



Southport and Formby
Clinical Commissioning Group

Southport & Formby Commissioning Group

Integrated Performance Report

March 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			R
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%	86.4%	76.2%	Not Available	Not Available	
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Diagnostics & Referral to Treatment (RTT)

% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%	2.57%	2.7%	1.06%	15.65%	
		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%	
% 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	R	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%	91.48%	91.48%	91.45%	88.86%	
		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%	
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	R	G	R	
		Actual	0	0	0	0	0	0	0	0	0	0	1	0	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancelled Operations

Number of Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	6	7	7	7	2	4	8	5	8	2	8	8	72
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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	G	G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%	95.44%	96.02%	96.06%	95.35%	94.14%
		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	G	R	
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%	96.67%	96%	94.12%	96.88%	91.27%
		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	G	
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%	97.33%	97.67%	98.41%	96.39%	97.09%
		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	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%	100%	94.12%	100%	100%	97.33%
		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	G	R	
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%	100%	81.82%	100%	100%	97.54%
		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	G	
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.59%
		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	G	R
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%	97.14%	68.89%	81.25%	89.13%	80.22%
		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	R	R
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%	100%	84.62%	0%	66.67%	77.19%
		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	G	G
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%	88.24%	92.31%	85%	94.74%	87.37%
		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	R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%	83.08%	84.4%	83.23%	86.56%	85.61%
		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	R	
		Actual	14	13	4	9	9	10	7	10	11	8	13	Not Available	108
		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	R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1	2.6	1.7	3.1	Not Available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

HCAI

Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	1	1	1	1	2	2	2	2	2	2	2	2
		Target	0	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	R
		YTD	2	4	8	10	13	16	22	22	25	29	33	38
		Target	3	5	7	9	11	14	16	19	22	25	28	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	R
		YTD	14	25	39	55	70	78	98	107	119	133	141	150
		Target	9	18	27	39	48	57	66	75	83	91	100	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	R	G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%	87.5%	100%	100%	94.74%	96.67%
		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%			81.82%		
		Target	56%			56%			56%			56%		

Metric	Reporting Level	2019-20													YTD
		Q1			Q2			Q3			Q4				
		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	G	R	R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%	62.8%	42.6%	60.5%	44.1%	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%
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	R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%	0.62%	0.91%	0.73%	0.78%	10.52%
		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	G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%	100%	93.8%	98.7%	100%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	100%	100%	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	G	G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%	67.7%	67.7%	68%	67.9%	69.3%
		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	R
		Actual	95.24%	84.6%	82.6%	89.3%	
		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	G	R
		Actual	75%	75%	75%	100%	
		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	G
		Actual	100%	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 12 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for March 2020/Quarter 4	CCG	S&O
Diagnosics Improvement Trajectory	2.6%	2.2%
Diagnosics (National Target <1%)	15.65%	10.06%
Referral to Treatment (RTT) (92% Target)	88.86%	89.81%
Cancelled Operations (Zero Tolerance)	-	8
Cancer 62 Day Standard Improvement Trajectory	-	78.67%
Cancer 62 Day Standard (Nat Target 85%)	89.13%	88.57%
A&E 4 Hour All Types Improvement Trajectory	-	85.6%
A&E 4 Hour All Types (National Target 95%)	86.56%	86.55%
A&E 12 Hour Breaches (Zero Tolerance)	-	10
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	94
Ambulance Handovers 60+ mins (Zero Tolerance)	-	16
Stroke (Target 80%)	-	76.9%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	9
CPA 7 Day Follow Up (95% Target)	94.74%	-
EIP 2 Weeks (56% Target)	81.82%	-
IAPT 6 Weeks (75% Target)	100%	-
IAPT 18 Weeks (95% Target)	100%	-

Yellow denotes failing national target but achieving trajectory

Planned Care

Year to date referrals are 2.6% higher than 2018/19 due to a 6.4% increase in consultant-to-consultant referrals. GP referrals are currently 3.0% down on the equivalent period in the previous year. Trends show that total referrals have decreased by -23.5% (1,279) from the previous month in March-20, the lowest monthly total reported since December-18.

Overall, referrals to Southport Hospital have increased by 0.2% (97) year to date at month 12. Increases have been evident across a number of specialities including Accident & Emergency, General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in March-20, recording 15.65%, a significant decline on last month's performance (1.06%) due to Covid-19. Therefore, the CCG is also failing the improvement trajectory of 2.6% for March-20. Southport and Ormskirk have also shown a significant decline in performance, reporting 10.06% in March-20, above the national target of less than 1%. Therefore, the Trust is also failing their agreed trajectory of 2.2% for March-20.

Southport & Formby CCG had a total 8,956 patients waiting on an incomplete pathway in March-20 2020; 1,278 patients over plan. The CCG failed to achieve the 92% target in March-20, reporting 88.86%, below the 92% target. Out of a total 8,956 patients waiting on the pathway, 998 were waiting

in excess of 18 weeks. This shows a significant decline in performance compared to last month. Southport & Ormskirk Hospital Trust (S&O) failed to achieve the 92% target for the first time this financial year, with a performance of 89.81%. This shows a significant decline on last month's performance and is due to the national directive to halt non-urgent procedures.

The CCG had no 52 week breaches in March-20. One 52 week breach was reported in February-20 by Southport & Ormskirk Hospital within Ophthalmology. The Trust reported this to the CCG locally but it has not been reported nationally. Due to this breach the CCG will report red for the remainder of the financial year.

Southport & Ormskirk reported 8 cancelled operations in March-20, showing no improvement on February-20. 5 were due to the lists over running, 1 due to a surgeon being unavailable, 1 due to equipment failure and 1 due to a ward bed being unavailable. Year to date there have been 72 cancelled operations at the Trust.

For month 12 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 17.4% in February-20. This is an improvement on previous month's performance and therefore remains below the England average of 24.4%. The percentage of patients who would recommend the service remains at 95% and therefore remains below the England average of 96%. The percentage who would not recommend increased to 2%, in line with the England average. Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March-20.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for March-20 reached 86.55% for all types (85.86% YTD), which is above the Trust's improvement trajectory of 85.6% for March. For type 1, a performance of 81.78% was reported in March (80.02% YTD).

Southport & Ormskirk Hospital reported 10 12-hour breaches in March against a zero tolerance threshold.

Work to address NWS performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

Southport & Ormskirk's performance for stroke has declined in March-20 and therefore continues to report below the 80% plan with 76.9%; 20 out of 26 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 reported a significant improvement in January-20 with a performance of 70%. This equated to 7 patients out of 10 achieving the target and was the first time the Trust had achieved the target since November-16. January-20 is currently the latest available information for TIA.

For Mixed Sex Accommodation (MSA), the CCG continues to breach the zero tolerance threshold with a total of 13 breaches in February-20. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in March-20. 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 March-20, bringing the

year to date total to 38 against a year end plan of 30. 17 cases were apportioned to Acute Trust and 21 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 March-20, there were 9 new cases against a plan of 9, bringing the year to date figure to 150 against a year-end target of 109. Southport & Ormskirk Trust reported 16 new cases in March-20, with 1 of those acquired through the hospital (242 YTD). There are no targets set for Trusts at present.

Mental Health

For Care Programme Approach (CPA) patients being followed up with 7 days of discharge, Mersey Care reported 94.74% of patients being followed up within 7 days in March-20 and is therefore reporting just below the 95% target. This performance equated to just 1 patient out of 19 breaching the target.

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, although performance saw an improvement from 50% in February to 73.68% in March-20. Out of a potential 19 Service Users, 14 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.

For patients at risk of falling, the Trust continues to report below the 98% target in quarter 4 19/20, with 88.89% of patients (8/9) at risk of falling having a care plan. The Trust also failed the target for patients with a score of 2 or more, with 87.5% (7/8) of eligible patients not receiving an appropriate care plan.

In relation to patients on a GP SMI register receiving a physical health check, the Trust failed the 50% target in quarter 4 with 38.1%. However, performance has improved consistently across 2019/20.

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

Prior to COVID-19, waiting times for Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies (SALT), ASD/ADHD assessments had reduced in line with recovery plans and improvement trajectories, a direct result of additional investment in these areas by South Sefton and Southport and Formby CCGs

However, as a result the pandemic, children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services, specifically waiting times. This is due to the redeployment of staff to support emergency preparedness and/or as a result of staff sickness and the requirement to self-isolate; and whilst there has been a swift and largely successful adaptation to remote/digital methods of service delivery, this has not been possible for all services or for all patients.

Notably, the national mandate to implement the 24/7 mental health crisis service 2 years earlier than planned required Alder Hey specialist CAMHS staff to be redirected to support and deliver the new service; this has further impacted on waiting times for other CAMHS services.

Better Care Fund

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

CCG Oversight Framework

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

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

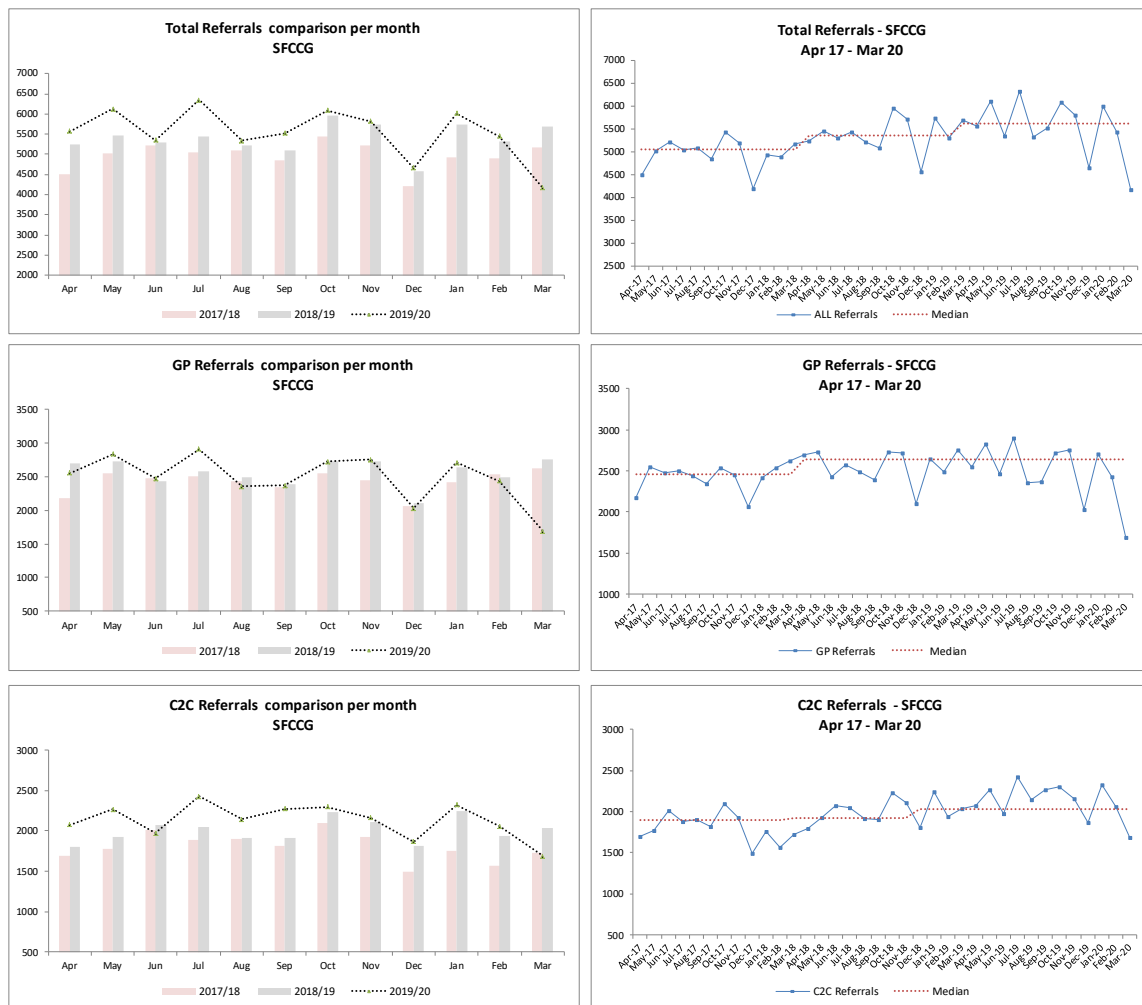
Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2556	-138	-5.1%	1799	2075	276	15.3%	5247	5565	318	6.1%
May	2727	2833	106	3.9%	1929	2266	337	17.5%	5456	6122	666	12.2%
June	2429	2471	42	1.7%	2069	1974	-95	-4.6%	5305	5349	44	0.8%
July	2580	2907	327	12.7%	2054	2429	375	18.3%	5433	6346	913	16.8%
August	2495	2354	-141	-5.7%	1914	2145	231	12.1%	5230	5339	109	2.1%
September	2391	2372	-19	-0.8%	1907	2271	364	19.1%	5085	5520	435	8.6%
October	2729	2722	-7	-0.3%	2237	2299	62	2.8%	5965	6092	127	2.1%
November	2722	2750	28	1.0%	2111	2164	53	2.5%	5735	5819	84	1.5%
December	2102	2031	-71	-3.4%	1811	1867	56	3.1%	4571	4654	83	1.8%
January	2646	2712	66	2.5%	2246	2325	79	3.5%	5738	6009	271	4.7%
February	2489	2435	-54	-2.2%	1937	2059	122	6.3%	5319	5450	131	2.5%
March	2759	1690	-1069	-38.7%	2033	1689	-344	-16.9%	5697	4171	-1526	-26.8%
Monthly Average	2564	2486	-78	-3.0%	2004	2130	126	6.3%	5398	5536	138	2.6%
YTD Total Month 12	30763	29833	-930	-3.0%	24047	25563	1516	6.3%	64781	66436	1655	2.6%
Annual/FOT	30763	29833	-930	-3.0%	24047	25563	1516	6.3%	64781	66436	1655	2.6%

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





Month 12 Summary:

Data quality note:



Due to the COVID-19 Pandemic, referrals to secondary care providers have been considerably affected in March 2020 with significant decreases evident across GP and Other (e.g. consultant-to-consultant) referrals.

