



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

January 2020

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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%	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			R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%	2.57%	2.7%				
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% 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			R	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%	91.48%	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%	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			G	
		Actual	0	0	0	0	0	0	0	0	0	0	0			0
		Target	0	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			R	
		Actual	6	7	7	7	2	4	8	5	8	2			56	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
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			G
		Actual	0	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			G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%	95.44%	96.02%			93.88%
		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	G			R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%	96.67%	96%			90.45%
		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			G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%	97.33%	97.67%			97.06%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% 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			G
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%	100%	94.12%			96.90%
		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	R			R
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%	100%	81.82%			97.18%
		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			G
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%			99.47%
		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	
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G	R	R	R	R	R	G	R			R
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%	97.14%	68.89%			79.06%
		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%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	N/A	R	G	R	N/A	R	R	R	G	R			R
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%	100%	84.62%			80%
		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%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G	G	G	G	G			G
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%	88.24%	92.31%			86.75%
		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

<u>4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</u> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	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%	84.4%			85.76%
		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

<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	14	13	4	9	9	10	7	10	11	8			95
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	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	1.7			
		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			R
		YTD	1	1	1	1	2	2	2	2	2	2			2
		Target	0	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			R
		YTD	2	4	8	10	13	16	22	22	26	30			30
		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			R
		YTD	14	25	39	55	70	78	98	107	117	128			128
		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			G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%	87.5%	100%			96%
		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			R	
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%	62.8%	42.6%			47.8%	
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
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	R			R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%	0.62%	0.91%			9.79%	
		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	G			G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%	100%	93.8%				
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
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	G			G	
		Actual	100%	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			G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%	67.7%	67.7%			69.42%
		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 10 (note: time periods of data are different for each source).

Constitutional Performance for January 2020/Quarter 3	CCG	S&O
Diagnostics Improvement Trajectory	1.6%	2.0%
Diagnostics (National Target <1%)	2.70%	1.52%
Referral to Treatment (RTT) (92% Target)	91.48%	92.62%
Cancelled Operations (Zero Tolerance)	-	2
Cancer 62 Day Standard Improvement Trajectory	-	75.86%
Cancer 62 Day Standard (Nat Target 85%)	68.89%	81.25%
A&E 4 Hour All Types Improvement Trajectory	-	85.1%
A&E 4 Hour All Types (National Target 95%)	84.40%	86.32%
A&E 12 Hour Breaches (Zero Tolerance)	-	13
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	240
Ambulance Handovers 60+ mins (Zero Tolerance)	-	62
Stroke (Target 80%)	-	87.9%
TIA Assess & Treat 24 Hrs (Target 60%)	-	70%
Mixed Sex Accommodation (Zero Tolerance)	8	14
CPA 7 Day Follow Up (95% Target)	100%	-
EIP 2 Weeks (56% Target)	75%	-
IAPT 6 Weeks (75% Target)	93.8%	-
IAPT 18 Weeks (95% Target)	100%	-

Yellow denotes failing national target but achieving trajectory

Planned Care

Year to date referrals are 5.6% higher than 2018/19 due to an 8.5% increase in consultant-to-consultant referrals. GP referrals are closer to 2018/19 levels with a slight increase of 0.7% at month 10.

Overall, referrals to Southport Hospital have increased by 3.5% year to date at month 10. 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 January recording 2.70%, a further decline on last month's performance (2.57%). Therefore, the CCG continues to fail the improvement trajectory of 1.6% for January 2020. Southport and Ormskirk have shown a further decline in performance and are therefore still reporting above the national target of less than 1%, with 1.52% in January 2020. However, the Trust's agreed trajectory increased from 1.2% in December to 2% in January and therefore the Trust is achieving it this month.

Southport & Formby CCG had a total 9,376 patients waiting on an incomplete pathway in January 2020; 1,904 patients over plan. The CCG failed to achieve the 92% target in January reporting 91.48%, below the 92% target. Out of a total 9,376 patients waiting on the pathway, 799 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 2 cancelled operations in January 2020, showing a decrease on December. Both were due to the lists overrunning. Year to date there have been 56 cancelled operations at the Trust.

For month 10 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 15.4% in January 2020. This is a decline on previous month's performance and therefore remains below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 95% and is therefore now below 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 January 2020 reached 86.32% for all types (86.04% YTD), which is above the Trust's improvement trajectory of 85.1% for January. For type 1, a performance of 76.93% was reported in December (80.46% YTD).

Southport & Ormskirk Hospital reported 13 12-hour breaches in January 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 further in January and is now reporting above the 80% plan with 87.9%; 29 out of 33 patients spending at least 90% of their time on a stroke unit. In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust has reported a significant improvement in January 2020 with a performance of 70%. This equates to 7 patients out of 10 achieving the target and is the first time the Trust has achieved the target since November 2016.

For Mixed Sex Accommodation (MSA), the CCG continues to breach the zero-tolerance threshold with a total of 8 breaches in January. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in January. 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 January, bringing the year to date total to 30 against a year to date plan of 25 (year-end plan 30). 12 cases were apportioned to Acute Trust and 18 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 January there were 11 new cases against a plan of 8, bringing the year to date figure to 128 against a YTD target of 91. Southport & Ormskirk Trust reported 13 new cases in January with 2 of those acquired through the hospital (202 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 an increase in performance with 100% in January against the 95% target.

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, with performance dropping to 33.33% in January. Out of a potential 9 service users, 3 started treatment within the 18-week target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.91% in January, therefore failing to achieve the target of 1.59%. The recovery target of 50% was also missed in January with 42.6%.

Community Health Services

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 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. Alder Hey has provided a Recovery Plan to bring waiting times down by February 2020 and are on track to do so. South Sefton and Southport & Formby CCGs have provided additional investment.

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.

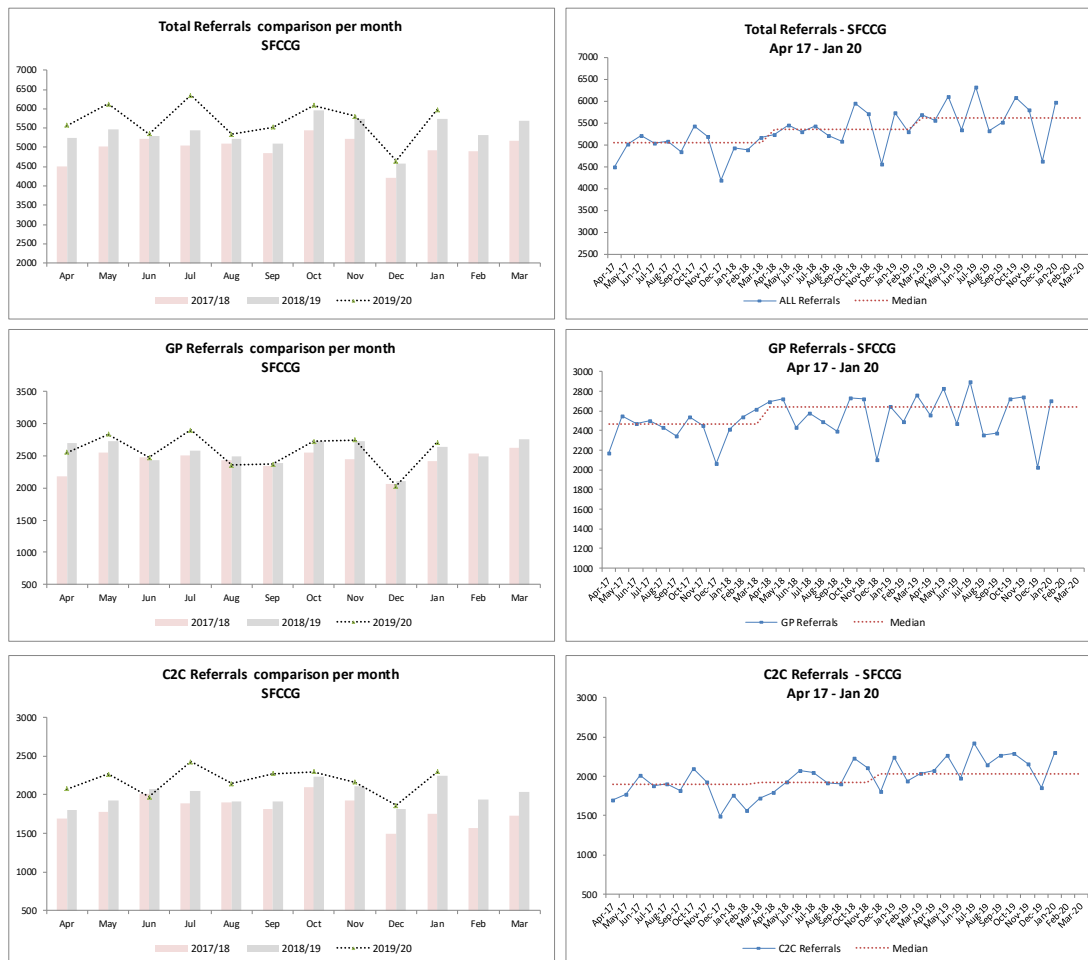
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar 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 2020. 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			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2555	-139	-5.2%	1799	2075	276	15.3%	5247	5565	318	6.1%
May	2727	2833	106	3.9%	1929	2264	335	17.4%	5456	6121	665	12.2%
June	2429	2472	43	1.8%	2069	1973	-96	-4.6%	5305	5346	41	0.8%
July	2580	2903	323	12.5%	2054	2428	374	18.2%	5433	6341	908	16.7%
August	2495	2354	-141	-5.7%	1914	2145	231	12.1%	5230	5339	109	2.1%
September	2391	2372	-19	-0.8%	1907	2272	365	19.1%	5085	5521	436	8.6%
October	2729	2722	-7	-0.3%	2237	2298	61	2.7%	5965	6092	127	2.1%
November	2722	2744	22	0.8%	2111	2160	49	2.3%	5735	5809	74	1.3%
December	2102	2028	-74	-3.5%	1811	1860	49	2.7%	4571	4644	73	1.6%
January	2646	2706	60	2.3%	2246	2300	54	2.4%	5738	5978	240	4.2%
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2569	5	0.2%	2004	2178	174	8.7%	5398	5676	277	5.1%
YTD Total Month 10	25515	25689	174	0.7%	20077	21775	1698	8.5%	53765	56756	2991	5.6%
Annual/FOT	30763	30827	64	0.2%	24047	26130	2083	8.7%	64781	68107	3326	5.1%



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





Month 10 Summary:

- Trends show that total referrals have increased by 28.7% (1,334) from the previous month at January 2020.
- Although a notable increase, this is in line with historical trends whereby the extended festive period impacts on referral numbers reported. Taking this into account results in 11.9% (28) more referrals for the extra 3 working days.
- Year to date referrals are 5.6% higher than 2018/19 due to an 8.5% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 8.5% (1,698) 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 11.6%.
- Overall, referrals to Southport Hospital have increased by 3.5% (1,258) year to date at month 10. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 17.1%.
- 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 0.7% 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 6.4% (337) 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> <p>The CCG are in negotiations with iMersey to recruit a digital lead whose responsibility will be to pick up eRs and advice and guidance.</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		Oct-19	Nov-19	Dec-19			Jan-20
		CCG	2.39%	1.89%	2.57%			2.70%
		S&O	2.16%	0.87%	1.44%	1.52%		
		National Target < 1% January improvement plans CCG: 1.6% S&O: 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 January recording 2.70%, a further decline on last month's performance (2.57%). Therefore, the CCG continues to fail the improvement trajectory of 1.6% for January 2020. Out of 2,077 patients, 56 patients were waiting over 6 weeks and 10 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Computed Tomography (14), Colonoscopy (11) and Cystoscopy (10).</p> <p>Southport and Ormskirk have shown a further decline in performance and are therefore still reporting above the national target of less than 1%, with 1.52% in January 2020. However, the Trust's agreed trajectory increased from 1.2% in December to 2% in January and therefore the Trust is achieving it this month. January's performance equates to 40 patients out of 2,632 waiting over 6 weeks for their diagnostic test. The majority of breaches were in Cystoscopy (16) and Colonoscopy (11). 21 of the 40 breaches reported were Southport & Formby CCG patients.</p> <p>For Southport & Formby CCG patients, Liverpool University Hospitals are breaching the target with 6.25% (16 breaches) and Liverpool Heart & Chest with 38.89% (14 breaches).</p>								
Actions to Address/Assurances:								
<u>Trust Comments</u>								
<p>The Trust reported a marginal drop in performance in January compared to December. Performance remains significantly lower than the previous year.</p> <ul style="list-style-type: none"> - Colonoscopy: 11 breaches were due to patients choice and the Trust was unable to adhere to the 3 week reasonableness notice period. There was a delay in prescriptions being written for bowel prep which impacted bookings which has now been resolved. All patients have a confirmed date in the month of February. - Cystoscopy: 6 breaches were due to patients unable to attend within 6 weeks, 5 cases were theatre cases due to lack of capacity and 5 due to Urology/Spinal consultants that can only see the patients. - Cystoscopy Gynae one patient who was delayed at pre-op due to presence of MRSA. - Gastroscopy: 3 breaches all due to patients unable to attend within time and Trust was unable to adhere to 3 week reasonableness period. All patients have confirmed dates in February. <p>Non Obs Ultrasound: 5 breaches due to Christmas bank holidays. Urodynamics: total 5 breaches, 3 patient choice, 1 patient had infection and 1 cancellation. All rebooked in February.</p>								
<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>Although the CCGs main provider (Southport & Ormskirk) are achieving against target, there are still underlying issues 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. The CCG have yet to receive a response.</p> <p>Southport & Ormskirk initiated a process of outsourcing diagnostic activity which 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 and January performance. Sustainability of delivery is not assured but will be closely monitored.</p>								

