

Within the 2019/20 reporting year, the Trust has supported developments to ensure that information related to Learning from deaths of people with a learning disability (LeDeR) is captured through the Service Development Improvement Plan (SDIP). From quarter 1 of 2020/21, Key Performance Indicators (KPIs) have been agreed within the reporting schedule.

4.5.2 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					
		Sep-19	Oct-19	Nov-19	Dec-19		
		37	6	5	3		
Performance Overview/Issues:							
<p>In December the Trust reported 3 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. A total of 498 podiatry patients were waiting on the pathway at this point, 113 less than in November. Therefore the overall performance for the service remains well above the 92% target at 99.4%. The Trust advised that of the 3 breaches in December, 1 was due to data quality and 2 patient choice.</p>							
Actions to Address/Assurances:							
<p>This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team and shared with the CCG on a monthly basis.</p> <p><u>Trust Actions</u></p> <ul style="list-style-type: none"> - The Trust appointed a band 5 in November 2019, with a start date in January 2020. - The Trust continues to provide 130 new assessment slots per week. 							
When is performance expected to recover:							
<p>The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the beginning of January. The Trust has reported an early indication of just 2 patients waiting over 18 weeks as at 7th January due to patient choice. Both patients are biomechanics and have appointments booked for the following week.</p>							
Quality:							
All patients are triaged before their appointment. Risk stratification process has been introduced.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

4.6 Any Qualified Provider – Audiology



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

5 Children's Services

5.5.1 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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		84.0%	95.2%	84.60%	82.60%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 3 2019/20 the Trust continues to report under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 19 were seen within 4 weeks, a performance of 82.6%. 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.						
Actions to Address/Assurances:						
All breaches are tracked and reported monthly. The service has relatively small numbers so breaches have a large impact on performance. All patients are clinically tracked and breaches are often related to patient choice. Nationally all services have capacity issues. The CCG is investing further into this service to increase capacity as part of national commitments. The CCG is currently in negotiations with Alder Hey regarding the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), the CCG and Trust are currently agreeing a trajectory for a planned increase in activity for 2020/21.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors		
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters						
		RED	TREND	Q3 18/19	Q4 18/19		Q1 19/20	Q2 19/20
				6.8%	6.1%	17.5%	5.6%	
				Access Plan: 34% Quarter 2 2019/20 performance reported 5.6% and achieved.				
Performance Overview/Issues:								
The CCG reported a performance of 5.6% in quarter 2, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 23.1% against the cumulative target of 17.0% and is therefore exceeding the plan.								
Actions to Address/Assurances:								
For 2020/21 the CCG will be moving to reporting a cumulative access rate as a better way of illustrating the CCG position 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 2019/20.								
When is performance expected to recover:								
Cumulative access to date is at 23.1% which exceeds the trajectory of 17% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Geraldine O'Carroll		Hilal Mulla		Peter Wong				

5.6 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider have been initiated on expanding and standardising metrics across CAMHS and community services. The plan is to conclude this for flowing of data in 2020/21. Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21.

5.7 Alder Hey NHS FT Children’s Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		6.8%	6.1%	17.5%	5.6%	
		Access Plan: 34% Quarter 2 2019/20 performance reported 5.6% and achieved.				
Performance Overview/Issues:						
The CCG reported a performance of 5.6% in quarter 2, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 23.1% against the cumulative target of 17.0% therefore exceeding the plan.						
Actions to Address/Assurances:						
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20.						
When is performance expected to recover:						
Cumulative access to date is at 23.1% which exceeds the trajectory of 17% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

5.8 Children’s Community Services (Alder Hey NHS FT)



5.8.1 Services

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



5.8.2 Paediatric SALT

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Sep-19	Oct-19	Nov-19	Dec-19		
		34 wks	33 wks	31 wks	27 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In December the Trust reported a 92nd percentile of 27 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on November when 31 weeks was reported. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of December there were no children who had waited over 52 weeks. 181 were waiting above 18 weeks; 165 were between 18-30 weeks and 16 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>The Trust continues to report a reduction in numbers of children with long waiting times and those waiting the longest. The progress is on target.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Peter Wong			

5.8.3 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p><u>DNAs</u> <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red</p> <p><u>Provider Cancellations</u> <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red</p>
RED	TREND	Outpatient Clinic DNA Rates				
		Sep-19	Oct-19	Nov-19	Dec-19	
		17.5%	10.3%	23.30%	20.5%	
		Outpatient Clinic Provider Cancellations				
		Sep-19	Oct-19	Nov-19	Dec-19	
		7.5%	6.3%	11.6%	5.1%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
Performance Overview/Issues:						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In December 2019 performance has improved, with Did Not Attend (DNA) rates decreasing from 23.3% in November to 20.5% in December. Provider cancellations have also seen a decrease from 11.6% in November to 5.1% in December.						
Actions to Address/Assurances:						
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. Waiting times are being reported at month 9; referral to first contact is 6.1 weeks and has peaked at 7.5 weeks during 2019/20.						
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This is seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients.						
When is performance expected to recover:						
March 2020.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Peter Wong		

5.9 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					
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		85.7%	100%	100%	100%		
For 2019/20, 92% of children should receive equipment within 18 weeks							
Performance Overview/Issues:							
Lancashire & South Cumbria NHS FT has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 3 2019/20, a performance of 100%, exceeding the 92% target.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

6 Third Sector Overview

Introduction

Quarterly reports from CCG commissioned Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q3. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Most contracts and grants are now in place and signed by both parties with the exception of Macmillan Cancer Support and Sefton CVS – High Intensity Users.

There were no complaints or incidents reported during Q3 for any of the services detailed below.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q3 the service received 90 new referrals and engaged with a further 51 service users who are already active, a total of 49 cases were closed during this period. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 90 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were from other sources (31%) and self-referral or family & friends (4%). GP referrals have significantly dropped during Q3 compared to Q2 but referrals from other NHS providers have significantly increased (21%). Volunteers to the service continue to increase, the service has successfully recruited an additional 16 during Q3 adding to the 18 recruited during Q2. There are 71 currently progressing with training. The majority of new service users were female (76%).

Alzheimer's Society

During Q3 the service has continued to deliver Dementia Support sessions at GP practices, a total of 8 sessions were delivered. The practices currently working with the service are Blundellsands Surgery, The Village surgery, Roe Lane surgery, Kew surgery and Ainsdale Village.