- Trends show that total referrals have decreased by -23.5% (1,279) from the previous month in March 2020, the lowest monthly total reported since December 2018.
- Year to date referrals are 2.6% higher than 2018/19 due to a 6.3% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 7.7% (1,431) higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department and the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 6.9%.
- Overall, referrals to Southport Hospital have increased by 0.2% (97) year to date at month 12. Increases have been evident across a number of specialities including Accident & Emergency, General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 10.4%.
- 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 3.0% down 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 2.1% (135) 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	Dec-19	Jan-20	Feb-20	Mar-20		
		86.4%	76.2%	Not available			
		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 76.2% for January, which is a decline 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. January data shows an overall performance of 85.2% for Southport & Formby CCG, a decline on the previous month (90.3%).</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 previously 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>COVID19 has delayed progress with formulating a co-ordinated plan to improve ERS utilisation, however, as part of ongoing system discussions regarding recovery, ERS and advice and guidance will form an integral part of future plans. Recovery meetings with system wider partners started on 21st May 2020, and will progress developing scope of recovery quickly, utilising forums already in existence to drive programmes of work. Additionally, the CCG will progress negotiations with iMersey regarding the recruit of a digital lead whose responsibility will be to pick up e-Rs and Advice and Guidance, as this again has been delayed due to iMersey capacity being fully utilised to support COVID-19 requirements.</p>							
When is performance expected to recover:							
To be confirmed as part of the development of COVID recovery and the new 'business as usual'.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	2.57%	2.70%	1.06%		
		S&O	1.44%	1.52%	0.35%	10.06%	
		National Target < 1% March improvement plans CCG: 2.6% S&O: 2.2% 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 March, recording 15.65%, a significant decline on last month's performance (1.06%) due to the impacts of Covid-19 and reductions in activity. Therefore, the CCG is also failing the improvement trajectory of 2.6% for March 2020. Out of 1,476 patients, 231 patients were waiting over 6 weeks and 8 of those were waiting over 13 weeks, for their diagnostic test. All diagnostic areas experienced patients waiting over 6 weeks, with MRI, Non-obstetric Ultrasound, Cardiology, Urodynamics and Cystoscopy also experiencing patients waiting in excess of 13 weeks.</p> <p>Southport and Ormskirk have also shown a significant decline in performance due to the impacts of Covid-19 and reductions in activity. The Trust reported 10.06% in March, above the national target of less than 1%. Therefore, the Trust is also failing their agreed trajectory of 2.2% for March. This performance equates to 141 patients out of 1,401 waiting over 6 weeks for their diagnostic test. The majority of breaches were in Cardiology (43), Audiology (37), Urodynamics (18), Colonoscopy (13), Cystoscopy (13) and Gastroscopy (12).</p>							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
Significant deterioration in performance. Following excellent performance in the previous month the service suffered dramatic effects of the risk stratification mandate from the Government in the middle of March, this resulted in the cancellation of a large number of patients.							
<u>CCG Actions</u>							
On 17th March, as a result of Simon Stephens letter, S&O enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 2020							
Weekly system calls have been mobilised as of 21st May 2020 including senior leaders across providers and CCGS for the Southport system, diagnostics will figure to a significant degree as recovery is mobilised, with the use of IS offering potential capacity.							
Southport & Ormskirk hospital Trust have produced an internal report outlining the Impact of COVID-19 on elective care within the Trust and this is being discussed with the CCG.							
When is performance expected to recover:							
Additionally review of provider recovery plans and the recently published 'Operating framework for urgent and planned services in hospital settings during COVID-19' is required to understand scale and timeframe for recovery.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	91.48%	91.48%	91.45%		
		S&O	92.93%	92.62%	92.60%	89.81%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in March, reporting 88.86%, below the 92% target. Out of a total 8,956 patients waiting on the pathway, 998 were waiting in excess of 18 weeks. This shows a significant decline in performance compared to last month due to Covid-19 and the national requirement to stop non-urgent procedures. Gynaecology remains one of the main failing specialties for March, reporting 84.68%, with 131 breaches. General Surgery is also failing with a performance of 88.57%; a total of 110 breaches. Trauma & Orthopaedics is failing with 90.51%; 131 breaches. Ophthalmology is failing with 89.18%; a total of 102 breaches. Treatments grouped under 'Other' are performing at 84.18% in March with 226 breaches. The longest waiting patient was at 48-49 weeks.</p> <p>Southport & Ormskirk Hospital Trust (S&O) failed to achieve the 92% target for the first time this financial year, due to Covid-19 and the national requirement to stop non-urgent procedures. In March, Trust reported a performance of 89.81%. This shows a significant decline on last month's performance. Out of a total 9,903 incomplete pathways, 8,894 were waiting in excess of 18 weeks for treatment. The majority of breaches were in General Surgery (138), Ophthalmology (104), Gynaecology (175) and treatments listed under 'other' (246). The longest waiting patient was at 46-47 weeks.</p>							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
Trust has been complaint for 18 months at over 92% before COVID-19 outbreak. The requirement to defer all elective activity for a period of three months has been complied with and as such has had a dramatic impact on RTT performance. Performance is dropping rapidly. At present trajectory performance will drop below 80% in May 2020.							
<u>CCG Actions</u>							
On 17th March, as a result of Simon Stephens letter, the Trust enacted its strategic response to the emerging COVID situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 2020.							
Whilst the CCG are seeking clarity regarding its roles and responsibilities during the COVID-19 pandemic, it has a central role in co-ordinating system discussions regarding recovery. As such, weekly system calls have been mobilised as of 21st May 2020 including senior leaders across providers and CCGs for the Southport system.							
Additionally, the Trust (Southport & Ormskirk hospital Trust) have produced an internal report outlining the impact of COVID-19 on elective care within the Trust and this is being discussed with the CCG.							
When is performance expected to recover:							
Additionally review of provider recovery plans and the recently published 'Operating framework for urgent and planned services in hospital settings during COVID-19' is required to understand scale and timeframe for recovery.							
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.	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20			
		CCG	0	0	1			0
		S&O	0	0	1			0
		Plan: Zero						
Performance Overview/Issues:								
The CCG had no 52 week breaches in March. One 52 week breach was reported in February by Southport & Ormskirk Hospital within Ophthalmology. The Trust reported this to the CCG locally but it has not been reported nationally. Due to this breach the CCG will report red for the remainder of the financial year.								
Actions to Address/Assurances:								
<u>Trust Actions</u> When eRS patients are cancelled, they are removed from the Patient Tracking List (PTL) and managed on an eRS 'appointments for booking' list. In this instance, the list wasn't actively managed because of access issues to eRS and no Standard Operating Procedure (SOP) being put in place. A full Root Cause Analysis (RCA) has taken place to ensure this cannot happen again.								
<u>CCG Actions</u> The CCG has raised this with the Trust as it has been reported locally but not nationally. The CCG is currently awaiting a response.								
When is performance expected to recover:								
No further breaches are anticipated.								
Quality:								
The patient has been assessed and came to no harm as a result of the breach.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Karl McCluskey		Rob Caudwell		Terry Hill				

Figure 2 – RTT Performance & Activity Trend

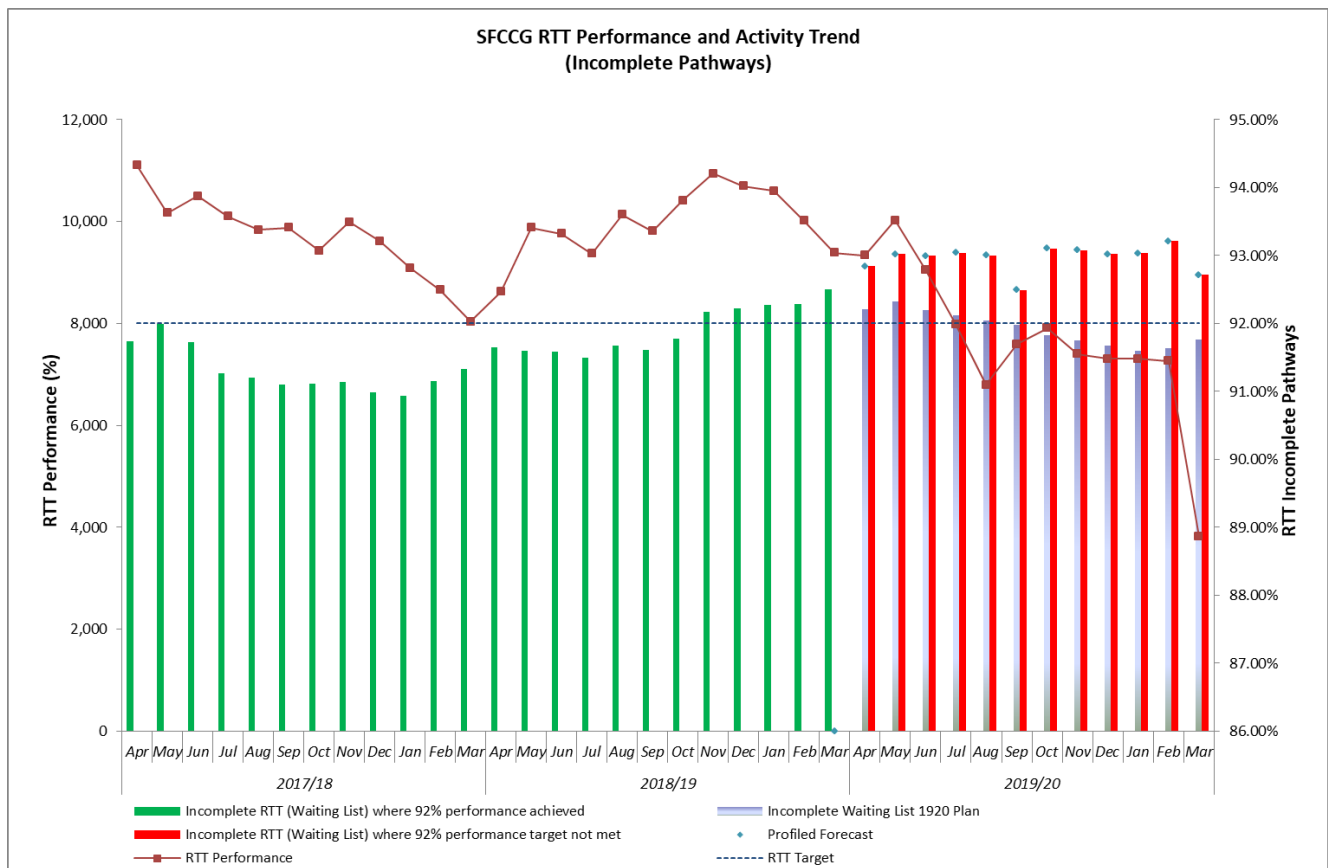


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

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	9,618	8,956	8,956
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767	1,793	1,904	2,098	1,278	1,278

Southport & Formby CCG had a total 8,956 patients waiting on an incomplete pathway in March 2020; 1,278 patients over plan. This shows an increase of 278 patients waiting on an incomplete pathway compared to March 2019.

2.3.2 Provider assurance for long waiters



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

CCG	Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	All Other	36-48	43 patients: No trust information given.
Southport & Formby CCG	Blackpool	Dermatology	41	1 patient: No trust information given
Southport & Formby CCG	Calderdale & Huddersfield	General Surgery	38	1 patient: No trust information given
Southport & Formby CCG	Isight	Ophthalmology	41	1 patient: No trust information given
Southport & Formby CCG	Lancashire Teaching	All Other	38	1 patient: No trust information given
Southport & Formby CCG	Lancashire Teaching	Cardiology	45	1 patient: No trust information given
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37	1 patient: No trust information given
Southport & Formby CCG	Liverpool Heart & Chest	Cardiothoracic Surgery	48	1 patient: No trust information given
Southport & Formby CCG	Aintree Hospital	ENT	38	1 patient: No trust information given
Southport & Formby CCG	Aintree Hospital	Gastroenterology	37	1 patient: No trust information given
Southport & Formby CCG	Aintree Hospital	Ophthalmology	36	2 patients: No trust information given
Southport & Formby CCG	Aintree Hospital	Respiratory	37	1 patient: No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	Dermatology	39-41	2 patients: No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	General Surgery	36-49	2 patients: No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	T&O	36-42	6 patients: No trust information given
Southport & Formby CCG	Liverpool Womens	Gynaecology	42	1 patient: No trust information given
Southport & Formby CCG	Manchester University	General Surgery	37	1 patient: No trust information given
Southport & Formby CCG	Manchester University	Gynaecology	48	1 patient: No trust information given
Southport & Formby CCG	Manchester University	Ophthalmology	47	1 patient: No trust information given
Southport & Formby CCG	Southport & Ormskirk	All Other	37-41	3 patients: No trust information given
Southport & Formby CCG	Southport & Ormskirk	General Surgery	36-37	2 patients: No trust information given
Southport & Formby CCG	Southport & Ormskirk	Gynaecology	37-44	13 patients: No trust information given
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36-37	4 patients: No trust information given
Southport & Formby CCG	Southport & Ormskirk	T&O	36	3 patients: No trust information given
Southport & Formby CCG	Southport & Ormskirk	Urology	38	1 patient: No trust information given
Southport & Formby CCG	St Helens & Knowsley	Dermatology	36	1 patient: No trust information given
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	37	1 patient: No trust information given
Southport & Formby CCG	Wirral	Gynaecology	48	1 patient: No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	General Surgery	45	1 patient: No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	36-38	2 patients: No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	Urology	47	1 patient: No trust information given

The CCG had a total of 102 patients waiting over 36 weeks. Due to the current situation with regards to COVID-19, and in line with other reporting changes by NHS England, Trust reporting on individual patients' pathways has been suspended.