When is performance expected to recover:		
Southport & Ormskirk had indicated that performance improvements were expected in September onwards and this has shown to be the case until November 2019. December 2019 and January 2020 have shown a dip in performance with an expectation set from draft planning submissions for 2020/21 that the Trust expect to not meet the constitutional target (expected delivery of 2.2% by March 2021). This improvement trajectory has not been ratified by the CCG and the regulators. It is anticipated that there will be a ratified improvement trajectory by April 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	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	91.93%	91.55%	91.48%		
		S&O	93.29%	93.34%	92.93%	92.62%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in January reporting 91.48%, below the 92% target. Out of a total 9,378 patients waiting on the pathway, 799 were waiting in excess of 18 weeks. This shows no improvement in performance compared to last month. Gynaecology remains one of the main failing specialties for January reporting 89.73%, with 89 breaches. General Surgery is also failing with a performance of 89.47%; a total of 107 breaches. Ophthalmology is failing with 91.5%; a total of 86 breaches. Treatments grouped under 'Other' are performing at 86.57% in January with 196 breaches.</p> <p>Southport & Ormskirk Hospital Trust (S&O) continues to achieve the target with 92.62%. This shows a slight decline on last month's performance. For Southport & Formby CCG patients, the Trust reported 373 breaches out of a total 5,539 patients, a performance of 93.27%. However, the Trust is failing in Gastroenterology (91.41%), General Surgery (85.52%), Gynaecology (87.99%) and Ophthalmology (90.54%) 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 84.83% (160 breaches out of 1,055). - Alder Hey with 65.65% (113 breaches out of 329). <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> <p>St Helens & Knowsley, The Walton Centre, Wrightington Wigan & Leigh, Liverpool Women's, Lancashire Teaching and Manchester University Hospitals are also failing the 92% target for Southport & Formby CCG patients but with lower numbers. However, they are impacting overall CCG performance.</p>							
Actions to Address/Assurances:							
<p>The CCG is working closely with Aintree via the Planned Care Group to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice in August, and the improvement trajectory plan received in October. The improvement trajectory plan suggested that improvement would be notional with the Trust achieving 87.1% by March 2020, below the original NHSE/I ratified improvement trajectory. This was escalated to the Collaborative Commissioning Forum (CCF) for discussion and agreement on next steps. The recommendation of the CCF was to respond to the Trust stating that the improvement trajectory was unsatisfactory and requires revising. The CCG formally responded to Aintree's initial improvement trajectory via contract review meeting and letter, reiterating verbal conversations regarding repatriation and also set an expectation that an improved trajectory should be received by the 22nd January 2020. A response was received and discussed at the March LUHFT CCF and agreement sought for a re-issue of the Contract Performance Notice (CPN) by the new lead commissioner (Liverpool CCG) as a single provider.</p> <p>S&O are planning to continue achieving the target in 2020/21. The CCG Planned Care Lead will liaise closely with S&O to ensure that any RTT pressures are understood and appropriate escalation processes followed if performance is expected to dip.</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. More specifically, it is understood that the community ADHD service is currently consultant-led and therefore impacting on CCG performance. It is believed that there are discussions regarding the redesign of the service under the wider context of the SEND review.</p>							
When is performance expected to recover:							
As part of the CCG's draft planning submission, initial expectations are that sustainable recovery will happen from February 2021. However, CCG and Trust draft plans require ratification from the regulators before they are finalised.							
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	Oct-19	Nov-19	Dec-19	Jan-20		
 	CCG	0	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 within Ophthalmology. The Trust has confirmed that this is a Southport & Formby CCG patient which will appear on the February RTT performance.							
Actions to Address/Assurances:							
The Trust has confirmed that this breach was reported on their internal Datix system. An RCA was completed in February 2020 with learning and an action plan was developed.							
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

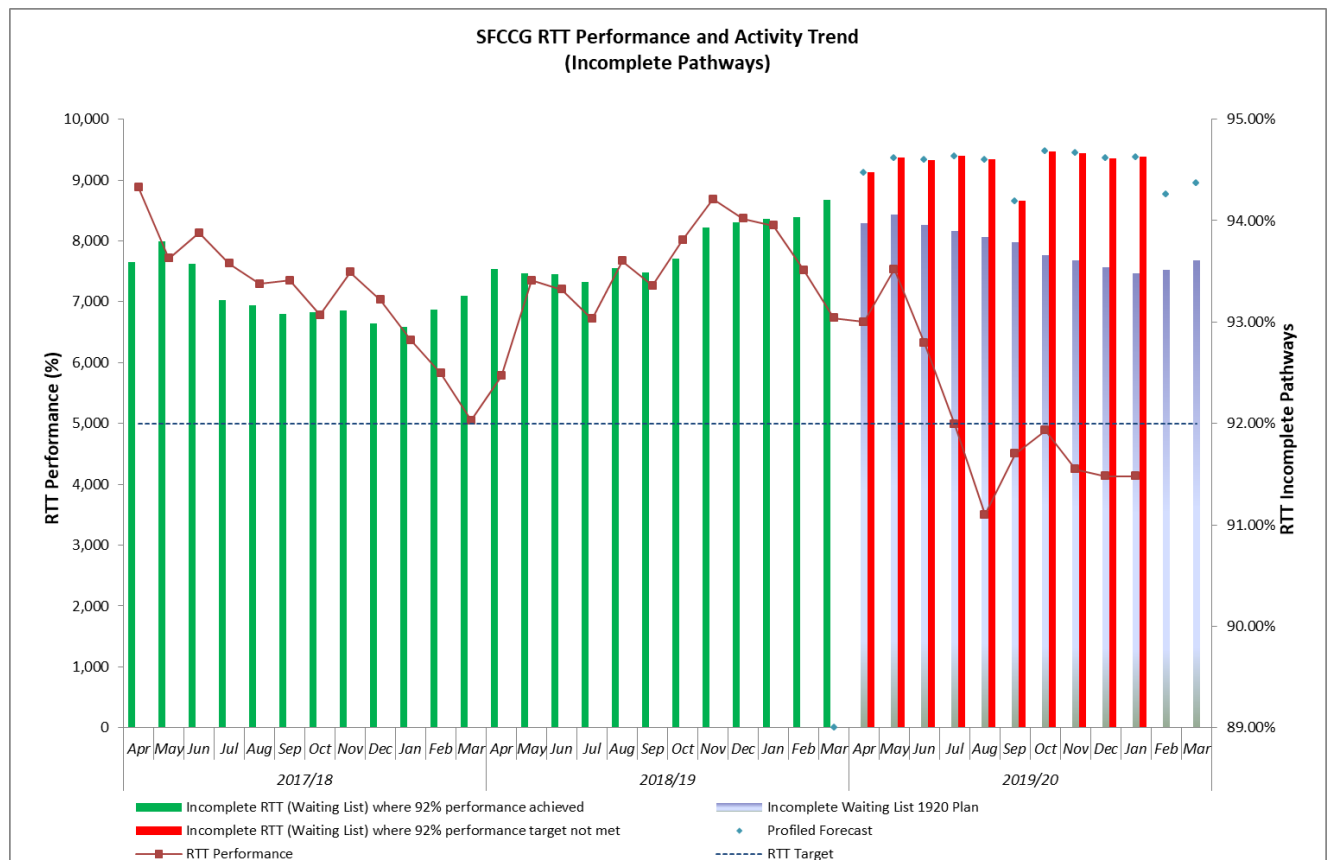


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

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	9,376			9,376
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767	1,793	1,904			1,698

Southport & Formby CCG had a total 9,376 patients waiting on an incomplete pathway in January 2020; 1,904 patients over plan.

The CCG has seen a 1,013/11% increase in January 2020 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has declined to 92.62%, therefore CCG performance 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	40 patients: 13 treated, 14 TCI dates given, 9 Sent for service date, 2 discharged, 2 Pathways closed. Community Paediatrics - capacity. Attended and treatment started. Booked. Referral completed no treatment required. Attended Treatment Started. DNA appt 14/02/2020. Reviewed by service and discharged. DNA appt 13/02/20. Reviewed by service and discharged.
Lancashire Teaching	Cardiology	37	1 patient: 1 awaiting follow up appointment. OP Capacity. Echo scan completed 25/02/20 and awaiting follow up appointment to be booked.
Lancashire Teaching	General Medicine	45	1 patient: Follow up in March. Patient seen in clinic on 24/05/2019 and endoscopy completed on 02/09/2019. Follow-up appointment booked for 06/03/2020.
Lancashire Teaching	Plastic Surgery	37	1 patient: 1 Awaiting TCI Date. IP Capacity Issues.
Aintree Hospital	General Surgery	40	1 patient: treated on 20/07/2019.
Aintree Hospital	T&O	37-39	2 patients: 2 pathways stopped. Data quality issues.
Royal Liverpool Hospital	Dermatology	38	1 patient: 1 pathway stopped. Capacity issues.
Royal Liverpool Hospital	General Surgery	43	1 patient: 1 pathway stopped. Capacity issues
Royal Liverpool Hospital	T&O	37-40	2 patients: 1 TCI date in March, 1 Pathway Stopped. Capacity issues, Long wait on waiting list.
Liverpool Womens	Gynaecology	36	1 patient: No trust information given.
Manchester University	ENT	42	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.
Manchester University	Gynaecology	39	1 patient: No trust information given. See above commentary
Manchester University	Ophthalmology	39	1 patient: No trust information given. See above commentary
North Midlands	General Surgery	48	1 patient: 1 TCI date in February. Upper Gastrointestinal Surgery.
Phoenix Public	General Surgery	40	3 patients: No trust information given. The 3 Southport & Formby CCG patients reported on the January submission were reported incorrectly and actually only waiting 0-1 week wait (2 patients) and 3 – 4 week wait (1 patient). This will be corrected on the February submission.
Southport & Ormskirk Hospital	All Other	37	1 patient: treated on 11/02/2020. Patient referred on 15/05/2019 and appointments on 20/11/2019 and 30/01/2020 were cancelled by the hospital. Patient attended on 11/02/2020 and was treated.
Southport & Ormskirk Hospital	General Surgery	37	1 patient: treated on 04/02/2020. Patient referred on 13/05/2019 and first appointment was on 05/08/2019 and placed on the waiting list. Appointment cancelled by the hospital on 07/01/2020. Patient was treated on 04/02/2020.
Southport & Ormskirk Hospital	Gynaecology	36-38	8 patients: 6 treated, 1 pathway stopped, 1 awaiting TCI date. It took 36 weeks for the hospital to offer a TCI date the TCI was cancelled by the hospital. It took 36 weeks for the hospital to offer a TCI date and then patient declined treatment at 42 weeks. There was a 14 weeks wait to first appointment and the patient cancelled once and then the hospital cancelled two appointments and then it was a 15 week wait to be offered a TCI date. Patient but on the waiting list on 23/05/2019 but still no date for treatment. It took 34 weeks for the hospital to offer a TCI date. It took 36 weeks for the hospital to offer a TCI date.
Southport & Ormskirk Hospital	Ophthalmology	36	1 patient: 1 pathway stopped. New patient appointment on 25/06/2020 but changed by the patient until 06/08/2019 and then changed again by the patient until 08/10/2019. Changed by the hospital until 01/02/2020 and seen in clinic and stopped.
Wirral University	Gynaecology	39-44	2 patients: No trust information was given.
Wrightington, Wigan and Leigh	General Surgery	37	1 patient: No trust information was given.
Wrightington, Wigan and Leigh	Urology	39	1 patient: No trust information was given.