The Society received 45 new referrals; 75% were received via local health services including GPs, Mersey Care Memory clinic (North) and NWAS. The number of direct referrals received from GPs has doubled since Q2 but the figure still remains low and only equates to 13% of the overall referrals.

The Side by Side project continues to reach more people in Sefton. During this period the service has seen a steady increase in the number of volunteers - 3 new volunteers have commenced training during this period. There have been a combined total of 206 visits made to service users during Q3 and in addition, volunteers have given up a total of 530 hours for this project.

The waiting list of people affected by dementia continues to show that the greatest need is in Southport, the service is targeting this area for volunteer recruitment.

The service has highlighted the following activity for Q3:

- Dementia Friendly Sefton – launch
- Southport Golf Academy training in preparation for Golf with Dementia sessions taking place at the end of this month.
- Christmas lunch event for people affected by dementia
- 9 x DF sessions mainly at Sheltered accommodation sites in Sefton
- Talk to Santander staff in Formby
- Talk to Social Worker team at Aintree Hospital

The service has also undertaken work around the new 'hidden disability' Blue Badge scheme for service users, enabling people with dementia to apply.

Citizens Advice Sefton

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q3, 34 new referrals were received; 53% were via Mental Health professionals on the ward, 23% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals, 74% were recorded as being permanently sick or disabled, 3% are unemployed and 3% undertake voluntary employment. New award or increases following a revision or intervention from the service are shown in the table below.

	Q1	Q2	Q3	Total
Benefit / tax credit gain - a new award or increase	161,545	252,603	286,932	701,080
Benefit / tax credit gain - award or increase following revision or appeal	28,663	41,428	53,417	123,508
Benefit / tax credit gain - Money put back into payment	1,415	781	13,431	15,627
Benefit / tax credit gain - overpayment reduced or not recovered	0	2,035	0	2,035
Benefit / tax credit maintained	107,346	0	0	107,346
Tax - other (financial gain)	509	0	0	509
Grand Total	299,478	296,847	353,780	950,105

The gender of service users were 62% male, 35% female & 3% other.

During Q3, 10 patients were re-admitted to Clock View hospital; 1 of these patients was recorded as a military veteran.

The health condition of the patients referred into the service during Q3 were shown to be, 53% Mental Health, 44% long term health conditions and 3% multiple impairments.

Crosby Housing and Reablement Team (CHART)

During Q3 the service has received 65 new referrals with 89% coming from Mersey Care NHS Foundation Trust. Other referrals were mainly via Sefton MBC - Adult Social Care (12%). Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 6 people avoid hospital admission and enabled 22 patients to be discharged. In addition to this, the service assisted 9 clients to move to more supported accommodation and prevented 29 people becoming homeless. A further 15 service users were supported in becoming more independent and assisted to move to accommodation within the community. The majority of new referrals were recorded as male 60%, females 38% and transgender 2%.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer looking after the Bowersdale Centre in Litherland. During Q3 the service received 1 new referral. There are 112 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q3 there were 1,302 drop-in contacts (Monday to Friday). A total of 2,455 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, Christmas parties and health information talks and groups. The centre hosted a session held by Health-watch Sefton, service users; as a result of the meeting 1 service user was given information regarding GP surgeries in their area along with contact details. Another service user was signposted to Reach Men's Centre and for support and advice in regard to accessing advice in regard to reducing prescription medication safely was given.

Imagine independence

During Q3 Imagine Independence carried forward 92 existing cases. A further 91 were referred to the service via IAPT and 28 cases were closed during the period. Of the new referrals 58% were female and 42% male. All completed personal profiles and commenced job searches. A total of 28 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 40 people in retaining their current employment, and liaised with employers on behalf of clients.

The service assisted clients with undertaking job profiles, attendance at employment courses, commencing job searches, attended job interviews with clients, attended employment engagement meetings and made contact with client's current employers.

Netherton Feelgood Factory

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

Monitoring information has not yet been received for Q1 – Q3 reporting, this will be updated once it is received.

Parenting 2000

During Q3 the service received a total of 118 referrals; these were broken down as 18 adults and 100 children. A total of 38 service users accessed counselling for the first time. Of the 206 appointments available during this period a total of 196 were booked and 141 were actually used. There were 28 cancellations whilst 27 did not attend their scheduled appointment. The top five referral sources

during Q2 were Hospital 22% (Alder Hey & CAMHS) GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Maghull, Westway, Churchtown, Ainsdale Medical Centre, Corner Surgery, Roe Lane, Norwood Surgery, Cumberland House & St Marks.

Sefton Advocacy

During Q3 the service received a total of 110 new referrals were received and of these 7% were signposted to more appropriate support, the majority of referrals were received via Sefton MBC (39%) and service user self- referrals including friends/family (35%).

During this period there were a total of 228 contacts comprising of office visits and other case contacts. Advocates also carried out 7 home visits and attended 3 medical appointments. In addition to this, advocates attended 6 court tribunals supporting service users.

Some of the outcomes reported by the service during Q3 include the following; service users rights being upheld, improvement in choices and control, improved health & wellbeing, feeling safer and more secure, reduced isolation, personal dignity enhanced and confidence building.

The service has also achieved the following financial outcomes for service users accessing the service during Q3:

Financial Outcomes	Q1	Q2	Q3	Total
One off payments/backdated benefits	24,463	7,860	520	32,843
Benefits (3 years at weekly rate)	239,413	240,409	104,668	584,490
Grants/legacys	320	250	91,322	91,892
Care fees reductions/refunds	0	16,848	0	16,848
Prevented costs being incurred	1,212	21,840	0	23,052
CHC funding	100,000	0	0	100,000
Type not collected	0			0
Total	365,407	287,207	196,511	

The service currently employs 3.28 WTE staff who are advocates, the majority of the workforce are volunteers. There are currently 19 voluntary advocates and 8 other volunteers carrying out various supporting roles at the organisation.

Sefton Carers Centre

The number of Carers supported during Q3 continued to increase, there were 255 new referrals to the service; of these referrals 41 were parent carers. There are currently 1,219 carers receiving support from the service, 283 of these are parent carers. The Carers Support Team continue to reduce the backlog of referrals (longer than 28 days) for Carers Needs Assessments and Reviews that remain outstanding at the end of this second quarter. The majority of referrals were via Sefton MBC (30%) followed by other (not specified (36%) and other health services (10%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed and various training courses. In addition, Sefton Carers Centre delivered 114 counselling appointments aimed at helping Carers develop stress management techniques and coping strategies. Some carers are offered an extended number of counselling sessions to meet their needs and to enable service users to work through their issues. This can mean slightly longer waiting times for other carers wishing to access the service.