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	Dec-19	Jan-20	Feb-20	Mar-20		
		8	2	8	8		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk reported 8 cancelled operations in March 2020, showing no improvement on February. 5 were due to the lists over running, 1 due to a surgeon being unavailable, 1 due to equipment failure and 1 due to a ward bed being unavailable. Year to date there have been 72 cancelled operations at the Trust.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
Towards the end of March the decision was made to defer all elective surgery as a result of the COVID019 pandemic. There will be a negative impact towards the end of March. However, given there has been little elective activity other than cancer surgery there has been very few if any cancellations within 24 hours of operation into the month of April.							
<u>CCG Actions</u>							
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 a Service Level Agreement (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.							
The accuracy of cancelled operations reporting has been raised with Trust BI colleagues who have confirmed the figures reported are correct.							
When is performance expected to recover:							
See Trust comments above.							
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	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		96.67%	96.00%	94.12%	96.88%	91.27%		
Plan: 93%								
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in March 2020 with 96.88%. However, year to date performance continues to fail with 91.27%. Year to date, 35 patients have breached out of a total 401 seen.								
Actions to Address/Assurances:								
Guidance for breast services during the COVID-19 pandemic from the Association of Breast Surgeons has focussed on prioritisation of patients where there is a high risk of cancer. This standard relates to those where cancer is not initially suspected and therefore has fallen more in line with the system response for routine priority referrals.								
Sir Simon Stephens' letter of 29th April signalled the start of the second phase of the NHS Response to COVID-19 and asked that "referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in COVID-19 protected hubs/environments".								
When is performance expected to recover:								
Not applicable								
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	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG 97.33%	97.67%	98.41%	96.39%	97.09%		
		S&O 97.87%	93.44%	98.25%	98.46%	97.44%		
Plan: 96%								
Performance Overview/Issues:								
Achieving								
Actions to Address/Assurances:								
Not required as achieving target.								
When is performance expected to recover:								
Continued recovery expected.								
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		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	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG	100%	81.82%	100%	100%		
		S&O	0 Patients	100%	0 Patients	0 Patients	100%	
		Plan: 98%						
Performance Overview/Issues:								
The CCG achieved the 98% target in March 2020 with a performance of 100%. However, the year to date position remains below target at 97.54%. A total of 5 patients out of 203 have failed the target year to date.								
Actions to Address/Assurances:								
Exception commentary not required as achieving target in month.								
When is performance expected to recover:								
National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 - 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	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG	97.14%	68.89%	81.25%	89.13%	80.22%	
		S&O	92.11%	81.25%	79.78%	88.57%	79.82%	
		Plan: 85% Trust's March improvement plan: 78.67% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG achieved the 85% target in March 2020 with 89.13%, but is still failing year to date with 80.22%. In March, there were 5 breaches from a total of 46 patients seen.</p> <p>Southport & Ormskirk Hospital Trust achieved the national target in March with a performance of 88.57% but are still failing year to date reporting 79.82%. Therefore, the Trust also achieved their March improvement plan of 78.67%.</p>								
Actions to Address/Assurances:								
<p>NHS Chief Executive Sir Simon Stephens set out in a letter on 17th March 2020 to all NHS organisations a number of actions Trusts were expected to take in order to prepare for the anticipated numbers of patients that would require hospital admission due to COVID-19. The Government and NHS England /Improvement made it clear that cancer treatment should continue to be prioritised wherever possible in response to COVID-19, supported by a number of publications to aid decision making and consistency of approach. The key principles outlined for cancer services were:</p> <ul style="list-style-type: none"> • Essential and urgent cancer treatments must continue. • Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time. • Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up. • Cancer hubs should be established • Consolidation of cancer surgery in ring fenced, 'clean' facilities with patients prioritised as level 2 (treatment within 4 weeks) prioritised for 'clean sites'. • Wherever possible, operations will be deferred for patients prioritised as level 3 (treatment can be deferred for 10-12 weeks with no negative impact on outcome), with arrangements in place for review if their condition worsens and for tracking to ensure their treatment is prioritised as soon as capacity allows. <p>National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.</p> <p>Trusts were required to create a surgical prioritisation list based on the following priority levels:</p> <ul style="list-style-type: none"> • Priority level 1a. Emergency: operation needed within 24 hours to save life • Priority level 1b. Urgent: operation needed with 72 hours • Priority level 2. Elective surgery with the expectation of cure within 4 weeks to save life/progression of disease beyond operability • Priority level 3. Elective surgery can be delayed for 10-12 weeks with no predicted negative outcome. <p>Cancer Alliances were tasked by NHSEI with delivering maintenance of cancer services during the COVID-19 pandemic. Cheshire and Merseyside Cancer Alliance collates a weekly Sitrep which includes analysis of patients waiting longer than the indicative period above i.e. 4 weeks for priority level 2. Surgical hubs have been established and patients should be offered the choice of transfer to a hub if they can be treated more quickly there.</p>								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.5 - 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		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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	100%	84.62%	0.00%	66.67%			76.19%
		S&O	100%	0 Patients	0 Patients	0 Patients			52%
		Target: 90%							
Performance Overview/Issues:									
<p>The CCG failed the 90% target in March 2020 with a performance of 66.67%. Therefore the CCG remains below target year to date with 76.19%. In March, there were 2 breaches from a total of 6 patients seen. Delays were due to patient choice and a complex diagnostic pathway.</p> <p>Southport & Ormskirk Hospital Trust treated no patients on this pathway in March. 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:									
All three cancer screening programmes have been paused during the current pandemic.									
When is performance expected to recover:									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Graeme Allan			Sarah McGrath				

2.5.6 104+ Day Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		1	5	6	1		
		Plan: No plan					
Performance Overview/Issues:							
Southport & Ormskirk Trust had 1 patient waiting over 104 days in March 2020. This was a gynaecology patient whose treatment was delayed due to other reasons not listed. This indicator reports on completed pathways, therefore the patient has now been seen.							
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. This case will be reviewed when the panel is re-established.							
When is performance expected to recover:							
Recovery plans have been requested from all providers of cancer services in response to Sir Simon Stephens' letter of 29th April which signalled the start of the second phase of the NHS Response to COVID-19.							
Quality:							
There would be a serious incident process followed if harm was considered to have taken place.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Graeme Allan			Sarah McGrath		

2.5.7 Faster Diagnosis Standard (FDS)

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

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

Hospitals are recording data in 2019/20, 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%	73.19%	69.92%	78.82%
No of Patients	397	522	422	604	449	467	584	485	330	360	332	369	5321
Diagnosed within 28 Days	333	422	349	476	365	378	461	402	260	247	243	258	4194

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%	92.59%	93.55%	95.87%
No of Patients	25	34	24	34	23	25	28	36	26	26	27	31	339
Diagnosed within 28 Days	24	34	24	33	22	23	26	35	26	24	25	29	325

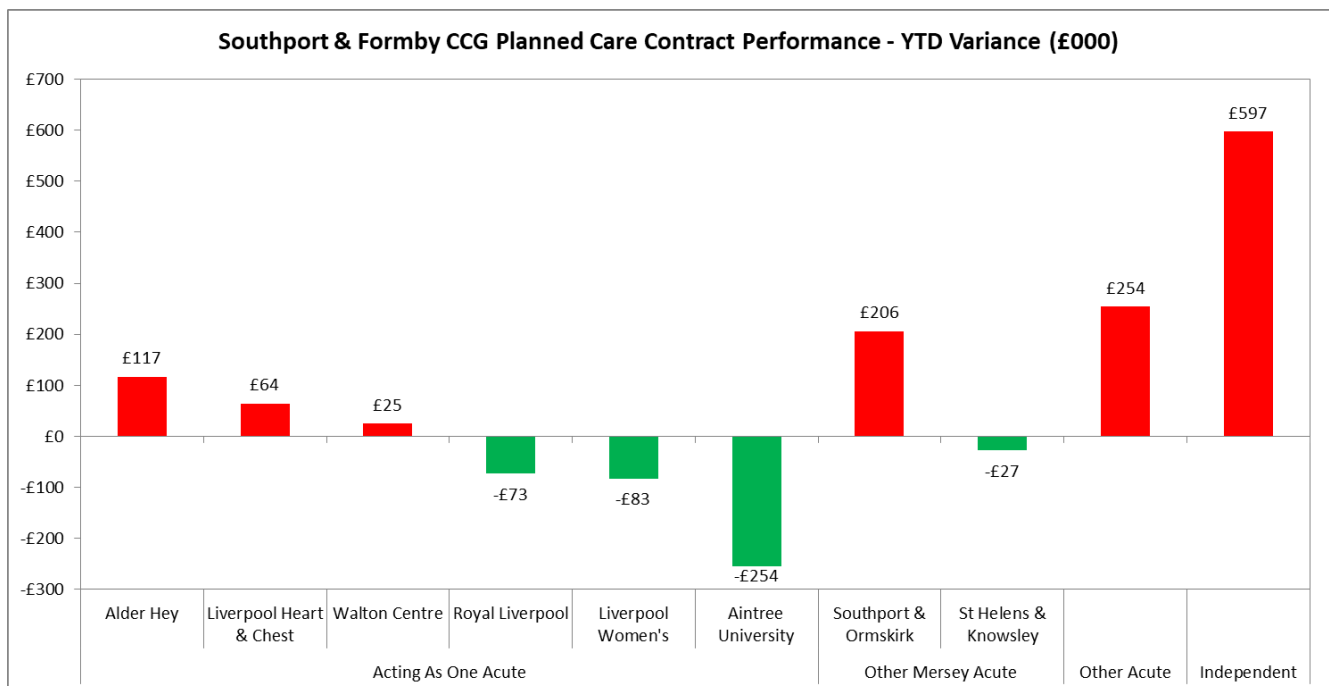
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%	42.86%	19.05%	13.33%	13.64%	38.22%
No of Patients	20	33	21	13	20	12	17	37	28	21	15	22	259
Diagnosed within 28 Days	13	20	7	3	5	3	5	22	12	4	2	3	99

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				Very low/minimal risk on patient safety identified	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		RR	20.8%	15.4%	17.4%		Not Available
		% Rec	97%	95%	95%		
		% Not Rec	1%	1%	2%		
England Averages Response Rates: 24.4% % Recommended: 96% % Not Recommended: 2%							
Performance Overview/Issues:							
<p>Southport & Ormskirk Trust has reported a response rate for inpatients of 17.4% in February 2020. This is an improvement on previous month's performance and therefore remains below the England average of 24.4%. The percentage of patients who would recommend the service remains at 95% and therefore remains below the England average of 96%. The percentage who would not recommend increased to 2%, in line with the England average.</p>							
Actions to Address/Assurances:							
<p>Provider patient experience event being held in June 2020 will likely be rescheduled for later on the year or 2021 due to increased pressure on providers during the COVID-19 pandemic.</p> <p>The CCG Quality team will continue to monitor trends and request assurances from providers when exceptions are noted however, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period.</p> <p>Monthly FFT reports will continue to be produced by Quality team. However, EPEG meetings have been put on hold for the foreseeable future.</p>							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2020-21.							
Quality:							
FFT figures remain consistent as the previous month for S&O. The Provider patient experience meetings have been put on hold during this period and the CCG will request an update in June/July 2020, dependent on trust activity and prioritisation levels.							
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 12 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £826k/2.1%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1m/2.6%. This is a reduced overspend when comparing to the previous month and can be attributed to the decreasing activity reported in month 12 as a result of government guidance in response to the COVID-19 pandemic.

At individual providers, Isight is showing the largest over performance at month 12 with a variance of £366k/31%. Southport & Ormskirk Hospital previously had the largest over performance for the CCG at month 11 (£544/3%) but this has reduced to £206k/1% at month 12. As an acute provider, reduced activity has been evident in month 12, particularly towards the end of the month, due to COVID-19 as reported above.

The CCG's Business Intelligence (BI) Team are continuing to work with the Planned Care Lead to review referral patterns, planned care activity and patient flows into the independent sector rather than NHS Acute providers. COVID19 has temporarily delayed progress; however, this work will be progressed imminently as part of recovery planning. Consideration of acute provider capacity in relation to the new 'operating framework for urgent and planned care service in a hospital setting during COVID19' will need to be understood in conjunction with independent sector capacity (as part of the national procurement to support COVID19) during and post contract end which is expected on 23rd June 2020.

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	11,148	10,906	-242	-2%	£5,787	£5,729	-£58	-1%
Elective	1,275	1,113	-162	-13%	£3,578	£3,344	-£234	-7%
Elective Excess Bed Days	232	292	60	26%	£62	£77	£15	25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,308	743	-565	-43%	£256	£150	-£106	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	14,592	15,376	784	5%	£2,564	£2,705	£141	6%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,921	928	-1,993	-68%	£296	£105	-£192	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	40,718	43,985	3,267	8%	£3,480	£3,880	£400	11%
Outpatient Procedure	23,874	26,417	2,543	11%	£3,248	£3,614	£366	11%
Unbundled Diagnostics	19,397	11,743	-7,654	-39%	£1,266	£1,139	-£127	-10%
Grand Total	115,464	111,503	-3,961	-3%	£20,538	£20,744	£206	1%

*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Previous analysis of referral patterns for Southport & Formby CCG at this provider suggested notable increases for specialities such as Trauma & Orthopaedics, Accident & Emergency, General Medicine, General Surgery, 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.

Month 12 referrals data for 2019/20 suggests a minimal increase year to date when comparing to the previous year. However, referrals and planned care activity have each been significantly impacted by the COVID-19 pandemic. Further monitoring of referrals and activity will continue 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	35	42	7	20%	£4	£4	£1	18%
Daycase	242	230	-12	-5%	£317	£252	-£64	-20%
Elective	208	236	28	13%	£1,233	£1,463	£230	19%
Elective Excess BedDays	24	35	11	46%	£6	£9	£3	56%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	124	114	-10	-8%	£9	£8	-£1	-9%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	716	690	-26	-4%	£106	£102	-£4	-4%
OPFUPMPCCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	208	166	-42	-20%	£12	£12	£0	-2%
OPFUPNFTF - <i>Outpatient Follow-Up Non Face to Face</i>	458	618	160	35%	£12	£16	£4	36%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,049	2,145	96	5%	£129	£135	£7	5%
Outpatient Procedure	459	527	68	15%	£61	£72	£11	19%
Unbundled Diagnostics	411	394	-17	-4%	£37	£36	-£2	-4%
Grand Total	4,934	5,197	263	5%	£1,924	£2,110	£186	10%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £230k/19% 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, which has been consistent across 2019/20.

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 has not 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	1,462	1,824	362	25%	£1,419	£1,634	£215	15%
Elective	239	228	-11	-5%	£1,150	£1,015	-£135	-12%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	2,531	2,877	346	14%	£437	£493	£55	13%
OPFUPNFTF - <i>Outpatient follow up non face to face</i>	6	0	-6	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	3,333	4,030	697	21%	£242	£293	£51	21%
Outpatient Procedure	2,284	2,168	-116	-5%	£376	£368	-£8	-2%
Unbundled Diagnostics	1,112	1,317	205	18%	£95	£123	£28	30%
Physio	1,660	1,661	1	0%	£50	£51	£0	0%
Outpatient Pre-op	1,250	1,041	-209	-17%	£76	£63	-£13	-17%
Grand Total	13,877	15,146	1,269	9%	£3,846	£4,041	£195	5%

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, notably Pain Management and activity related to Nerve Blocking and Injection of Therapeutic Substance into Joints.

Outpatient first appointments are showing a 13% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 5.5% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Referral increases have been evident for specialities such as

Pain Management, General Surgery, Urology, Gynaecology and Trauma & Orthopaedics. Previous analysis suggests referrals and outpatients may have been higher at month 12 but the COVID-19 pandemic has impacted on all areas of planned care.

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	1,291	1,728	437	34%	£723	£961	£237	33%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,248	1,516	268	21%	£171	£209	£38	22%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	3	0	0%	£0	£0	£0	-7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	3,087	4,194	1,107	36%	£186	£254	£68	37%
Outpatient Procedure	1,519	1,874	355	23%	£106	£128	£23	21%
Grand Total	7,149	9,315	2,166	30%	£1,186	£1,552	£366	31%

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 (£237k/33%), particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*.