The CCG had a total of 73 patients waiting over 36 weeks. Of the 73 patients, 22 patients have been treated, 16 have To Come In (TCI) dates, 11 unknown outcomes, 9 sent to service, 2 discharged, 9 pathways stopped, 2 awaiting TCI dates and 2 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	Oct-19	Nov-19	Dec-19	Jan-20	
		8	5	8	2	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 2 cancelled operations in January 2020, showing a decrease on December. Both were due to the lists overrunning. Year to date there have been 56 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 February CCQRM (on 19th February) where the Trust confirmed that all cancelled operations were rebooked within 4 weeks. It was also stated that a report will be produced by exception where there are breaches. The CCG will raise this with the Trust at the next information sub group.						
When is performance expected to recover:						
Trust to confirm at the information sub group.						
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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		96.55%	91.89%	96.67%	96.00%	90.45%		
		Plan: 93%						
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in January 2020 with 96%. However, year to date performance continues to fail with 90.45%. Year to date, 32 patients have breached out of a total 335 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 January 2020.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. Capacity and demand now appear to be well matched. However, there needs to be close monitoring in respect of potential for referral shift where there are pressures in breast services elsewhere in the region.								
When is performance expected to recover:								
Year to date performance is unlikely to recover due to very low compliance in the first months of 2019/20. Planned trajectories for 2020/21 include a 1.9% growth and are based on average achievement of 93%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 – 31 Day First Definitive Treatment of Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG 95.4%	96%	97.33%	97.67%	97.06%		
		S&O 100%	96.49%	97.87%	93.44%	97.25%		
		Plan: 96%						
Performance Overview/Issues:								
Southport & Ormskirk Trust failed the 96% target in January 2020 with a performance of 93.44%. However the Trust continues to achieve year to date with 97.25%. In January, 4 breaches out of 61 were reported. Breaches were due to inadequate elective capacity and complex diagnostic pathway. The longest waiter was 35 days.								
Actions to Address/Assurances:								
3/4 breaches were for skin and 2/3 were capacity related, System wide work is ongoing to redesign skin services and ensure patients are seen in the right level of service, thereby creating capacity for suspected and diagnosed cancer patients. The CCG are undertaking the analysis of actual vs plan for planned care.								
When is performance expected to recover:								
CCG trajectory for 2020/21 includes a 1.2% growth factor and an average monthly performance of 96%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 – 31 Day Cancer Treatment: Anti-Cancer Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug RED TREND  		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.
			Oct-19	Nov-19	Dec-19	Jan-20		
CCG	100%	100%	100%	81.82%	97.18%			
S&O	0 Patients	0 Patients	0 Patients	100%	100%			
Plan: 98%								
Performance Overview/Issues:								
The CCG failed to achieve the 98% target in January 2020 with a performance of 81.82%. This was as a result of 2 breaches out of 11. Both delays were due to patient choice and the longest waiter was 38 days. This month's performance has resulted in the year to date position also failing with 97.18%.								
Actions to Address/Assurances:								
Breaches this month were the patients' own choice to defer treatment.								
When is performance expected to recover:								
Planned trajectories for 2020/21 include 1% growth with an average monthly achievement of 98%								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 - 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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG	80.95%	81.40%	97.14%	68.89%	79.06%	
		S&O	74.49%	81.31%	92.11%	81.25%	78.81%	
		Plan: 85% Trust's January improvement plan: 75.86% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG failed the 85% target in January 2020 with 68.89% and is therefore still failing year to date with 79.06%. In January there were 14 breaches from a total of 45 patients seen.</p> <p>Southport & Ormskirk Hospital Trust failed the national target in January with a performance of 81.25% and are still failing year to date reporting 78.81%. However performance remains above the Trust's agreed improvement plan of 75.86% for January. In January there were 9 breaches from a total of 48 patients seen. Failing tumour sites are urology, lower GI and upper GI.</p> <p>Deterioration in performance was expected in January 2020 following an exceptional December position. This was a result of high numbers of patients choosing to defer treatment over the holiday period and being treated in January rather than December.</p>								
Actions to Address/Assurances:								
<p>The Trust has shared Cancer Improvement Plans with commissioners based on avoiding 0.5 breaches each month until recovery is achieved and sustained.</p> <p>Key areas of focus include;</p> <ul style="list-style-type: none"> -MDT optimisation using protocols to avoid waits for MDTs where there is no added benefit -Recruitment to gynaecology consultant vacancies which will ensure additional capacity for hysteroscopy and colposcopy <p>System actions</p> <ul style="list-style-type: none"> - New approach of mutual accountability for cancer standards through the Cancer Alliance. The Cheshire and Merseyside Cancer Alliance Performance Improvement Group will have oversight of cancer performance across the system. NHS Planning Guidance for 2020/21 is very clear in its expectation of continued and sustained improvement - 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 								
Recruitment								
<p>Planning trajectories submitted by Southport and Ormskirk Hospital indicate sustained recovery from July 2020. CCG level trajectories are cognoscente of pathway complexity across multiple providers and indicate an average monthly performance of 84% including a growth rate of 3.9%</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.4 - 62 Day NHS Screening Service

Indicator	Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening RED TREND  	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.	
		Oct-19	Nov-19	Dec-19	Jan-20			YTD
	CCG	0%	85.71%	100%	84.62%			80%
	S&O	0%	0%	100%	0 Patients	52%		
Target: 90%								
Performance Overview/Issues:								
<p>The CCG failed the 90% target in January 2020 with a performance of 84.62%. Therefore the CCG remains below target year to date with 80%. In January there were 2 breaches from a total of 13 patients seen. Delays were due to other reasons not listed.</p> <p>Southport & Ormskirk Hospital Trust treated no patients on this pathway in January. Therefore 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:								
Trajectories submitted for 2020/21 indicate an average monthly performance of 90% and recognise a growth of 1% for this standard.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.5 104+ Day Breaches

Indicator		Performance Summary				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	Oct-19	Nov-19	Dec-19	Jan-20	
		4	6	1	5	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 5 patients waiting over 104 days in January 2020. 1 was due to patient choice, 1 health care provider initiated delay, 1 inadequate elective capacity and 2 due to other reasons not listed. The longest waiter was 125 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 with the vast majority of patients having more than one factor contributing to their overall delay. Root cause analyses for these cases are also shared with CCGs in a monthly performance meeting.						
When is performance expected to recover:						
Improvement work on 62 days will impact on numbers of very long waiting patients.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.5.6 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. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

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.

The CCG will also be working with providers to have a place a maximum waiting time.



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%	68.61%			79.94%
No of Patients	397	522	422	604	449	467	584	485	330	360			4620
Diagnosed within 28 Days	333	422	349	476	365	378	461	402	260	247			3693

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%	92.00%	92.86%	97.22%	100%	92.31%			96.44%
No of Patients	25	34	24	34	23	25	28	36	26	26			281
Diagnosed within 28 Days	24	34	24	33	22	23	26	35	26	24			271

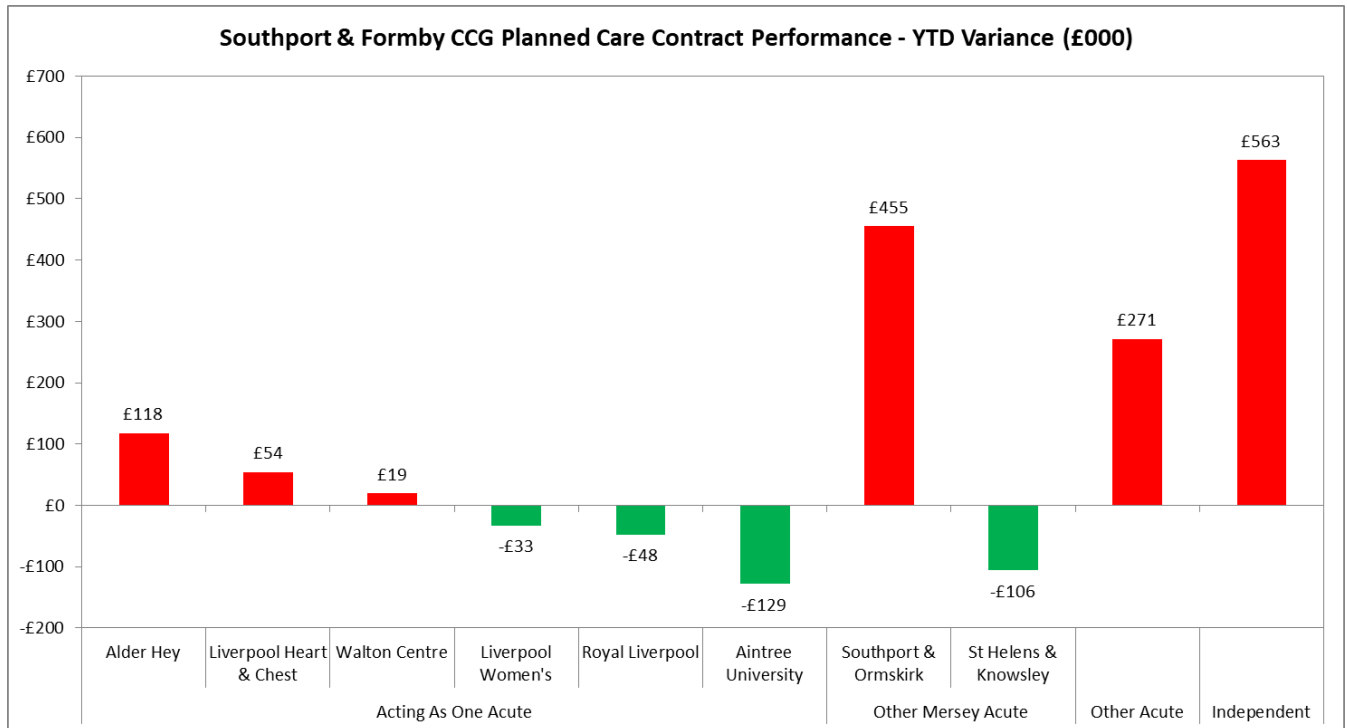
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%	42.86%	19.05%			42.34%
No of Patients	20	33	21	13	20	12	17	37	28	21			222
Diagnosed within 28 Days	13	20	7	3	5	3	5	22	12	4			94

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	Oct-19	Nov-19	Dec-19	Jan-20		
		RR	18.4%	16.4%	20.8%		15.4%
		% Rec	95%	94%	97%		95%
		% Not Rec	2%	2%	1%		1%
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for inpatients of 15.4% in January 2020. This is a decline on previous months performance and therefore remains below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 95% and is therefore now below the England average of 96%. The percentage who would not recommend remains at 1%, better than the England average.							
Actions to Address/Assurances:							
Monthly FFT reports produced by Quality Team and discussed at EPEG with rationale for dips in performance to be provided by the Trust.							
When is performance expected to recover:							
With new methods of collection, performance is expected to recover gradually month on month.							
Quality:							
Provider patient experience event being held in June 2020 which will allow Providers to update on FFT, highlighting improvement areas, success stories. Quality team continue to monitor trends and request assurances from providers when exceptions are noted.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 10 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.2m/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a similar over spend of approximately £1.2m/3.8%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 10 with a variance of £455k/3%. This is followed by Isight and Renacres and with an over performance of £301k/30% and £246k/8% respectively. Wrightington, Wigan and Leigh is also reporting a notable over performance of £191k/12% at month 10.