The service has an average of 49 volunteers helping to deliver services to carers across Sefton, during Q3 a total of 1,918 hours were worked by volunteers this equates to approximately £25k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 189 Young Carers registered with Sefton Carers Centre (in Tier 2).

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 175.5 respite hours break to Carers.

The table below shows the total amount of benefits or backdated payments made to carers to date, support and advice was given by staff and volunteers at the centre enabling carers to receive funds.

	Q1	Q2	Q3	
Number of Volunteers delivering service	199	161	184	
Number of Hours worked by Volunteers	2,009	1,918	1,580	
No. of Benefit Appointments	156	197	218	
Benefits awarded (£)	220,486	332,288	257,253	
Total	222,850	334,564	259,235	
			816,649	Grand Total

Sefton Council for Voluntary Service

Sefton CVS provide the following services on behalf of both CCGs; 4 x Health & Wellbeing Trainers develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources signposting to other health/social care services.

During Q3, the Health & Wellbeing team received 162 new referrals to the service; in addition to this there are currently 219 existing active service users. Of the new referrals, 33% were via community matrons/district nurses, 23% from GPs and 10% from OTs/Physiotherapists.

The service received 1,210 contacts during the period. The majority of new referrals were recorded as being female (57%).

In addition to the above, the Health & Wellbeing Team have facilitated meetings and Health & Social Care Forums.

A pilot project – Material Matters has also been launched; this pilot distributes donated coats, school uniforms and bedding to those who need it most in the Sefton community. A repair café has also started; the aim is to mend clothing that would otherwise be sent to landfill. The project has exceeded its annual target within the first 6 months of operation; further details are included within the attached report.

Community Development Worker (BME) tackles health & social care service inequalities. During Q3, the service has received 24 new referrals. Of these new referrals 30% were via NHS services (8% Mersey Care NHS Trust), 24% from local schools and Children’s Centres, 18% via other VCF providers. The gender of service users during this period was evenly split.

The majority of new service users were recorded as permanently sick/disabled (52%) whilst 23% were recorded as working full/part time. The majority of service users accessing the service during this period were supported with finding appropriate legal advice (54%) and benefit advice (26%).

Sefton Women’s And Children’s Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working.

During Q3 there were 523 new referrals, 241 assessments completed and 35 are pending further action; 207 were closed due to support being refused. There are currently 380 women and 179 children in receipt of support; the number of women has doubled and children trebled compared to the same period 2018-19. During the period the refuge accommodated 2 women along with 2 children. Referrals came from various sources, with the top three being the police 33%, self-referrals 16% and CYPS Safeguarding Children 22%. Other sources included Adult Social Care, Children’s Centres, family and friends.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q3 there were 143 referrals to the service (South Sefton 72 & Southport & Formby 71). The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 34%. This is higher than the current national average of 25%.

21% of stroke survivors and carers in Southport and Formby accessing the service are of working age, under 65 years old. This is lower than the current national average of 25%. These service users were given post-stroke information to help with returning to work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 100 (24 South Sefton and 76 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £1,309 (£313 South Sefton and £996 Southport and Formby).

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

In addition to the above, the service managed to secure grant funding for 15 service users totalling £1,427 during this period.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q3 there were 72 new referrals for counselling services, 1 to the support group and a further 5 for the outreach service.

The majority of women accessing the service self-referred but the number of GP referrals has increased significantly, this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the 557 counselling sessions available during this period 380 were booked and used, 156 were cancelled by the client and 21 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 5 referrals made to the Outreach Service (with 46 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

Macmillan Cancer Support Centre – Southport

The Centre was opened in January 2012 and was funded fully by Macmillan Cancer Support until 2018. During 2018, Macmillan Cancer support Centre were awarded joint funding between Southport & Formby CCG and Macmillan Cancer Support to deliver a service offering support and advice to people in Southport affected by cancer. An increase to funding by Southport & Formby CCG was then agreed for 2019-20 following the gradual step down of funding by Macmillan. The CCG are to fully fund the centre from January 2020.

An NHS Standard Contract is to be implemented shortly to reflect this arrangement.

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre

received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung, and head and neck cancers.

During Q2 the centre received 130 new referrals; 78% were self-referrals, 8% Aintree UHT, Southport & Ormskirk Hospital NHS Trust & 4% GPs. There were 142 contacts at the centre and a further 12 active service users.

The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

7 Primary Care

7.5 Extended Access Appointment Utilisation



Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19	
		56.67%	72%	72.13%	73.95%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). December target 67.7%				
Performance Overview/Issues:						
A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.						
In December, Southport & Formby CCG practices reported a combined utilisation rate of 73.95%, above the CCG's 67.7% target for December. Total available appointments was 972, with 778 being booked (81.07%) and 75 DNA's (9.5%). This shows an improvement on last month.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

Figure 19 – 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	253	434	209	127	160	
	27.7%	47.5%	22.9%	13.9%	17.5%	
Nov-19	189	376	57	52	115	
	23.9%	47.5%	7.2%	6.6%	14.5%	
Dec-19	214	366	42	52	101	
	27.2%	46.4%	5.3%	6.6%	12.8%	

7.6 Care Quality Commission (CQC) Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Trinity and St Marks Medical Centre merged in April 2019. All the results are listed below.