Outpatient first appointments are showing a 21% increase against plan in 2019/20 to date. An analysis of referrals suggests an increase of 21% for Southport & Formby CCG to Isight in 2019/20 when comparing to 2018/19. The majority of this increase is attributed to Optometrist referrals and ‘Other’ referrals not initiated by the consultant responsible for the outpatient episode.

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).

2.8 Personal Health Budgets

Due to the current circumstances, the personal health budget data collection is being paused and no data is being requested at this time for Quarter 4 (2019/20). Data on personal health budgets will continue to be recorded by CCGs locally wherever possible. The latest available data (quarter 3 2019/20) indicated that the CCG would achieve year end, as it exceeded the upper boundary of 170 with a total 177 PHBs.



2.9 Smoking at Time of Delivery

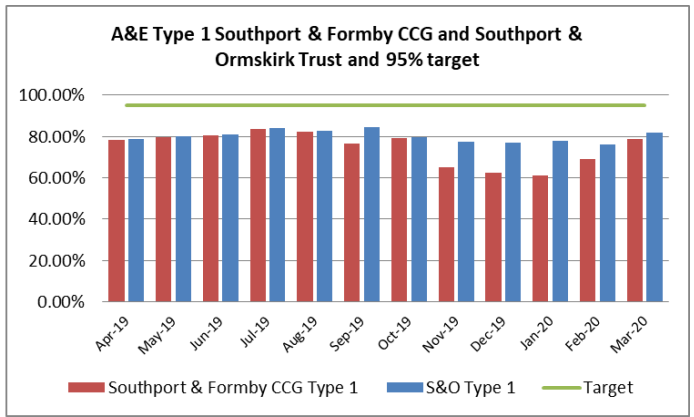
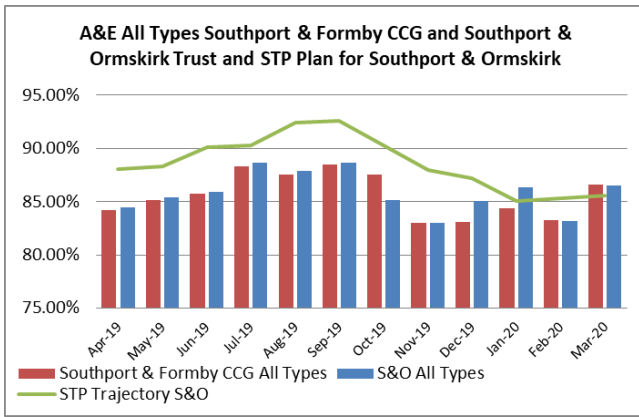
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	<p><u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.</p> <p><u>Risk to Patients</u> The impact of providers not achieving the SATOD indicator could mean that the service provided is poorly performing and not sufficiently engaging with the patients or providing the correct level or quality of service. Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.</p>
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		5.90%	9.70%	7.70%	11.30%		
		National ambition of 11% or less of maternities where mother smoked					
Performance Overview/Issues:							
<p>The CCG failed the ambition in quarter 4 reporting 11.3% against the national ambition of 11% for the percentage of maternities where mother smoked. However, the CCG is still achieving year to date with 8.7%. Due to the very small cohort of women, SATOD data needs to be considered cumulatively across the year.</p> <p>During quarter 4, women in the area were still receiving the same enhanced package that they received in the other 3 quarters and for the first 2 months of the quarter before COVID. The dedicated smoking in pregnancy midwife (funded by Public Health) was absent from work for quarter 3 which possibly could have impacted on the SATOD rates in quarter 4, or it could just be an anomaly for that quarter as the trend shows a downward trajectory for the other 3 quarters.</p>							
Actions to Address/Assurances:							
<p>The dedicated midwife support for smoking cessation has been in post since January 2019, achieving excellent results through culture change; follow up home visits with mothers referred to stop smoking service, engaging with staff and other services who are trained and linked in to maintain support for patients to make the required change, particularly to vulnerable groups, ensuring no one falls through the net. This post will continue for the next 12 months and we expect performance to continue with the overall improvement.</p>							
When is performance expected to recover:							
<p>As above comment – performance has improved overall by 1.7% across the last year ending 2019/20.</p>							
Quality:							
<p>The resource of a dedicated Stop Smoking nurse provided by Public Health has greatly improved the quality of care and achieving fantastic results and demonstrating a great initiative in practice.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Wendy Hewit		Tina Ewart			

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
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CGG All Types	83.08%	84.40%	83.23%	86.56%	85.61%	
		CGG Type 1	62.31%	60.93%	68.94%	78.82%	74.73%	
		S&O All Types	85.04%	86.32%	83.20%	86.55%	85.86%	
		S&O Type 1	76.93%	78.08%	76.32%	81.78%	80.02%	
		S&O Improvement Plan	87.2%	85.1%	85.3%	85.6%	-	
Performance Overview/Issues:								
<p>Southport & Formby CCG's performance against the 4-hour target for March 2020 reached 86.56% for all types (85.61% YTD), and 78.82% for type 1 (74.73% YTD), both of which are significantly below the national standard of 95%.</p> <p>Southport & Ormskirk's performance against the 4-hour target for March 2020 reached 86.55% for all types (85.86% YTD), which is above the Trust's improvement trajectory of 85.6% for March. For type 1, a performance of 81.78% was reported in March (80.02% YTD).</p> <p>The improvements in performance are in part due to Covid-19 and a reduction in the numbers of patients attending A&E.</p>								
Actions to Address/Assurances:								
<u>CCG Actions</u>								
<ul style="list-style-type: none"> - The CCG has agreed new priorities with the Trust and West Lancashire CCG for the AED sub group for 20/21 which includes a stronger focus on hospital avoidance, GP streaming, SERV care and 30 day readmissions. - The CCG continues to support the internal flow work. Programme Director role extended to July with specific focus on demand and capacity, risk management and escalation and system integration/leadership. - The system has agreed to re-launch the Frailty work stream, along with a primary care networks work stream, to give a greater focus on out of hospital service provision. 								
<u>Trust Actions</u>								
<p>The Trust reported an improvement against March 2019. The Trust performance ranked 36 (out of 128) nationally and ranked 4 (out of 21) for the North West region. COVID-19 has had a profound and unprecedented impact on urgent & emergency care demand country-wide and the Trusts experience is no different. The Trust experienced a 30% reduction in ED attendance activity for March against March 2019 and in the same period a 10% reduction in emergency admissions. The reduced activity alongside a reduction in Medically Optimised for Discharge (MOFD) patients occupying a hospital bed has resulted in improved patient flows. The outcome allowing for a 60% corridor care for March 2020 versus March 2019.</p> <p>On 17 March 2020 NHS England instructed NHS hospital Trusts to formally prepare for and respond to large numbers of inpatients requiring respiratory support particularly across adult pathways. The Trust commenced planning alongside regional NHS England teams and local health & care partners ensuring steps were taken to manage the outbreak of COVID-19 and quickly develop clinically led surge plans. The Trust is working hard to maintain business as usual critical clinical services across urgent & emergency care. This has required clinical leaders to consider different ways of operating to ensure safe and consistent models of care are in place for the local population over this unprecedented period. Part of the planning and in line with national modelling and guidance, the Trust has planned for increased demand on adult services indicating significant pressures being placed on the limited resources contained within the emergency medicine consultant rota at the Trust. The Trust has developed a clinically led Surge Plan to support Emergency Medicine preparedness and this is now reviewed daily through the Trusts COVID-19 governance arrangements to ensure good oversight on performance and delivery is in place.</p>								
When is performance expected to recover:								
The CCG are expecting that performance will continue to improve throughout 20/21. Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.								
Quality:								
The Trust continued to work at EMS level 3 for the first part of March. However, pressure started to ease towards the end of the month. They had 10 x 12 hour trolley breaches in March mostly attributable to mental health delays.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Vacant			Sharon Forrester			

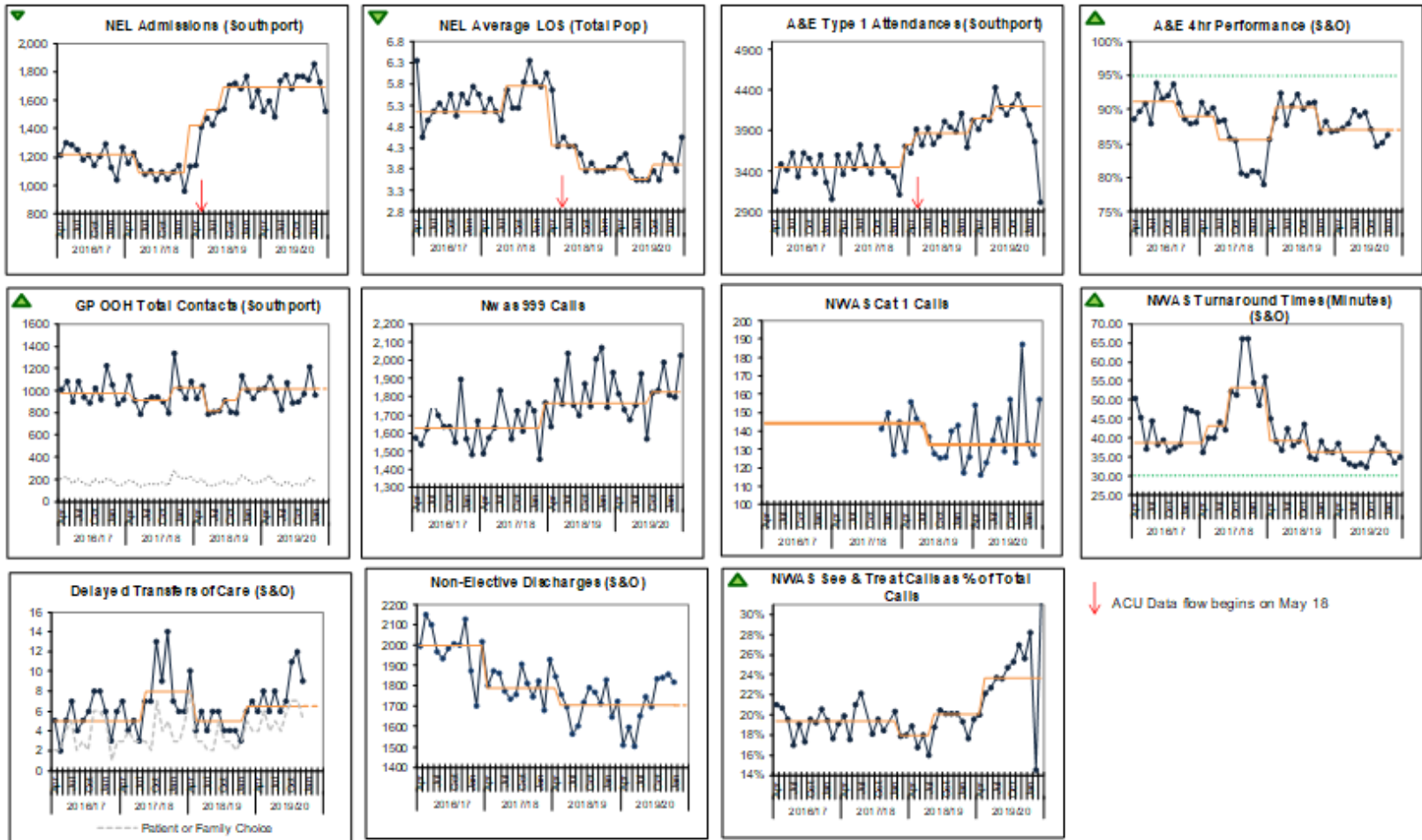


3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust












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	Dec-19	Jan-20	Feb-20	Mar-20	
		22	13	9	10	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Hospital reported 10 12-hour breaches in March against a zero tolerance threshold.						
Actions to Address/Assurances:						
<u>Trust Comments</u> 70% of the 12 hour Discharge to Assess breaches that occurred for March 2020 happened on 1st March. This was following a difficult weekend whereby demand on emergency admission was 25% higher than the forecasted position which resulted in operational pressures as the Trust wrestled with patient flows. On this occasion, the Trust could not mobilise its level 4 escalation actions (i.e. create additional bed capacity) due to workforce constraints. The Trust recovered within 24 hours and Root Cause Analyses have been completed for those patients who experienced breaches. The Trust has reported no 12 hour breaches since week ending 8th March 2020.						
<u>System Actions</u> - 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. Despite the breaches time to treatment remains low. - There has been more emphasis on achieving actual discharges before 12 midday and by 3pm to help flow within AED. The Trust have enhanced pharmacy provision and have extended ACU provision.						
When is performance expected to recover:						
The CCG will be working with S&O to consider the recovery period.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Vacant		Sharon Forrester		

3.2 Urgent Care Dashboard

SOUTHPORT & FORMBY URGENT CARE DASHBOARD



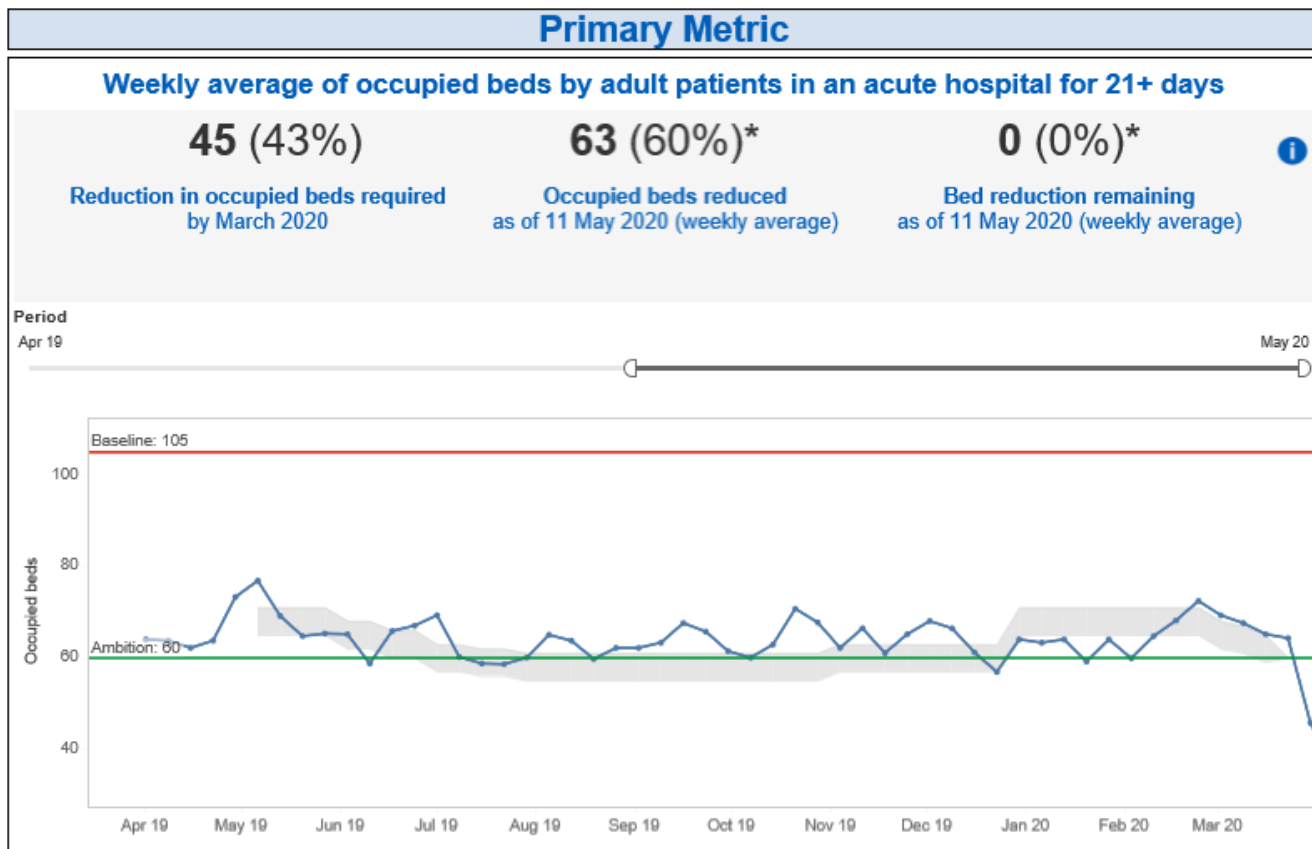
Updates for some information above are not available due to Covid-19.