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	9,303	9,340	37	0%	£4,829	£4,930	£100	2%
Elective	1,069	934	-135	-13%	£3,000	£2,806	-£194	-6%
Elective Excess Bed Days	195	224	29	15%	£52	£59	£8	15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,092	662	-430	-39%	£214	£133	-£81	-38%
OPFASPCL - Outpatient first attendance single professional consultant led	12,187	13,205	1,018	8%	£2,141	£2,323	£181	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,445	772	-1,673	-68%	£248	£87	-£162	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	34,092	37,308	3,216	9%	£2,914	£3,286	£372	13%
Outpatient Procedure	19,981	22,458	2,477	12%	£2,718	£3,077	£359	13%
Unbundled Diagnostics	16,374	9,922	-6,452	-39%	£1,069	£941	-£128	-12%
Grand Total	96,737	94,825	-1,912	-2%	£17,186	£17,641	£455	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 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	29	35	6	20%	£3	£4	£1	17%
Daycase	202	192	-10	-5%	£264	£213	£-51	-19%
Elective	173	198	25	14%	£1,027	£1,252	£224	22%
Elective Excess BedDays	20	16	-4	-20%	£5	£4	£-1	-15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	103	98	-5	-5%	£8	£7	£0	-5%
OPFASPCL - Outpatient first attendance single professional consultant led	597	597	0	0%	£88	£88	£0	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	173	150	-23	-13%	£10	£10	£0	4%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	382	440	58	15%	£10	£12	£2	17%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,708	1,836	129	8%	£107	£116	£9	8%
Outpatient Procedure	383	441	59	15%	£50	£60	£10	20%
Unbundled Diagnostics	343	324	-19	-5%	£31	£28	£-3	-8%
Grand Total	4,112	4,327	215	5%	£1,604	£1,795	£191	12%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £224/22% 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.

Trauma & Orthopaedics elective market share for this provider has increased from 25% in 2018/19 to 31% 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	1,218	1,569	351	29%	£1,183	£1,411	£228	19%
Elective	199	184	-15	-8%	£958	£844	£-114	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	2,109	2,505	396	19%	£365	£431	£66	18%
OPFUPNFTF - Outpatient follow up non face to face	5	0	-5	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,778	3,433	656	24%	£202	£249	£48	24%
Outpatient Procedure	1,903	1,843	-60	-3%	£313	£317	£3	1%
Unbundled Diagnostics	927	1,089	162	18%	£79	£103	£24	31%
Physio	1,383	1,398	15	1%	£42	£43	£0	1%
Outpatient Pre-op	1,042	881	-161	-15%	£63	£54	£-10	-16%
Grand Total	11,564	12,902	1,338	12%	£3,205	£3,451	£246	8%

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.

2.7.4 Isight

Figure 10 - Planned Care – Isight

ISIGHT (SOUTHPORT) 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	1,076	1,433	357	33%	£603	£793	£191	32%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,040	1,331	291	28%	£143	£183	£41	29%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	2	3	1	20%	£0	£0	£0	12%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,572	3,387	815	32%	£155	£203	£49	32%
Outpatient Procedure	1,266	1,578	312	25%	£88	£108	£20	23%
Grand Total	5,957	7,732	1,775	30%	£988	£1,289	£301	30%

Isight over performance is currently being reported against all planned care points of delivery. Day case procedures currently account for the majority of the over performance reported (£191k/32%), particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*.



Outpatient first appointments are showing a 29% increase against plan in 2019/20 to date. An analysis of referrals suggests an increase of 2.2% for Southport & Formby CCG to Isight in 2019/20 when comparing to 2018/19.

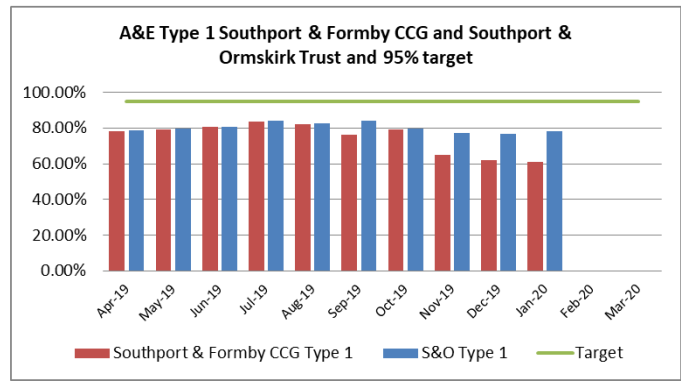
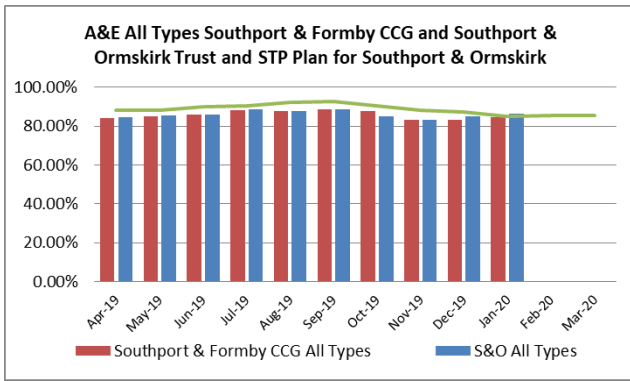
Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes for the 2020/21 contract. This would result in a proportion of activity currently recorded as a day case procedure being recorded as an outpatient procedure at a locally determined tariff (to be agreed as part of contract negotiations).

3. Unplanned Care



3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

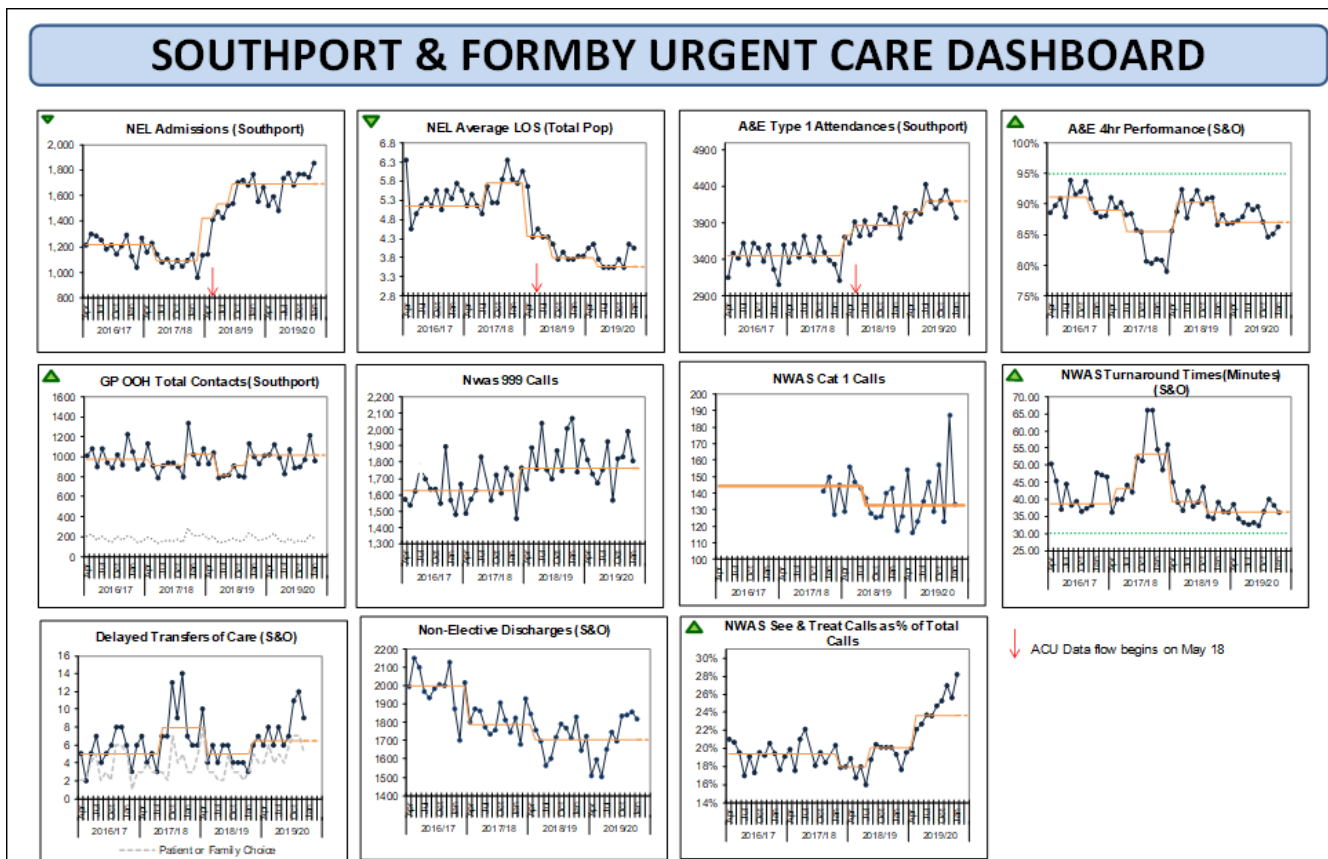
Indicator	Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%	Previous 3 months, latest and YTD						127c	
	RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG All Types	85.04%	82.98%	83.08%	84.40%	85.76%	National Standard: 95% January improvement plan: 85.1% Yellow denotes achieving improvement plan but not national standard of 95%
		CCG Type 1	79.08%	65.25%	62.31%	60.93%	74.92%	
		S&O All Types	85.17%	83.05%	85.04%	86.32%	86.04%	
		S&O Type 1	79.70%	77.28%	76.93%	78.08%	80.23%	
		S&O Improvement Plan	90.3%	88.0%	87.2%	85.1%	-	
Performance Overview/Issues:								
Southport & Formby CCG's performance against the 4-hour target for January 2020 reached 84.4% for all types (85.76% YTD), and 60.93% for type 1 (74.92% YTD), both of which are significantly below the national standard of 95%.								
Southport & Ormskirk's performance against the 4-hour target for January 2020 reached 86.32% for all types (86.04% YTD), which is above the Trust's improvement trajectory of 85.1% for January. For type 1, a performance of 76.93% was reported in December (80.46% YTD).								
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>								
The Trust has reported a 1.6% improvement in performance against the 4-hour standard compared to last month. On the Southport site there were 1,532 patients who spent longer than 4 hours in the Emergency Department (ED). There is continued concern regarding the shift in case mix with 116 extra patients who were categorised as majors compared to last year and just under 1,000 additional patients who were categorised as majors compared to Jan 2018. ED is regularly seeing over 82% of patients attending across the month categorised as majors. This results in an increasing number of patients requiring specialty input prior to decisions being made and, as a result of continued bed pressures, patients remain in ED for these reviews and investigations to take place. There were an additional 49 admissions via ED compared to January 2019 and an increase in 100 compared to last month. This is despite continued senior in-reach into ED and streaming to ambulatory pathways to consider alternative options to ED. ED has successfully managed to have 4 doctors on nights, however the shift in attendances and the delays in patient flow has seen the department routinely tracking high occupancy levels and an increase in care delivered on the corridor (533 patients received care delivered on the corridor in January 2020 compared to 391 patients in January 2019). There are continued difficulties in the late identification of discharges across the wards and the impact that this has. There is a need for a reduction in the use of the Ambulatory Care Unit (ACU) as an escalation area to enable consistent streaming during the week. The loss of the 6 spaces results in clinicians working from 1 cubicle on the Surgical Assessment Unit (SAU) which does reduce the number and casemix of patients that ACU can accept. There is optimism that there is further interest in substantive ED consultant posts in the Trust and an advert has been placed. Increasing the consultant workforce would enable rotas to be reviewed to enable command and control model to be maintained and consider extending consultant presence out of hours. Plan Do Study Act (PDSA) cycles have been run in ED reviewing times to triage with a second cubicle recently adapted to enable bloods, ECGs, observations and repeat observations to be taken which releases the triage cubicle to enable triage nurses to triage timely and support better patient flow.								
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				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked. Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		27	15	22	13	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Hospital reported 13 12-hour breaches in January against a zero tolerance threshold.						
Actions to Address/Assurances:						
Trust Comments There were 13 patients who breached the standard across the month of January. 12 of those were awaiting admission to an inpatient ward and 1 was awaiting admission to a mental health unit. 10 of the breaches occurred either during or immediately following a weekend, which corresponds with the pressures experienced across the system and the urgent need for a system that is able to step up capacity during periods of pressure. Within the Trust, key schemes had been implemented as part of winter planning, including the opening of orthopaedic beds at Ormskirk, enhanced medical cover, continuation of discharge huddles at weekends, extended pharmacy opening, and SAFER start campaign for the first 2 weeks of January. A key admission avoidance scheme had been the opening of ACU at weekends to stream appropriate patients away from ED to ambulatory pathways; 34 patients were streamed in January at weekends. Undoubtedly this mitigated the risk of further patients remaining ED and admission pathways. The stranded and super stranded metrics continue to cause concern with the number of patients recorded as being medically optimised for discharge having doubled compared to 2018. Timelines have been completed for all patients who breached the 12 hour standard. Assurance has been provided that all patients had reviews, specialty reviews, commenced on treatment plans, had regular observations and nursing interactions whilst in the department.						
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.						
Quality:						
Quality Team set up task and finish group to standardise reporting of 12 hour breaches and mechanisms for providing assurance of patient safety. This is a Cheshire and Merseyside piece of work and will be reported into the Directors of Nursing meeting. Currently 3 providers across the patch are piloting a new 48 hour review template that aims to help reduce the burden of providers completing lengthy RCAs.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Vacant		Sharon Forrester		