Figure 20 – CQC Inspection Table

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

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

8 CCG Oversight Framework (OF)

8.5 Background

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

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

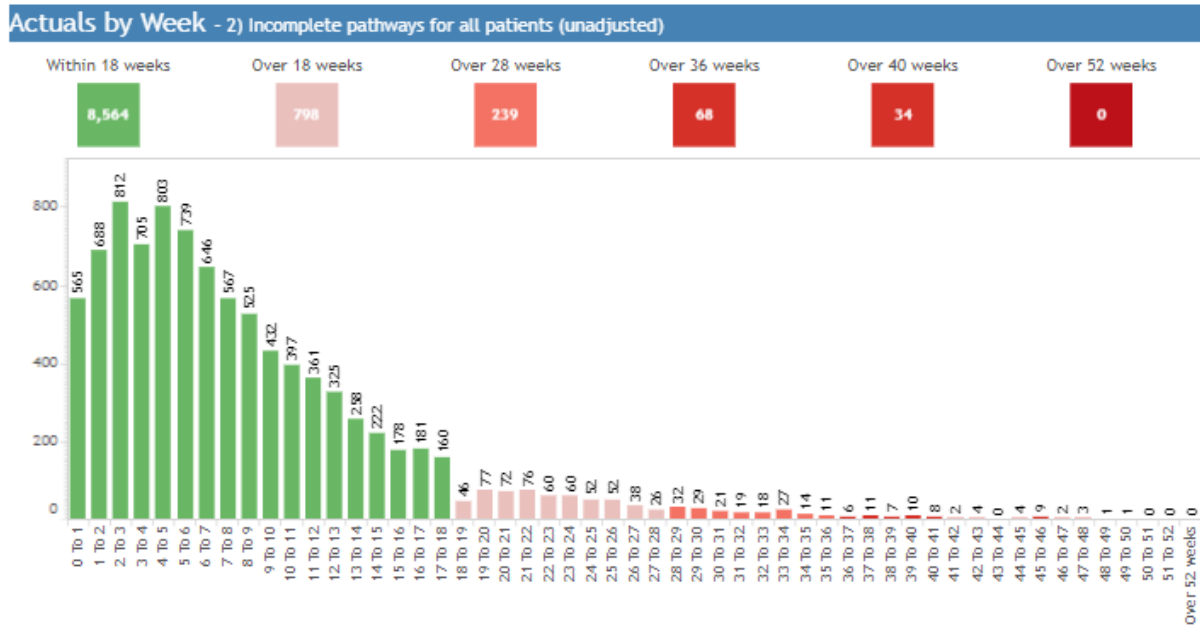
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20.

Southport & Formby CCG	Q1	Q2
Highest Performing Quartile	11	13
Interquartile Range	16	20
Lowest Performing Quartile	14	11

9 Appendices

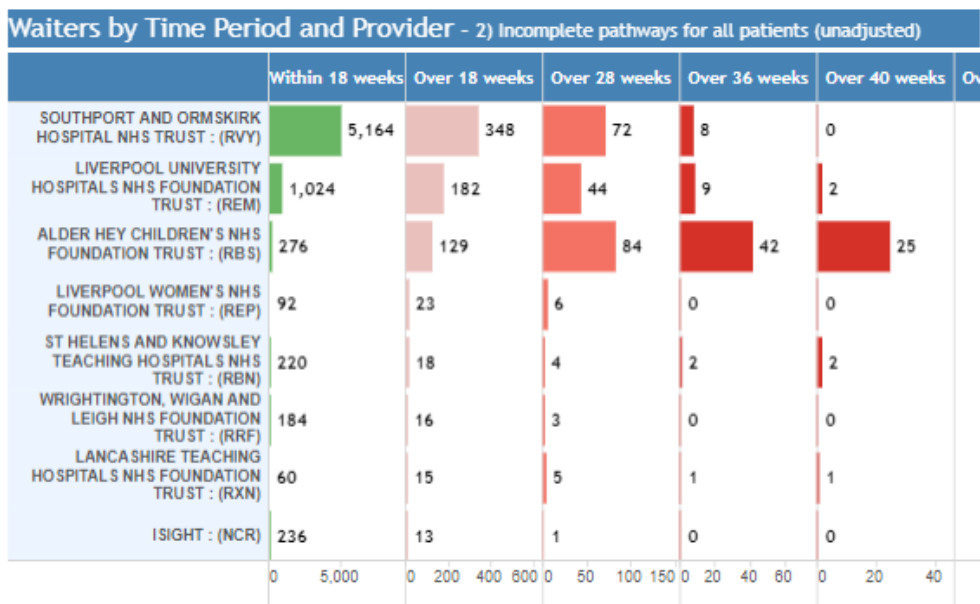
9.5.1 Incomplete Pathway Waiting Times

Figure 21 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



9.5.2 Long Waiters analysis: Top Providers

Figure 22 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.5.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 23 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