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 was updated for 2019/20 to report on a weekly basis. The Trust’s revised target was a total bed reduction of 45 (43%) by March 2020; therefore the ambition was 60 or less. The Trust achieved this target in March 2020 with a total reduction of 59 as at 30th March 2020. This occupied bed reduction has been sustained into May with a total reduction of 63 as at 11th May 2020, above the 2019/20 reduction target of 45. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

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	Jan-20	Feb-20	Mar-20		
		Cat 1 mean	<=7 mins	00:07:58	00:07:33	00:08:48		
		Cat 1 90th Percentile	<=15 mins	00:15:53	00:14:53	00:17:06		
		Cat 2 mean	<=18 mins	00:23:49	00:22:02	00:35:32		
		Cat 2 90th Percentile	<=40 mins	00:55:20	00:50:08	01:25:24		
		Cat 3 90th Percentile	<=120 mins	03:35:20	03:02:21	04:24:05		
Cat 4 90th Percentile	<=180 mins	02:28:06	02:59:06	03:22:37				
Performance Overview/Issues:								
<p>In March 2020, there was an average response time in Southport & Formby of 8 minutes 48 seconds, not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 35 minutes and 32 seconds against a target of 18 minutes, the second quickest response time in Merseyside. The CCG also failed the category 2 90th percentile. Southport & Formby is yet to achieve the targets in category 2 since the introduction of the Ambulance Response Performance system. 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, NWS 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. NWS 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 NWS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWS integrated emergency response vehicle which is taking incidents directly from the NWS 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. This has improved NWS see and treat for Southport and Formby CCG to 25.4% of all incidents.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWS 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	Jan-20	Feb-20	Mar-20		
		(a) 30-60 mins	240	135	94		
		(b) 60+ mins	62	23	16		
Performance Overview/Issues:							
For March, Southport & Ormskirk reported a decrease in ambulance handover times between 30 and 60 minutes from 135 to 94. Those over 60 minutes also decreased from 23 to 16.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
The Trust reported improved compliance for the 15 minute ambulance handover time. This performance improvement was helped by a 24% reduction in ambulance arrivals for March 2020 in comparison to March 2019. The Trust recorded a 55% reduction in handover delays greater than one hour for March 2020 versus March 2019. The COVID-19 Surge Plan has allowed the Trust to increase senior medical presence in the emergency department, which has allowed effective See & Treat pathways to operate. This has helped stream patients away from emergency department majors and therefore support maintaining smooth and effective flows across the department.							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Sharon Forrester		

3.6 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.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		a) 70.4%	87.9%	78.8%	76.9%		
		b) 11.8%	70.0%	Not available	Not available		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke has declined in March and therefore continues to report below the 80% plan with 76.9%; 20 out of 26 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. January 2020 is currently the latest available performance for TIA.							
Actions to Address/Assurances:							
<u>Trust Actions</u>							
Through COVID-19 the Trust is doing its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The ED and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement.							
<u>CCG Actions</u>							
This now fits in with the extensive work of the Merseyside Stroke board which is currently at Pre-Consultation Business Case 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 Early Supported Discharge (ESD) service is now staffed as expected with Speech & Language Therapy (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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	11	8	13		Not Available
		S&O	15	14	14		9
		Plan: Zero					
Performance Overview/Issues:							
<p>The CCG continues to breach the zero tolerance threshold with a total of 13 breaches in February. All breaches were at Southport & Ormskirk NHS Trust. Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England have paused the collection and publication of this statistic.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 9 in March, locally to the CCG.</p>							
Actions to Address/Assurances:							
<p><u>Trust Comments</u> Breaches are within the critical care setting. Reconfiguring of critical care for COVID-19 patients will continue to impact on these breaches.</p>							
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)					
RED	TREND		Dec-19	Jan-20	Feb-20	Mar-20	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.
		CCG	2	2	2	2	
		Trust	1	1	1	1	
		Plan: Zero					
Performance Overview/Issues:							
The CCG had no new cases of MSRA in March. However, the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust also reported no new cases in March. However, due to the 1 case of MRSA reported in August 2019, the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
As a zero tolerance performance not expected to recover							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed.							
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)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the Trust	
RED	TREND		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	25	29	33		38
		Trust	39	43	47		54
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16					
Performance Overview/Issues:							
<p>The CCG had 4 new cases of C.Difficile in March, bringing the year to date total to 38 against a year end plan of 30. 17 cases were apportioned to Acute Trust and 21 apportioned to community.</p> <p>Southport & Ormskirk Hospital reported 7 cases of C Diff in March, bringing the year to date total to 54. 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. This has been delayed due to the COVID-19 pandemic and the IPC team have been focusing on training for PPE and FIT testing for staff and managing the outbreak.</p>							
When is performance expected to recover:							
<p>The Infection Prevention Control (IPC) representative was due to attend April CCQRM but due to COVID-19 this has now been delayed until meetings are able to be resumed and will be requested as part of the recovery plan.</p>							
Quality:							
<p>Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed – details will be requested through the recovery plan.</p>							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	119	133	141		150
		Trust	189	213	226		242
		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 March, there were 9 new cases against a plan of 9, bringing the year to date figure to 150 against a year end target of 109. Southport & Ormskirk Trust reported 16 new cases in March, with 1 of those acquired through the hospital (242 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The NHSE GNBSI Programme Board Meetings are yet to reconvene due to the COVID-19 pandemic. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract & Clinical Quality Review Meetings.							
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 Cheshire & Mersey 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)	March 2020	100	86.60	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	97.90	↓

HSMR performance shows a continued trend of improving performance with 11 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals.

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

3.7 CCG Serious Incident (SI) Management

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database from Datix to Ulysees the transition of the data was on the 1st April. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit, in order to provide a reporting mechanism that is fit for purpose. The Quality team is also working collaboratively with Liverpool CCG who now manage the CCG's SI process.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS).

Serious Incidents Open for Southport and Formby CCG

As of Q4, 2019/20, there are a total of 31 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. Of the 21 are attributed Southport and Ormskirk, 8 to Lancashire Care Community Foundation Trust and 2 to Southport and Formby CCG (reported on behalf of other providers). See table below for breakdown by Provider.

Figure 13 – Number of Serious Incidents Open for Southport and Formby CCG

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	21
Lancashire Care Foundation Trust	8
Southport and Formby CCG	2
Total	31

As of 1st January 2020, Liverpool CCG assumed overall responsibility for the management of SIs reported by Southport and Ormskirk and Lancashire Care Foundation Trust. During this time Southport and Formby CCG have continued to provide administrative support and chair the Southport and Formby CCG SIRG panel. It was agreed that this arrangement would be reviewed periodically to ensure it is fit for purpose.

Serious Incidents (SIs) Reported In Quarter 4 2019/20

There have been a total of 6 SIs reported in Q4 2019/20 where Southport & Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

Figure 14 – Number of Serious Incidents (SIs) Reported In Quarter 4 2019/20

SI reported Q4	Jan-20	Feb-20	Mar-20	Total
Southport & Ormskirk Hospital NHS Trust				
Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)			1	1
Pressure ulcer meeting SI criteria		2		2
Slips/trips/falls meeting SI criteria	1		1	2
Surgical/invasive procedure incident meeting SI criteria		1		1
Grand Total	1	3	2	6

There have been no SIs reported by LCFT or Southport and Formby CCG during Quarter 4 19/20.

Never Events Reported

There has been one Never Event reported in quarter 1 2019/20 where Southport & Formby CCG are either responsible or accountable commissioner. This was a Surgical/invasive procedure incident and occurred in May 2019 at Southport and Ormskirk hospital.

Figure 15 – Number of Never Events Reported

Never Events Reported				
Provider	2016/17	2017/18	2018/19	2019/20
Southport and Ormskirk Hospital NHS Trust	3	1	2	1
Liverpool Women's Hospital NHS Foundation Trust	0	1	0	0
Mersey Care NHS Foundation Trust	0	0	1	0
TOTAL	3	2	3	3

SIs reported during last 12 months

Southport and Formby CCG, the top 4 most commonly reported SIs were:

- Pressure Ulcers
- Treatment Delay
- Diagnostic Incident including delay
- Apparent/actual/suspected self-inflicted harm

RCAs due during Q4 2019/20

For Southport and Ormskirk, there were 9 Root Cause Analyses (RCA) due for Q4 19/20. Of these, 5 were received and were overdue. They have since been closed. 1 stop the clock has been applied and 3 RCAs are still being awaited.

For Mersey Care Mental Health, 3 RCAs were due, 2 were received on time and was overdue. All 3 have now been reviewed and closed.

There were no RCAs due for Lancashire Care NHS Foundation Trust.

Serious Incidents Ongoing

There are 31 SIs which remain open on StEIS for South Sefton CCG. At the time of writing this report, 10 have now been closed.

Closed SIs

During Q4, 21 SIs have been closed for Southport and Formby CCG. This includes the following:

Figure 16 – Closed SIs

Organisation and incident type	Q4			
	Jan-20	Feb-20	Mar-20	Total
S&O				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	2	2	2	6
HCAI/Infection control incident meeting SI criteria	1	2		3

Organisation and incident type	Q4			
	Jan-20	Feb-20	Mar-20	Total
Medication incident meeting SI criteria			1	1
Pressure ulcer meeting SI criteria	1	2		3
Sub-optimal care of the deteriorating patient meeting SI criteria	1			1
Surgical/invasive procedure incident meeting SI criteria		1		1
Treatment delay meeting SI criteria	2	1		3
MCFT Mental Health				
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria		1		1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1			1
Unauthorised absence meeting SI criteria		1		1
Total	8	10	3	21

As per the new process, all RCAs received for Southport and Ormskirk and Lancashire Care NHS Foundation Trust will continue to be reviewed by the Southport and Formby CCG SIRG panel with feedback being sent through to the Quality Team at Liverpool CCG.

This process allows for the CCG to have oversight over the quality of RCAs and subsequent lessons learnt, including trends and themes. However, it does not provide adequate performance management oversight of our provider's serious incident process.

This will be considered by the CCG as the new process continues to be subject to review.

3.8 CCG Delayed Transfers of Care (DTC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTCs 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).

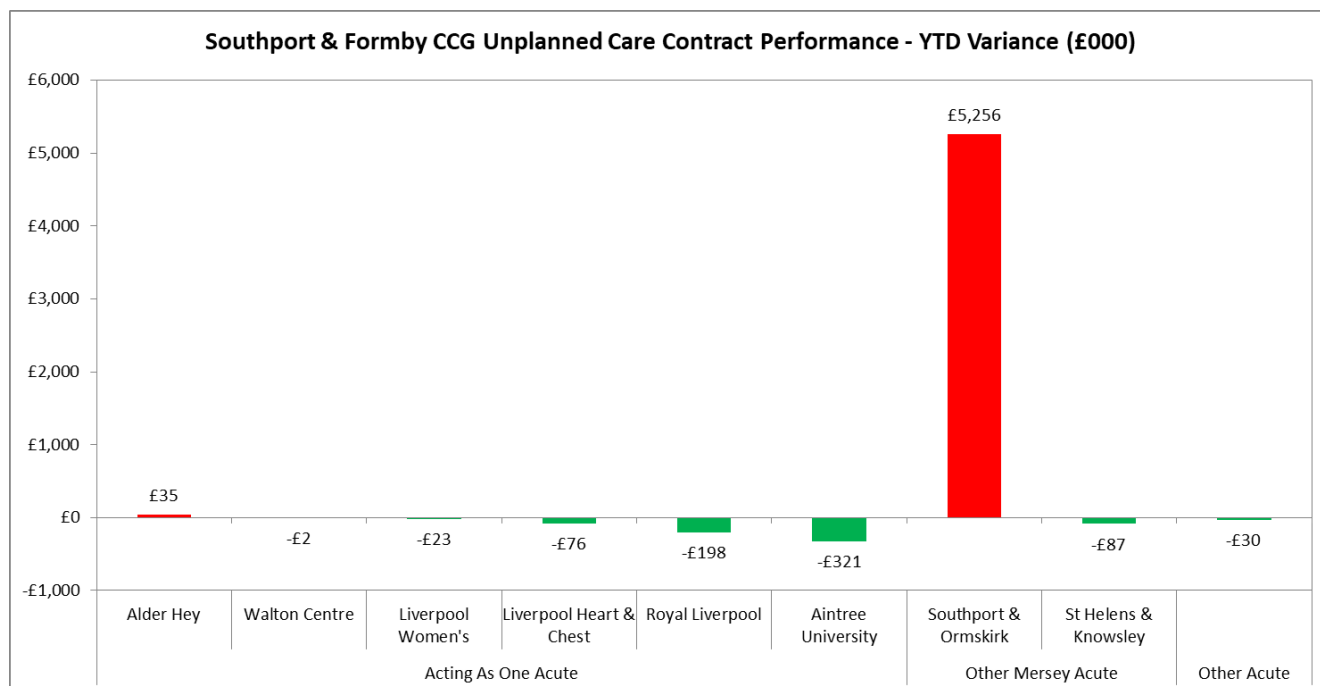
Total delayed transfers of care (DTC) reported in February 2020 was 213, an increase compared to February 2019 with 175. Delays due to NHS have decreased slightly, with those due to social care increasing slightly. The majority of delay reasons in February 2020 were due to patient family choice, community equipment and completion assessments. An update for March is currently unavailable.