3.2 Urgent Care Dashboard

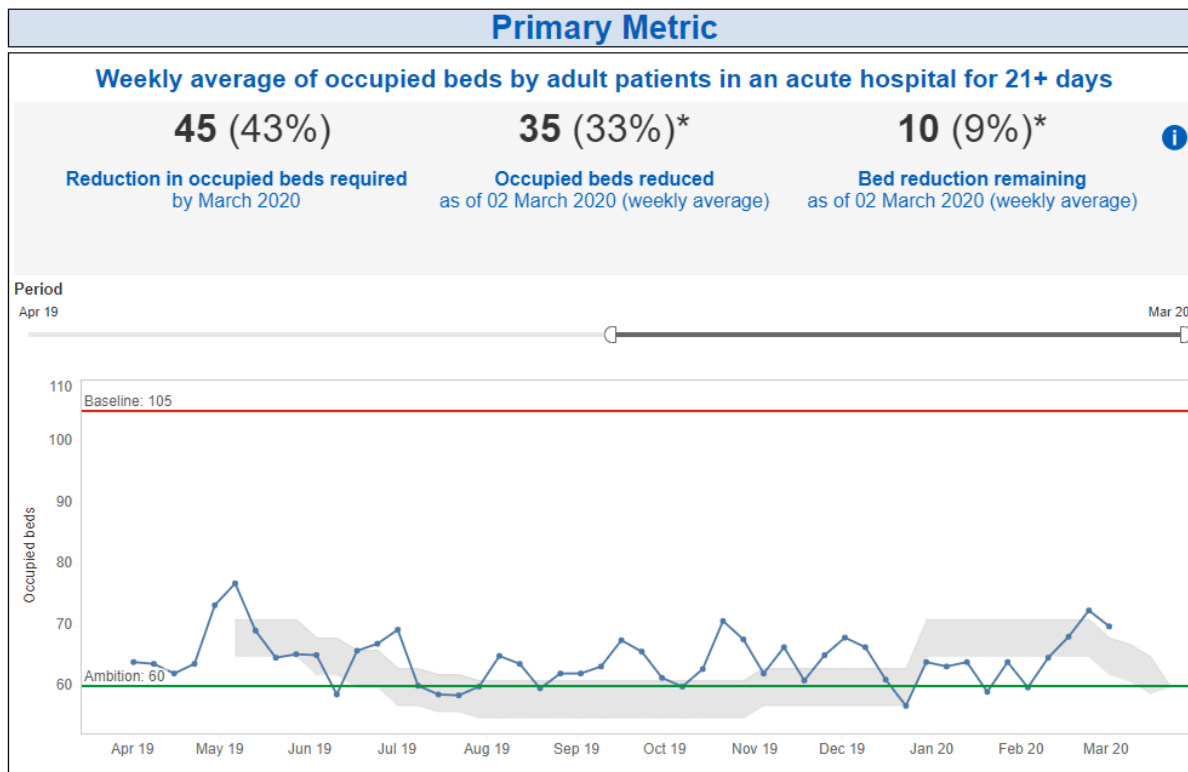


Definitions			
Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.	↓	Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The 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 Southport & Ormskirk 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 Southport & Ormskirk University Hospital which are delayed.	↓	Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Southport & Ormskirk Hospital from patients who were admitted as Non-Elective.	↑	Commissioners aim to see more Non-elective discharges than admissions.

3.3 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 11 – 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 02nd March 2020 (weekly average) shows 70 occupied beds. This shows a reduction of 35 beds, 10 less than the ambition for March 2020.

3.4 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 assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Nov-19	Dec-19	Jan-20		
		Cat 1 mean	<=7 mins	00:08:10	00:08:22	00:07:58		
		Cat 1 90th Percentile	<=15 mins	00:15:16	00:16:32	00:15:53		
		Cat 2 mean	<=18 mins	00:27:28	00:29:20	00:23:49		
		Cat 2 90th Percentile	<=40 mins	01:03:33	01:10:07	00:55:20		
		Cat 3 90th Percentile	<=120 mins	04:44:24	03:56:09	03:35:20		
Cat 4 90th Percentile	<=180 mins	02:56:05	02:42:23	02:28:06				
Performance Overview/Issues:								
<p>In January 2020 there was an average response time in Southport and Formby of 7 minutes 58 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 23 minutes and 49 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved the category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&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 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			

3.5 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	Nov-19	Dec-19	Jan-20		
		(a) 30-60 mins	175	201	240		
		(b) 60+ mins	42	55	62		
Performance Overview/Issues:							
For December, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 201 to 240. Those over 60 minutes also increased from 55 to 62.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
<p>Ambulance handovers completed within 15 minutes in January saw some improvement to 51.83%, which is a 6% improvement on January 2019. However this remains a disappointing position, particularly given the focus that ED has had on hospital handovers. Data is still awaited from NWAS to test the compliance with the recently relocated Hospital Arrival Screen (HAS) for patients brought directly into resus as concern remains the timestamp of handovers for these patients are still inaccurate.</p> <p>Plan Do Study Act (PSDA) cycles continued in January with relocation of wheelchairs and stretcher trolleys, additional linen cupboard put into place, regular restocking of linen cupboards, communication aids with radios, presence of Ambulance Liaison Officers (ALOs), senior doctor presence in triage, and more recently the opening of a second cubicle for patients to have bloods, ECGs and observations taken, to release triage nurse to see the next patient. Particular pressure points have been noted out of hours when handover times often increase and during the latter part of the afternoon into the evening when surges in activity occur at the same period that the department accumulates patients awaiting admission to wards.</p> <p>ED continued to use the corridor to 'reverse queue' patients awaiting admission to reduce the frequency of holding ambulances. Joint meetings continue to be held between NWAS and the Trust and daily handover and turnaround data is now shared. PSDA planned for April 2020 to stream appropriate patients directly from NWAS to ACU, which would negate the need for crews to attend ED.</p>							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Sharon Forrester		

3.6 Unplanned Care Quality Indicators



3.6.1 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.		
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20				
		a) 94.12%	64.50%	70.4%	87.9%			b) 5.26%	4.50%
		Stroke Plan: 80% TIA Plan: 60%							
Performance Overview/Issues:									
Southport & Ormskirk's performance for stroke has improved further in January and is now reporting above the 80% plan with 87.9%; 29 out of 33 patients spending at least 90% of their time on a stroke unit. In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust has reported a significant improvement in January 2020 with a performance of 70%. This equates to 7 patients out of 10 achieving the target and is the first time the Trust has achieved the target since November 2016.									
Actions to Address/Assurances:									
<u>Trust Actions</u> For Stroke, there were 4 breaches investigated in January. Details below: - 1 patient breached due to bed capacity and no beds on stroke unit at time of admission. When bed available patient on ICP and not appropriate to move wards - 1 patient admitted to stroke bed on admission but transferred to alternative ward to await discharge due to bed pressures in Trust which caused breach (85% time spent on stroke unit) - 1 bed capacity breach. No beds on stroke unit on admission. Patient fit for discharge when bed available - 1 atypical presentation. Initially treated as TIA but diagnosed stroke on CT Head and transferred to stroke unit following diagnosis.									
<u>CCG Actions</u> This now fits in with the extensive work of the Merseyside Stroke board which is currently at PCBC governance sign off stage and is being reviewed by the eastern NHSE Clinical Senate. 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 ESD service is now staffed as expected with SALT provision being the last post to be recruited to. 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 is being 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. Instances of patient not spending 90% on stroke wards is in the main due to winter bed pressures in the Trust.									
When is performance expected to recover:									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Vacant			Billie Dodd				



3.6.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	7	10	11		8
		S&O	14	15	15		14
		Plan: Zero					
Performance Overview/Issues:							
<p>The CCG continues to breach the zero tolerance threshold with a total of 8 breaches in January. 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 14 in January. Of the 14 breaches, 8 were for Southport & Formby CCG, 5 for West Lancashire CCG and 1 South Sefton 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 							
When is performance expected to recover:							
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.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



3.6.3 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		Oct-19	Nov-19	Dec-19	Jan-20	
		CCG	2	2	2	2	
		Trust	1	1	1	1	
		Plan: Zero					
Performance Overview/Issues:							
<p>The CCG had no new cases of MSRA in January. 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.</p> <p>Southport & Ormskirk Trust also reported no new cases in January. 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.</p>							
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 Aprils CCQRM to provide further assurance regarding actions and improvement plans to both West Lancs and both Sefton CCGS.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Doug Callow			Jennifer Piet		

3.6.4 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		Oct-19	Nov-19	Dec-19			Jan-20
		CCG	22	22	26			30
		Trust	33	35	39			43
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16						
Performance Overview/Issues:								
<p>The CCG had 4 new cases of C.Difficile in January, bringing the year to date total to 30 against a year to date plan of 25 (year-end plan 30). 12 cases were apportioned to Acute Trust and 18 apportioned to community.</p> <p>Southport & Ormskirk Hospital reported 4 cases of C Diff in January, bringing the year to date total to 43. The Trusts 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 Trusts 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.</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:								
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM to provide further assurance regarding actions and improvement plans to both West Lancashire and both Sefton CCGS								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Brendan Prescott		Doug Callow		Jennifer Piet				

3.6.5 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	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	98	107	117		128
		Trust	156	169	189		202
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 January there were 11 new cases against a plan of 8, bringing the year to date figure to 128 against a YTD target of 91. Southport & Ormskirk Trust reported 13 new cases in January with 2 of those acquired through the hospital (202 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
Cheshire and Merseyside (C&M) are identified as an 'outlier' concerning Gram-negative bloodstream infections (GNBSI) and the national ambition is to reduce the number of healthcare associated Gram-negative bloodstream infections (GNBSI) by 25% by March 2022 and a 50% reduction by March 2024.							
There is now a C&M NHS England/Improvement GNBSI/Sepsis/HCAI/Infection Prevention Control (IPC) Programme Board which has been created following a recommendation from the Single Item Quality Surveillance Group that took place September 2019. The main aim of the meeting is to bring key people together to focus on the reduction of Gram-negative bloodstream infections (GNBSI) and to implement a high-level approach in the communication of key messages. It was acknowledged that there is a lack of a system wide collaborative support within C&M. However, the group will aim to address this by identifying a key lead from the Health Care Partnership (HCP) and ensuring that key people are in place to support. The group should focus on building and improving on what is working and how best to share that learning, as opposed to what has not been achieved. This group will fit in as part of the integrated governance structure and will be monitored accordingly. There are also links between this and the Antimicrobial Resistance (AMR) Programme Board.							
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:							
An overarching C&M delivery plan is being developed with plans to replicate at a local level in order to support consistently. 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							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.6.6 Hospital Mortality

Figure 12 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Jan 2020	100	87.10	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	99.10	↓

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.