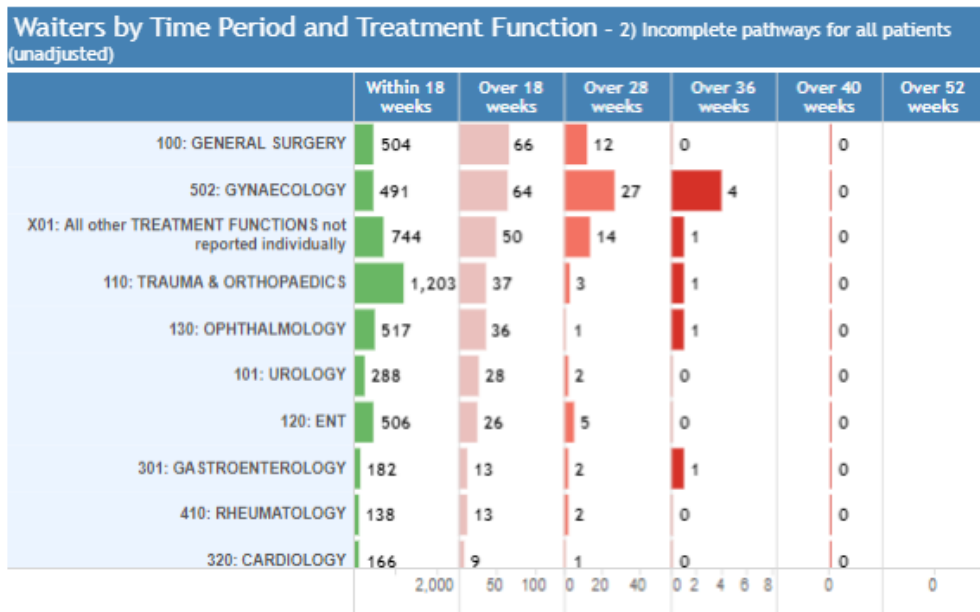
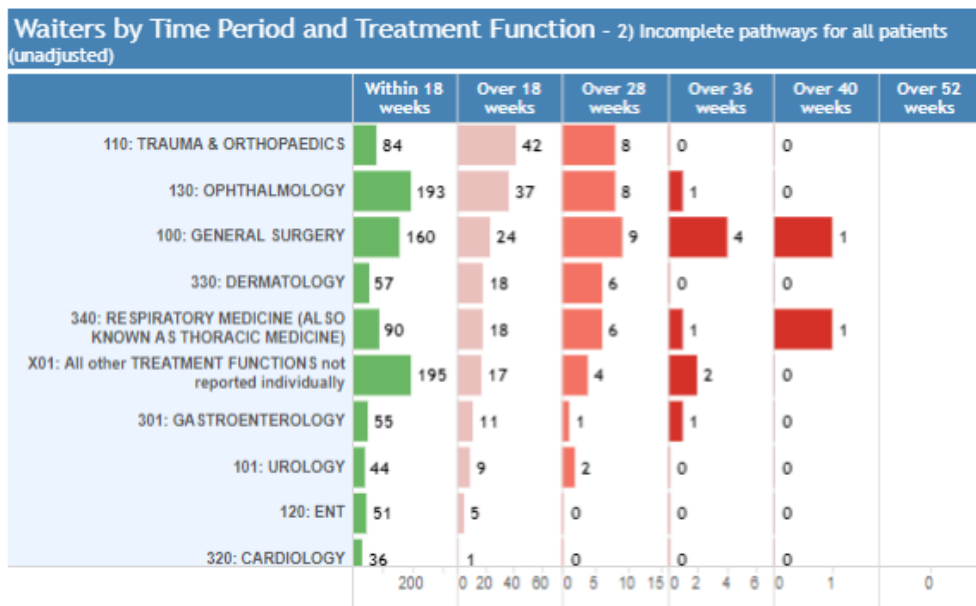
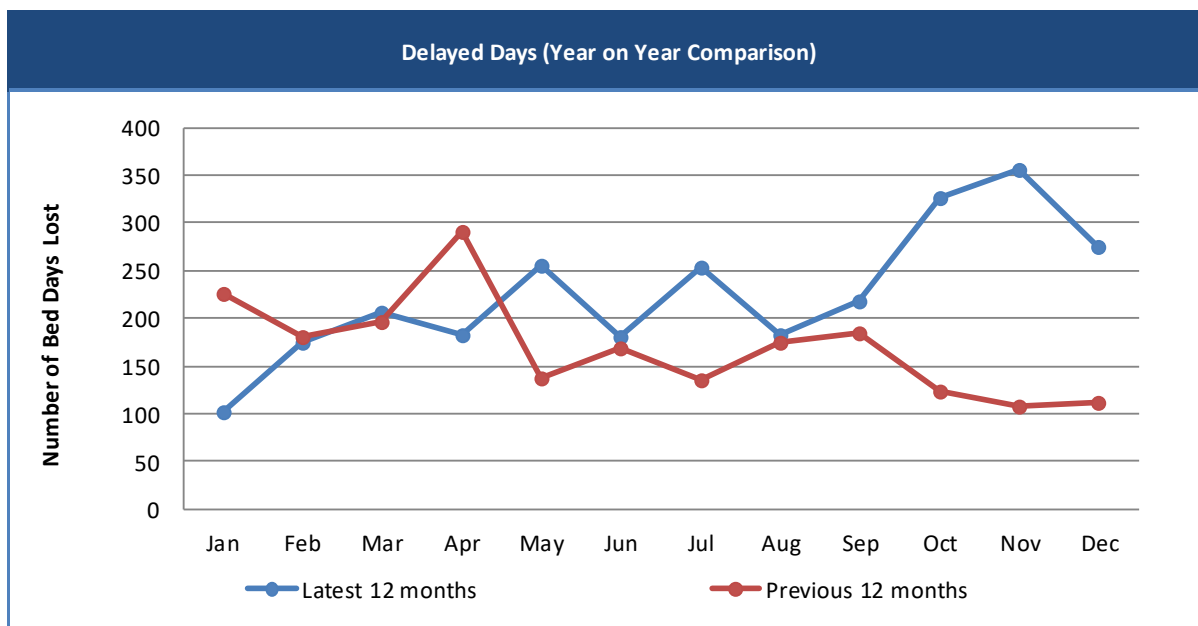


Figure 24 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.6 Delayed Transfers of Care

Figure 25 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Dec-19	Nov-19	Dec-18
Total	276	357	111
NHS	87.7%	100.0%	100.0%
Social Care	12.3%	0.0%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Dec-19)	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	25.4%
Community Equipment Adapt	0.0%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	14.1%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	50.7%
Public Funding	0.0%
Residential Home	9.8%
Other	0.0%

9.7 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20																
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD			
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	540	540	792	46.67	42	69	77	88	41	66	69	62	80	594			
		Total Contacts (Domiciliary)	40	40	109	172.50	2	14	5	3	5	2	7	13	31	82			
		Total Contacts (Outpatients)	500	500	683	36.60	40	55	72	85	36	64	62	49	49	512			
		Total New Referrals	289	289	291	3.65	32	25	16	18	32	24	25	24	22	218			
	Paediatric Occupational Therapy	Caseload at Month End	150	150	112	-25.33	113	129	113	122	113	115	108	102	96	121			
		Referral to 1st contact (weeks average)	14.3	14.3	12.6	-10.49	16	9.9	13	12.1	14.8	11.4	13.3	11.3	13.7	16			
		Total Contacts (Domiciliary)	3,342	3,342	3,132	-6.28	285	276	262	285	272	228	260	292	199	2,349			
		Total New Referrals	566	566	493	-12.90	48	61	36	47	27	44	42	46	19	370			
	Paediatric Physiotherapy	Caseload at Month End	64	64	69	7.81	60	62	56	72	67	68	67	88	80	69			
		Referral to 1st contact (weeks average)	5.8	5.8	6	3.45	6.2	5.8	7.6	7	5.2	5.9	6	5.1	5.6	6.7			
		Total Contacts (Domiciliary)	6,103	6,103	4,993	-24.74	431	396	406	428	326	392	428	366	272	3,445			
		Total New Referrals	553	553	581	5.95	48	51	43	63	39	54	60	48	40	436			
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	25.9	25.9	29.4	13.51	36.6	35.9	31.1	32	33.9	24.2	24.1	24.4	22.5	36.6			
		Total Contacts (Domiciliary)	7,805	7,805	10,472	34.16	695	737	872	941	737	848	1,066	1,203	755	7,854			
		Total New Referrals	750	750	809	7.97	52	72	61	78	44	73	90	81	56	607			
Caseload at Month End		212	212	169	-20.28	230	233	204	209	205	138	128	115	57	232				
NHS Southport and Formby CCG	Paediatric Continence	Total Contacts (Domiciliary)	1,584	1,584	1,461	-7.70	152	114	130	121	134	129	114	109	93	1,096			
		Total New Referrals	135	135	151	11.85	17	13	16	8	13	12	19	10	5	113			
	Paediatric Dietetics	Caseload at Month End	90	90	280	211.11	323	270	262	262	280	274	283	281	284	323			
		Referral to 1st contact (weeks average)	8.5	8.5	6	-29.41	7.5	4.2	7.4	6.1	5.2	6.4	5.2	6	6.1	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

9.8 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	148	162	139	150	110	152	219	197	161				1,843	1,762	-2.8%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27				448		
Total Number Waiting	945	920	878	818	763	732	732	681	658				9,372		
Number waiting over 18 weeks	522	484	469	438	408	375	319	244	198				4,678		

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.