See DTC appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 17 - Unplanned Care – All Providers



Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4.5m/10.3%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £5.1m/11.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £5.2m/14% against plan at month 12. This appears to be driven by increased costs within the Non-Elective point of delivery and CCG leads are currently reviewing data to understand the potential impact of increased coding. This work will continue and will be discussed formally with the provider via contract routes.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 12, the value is £155k. 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 18 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19	3,670	£142,065
2019/20	3,936	£155,709
Variance	266	£13,644
Variance %	7%	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 in the above chart.

3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 19 - 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	40,176	43,648	3,472	9%	£6,693	£7,181	£488	7%
NEL - Non Elective	13,089	14,493	1,404	11%	£25,687	£31,237	£5,550	22%
NELNE - Non Elective Non-Emergency	1,322	1,179	-143	-11%	£2,529	£2,400	-£129	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	56	47	522%	£4	£16	£12	287%
NELST - Non Elective Short Stay	3,196	3,298	102	3%	£2,225	£2,340	£115	5%
NELXBD - Non Elective Excess Bed Day	5,832	2,775	-3,057	-52%	£1,494	£713	-£780	-52%
Grand Total	63,624	65,449	1,825	3%	£38,631	£43,887	£5,256	14%

*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 9% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. November 2019 also saw a secondary peak in attendances but activity has since decreased. March 2020 saw a historic low for A&E attendances, which is a direct consequence of the COVID-19 pandemic.

Non-elective admissions account for the majority of the over performance reported and historic highs have been reported in 2019/20 but with admissions decreasing in recent months in line with a fall in A&E attendances. 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 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.

Southport & Formby CCG are also aware of the potential impact of increased coding and the recording of Casemix Companion (CC) scores in 2019/20. CCG leads are further reviewing data to understand the financial impact of CC scores and will raise this with the provider via contract routes.

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

As result of COVID-19 and NHSE/I contracting guidance all contracting has been suspended including CQPG meetings. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding.

Autism Spectrum Disorder (ASD)

The Trust is also reporting that waiting times for assessment have increased to and exact times are being confirmed. An options paper has been received by the CCGs, but this requires further detail detailing how and when the wait times will be reduced including financial implications. In addition the NHS/E instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services.

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 CAG in May considered an outline proposal to enhance the Eating Disorder service which was approved for further development however progression needs to be considered whilst contracting has been suspended.

Core 24 KPIs



In Month 12 the Trust reported CORE 24 indicators:

Core 24 Indicator	Target	March 2020	
Emergency Pathway - Assessment within 1 hour	90%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 4 hour	90%	100.00%	Sustained from 100.00% reported in February 2020



For all CORE 24 indicators the Trust are undertaking the following actions to maintain performance.

- 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.



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				Patient safety risk re: – suicide/harm to others.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	
		87.5%	100.0%	100.0%	94.74%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust reported 94.74% of patients being followed up within 7 days in March and is therefore reporting just below the 95% target. This performance equated to just 1 patient out of 19 breaching the target.						
Actions to Address/Assurances:						
Fewer numbers reported against this metric can account for greater volatility in the performance reported.						
When is performance expected to recover:						
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	Patient safety Reputation
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		62.50%	33.33%	50.00%	73.68%		
		Plan: 95%					
Performance Overview/Issues:							
The Trust continues to fail the 95% target, although performance saw an improvement from 50% in February to 73.68% in March. Out of a potential 19 Service Users, 14 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.							
Actions to Address/Assurances:							
<p><u>Trust Actions:</u></p> <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 Compassion Focussed Therapy (CFT) group and 1 CBT group. 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. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post Band 7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service. The CAG in May gave outline approval for a case to be developed however progression may be delayed dues to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19. <p>The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.</p>							
When is performance expected to recover:							
Aiming for significant improvement by 2020/21, however COVID-19 may have a significant impact on activity.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.4 Patients Identified as 'at risk of falling' to have a Care Plan in Place



Indicator		Performance Summary					Potential organisational or patient risk factors
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 19	Patient safety
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		92.3%	90.0%	62.5%	88.89%		
		Plan: 98%					
Performance Overview/Issues:							
The Trust continues to report below the 98% target in quarter 4 19/20, with 88.89% of patients (8/9) at risk of falling having a care plan. However, this is an improvement on quarter 3 19/20 when 62.5% of patients had a care plan in place.							
Actions to Address/Assurances:							
Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.							
When is performance expected to recover:							
Quarter 1 2020/21							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.5 Patients with a Score of 2 or more to Receive an Appropriate Care Plan



Indicator		Performance Summary					Potential organisational or patient risk factors
Patients with a score of 2 or more to receive an appropriate care plan		Previous 3 months and latest				KPI 25	Patient safety
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100%	80.0%	100%	87.5%		
		Plan: 100%					
Performance Overview/Issues:							
The Trust failed to achieve the 100% target in quarter 4 2019/20, with 87.5% (7/8) of eligible patients not receiving an appropriate care plan. This is a decline in performance since last quarter when 100% was achieved.							
Actions to Address/Assurances:							
Trust has not provided commentary for quarter 4.							
When is performance expected to recover:							
Quarter 1 2020/21.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		0.62%	0.92%	0.73%	0.78%		
		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 12 performance was 0.78% and failing to achieve the national target. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in May that 3 x PWP vacancies are having an impact on capacity.</p>							
Actions to Address/Assurances:							
<p>Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access. It is intended to rollout on-line group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2020/21. Procurement exercise planned to commence in January 2020. Recruitment nationally is an issue for IAPT services.</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	Dec-19	Jan-20	Feb-20	Mar-20		
		61.2%	42.6%	58.8%	44.1%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
The Recovery rate saw a deterioration in March to 44.1% and failed to achieve the 50% target. The year end performance narrowly failed to meet the target ending at 47.8%							
Actions to Address/Assurances:							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
When is performance expected to recover:							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.3 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		27.2%	6.2%	8.4%	19.8%		
		Q3 19/20 Plan: 16%					
Performance Overview/Issues:							
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 3 2019/20, the total performance for the CCG was 19.8%, above the planned 16%. 572 patients were registered compared to the plan of 761, with 113 being checked against a plan of 122.							
Actions to Address/Assurances:							
The CCG is achieving the target.							
When is performance expected to recover:							
Continued recovery expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Tracey Reed/Gordon Jones			

4.4 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>		
								RED	TREND
				26.4%	25.5%	34.2%	38.1%		
		<p>Plan: 50%</p>							
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 4 2019/20 with just 38.1%, this is an improvement on the previous quarter. Of the 1,389 of people on the GP SMI register in Southport & Formby CCG, 530 received a comprehensive health check in the 12 months to quarter 4 2019/20.</p>									
Actions to Address/Assurances:									
<p>Action plan developed which focuses on the following:</p> <ul style="list-style-type: none"> • Redrafting of the LQC scheme to be more explicit on the 6 interventions that make up the SMI health • Highlighting the correct EMIS template which is better suited for capturing the 6 interventions • Data quality checking • Increased awareness of the scheme amongst practices 									
When is performance expected to recover:									
<p>Performance should improve in Quarter 2 2020/21 onwards.</p>									
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. 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. However, these conversations have been put on hold due to the Covid-19 outbreak. These conversations are expected to be picked back up in June 2020.

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.

5.2 Any Qualified Provider – Audiology



In February 2020, the Merseyside CCGs 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.

The guidance issued in the 26th March revised arrangements for NHS contracting and payment during the COVID-19 pandemic has been followed in respect of payment for non NHS providers of AQP services.



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	
		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. Note: Q4 provisional data expected June 2020						
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				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 4 2019/20 the Trust continues to report under the 100% plan. Out of 28 routine referrals to children and young people's eating disorder service, 25 were seen within 4 weeks, a performance of 89.3%. The 3 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. Service has relatively small numbers so breaches have large impact on %. All clinically tracked and breach always related to patient choice (which metric doesn't account for). Nationally all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
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				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		75.0%	75.0%	75.0%	100.0%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
Achieving						
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. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
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 on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. 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, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

6.2.1 Paediatric Speech & Language Therapies (SALT)






Indicator		Performance Summary				Potential organisational or patient risk factors	
Alder Hey Children's Community Services: SALT		Latest and previous 3 months				<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19)</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-19	Jan-20	Feb-20	Mar-20		
 		27 wks	22 wks	20 wks	23 wks	<=18 weeks: Green > 18 weeks: Red	
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In March the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. Unfortunately this shows an increase in average waiting times from February when 20 weeks was reported. Prior to this increase, performance had steadily improved and was on track to achieve 18 weeks by March. Demand for the service continues to increase. In March 2020, year to date referrals were 12.7% higher than in March 2019.</p> <p>At the end of March there were no children who had waited over 52 weeks. 84 were waiting between 18 and 29 weeks. No patients were waiting above 29 weeks. The total number waiting over 18 weeks continues to decrease.</p>							
Actions to Address/Assurances:							
<p>Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services move from face-to-face to remote and digital modes of delivery; and staffing levels are impacted by staff redeployment and illness/requirement to self isolate.</p> <p>The Trust is making every effort to continue to deliver the service remotely where possible, given the constraints. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.</p>							
When is performance expected to recover:							
As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Peter Wong		

Figure 20 – 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
Number of Referrals	146	162	139	150	110	152	219	197	164	187	199	194
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22	20	23
Total Number Waiting	945	920	878	818	763	732	732	680	657	597	578	574
Number Waiting Over 18 Weeks	522	464	469	436	406	375	319	244	196	97	82	84

RAG Rating	
<=18 Weeks	
19 to 22 Weeks	
23 Weeks Plus	

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

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				DNAs <= 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								
		Dec-19	Jan-20	Feb-20	Mar-20					
		20.5%	17.5%	15.3%	18.7%					
		Outpatient Clinic Provider Cancellations								
		Dec-19	Jan-20	Feb-20	Mar-20					
		5.1%	6.6%	7.4%	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 March 2020 performance declined, with DNA rates increasing from 15.3% in February to 18.7% in March. However, provider cancellations saw an improvement, decreasing from 7.4% in February to 6.5% in March.										
Actions to Address/Assurances:										
Prior to COVID-19, Alder Hey had introduced a new weekly South Sefton clinic so that south Sefton patients no longer had to travel to north Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This was seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above.										
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.										
As part of its response to COVID-19, Alder Hey is offering telephone and digital appointments which is helping to keep DNA rates to a minimum.										
When is performance expected to recover:										
As part of COVID-19 recovery phase.										
Quality:										
Indicator responsibility:										
Leadership Team Lead		Clinical Lead			Managerial Lead					
Karl McCluskey		Rob Caudwell			Peter Wong					

Figure 21 – 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	30	19
Incomplete Pathways - 92nd Percentile	25.00	11.92	20.28	24.68	20.64	12.56	10.04	9.00	14.80	18.64	12.16	11.56
Incomplete Pathways RTT Within 18 Weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%	100.00%	96.00%	96.77%	97.30%
Total Number Waiting	65	45	29	28	43	37	32	39	42	24	31	38
Number Waiting Over 18 Weeks	10	2	3	4	5	3	2	1	0	1	1	1

RAG Rating
<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

Figure 22 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

Outpatient Clinics - DNAs

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
DNA	13	19	16	21	14	21	17	30	24	24	18	23	240
DNA Rate	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.7%	23.3%	20.5%	17.5%	15.3%	18.7%	17.6%

Outpatient Clinics - Cancs by Provider

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
Cancellations	4	7	3	3	8	8	15	13	5	8	8	7	89
Rate	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	9.6%	11.6%	5.1%	6.6%	7.4%	6.5%	7.3%

Outpatient Clinics - Cancs by Patient

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
Cancellations	10	38	18	33	17	24	50	39	31	31	25	19	335
Rate	16.1%	36.5%	16.1%	24.8%	20.5%	19.5%	26.0%	28.3%	25.0%	21.5%	20.0%	16.0%	22.9%

RAG Ratings & Targets 19/20

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

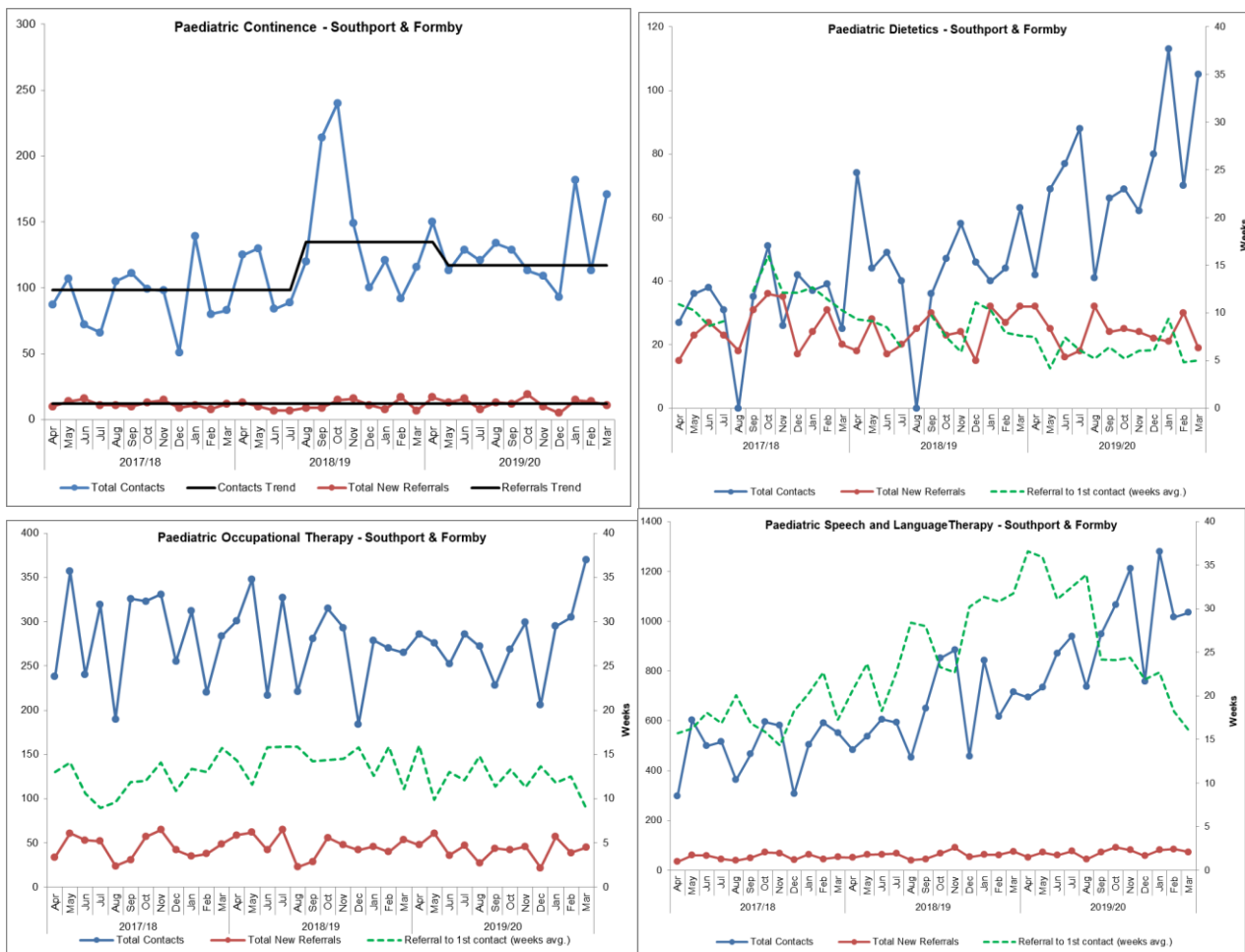
CANCs Outpatients - by Provider	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