3.7 CCG Serious Incident Management

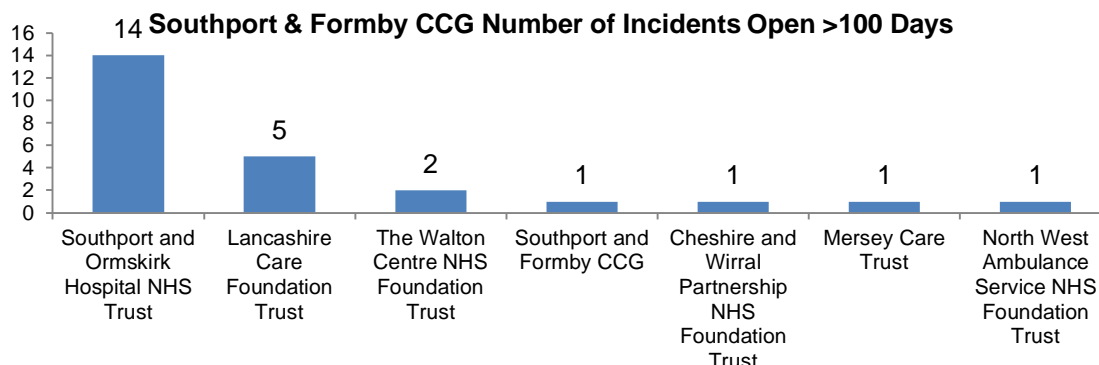
Figure 13 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There were 43 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	25
Lancashire Care Foundation Trust	8
Mersey Care Trust	4
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 (15) 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 14 – Incidents Open over 100 days for Southport & Formby CCG



There are 14 SIs open > 100 days 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:

- 5 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 patient's CCG.
- 3 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 Trust, the following applies:

- 1 is a legacy SI that transitioned over from Southport and Formby Community Services. It has now been agreed to close this SI.
- 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)

- 1 Extension has been requested but declined from the CCG.

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) – 1 x SI RCA was 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.

Reporting Arrangements

As of 01 January 2020, Liverpool CCG Quality Team have taken over as lead for the Management of Serious Incidents for both South Sefton and Southport and Formby CCG. This means that all SIs reported by Liverpool University Hospitals NHS Foundation Trust, Mersey Care South Sefton Community Division, Southport & Ormskirk and Lancashire Care Community are being performance managed by the quality team at Liverpool CCG.

The Sefton Quality Team will no longer be adding any reported SIs from these Providers to Datix. Only SIs reported by our smaller providers, primary care colleagues (i.e. who do not have access to StEIS) or providers involving our patients that are not commissioned by Liverpool CCG, will be managed by South Sefton CCG. As a result, the quality team are working with the Liverpool team to ensure reporting schedules and reporting are aligned and streamlined in order to provide the appropriate assurances to our respective Governing Bodies and Quality Committees.

However, due to system pressures and current working arrangements, this is currently being worked through and we will be in a position to provide performance figures for Month 10 and Month 11 in April 2020.

Both CCGs are continuously reviewing this arrangement and will make any changes/improvements as the system develops.

Contract Performance Notice for Southport and Ormskirk Hospital

The CPN previously issued to the Trust in relation to the management of Serious Incidents is scheduled to be lifted at the end of March 2020. The CCG are assured with the sustainability of the process put in place by the provider and note the improvements to the system. The CCG would also like to note and thank to the provider for engaging fully with the CCG during this process.

3.8 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).

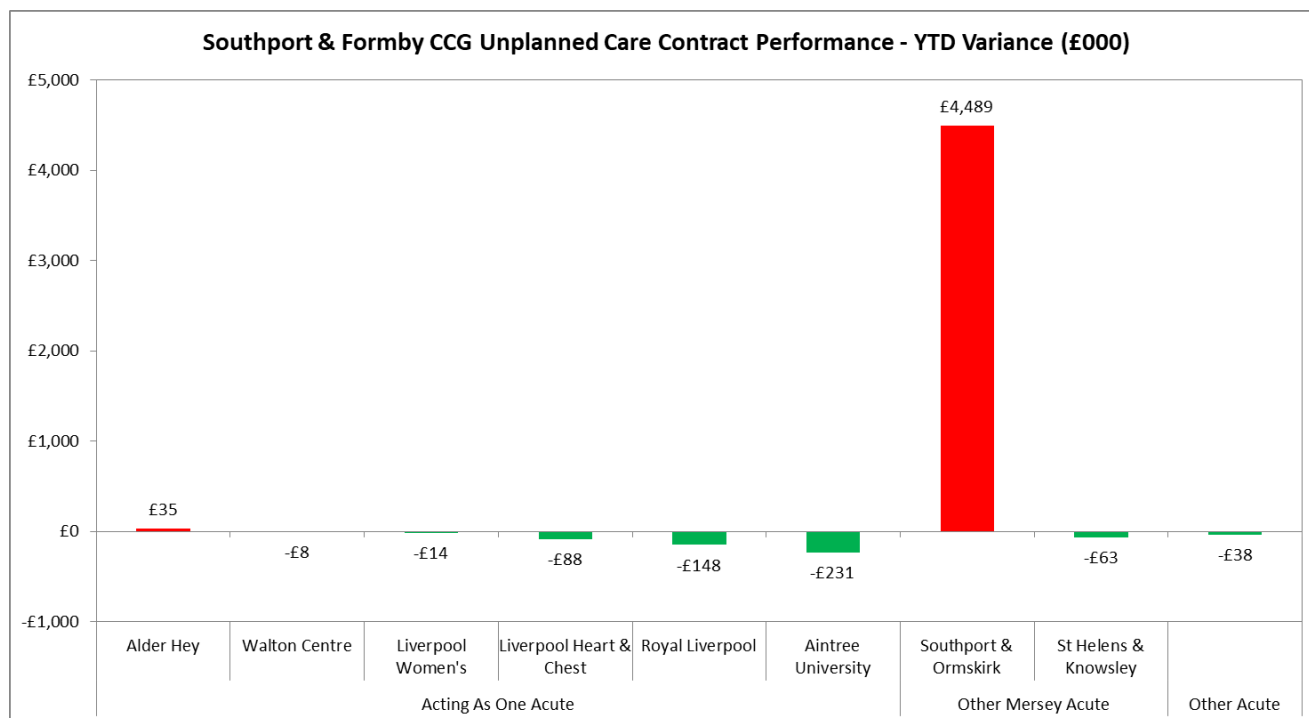
Total delayed transfers of care (DTOC) reported in January 2020 was 276, an increase compared to January 2019 with 102. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in January 2020 were due to patient family choice and community equipment adapt.

See DTOC appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 10 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £3.9m/10.6%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £4.3m/11.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £4.4m/14% against plan at month 10.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 10, the value is £133k. 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 16 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19 (M1-10)	3,100	£120,519
2019/20 (M1-10)	3,385	£133,590
Variance	285	£13,071
Variance %	9%	11%

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 17 - 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	33,516	37,498	3,982	12%	£5,583	£6,143	£560	10%
NEL - Non Elective	11,004	12,173	1,169	11%	£21,594	£26,129	£4,535	21%
NELNE - Non Elective Non-Emergency	1,111	892	-219	-20%	£2,126	£2,010	£-116	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	8	47	39	521%	£4	£14	£10	288%
NELST - Non Elective Short Stay	2,687	2,837	150	6%	£1,871	£2,007	£137	7%
NELXBD - Non Elective Excess Bed Day	4,903	2,409	-2,494	-51%	£1,256	£619	£-637	-51%
Grand Total	53,228	55,856	2,628	5%	£32,433	£36,922	£4,489	14%

*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 June 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-19 onwards (although with a slight decrease evident in month 10). 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 is developing an investment case which will be submitted for approval via CAG and QIPP committee route

Core 24 KPIs

In Month 10 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Target	Jan 2019	
Emergency Pathway - Assessment within 1 hour	90%	100.0%	Improvement from 90.91% in December 2019
Emergency Pathway - Package of care within 4 hours	90%	87.50%	Improvement from 57.14% in December 2019
Urgent Pathway - Assessment within 4 hour	90%	50.00%	Decline from 91.67% reported in December 2019
Urgent Pathway - Full MH assessment within 24 hours	90%	0.00%	Decline from 100.00% reported in December 2019 (0/1 patient)

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 for the next CQPG meeting in April.



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 in particular training compliance. The performance notice will remain open. The Trust has been advised that Safeguarding will be introducing quality review visits. The Trust’s safeguarding team has a forthcoming vacancy and a long term sick postholder. Commissioners have sought assurance from the Trust as to how the safeguarding agenda will be covered.

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				
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		100%	100%	87.5%	100.0%	
Plan: 95%						
Performance Overview/Issues:						
The Trust reported 100% of patients being followed up within 7 days in January and is therefore exceeding the 95% 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:						
Continued recovery expected						
Quality:						
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	Oct-19	Nov-19	Dec-19	Jan-20		
		77.8%	77.78%	62.50%	33.33%		
		Plan: 95%					
Performance Overview/Issues:							
The Trust continues to fail the 95% target, and performance saw a deterioration from 62.5% in December, to 33.3% in January. Out of a potential 9 Service Users, 3 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. We are recruiting to 1 CFT group and 1 CBT group, which will take off approximately 20 people off the waiting list. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service 3. Clearer and stricter DNA and cancellation policy 4. Using therapy contracts to contract number of sessions 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Advert is out to recruit to Band 7 Clinical Psychology post, the first advert did not attract any suitable candidates, this has gone to re advert. 7. An investment case to enhance the existing service and increase psychological provision within the service. 							
The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.							
When is performance expected to recover:							
Aiming for significant improvement by March.							
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	Oct-19	Nov-19	Dec-19	Jan-20		
		1.29%	0.93%	0.62%	0.91%		
		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 10 performance was 0.91% and failing to achieve the national target. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance.</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.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		45.7%	36.7%	61.2%	42.6%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
The Recovery performance reduced from 61.2% in December to 42.6% in January and failing to achieve the 50% target.							
Actions to Address/Assurances:							
The newly appointed clinical lead for the service has been reviewing non recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.3 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	Oct-19	Nov-19	Dec-19	Jan-20		
		66.6%	67.9%	67.7%	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		

4.4 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			

4.5 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</p> <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. 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>Practices are now entering the "Golden Quarter" (Q4) by which income from the Quality and Outcomes Framework (QOF) and the Local Quality Contract (LQC) schemes is maximised and improvement is expected. In addition, an EMIS search query has been developed to ascertain if there have been any coding issues which may have impacted on performance.</p>							
When is performance expected to recover:							
Performance should improve in Quarter 4 2019/20 onwards.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

5 Community Health

5.1 Adult Community Services (Lancashire & 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.



5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the Trust submits the agreed evidence. Standard and completeness of the reports submitted has improved significantly over the last twelve months, and any further queries responded to.

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.

5.1.2 Podiatry Long Waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire & South Cumbria Adult Community Services: Podiatry		Previous 3 months and latest					
GREEN	TREND	RTT Long Waiters 19 to 24 weeks					
		Oct-19	Nov-19	Dec-19	Jan-20		
		6	5	3	0		
Performance Overview/Issues:							
In January the Trust reported no Podiatry patients waiting on an incomplete pathway over 18 weeks. The total number of patients waiting for treatment was 440, 58 less than in December. The Trust has improved significantly, reducing long waiters from a high of 165 in August 2019 to 0 in January 2020.							
Actions to Address/Assurances:							
This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that now performance has recovered, the weekly task and finish group will not continue. The latest update as at 28th January included the following actions.							
<u>Trust Actions</u>							
- 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:							
The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the end of January.							
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			



5.2 Any Qualified Provider – Audiology

Merseyside CCGs have agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process. It is likely that in the interest of seeking consistency across the health economy and minimising duplication, CCGs within Merseyside will look to the Lancashire CCG work to see where we can adopt similar specifications, pathways and tariffs. Alongside this, the CCGs wish to ensure the service is commissioned in accordance with health economy priorities.



6 Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services



6.1.1 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				
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	YTD	
		17.5%	5.6%	4.8%	27.9%	
		YTD Access Plan: 25.6% YTD 2019/20 performance reported 27.9% and achieving.				
Performance Overview/Issues:						
The CCG reported a performance of 4.8% in quarter 3, 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 27.9% against the cumulative target of 25.6% 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 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 27.9% which exceeds the trajectory of 25.6% 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		

6.1.2 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		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		50.0%	75.0%	75.0%	75.0%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 3, the CCG had 4 patients referred under the urgent referral category, 3 of which met the target, bringing the total performance to 75% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
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		

6.2 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.