9.9 Alder Hey Dietetics Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	32	25	16	18	32	24	25	24	22			
Incomplete Pathways - 92nd Percentile	25	11.92	20.28	24.68	20.64	12.56	10.04	9	14.80			
Incomplete Pathways RTT within 18 weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%	100%			
Total Number Waiting	65	45	29	28	43	37	32	39	42			
Number waiting over 18 weeks	10	2	3	4	5	3	2	1	0			

RAG rating

 <= 10 weeks
 19 to 22 weeks
 23 weeks plus

9.10 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	30	24	175
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.5%	23.3%	20.5%	17.7%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	13	13	5	64
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	8.2%	11.6%	5.1%	7.3%

Outpatient Clinics - Cancs by PATIENT

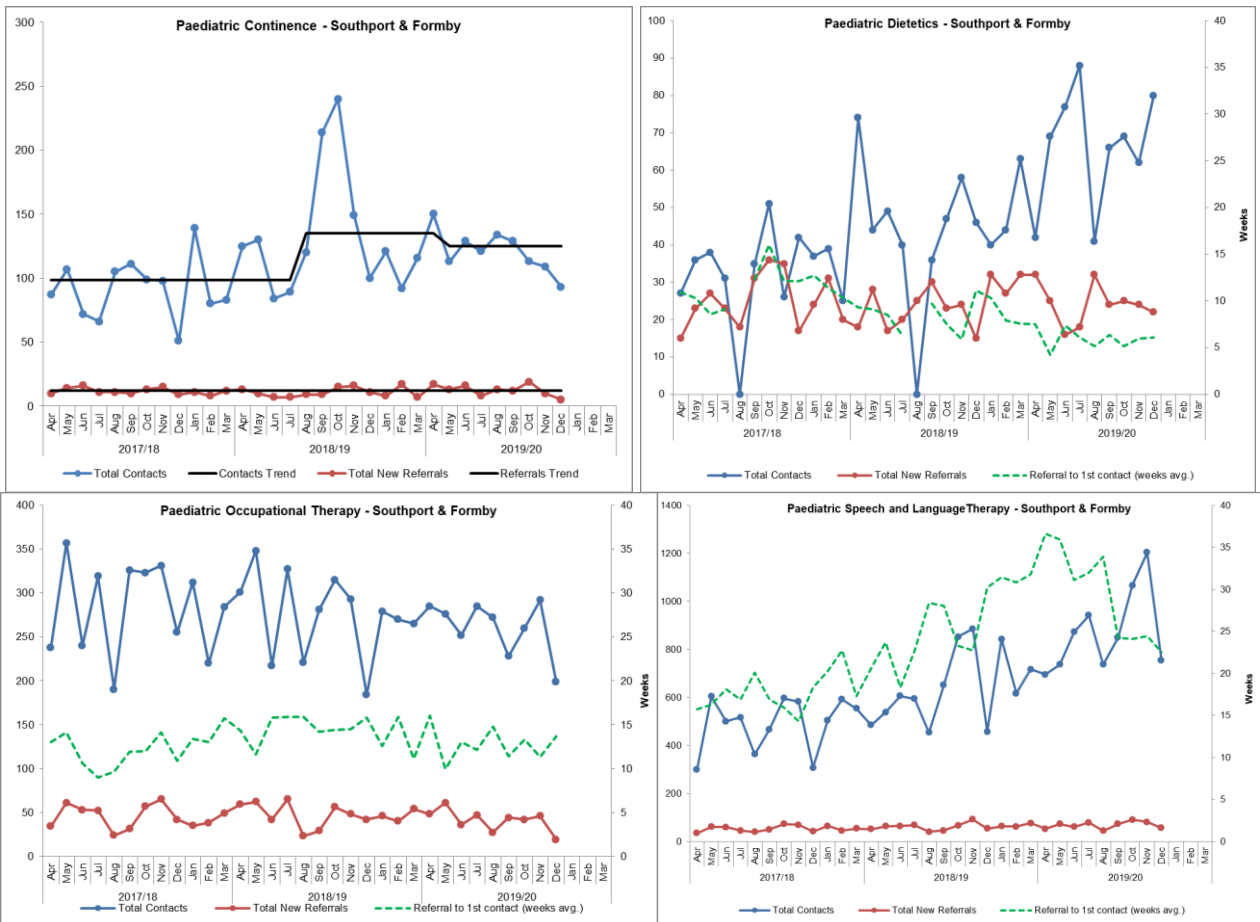
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	30	31	259
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	18.1%	24.8%	20.2%	19.5%	25.3%	28.3%	25.0%	24.1%

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

9.11 Alder Hey Activity & Performance Charts



8.7 Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track 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 Q3 BCF performance is as follows:

Figure 26 – BCF Metric Performance

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	Winter pressure has presented challenges as expected in terms of volumes.	Strategic Plans for Sefton for 2020 - 2025 through Sefton2gether and the Health and Wellbeing Strategy published in this quarter set the clear prevention programme for the footprint and plans for implementation are progressing well.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The demographic challenge remains and further work with our Care Home Market as both Social Care and Health on ensure we establish fees, support the market to deliver the best quality, and ensure we assess and provide the right level of service must continue to progress	The roll out of the demand management programme in the council encourages our care closer to home approach, and we have clear plans to continue this approach.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Volumes have increased and work has been needed from our commissioning teams to ensure capacity if available.	There was a 5% increase in average monthly hours of reablement provided in Q3 compared to Q2. % We know the vast majority of service users discharged with a short term service do not translate into a longer term service (approximately 89%)
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Errors in reporting and recording of DTOC identified during audit and review. Now correct recording from all acute partners, this may result in a reduction in DTOC attributable to Social Care within this quarter. Current date up to November 2019 still shows a spike in DTOC although overall the year will meet IBCF targets	Our latest dashboard reported that we are in track to meet the targets in the IBCF. Continued closer working to manage this with weekly winter pressure meetings, and increased capacity in Reablement coming on line and the retender of the Care at Home contract for one area of the borough. The wider use of community equipment and HIA will be supported though recruitment to an additional post to develop this through the BCF.