6.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
		Total Contacts (Domiciliary)	1,584	1,584	1,563	-1.33	114	109	93	183	113	171	1,563
		Total New Referrals	135	135	153	13.33	19	10	5	15	14	11	153
	Paediatric Dietetics	Caseload at Month End	90	90	280	211.11	282	280	283	272	279	293	322
		Referral to 1st Contact (Weeks Average)	8.5	8.5	6.1	-28.24	5.2	6.0	6.1	9.4	4.8	5.0	7.5
		Total Contacts	540	540	880	62.96	69	62	80	113	70	105	880
		Total Contacts (Domiciliary)	40	40	185	362.50	7	13	31	34	15	54	185
		Total Contacts (Outpatients)	500	500	695	39.00	62	49	49	79	55	51	695
		Total New Referrals	288	288	287	-0.35	25	24	22	21	30	19	287
	Paediatric Occupational Therapy	Caseload at Month End	150	150	108	-28.00	108	102	96	98	91	99	121
		Referral to 1st Contact (Weeks Average)	14.3	14.3	12.4	-13.29	13.3	11.8	13.8	11.8	12.5	9.0	16.0
		Total Contacts (Domiciliary)	3,347	3,347	3,344	-0.09	269	299	206	295	305	370	3,344
		Total New Referrals	566	566	514	-9.19	42	46	22	57	39	45	514
	Paediatric Physiotherapy	Total Contacts	64.0	64.0	70.0	9.38	67.0	88.0	80.0	67.0	77.0	81.0	70.0
		Referral to 1st Contact (Weeks Average)	6	6	6	6.90	6	5	6	7	7	6	7
		Total Contacts (Domiciliary)	6,104	6,104	4,540	-25.62	440	373	289	392	320	296	4,540
		Total New Referrals	553	553	557	0.72	60	48	40	46	42	33	557
	Paediatric Speech and Language Therapy	Referral to 1st Contact (Weeks Average)	25.8	25.8	26.8	3.88	24.1	24.1	21.9	22.6	18.2	16.1	36.6
		Total Contacts (Domiciliary)	7,796	7,796	11,192	43.56	1,067	1,211	759	1,279	1,016	1,035	11,192
		Total New Referrals	749	749	849	13.35	92	82	58	81	85	73	849

If Plan is <10000	
Green	FOT is <10% above or below plan
Yellow	FOT is 10-20% above or below plan
Red	FOT is >20% below plan
Blue	FOT is >20% above plan
If Plan is >10000	
Green	FOT is <5% above or below plan
Yellow	FOT is 5-10% above or below plan
Red	FOT is >10% below plan
Blue	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					
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100%	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 17 children out of 17 receiving equipment within 18 weeks for quarter 4 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. Third Sector Overview

Quarter 4 Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have continued to increase during Q4, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Some reports for Q4 have been delayed due to the current COVID-19 pandemic and services needing to shift to accommodate the needs of the community

Age Concern – Liverpool & Sefton

The Befriending and Re-ablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. Due to the current COVID-19 pandemic, activity during Q4 has involved Befriending and Re-ablement Officers (BRO's), volunteers and the volunteering Officers telephoning as many past and current clients as possible to ascertain what support they have in place whilst at the same time offering companionship. Where support is needed the team have been signposting on to those able to offer frontline support. Clients are receiving at least one phone call per week that checks on their wellbeing and offers a friendly chat. As a consequence of the current situation April will highlight a significant increase in the number of client/volunteer matches being made, with many volunteers phoning as many as 3 times more clients than they usually visit. During this quarter, 450 people have been supported by a Befriending and Re-ablement officer. Of the new referrals, received in this quarter, 15% were received from local NHS trusts (a decrease of 7% on Q3) no referrals were received from GPs. This is the second quarter in succession to receive a drop in referrals from GPs and NHS Trusts.

The number of active volunteers is currently 105 with 38 volunteers progressing towards becoming active. This equates to a 41% increase on the end of Q3.

Alzheimer's Society

During Q4 the service received 76 new referrals received, referrals have considerably increased during this period by 60%.

During this period the service has been affected by COVID-19 with 5 groups cancelled. There were a total of 19 activity groups in 6 locations delivered throughout Jan -Mar:

9	x	Singing for the Brain, 6 in Southport and 6 in Bootle
2	x	Active & Involved – 2 in Lydiate & 3 in Bootle
9	x	Reading sessions - 4 at the Hope centre in Aintree & 6 at the Salvation Army-Southport

The service has delivered 2 Dementia Support sessions at Blundellsands Surgery and Cumberland House. With agreement from the surgeries the following are now on hold due to lack of referrals; Thornton, 42 Kingsway & Rawson Road. All sessions ceased at GP practices once the COVID-19 lockdown came into effect.

The side by side service made 183 visits to 28 people; the service currently has 31 volunteers. By the beginning of March COVID-19 was already having an impact on the project. All new planned matches were suspended on the 9th March, following national guidance all service users and volunteers were contacted by staff explaining the suspension of all visits.

Citizens Advice Sefton

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q4 31 new referrals were received; 45% were via Mental Health professionals on the ward, 52% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals 61% were recorded as being permanently sick or disabled, 16% are unemployed and a further 16% are currently employed. During the year, the officer based at Clock View Hospital has assisted Sefton patients in applying for various grants, benefits and entitlements totalling £1,125,562.

Crosby Housing and Reablement Team (CHART)

Reports for Q4 have not yet been forwarded to the CCGs due to staff working at home during the COVID-19 Pandemic. The following information was submitted for Q3.

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

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 the service received 8 new referrals. There are 108 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q4 there were 1,157 drop-in contacts (Monday to Friday). The number of contacts at the centre reduced by less than half during March, due to COVID-19. Services at the Bowersdale Centre ceased, centre staff made contact with all service users and their appropriate relatives and/or care providers to offer support, including the provision of a contact telephone number should they experience difficulties or need further advice and guidance.

Imagine independence

During Q4 Imagine Independence carried forward 104 existing cases. A total of 83 were referred via IAPT. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 36 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 47 people in retaining their current employment, and liaised with employers on behalf of clients.

During the COVID-19 pandemic services have ceased, both employment workers are providing employment support to people on their caseloads via telephone, but are not currently receiving referrals from IAPT. Some capacity has been identified within the service to provide telephone support to assist with emotional wellbeing and companionship to vulnerable people within the community; details have been forwarded to Sefton CVS.

Netherton Feelgood Factory

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

Monitoring information has not been received for 2019-20 due to funding and staffing issues. The following update in regard to COVID-19 from the centre has been noted and is currently being acted on.

The service is offering a Community shopping service for vulnerable service users, in addition to this a telephone befriending with some access to counselling is being offered. This is also operational during weekends. The service has also developed a programme of weekly activity packs including local history information, creative writing guidance, puzzles, gardening tips and crafts.

Parenting 2000

During Q4 the service received a total of 129 referrals; these were broken down as 15 adults and 114 children. A total of 40 service users accessed counselling for the first time. Of the 283 appointments available during this period a total of 263 were booked and 220 were actually used. There were 23 cancellations whilst 20 did not attend their scheduled appointment. The current waiting lists stands at 363; this has been discussed with the commissioner of children's services at the CCGs.

The top five referral sources during Q4 were Hospital 22% (Alder Hey & CAMHS), GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% and schools 9%. The referring GP surgeries were recorded as Family Surgery, Ainsdale St Johns, Cumberland House, Norwood Surgery, St Marks, The Village Surgery, Dr Elliot Westway Medical Centre and Crosby Surgery.

Sefton Advocacy

Due to the COVID-19 pandemic, reports detailing Q4 activity have not yet been submitted to the CCGs, Sefton Advocacy are currently working collaboratively with Sefton Carers Centre. Work being undertaken at the moment is mainly via telephone and email, the service has directly contacted all service users and helped with the development of a volunteer shopping project with Sefton CVS. The following information was submitted for Q3.

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

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

Reports so far this year have detailed case outputs resulting in financial outcomes worth a total of £849,125.

Sefton Carers Centre

The total number of Carers supported in this final quarter of the financial year has steadily increased by 1.1 % from the third quarter. There are currently 11,732 carers registered with the centre. There has been steady growth in the number of referrals received from GP practices during this period. This could be attributed to the appointment of 8 Social Prescribing Link Workers in December 2019 that are now working closely with the PCN's to support the health and wellbeing of patients across the borough of Sefton.

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 266 respite hours break to Carers.

The centre has aided a number of carers with applications for various benefits and grants totalling £1,158,037 during the contract year.

Sefton Council for Voluntary Service

Due to the COVID-19 pandemic, activity reports have not yet been submitted by Sefton CVS for Q4. The service are co-ordinating in collaboration with the CCGs the discharge from hospital programme and co-ordinating a large number of volunteers offering befriending telephone calls, shopping services and prescription collection for the most vulnerable and isolated people within the Sefton community.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q4 there were 910 new referrals compared to 523 during Q3 (74% increase) of these 910 referrals, 394 were children under the age of 14. During the period the refuge accommodated 2 women along with 3 children for a period of 4 weeks. Referrals came from various sources; with the top three being self/friend or family 30% police 18%, and CYPS Safeguarding Children 36%.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Reports detailing Q4 activity and information have not yet been submit but the Stroke Association remains committed to patients and have given the following update whilst adjusting to COVID-19 pandemic plans.

- Home, hospital and care home visits have been entirely ceased until further notice.
- Voluntary and service led groups were on hold until 14th April but have now been ceased until further notice.
- We continue to offer telephone based post stroke reviews to areas where we are commissioned to do so – blood pressure testing will not be carried out.
- All of our offices have closed and all staff have moved to home working – our IT systems are working well and we do not anticipate disruption.

The Stroke Association are also working with NHS England and counterparts to ensure all newly diagnosed stroke survivors get support during this unprecedented time.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q4 there were 63 new referrals for counselling services, 13 for the support group and a further 2 for the outreach service and 48 for counselling.

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

Of the 655 counselling sessions available during this period 467 were booked and used, 170 were cancelled by the client and 18 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 2 referrals made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

Macmillan Cancer Support Centre – Southport

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

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

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

During Q4 the centre received 79 new referrals; most were Right by You & GP referrals (21) Aintree UHT (13), Southport & Ormskirk Hospital NHS Trust (9). There were 464 recorded contacts at the centre during the period.

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

The following update in regard to the centre's response to COVID-19 was forwarded:

The current situation and the impact of the pandemic is going to have a significant impact on the Centre and the RBY service. The centre has closed and all staff are currently working from home providing support by telephone. Currently Centre staff are focusing on supporting existing service users, we are identifying service users that we know are particularly vulnerable and making regular calls to them and when appropriate registering them for support.

The Navigators are continuing to process RBY referrals, support Cancer Champions and carry out HNAs where appropriate. The Centre Manager has a weekly phone call with key staff at Aintree and The Royal to get information about the impact on cancer patients and to be updated with any changes for example CNSs being redeployed to other areas. We are already aware that lots of patients are having diagnostics, surgery and treatment postponed or cancelled. It is recognised that some of these patients may need immediate psychological/counselling support. We are working with a number of partners to try and develop a virtual wellbeing service to support these patients.

We are working in a similar way with Southport Hospital. Aintree and The Royal are going to look at referring any patients that haven't already had an HNA into the RBY service which may mean that our workload is increased significantly.

The service recognise that the numbers of patients where immediate concerns need to be addressed will increase significantly, the service will be ensuring that patients that need to shield have the practical support they need in order to do this rather than offering an HNA. In addition the Navigators are already finding that often it isn't appropriate to offer an HNA when people are so worried about the current situation.

The service expects impact within the primary care pathway. This is very unfortunate given that we are so early on in the process of establishing the pathway and have been so successful at getting practices to engage with the RBY service. We are continuing to try and work with practices, although some have already said that they won't be able to continue to send packs out to patients with a new cancer diagnosis.

We will have a better idea of the impact on the RBY service after the next quarter but given that we are already one third of the way through the 12 month service we are very concerned about what we will be able to deliver especially with regards to future sustainability. In terms of sustainability we had hoped to achieve this through the development of Practice Cancer Champions and working with other new roles for example Social Prescribing Link Workers and other wellbeing services. We had started developing these working relationships but won't have the opportunity to take this any further at the current times. Again we are concerned that due to the short term funding of our service we will now struggle to develop any sustainability going forward depending on how long COVID-19 disrupts services

8. Primary Care

8.1 Care Quality Commission (CQC) Inspections

Please note: CQC inspections have been halted due to COVID-19 pandemic.

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 23 – 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

9 CCG Oversight Framework (OF)

9.1 Background

Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.

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).