6.2.1 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	
		Oct-19	Nov-19	Dec-19	Jan-20		
		33 wks	31 wks	27 wks	22 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In January the Trust reported a 92nd percentile of 22 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on December when 27 weeks was reported. Performance has steadily improved this financial year despite seeing an increase in referrals from October 2019.</p> <p>At the end of January there were no children who had waited over 52 weeks. 101 were waiting above 18 weeks; 99 were between 18-29 weeks and 2 between 30-39 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		

Figure 18 – Alder Hey Community Paediatric 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	146	162	139	150	110	152	219	197	163	186			1,843	1,872	1.6%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22			448		
Total Number Waiting	945	920	878	818	763	732	732	661	657	596			9,372		
Number waiting over 18 weeks	522	464	469	436	406	375	319	244	196	97			4,678		

RAG rating

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

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.

6.2.2 Paediatric Dietetics



Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				DNA's <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red	
RED	TREND	Outpatient Clinic DNA Rates					
		Oct-19	Nov-19	Dec-19	Jan-20		
		10.3%	23.30%	20.5%	16.7%		
		Outpatient Clinic Provider Cancellations					
		Oct-19	Nov-19	Dec-19	Jan-20		
		6.3%	11.6%	5.1%	6.5%		
		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 January 2020 performance has improved, with DNA rates decreasing from 20.5% in December to 16.7% in January. Provider cancellations have seen a slight increase from 5.1% in December to 6.5% in January.							
Actions to Address/Assurances:							
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 which can be seen in the performance above. Despite reporting high levels of DNA's and cancellations the provider has maintained positive performance with waiting times being reported at month 10; referral to first contact is 9.5 weeks against a target of 8 weeks. (See appendix 2.1).							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
When is performance expected to recover:							
March 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Peter Wong		

Figure 19 – Alder Hey Community Paediatric Dietetic 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	21		
Incomplete Pathways - 92nd Percentile	25	11.92	20.28	24.68	20.64	12.56	10.04	9	14.80	18.64		
Incomplete Pathways RTT within 18 weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%	100%	96%		
Total Number Waiting	65	45	29	28	43	37	32	39	42	24		
Number waiting over 18 weeks	10	2	3	4	5	3	2	1	0	1		

RAG rating

<= 18 weeks

19 to 22 weeks

23 weeks plus

Figure 20 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – 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	Jan-20	19/20 Total
Appointments	327	532	428	647	528	698	52	66	94	100	67	99	143	99	93	115	928
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	30	24	23	198
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.6%	23.3%	20.5%	16.7%	17.6%

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	Jan-20	19/20 Total
Appointments	327	532	420	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	15	13	5	8	74
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%	9.5%	11.6%	5.1%	6.5%	7.4%

Outpatient Clinics - Cancs by PATIENT																	
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	420	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	31	30	289
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	25.5%	28.3%	25.0%	20.7%	23.7%

Rag Ratings & Targets 19/20

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

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

6.3 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	Jan	YTD	
NHS Southport and Formby OCG	Paediatric Dietetics	Total Contacts	540	540	940	55.5%	42	69	77	88	41	66	69	62	80	106	700	
		Total Contacts (Domisiliary)	40	40	139	247.5%	2	14	5	3	5	2	7	13	31	34	116	
		Total Contacts (Outpatients)	500	500	701	40.2%	40	55	72	85	36	64	62	49	49	72	584	
	Paediatric Occupational Therapy	Total New Referrals	289	289	287	-0.6%	32	25	16	18	32	24	25	24	22	21	239	
		Caseload at Month End	150	150	111	-26.0%	113	129	113	122	113	115	108	102	96	98	121	
		Referral to 1st contact (weeks average)	14.3	14.3	12.7	-11.1%	16	9.9	13	12.1	14.8	11.4	13.3	11.3	13.7	11.9	16	
	Paediatric Physiotherapy	Total Contacts (Domisiliary)	3,342	3,342	3,164	-5.3%	285	276	252	285	272	228	262	296	199	283	2,637	
		Total New Referrals	566	566	516	-9.3%	48	61	36	47	27	44	42	46	22	57	430	
		Caseload at Month End	64	64	69	7.8%	60	62	56	72	67	68	67	88	80	67	69	
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	5.8	5.8	6.1	5.1%	6.2	5.8	7.6	7	5.2	5.9	6	5	5.6	6.9	6.7	
		Total Contacts (Domisiliary)	6,103	6,103	4,595	-24.7%	431	396	406	428	326	393	428	372	274	375	3,829	
		Total New Referrals	553	553	574	3.5%	48	51	43	53	39	54	60	48	40	42	478	
NHS Southport and Formby OCG	Paediatric Dietetics	Referral to 1st contact (weeks average)	26.9	26.9	28.7	10.6%	36.6	35.9	31.1	32.5	33.9	24.2	24.1	24.4	21.9	22.7	36.6	
		Total Contacts (Domisiliary)	7,802	7,802	10,918	39.6%	695	736	872	940	737	848	1,067	1,207	757	1,239	9,098	
		Total New Referrals	750	750	824	9.2%	52	72	61	77	44	72	92	61	57	79	667	
NHS Southport and Formby OCG	Paediatric Continence	Caseload at Month End	212	212	159	-25.0%	230	233	204	209	205	138	128	115	57	70	232	
		Total Contacts (Domisiliary)	1,584	1,584	1,534	-3.1%	152	114	130	121	134	129	114	109	93	182	1,278	
	Paediatric Dietetics	Total New Referrals	136	136	154	14.0%	17	13	16	8	13	12	19	10	6	15	128	
		Caseload at Month End	90	90	279	210.0%	323	270	262	262	280	274	283	281	284	273	323	
		Referral to 1st contact (weeks average)	8.5	8.5	6.4	-24.7%	7.5	4.2	7.4	6.1	5.2	6.4	5.2	6	6.1	9.5	7.5	

If Plan is <10,000:

Green	FOT is <10% above or below plan
Yellow	FOT is 10%-20% above or below plan
Red	FOT is > 20% below plan
Purple	FOT is > 20% above plan

If Plan is >10,000:

Green	FOT is <5% above or below plan
Yellow	FOT is 5%-10% above or below plan
Red	FOT is > 10% below plan
Purple	FOT is > 10% above plan

6.4 Alder Hey Activity & Performance Charts



6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters				
GREEN	TREND	Waiting Times				
		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		

7 Primary Care

7.1 Extended Access Appointment Utilisation



Indicator		Performance Summary					Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on 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	Oct-19	Nov-19	Dec-19	Jan-20		
		72%	72.13%	73.95%	78.52%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). January target 69.8%					
Performance Overview/Issues:							
<p>A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.</p> <p>In January, Southport & Formby CCG practices reported a combined utilisation rate of 78.52%, above the CCG's 69.8% target for January. Total available appointments was 1,057, with 919 being booked (86.94%) and 89 DNA's (9.7%). This shows an improvement on last month.</p>							
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 21 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
		38.7%	34.4%	9.4%	4.9%	12.7%
	May-19	256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
	Jun-19	261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
	Jul-19	239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
	Aug-19	261	215	68	33	97
		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%	
Jan-20	224	369	110	71	145	
	24.4%	40.2%	12.0%	7.7%	15.8%	

7.2 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 22 – 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)

8.1 Background

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and 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 2020. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

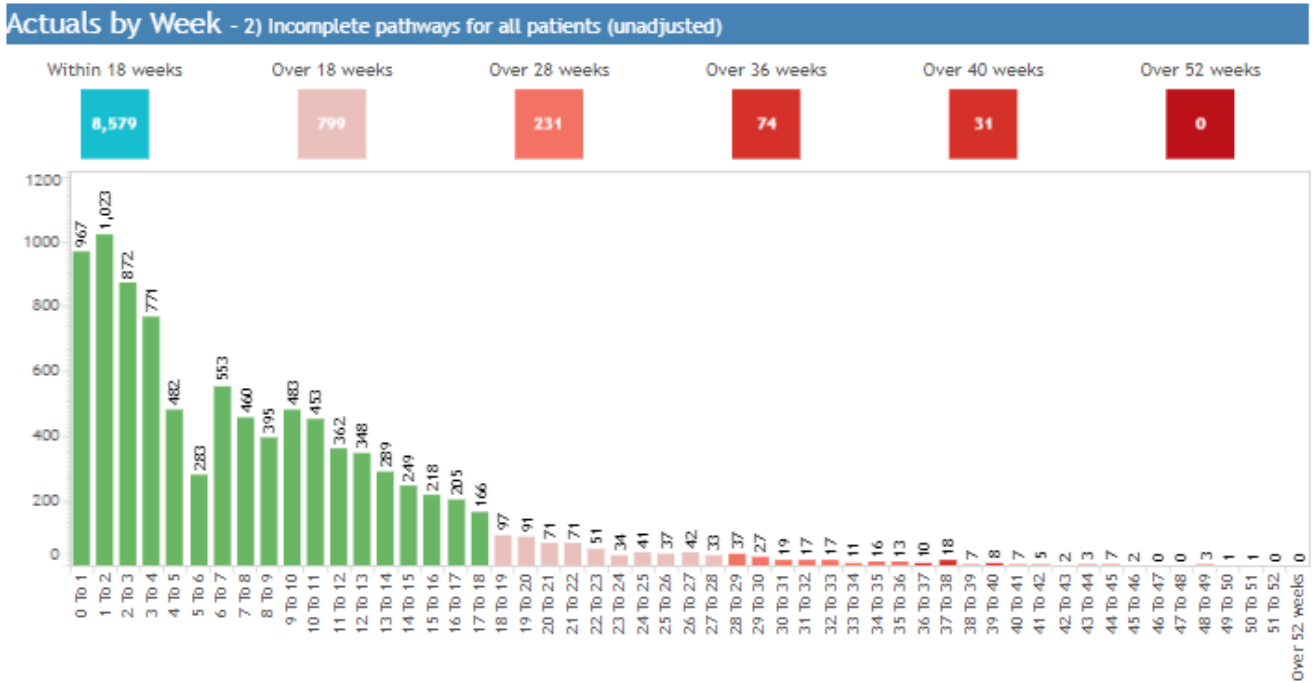
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