Figure 27 – BCF High Impact Change Model Assessment

		Narrative			
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into daily multidisciplinary huddles to expedite timely discharge. Weekly escalation calls scheduled with NHSE focusing on the following quality markers total number of patients in receipt of corridor care, ambulance turnaround times and incidence of 12 hour breaches.	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events with all agency attendance are operational at times of high pressure.	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of additional reablement hours and rapid response hours. Pathway enhancement and relaunch went live on the 6th January. A SERV Car model was launched in November 2019 and will be evaluated in Q4, initial feedback has been positive on its impact on patient flow.
Chg 5	Seven-day service	Established		7 day service provision is in place for social care and health reablement services across Sefton. The challenge is that not all services are 7 day which can affect weekend provision of care and sustained patient flow.	There has been enhancement of weekend service provision within the acute trusts including enhanced medical workforce, improved access to ambulatory care, pharmacy provision and social work. Sefton Emergency Response Vehicle has been commissioned which is integrated with the community health and social care teams in Southport and there has been a service reconfiguration in South Sefton for the AVS scheme.
Chg 6	Trusted assessors	Established		Trusted assessment is in place, there is ongoing work to engage the wider care home market before this can be classed as mature. The trusted assessor model is currently under review in Southport and Formby to improve the quality of the discharges. Trusted assessment fully operational within community intermedicate care.	Trusted assessors now in place in South Sefton. Trusted assessment process to return to community provider in Southport and Formby. Impact of this is reduction in hospital discharges and delays.
Chg 7	Focus on choice	Established		Patient choice policy agreed across North Mersey and in place. The challenge is that there is variation across providers in terms of application and implementation. Processes need to be more robust and application more consistent.	Acute trusts currently reviewing how the choice policy can be more consistently applied. Recognition is that this needs to be considered on a case by case basis. In this quarter commitment to jointly commission Advocacy has been made and work has begun to formalise a project plan around this. We have also seen reported Personal Health Budgets Targets to be met for both CCGs.

Chg 8	Enhancing health in care homes	Established		Southport and Formby area have a higher than national average number of care and residential homes which impacts on workforce capacity. Southport and Formby CCG and South Sefton currently have disproportionate service provision for care home support.	Sefton wide care home forum has been established. Improved collaboration between health and social care in the co production of a care home strategy for joined-up commissioning. A joint commissioning group established to support roll out of the new specification with PCNs. Series of workstreams for the review of section 75 schedules of the integrated BCF commissioning group have been formed. Greater clinical ownership across providers for quality improvement initiatives and service development schemes across NWAS, community and the care home sector.
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Hospital Transfer Protocol (or the Red Bag scheme)					
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		The challenges include bags being misplaced within the acute trust and failure to return to care home setting on discharge with the patient. A number of bags have currently been returned to the CCG and will need to be redistributed.	All care homes were allocated a red bag. Evidence that the scheme was initiated however bags are being misplaced in the trust. Need to relaunch and improve communication and engagement of the scheme within secondary care. This will form part of the care home strategy for Sefton residents.

9.12 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.

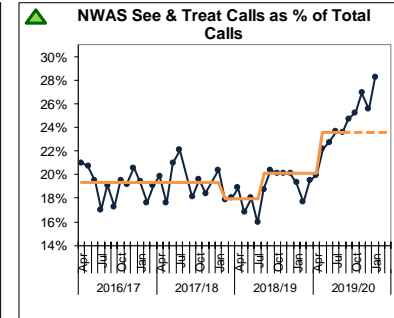
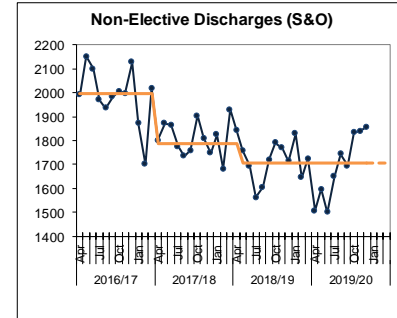
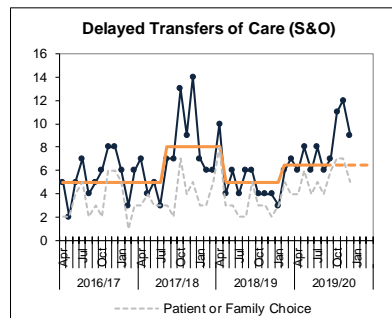
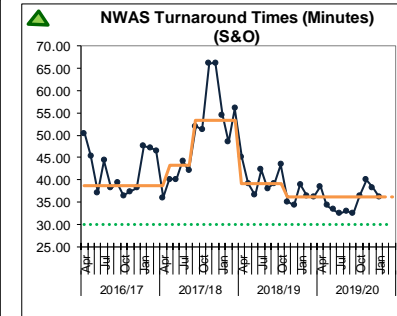
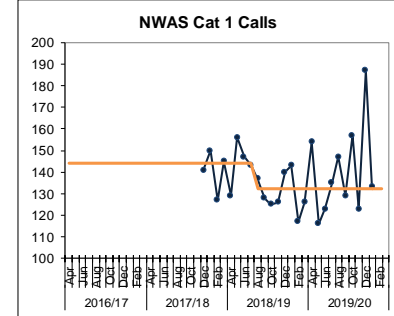
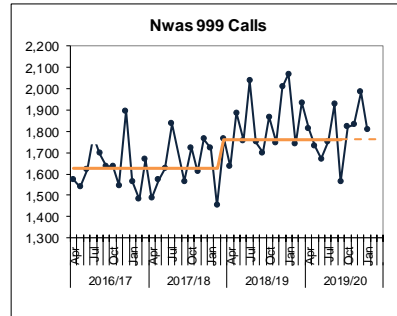
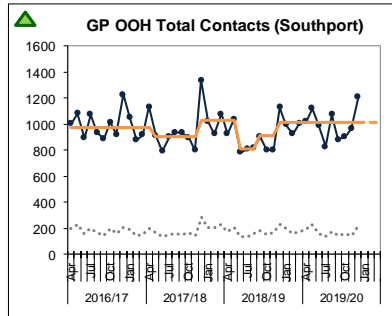
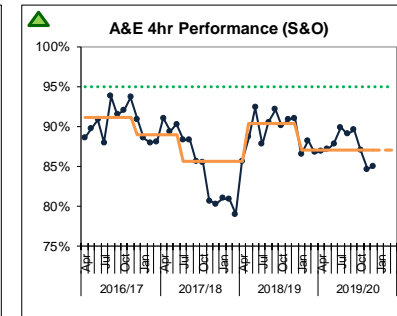
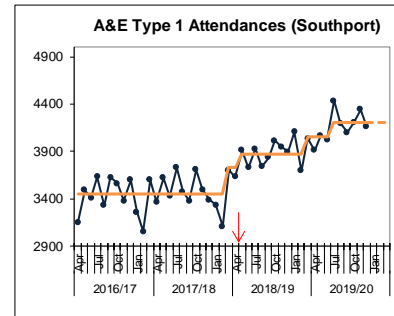
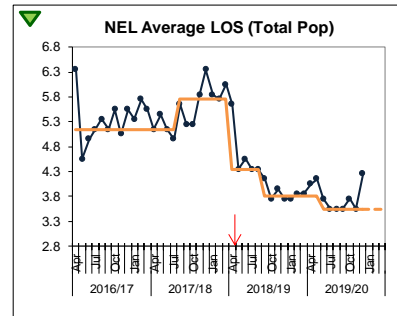
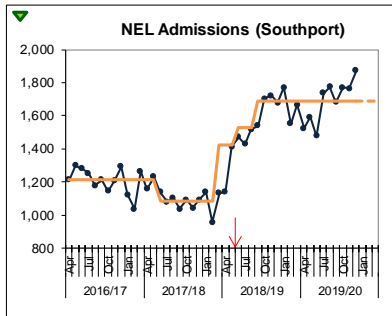
Month 9 performance and narrative detailed in the table below:

Figure 28 – Southport & Formby CCG’s Month 9 Submission to NHS England

Month 9 (December)	Month 09 Plan	Month 09 Actual	Month 09 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2204	1957	-11.2%	GP referrals saw a significant reduction in month 9 as part of a seasonal trend and were comparable to numbers reported in December-18. Year to date, GP referrals are within 2% of plan.
Other	2179	2332	7.0%	An increase in Other referrals has been apparent throughout the financial year and these remain high against the plan as in 1819 (despite a further decrease in month 9 and referrals being much closer to plan in month). 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.
Total (in month)	4383	4289	-2.1%	
Variance against Plan YTD	43409	46354	6.8%	Discussions continue around referrals. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although it is expected that this will begin to level out on a monthly basis as the service has now been operational for over 12 months.
Year on Year YTD Growth			8.1%	Discussions regarding referrals will continue with the provider via the information sub group.
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3444	3339	-3.0%	
Follow Up	8019	8106	1.1%	OP first and follow up appointments have both decreased in month 9 as part of seasonal trends and following a corresponding drop in referral numbers. Total outpatient activity is in line with planned levels at month 9 in month and 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.
Total Outpatient attendances (in month)	11463	11445	-0.2%	
Variance against Plan YTD	116456	116304	-0.1%	
Year on Year YTD Growth			6.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1349	1415	4.9%	
Elective Ordinary spells	189	190	0.5%	Local monitoring suggests that day case activity has been within the 2% threshold against plan in month 8 and 9. Day case trends are following a similar pattern to 2018/19 but remained consistently above the previous year from month 1-7 before recent reductions. Elective admissions were comparable to plan from month 1-5 but did not increase in the following months as per the plan. Activity has now dropped in month 9 as per seasonal trends and is aligned to planned values. Feedback from the provider regarding elective inpatients suggests theatre staff shortages and bed pressures have resulted in a reduced elective offering throughout the year. 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.
Total Elective spells (in month)	1538	1605	4.4%	
Variance against Plan YTD	15076	15907	5.5%	
Year on Year YTD Growth			6.6%	
Urgent & Emergency Care				
Type 1	3882	4061	4.6%	The CCGs A&E activity increased in month 8 to a secondary peak for 1920 (the highest attendances being reported in Jul-19). Activity is influenced by attendances at the main hospital provider and despite a reduction in month 9, this remains historically high. A&E performance at the lead provider has been fairly consistent, improving slightly on the previous month to 85.04%.
Year on Year YTD				As reported previously, pressures in surrounding Paediatric A&E departments are beginning to impact on each other (paediatric attendances for the CCG have increased for three consecutive months) 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.
All types (in month)	4398	4753	8.1%	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 (as per winter planning priorities). 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. The provider has noted unprecedented paediatric attendances in month 9 with high acuity and reliance on additional staffing to open escalation areas. As such, meetings have been held between management teams to devise a strategy. An audit has also been conducted by Health Watch to determine the increase in attendance via A&E. This will inform hospital avoidance work streams i.e. GP in ED, Sefton Emergency Response Vehicle (SERV) car, Same Day Emergency Care (SDEC) and cancer related unplanned attendances.
Variance against Plan YTD	39579	42271	6.8%	
Year on Year YTD Growth			7.9%	
Total Non Elective spells (in month)	1762	1798	2.0%	
Variance against Plan YTD	16024	15695	-2.1%	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 and these admissions have seen notable increases against plan in recent months whereas 1+ LOS admissions have been closer to plan. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. The CCG are working closer with the Local Authority to develop the enabling of step up beds to support the commissioning of the new SERV car to reduce conveyances, attendances and admissions. This also supports the clinically designed system wide frailty/falls pathway
Year on Year YTD Growth			9.7%	












9.13 Southport & Formby CCG Urgent Care Dashboard

SOUTHPORT & FORMBY URGENT CARE DASHBOARD



↓ ACU data started flowing in May 18

Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Go to Doc Out of Hours Activity	Total contacts to the Southport and Formby out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - S&O	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Southport & Ormskirk Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	Southport and Formby - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	Southport and Formby - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	Southport and Formby - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Southport & Ormskirk University Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.