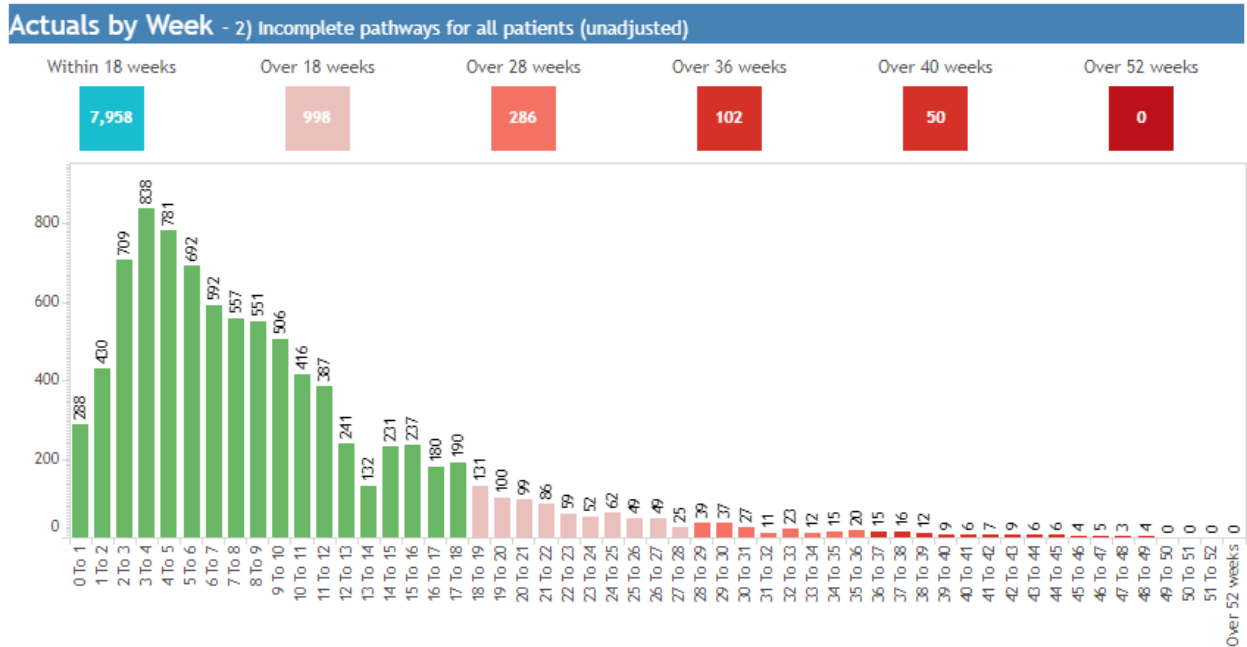
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

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

10 Appendices

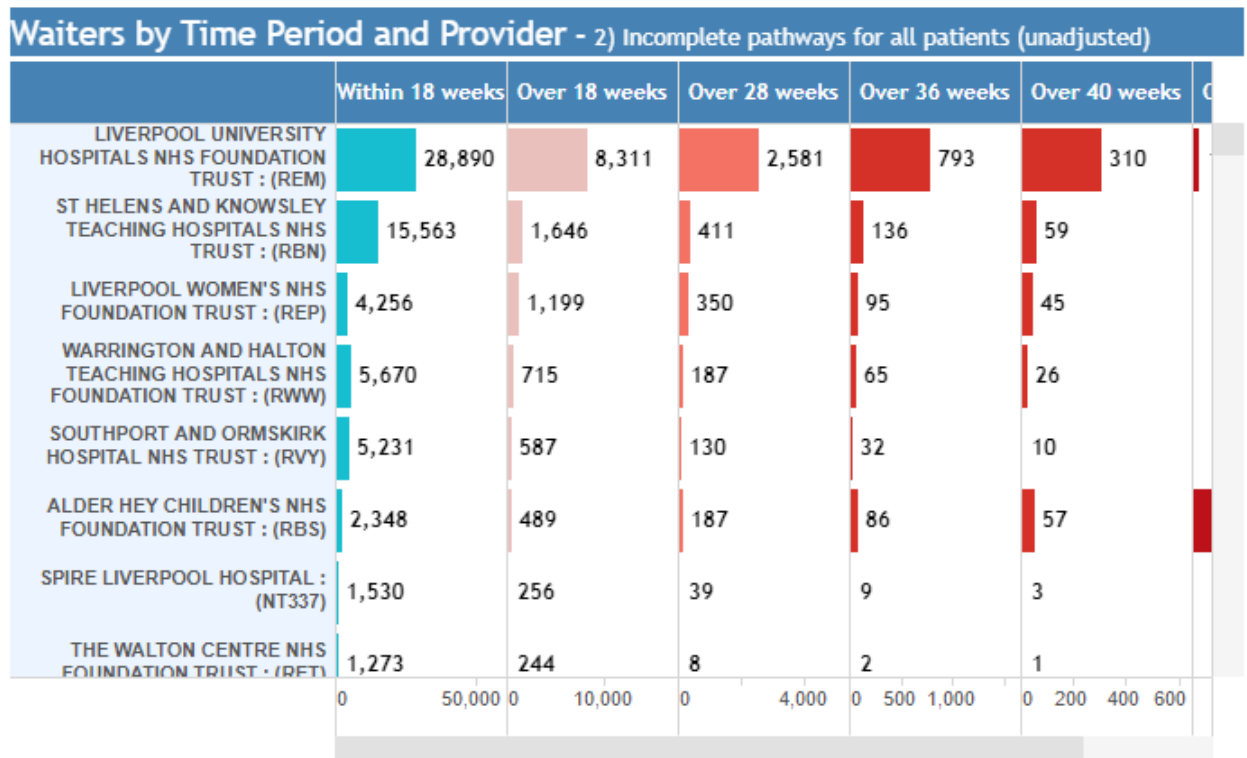
10.1.1 Incomplete Pathway Waiting Times

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



10.1.2 Long Waiters analysis: Top Providers

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



10.1.3 Long waiters analysis: Top 2 Providers split by Specialty

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

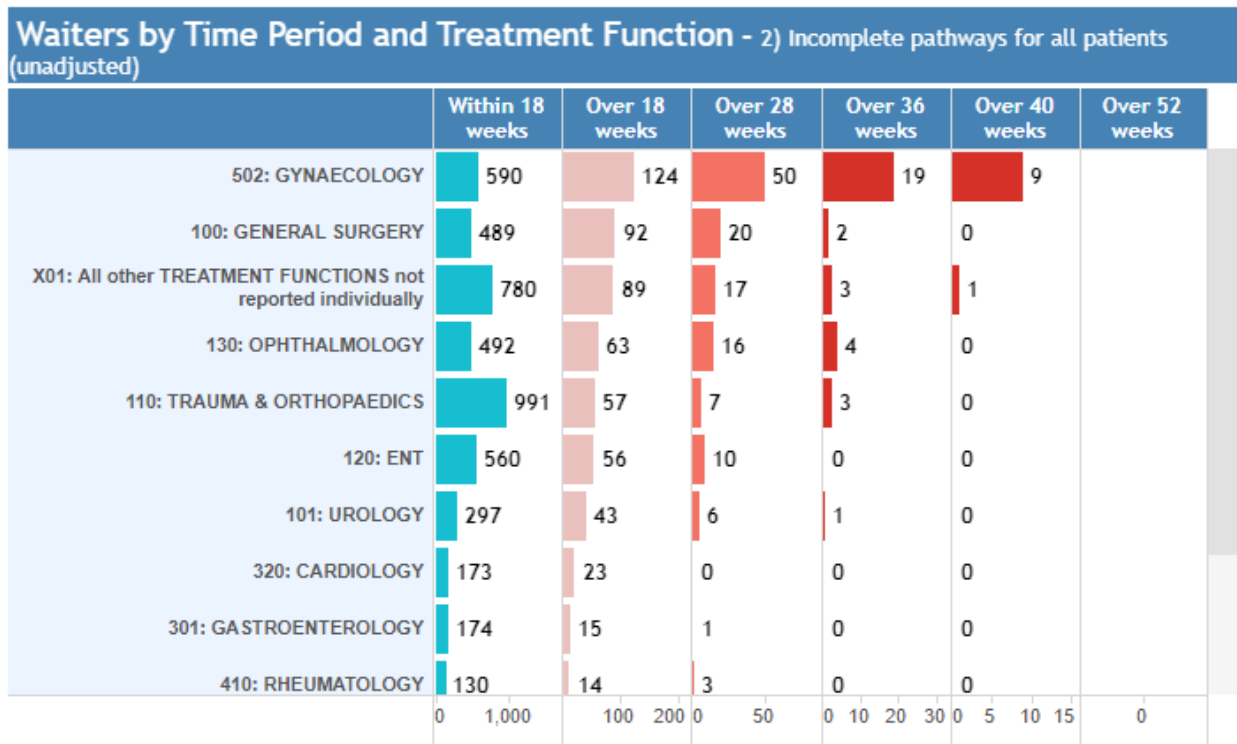
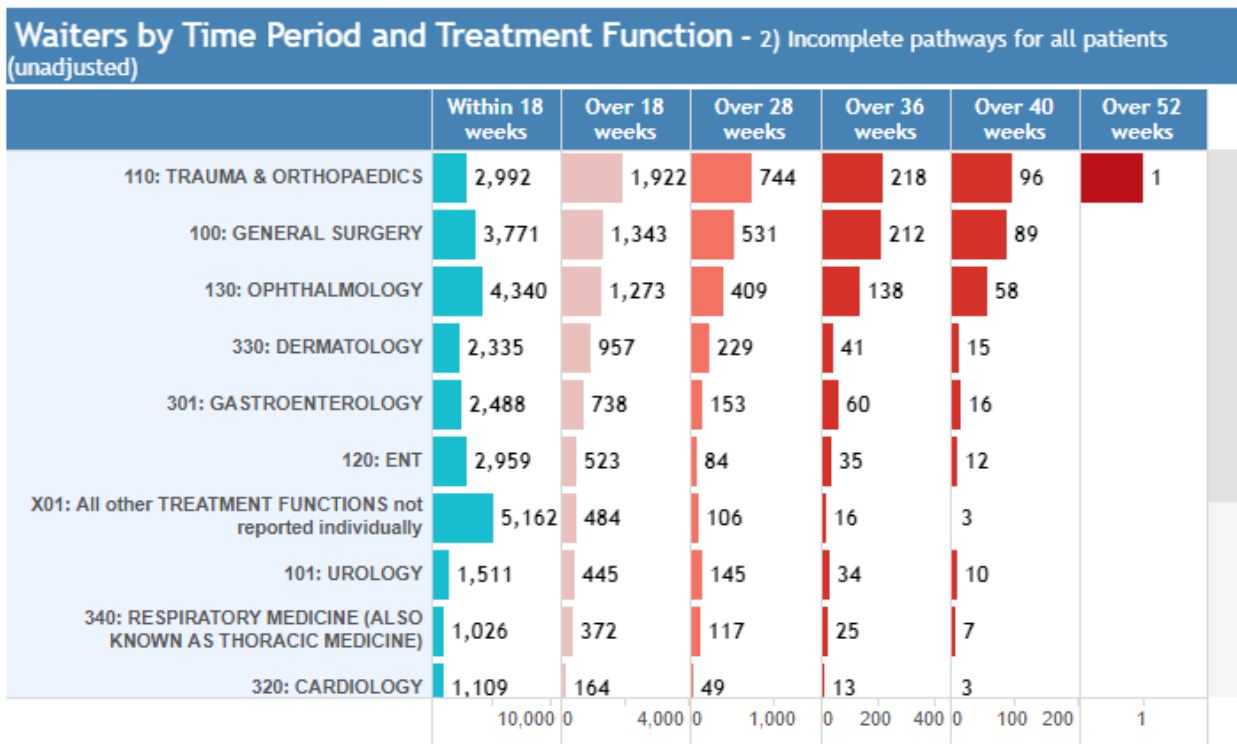
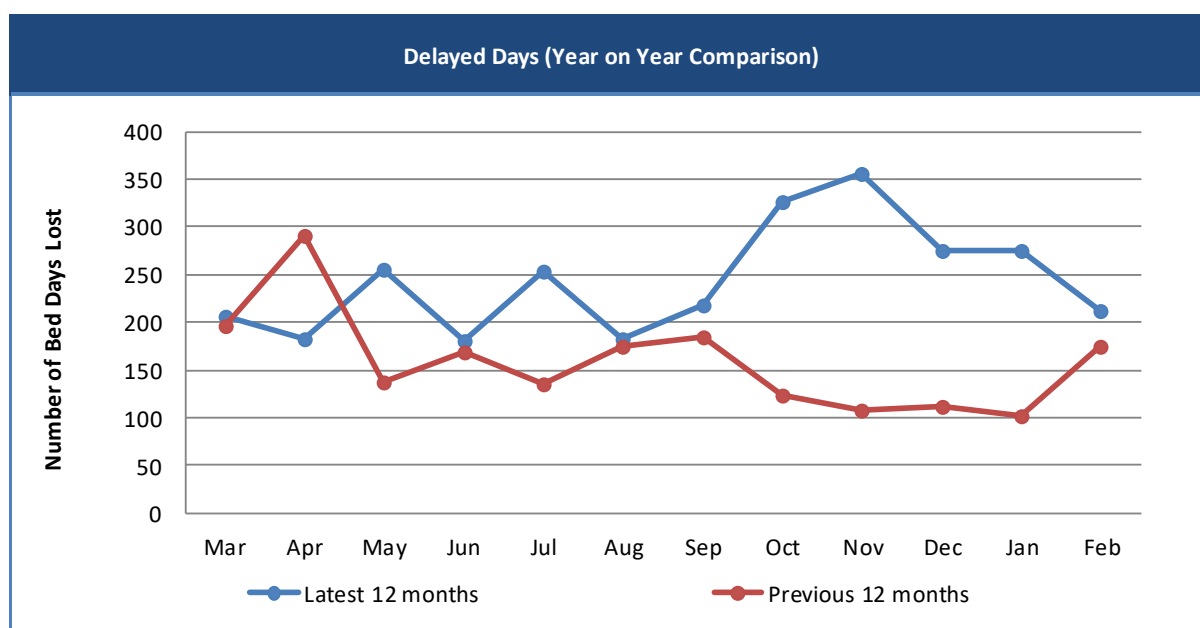


Figure 27 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



10.2 Delayed Transfers of Care

Figure 28 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Feb-20	Jan-20	Feb-19
Total	213	276	175
NHS	98.1%	99.6%	100.0%
Social Care	1.9%	0.4%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Feb-20)	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	
Care Package in Home	5.6%
Community Equipment Adapt	27.7%
Completion Assesment	13.1%
Disputes	0.0%
Further Non-Acute NHS	3.8%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	46.9%
Public Funding	0.0%
Residential Home	2.8%
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.

Q4 BCF is due to be submitted on the 5th June and will be added to a future report.

A summary of the Q3 BCF performance is as follows:

Figure 29 – 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 30 – 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 NAWAS, 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.

10.3 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.

Please note due to the COVID-19 pandemic, there is no update for month 12. This return has been stood down for the foreseeable future.