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

9 Appendices

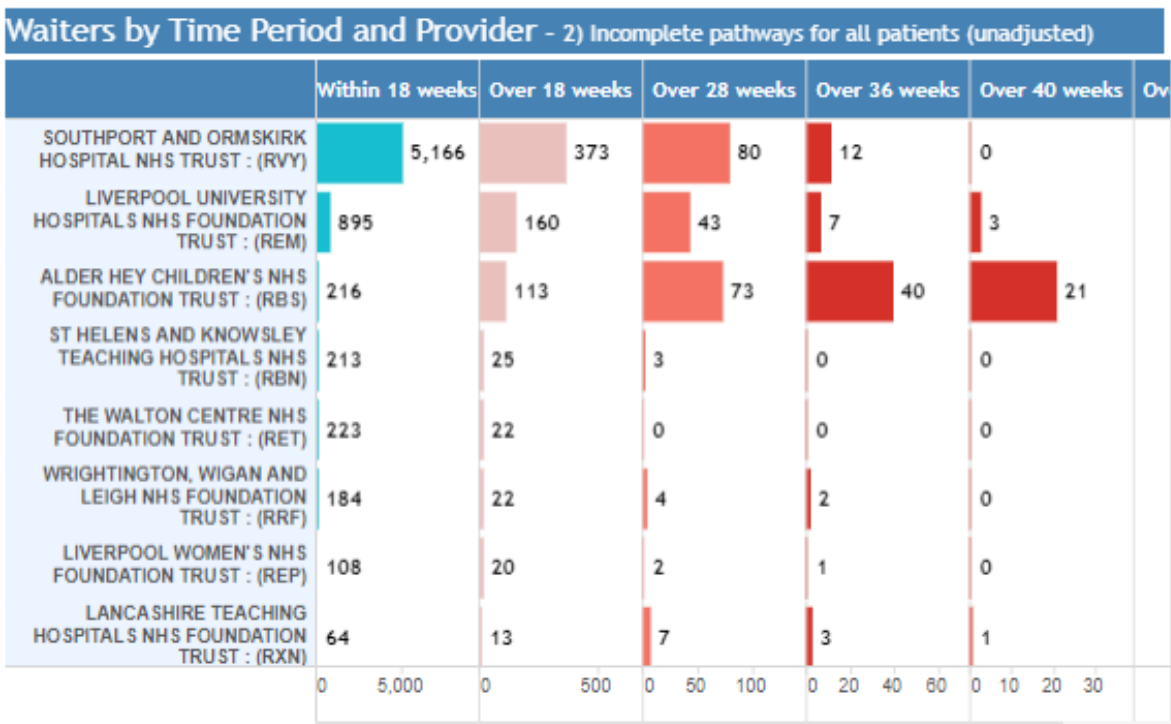
9.1.1 Incomplete Pathway Waiting Times

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



9.1.2 Long Waiters analysis: Top Providers

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



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

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

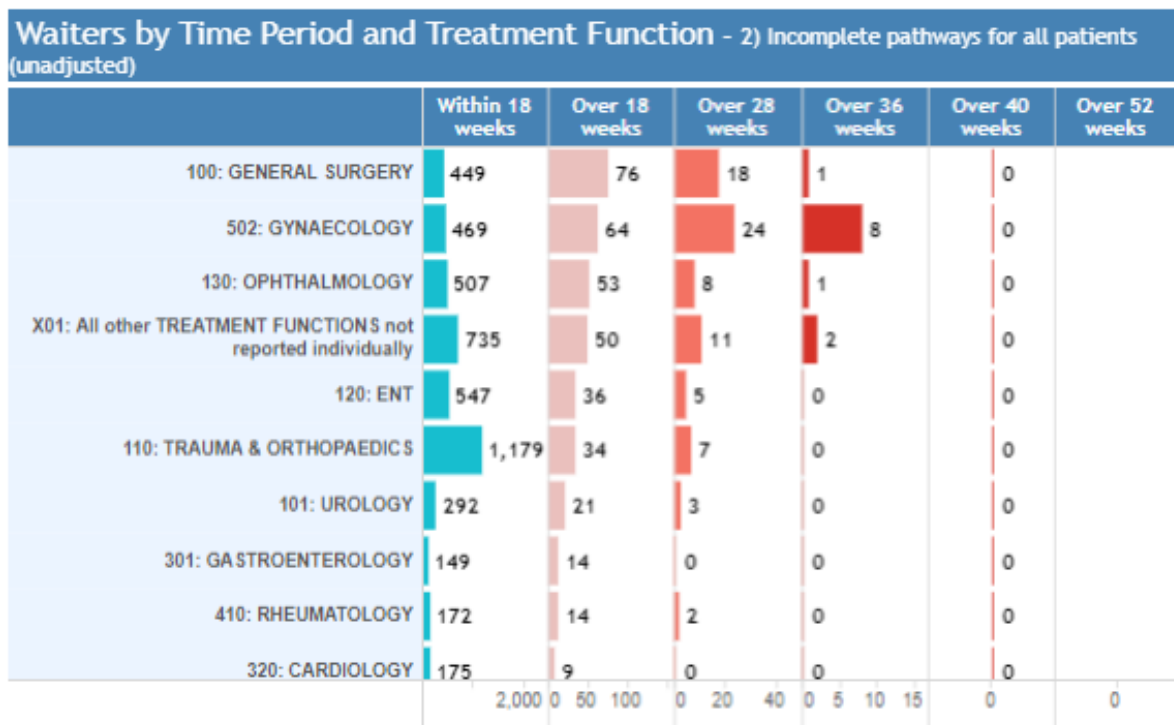
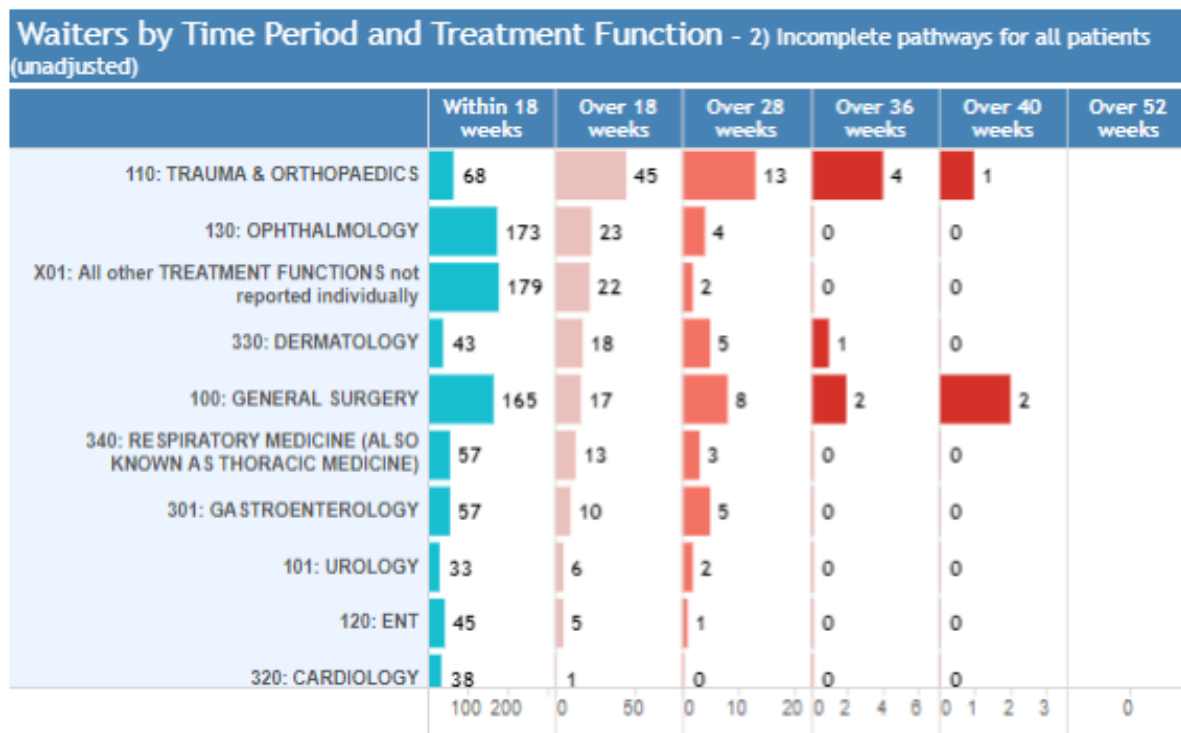
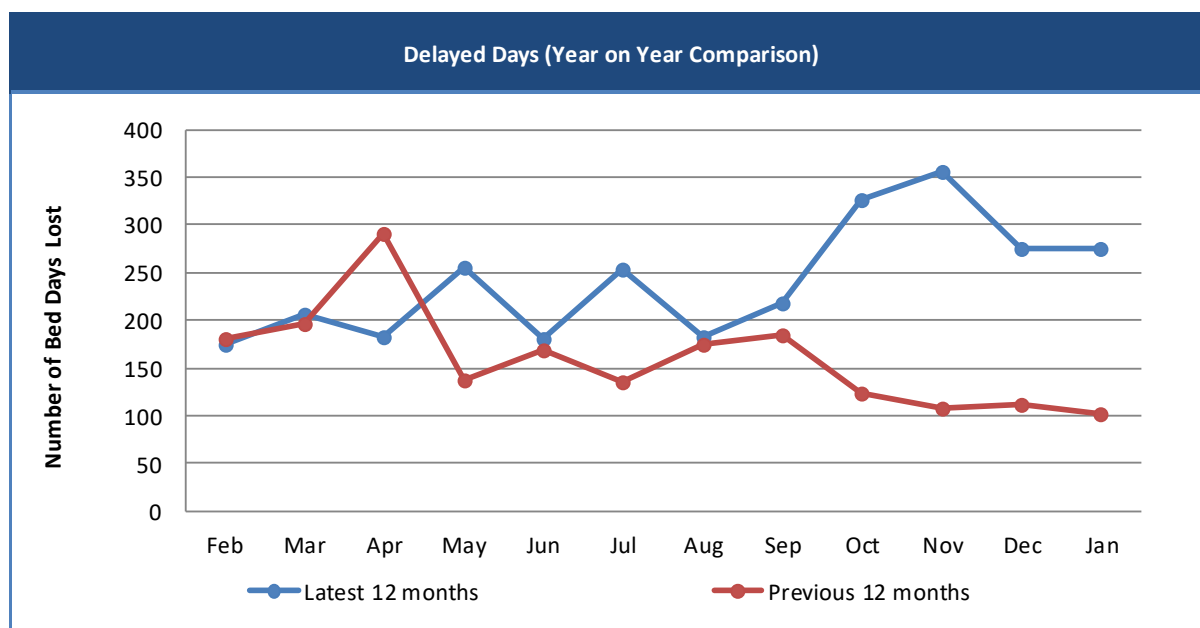


Figure 26 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 27 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-20	Dec-19	Jan-19
Total	276	276	102
NHS	99.6%	87.7%	98.0%
Social Care	0.4%	12.3%	2.0%
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 (Jan-20)	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	0.4%
Community Equipment Adapt	22.1%
Completion Assesment	9.4%
Disputes	0.0%
Further Non-Acute NHS	9.4%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	58.7%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

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 28 – 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 29 – 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.

9.3 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 10 performance and narrative detailed in the table below:

Figure 30 – Southport & Formby CCG’s Month 10 Submission to NHS England

Month 10 (January)	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2497	2801	12.2%	GP referrals saw a significant increase in month 10 when comparing to the previous month, which is expected in part due to seasonal trends (with reduced work days in month 9 as part of the extended festive period). However, GP referrals were the highest of 19/20 to date and increases were evident at a number of providers and across specialities. Despite this, it should be noted that GP referrals are within 2% of plan YTD.
Other	2376	2865	20.6%	
Total (in month)	4873	5666	16.3%	An increase in Other referrals has been apparent throughout the financial year and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that C2C increases have been evident within Gen Med, Gen Surg, Clinical Physiology and T&O at the main hospital provider.
Variance against Plan YTD	48282	52020	7.7%	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. Discussions regarding referrals will continue with the provider via the information sub group and provider BI leads are currently investigating the causes of some of the C2C increases noted above.
Year on Year YTD Growth			8.2%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3774	3915	3.7%	OP first and follow up appointments have both increased in month 10 as part of seasonal trends and following a corresponding increase in referral numbers and both were within normal statistical thresholds. Total outpatient activity is in line with planned levels at month 10 YTD. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	9254	9710	4.9%	
Total Outpatient attendances (in month)	13028	13625	4.6%	
Variance against Plan YTD	129484	129929	0.3%	
Year on Year YTD Growth			6.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1401	1631	16.4%	Local monitoring suggests that day case activity activity has been closer to plan and has been within the 2% threshold in month 8 and 9 before an increase in month 10 (as expected due to seasonal trends). Day case trends have tended to follow a similar pattern to 2018/19 but have often exceeded levels seen in the previous year. Elective admissions were comparable to plan from month 1-5 but did not increase in the following months until an alignment with plan at month 9. As with day cases, activity has increased in month 10 as expected but the fewer numbers reported allows for a greater volatility in the % reported against planned activity. Electives are below plan YTD and 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 for the remainder of 1920.
Elective Ordinary spells	196	217	10.7%	
Total Elective spells (in month)	1597	1848	15.7%	
Variance against Plan YTD	16673	17755	6.5%	
Year on Year YTD Growth			6.5%	
Urgent & Emergency Care				
Type 1	3633	3885	6.9%	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 two consecutive monthly decreases up to month 10, this activity remains historically high. A&E performance at the lead provider has been fairly consistent, improving slightly on the previous month to 86.32%.
Year on Year YTD			7.1%	
All types (in month)	4398	4564	3.8%	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 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	43977	46835	6.5%	
Year on Year YTD Growth			6.9%	
Total Non Elective spells (in month)	1645	1809	10.0%	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. However, in month 10 the zero LOS admission count reduced following a drop in A&E attendances whereas 1+ LOS increased. YTD admissions are within 2% of 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
Variance against Plan YTD	17669	17504	-0.9%	
Year on Year YTD Growth			8.5%	