

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report October 2020

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## Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%	57.6%								57.6%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%	22.17%							
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%	70.53%	77.73%							
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	6	10	17	36	62	85	71							287
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<a href="#">Cancellations for non clinical reasons who are treated within 28 days</a> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	G	G	R	R	R	R						R	
		Actual	2	0	0	4	3	5	4							18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">Urgent Operations cancelled for a 2nd time</a> 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 & Ormskirk Hospital	RAG	G	G	G	G	G	G	G						G	
		Actual	0	0	0	0	0	0	0							0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u><a href="#">% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</a></u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G	G	G	R	R						G	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%	84.81%							93.18%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u><a href="#">% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</a></u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	G	R	R	R	R	G	G						R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%	93.10%							91.89%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u><a href="#">% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</a></u> 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 & Formby CCG	RAG	G	R	R	G	R	R	R						R	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%	93.33%							95.49%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</a></u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G	G	R	G	R	R	G						R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%	100%							92.54%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</a></u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	R	G						R	
		Actual	100%	100%	87.50%	100%	100%	90.48%	100%							96.67%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</a></u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	R	G	G						G	
		Actual	95.24%	100%	100%	100%	93.75%	100%	96.00%							97.86%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u><a href="#">% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</a></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 & Formby CCG	RAG	R	G	R	G	R	R	R						R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%	81.82%	84.09%							82.08%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u><a href="#">% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</a></u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	G		R										R	
		Actual	100%	No pats	0%	No pats	No pats	No pats	No pats							40%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u><a href="#">% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</a></u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG		G	G		G	G							G	
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%	87.50%							86.14%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b><u>4-Hour A&amp;E Waiting Time Target</u></b> % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R	R	R	R						R
Actual		92.74%	95.78%	95.62%	93.27%	89.02%	89.61%	80.47%							90.56%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b><u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available							
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available							
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b><u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R						R
YTD		0	1	1	1	1	1	1							1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R						R
YTD		3	7	12	12	17	19	20							20
Target		3	5	7	9	11	14	16	19	22	25	28	30		30
<b><u>Number of E.Coli</u></b> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R	R	R						R
YTD		4	18	30	38	53	66	77							77
Target		9	18	27	39	48	57	66	75	83	91	100	109		109

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G			G									G	
		Actual	97.3%			97.2%									97.2%	
		Target	95%			95%			95%			95%			95.00%	
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	Southport & Formby CCG	RAG	G			G									G	
		Actual	77.55%			82.5%									80%	
		Target	60%			60%			60%			60%			60%	
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> 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 & Formby CCG	RAG	R	G	G	G	G	R	G						G	
		Actual	37.33%	56.96%	58.56%	55.36%	55.56%	48.7%	50.9%							52.10%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b><u>IAPT Access</u></b> 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 & Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%	0.88%							4.98%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
<b>IAPT Waiting Times - 6 Week Waiters</b> 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 & Formby CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%	98.10%	92.0%							98.61%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> 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 & Formby CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	100%	100%	100%	100%	98.86%	99.05%	98.0%							99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Dementia</b>																
<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	65.2%	63.9%	63.7%	64.0%	64.0%	64.0%	63.5%							64.04%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21											YTD
			Q1			Q2			Q3			Q4		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
<b>Learning Disability Health checks</b>														
<a href="#">No of people who have had their Annual LD Health Check – local data</a>	Southport & Formby CCG	RAG	G			To be updated next month								G
		Actual	19.9%											19.9%
		Target	13.44%			26.28%			52.56%			67%		
<b>Severe Mental Illness - Physical Health Check</b>														
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a> Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R								R
		Actual	32.1%			28.0%								30.1%
		Target	50%			50%			50%			50%		50%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>														
Rolling 12 months														
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a> Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G			R								G
		Actual	17.8%			8.0%								36.5%
		Target	8.75%			8.75%			8.75%			8.75%		35% YTD
<b>Children and Young People with Eating Disorders</b>														
<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) Access Plan 100%, National Target 95%	Southport & Formby CCG	RAG	R			R								R
		Actual	86.7%			96%								91.4%
		Target	100% / 95%			100% / 95%			100% / 95%			100% / 95%		
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) Access Plan 100%, National Target 95%	Southport & Formby CCG	RAG	G			G								G
		Actual	100%			100%								100%
		Target	100% / 95%			100% / 95%			100% / 95%			100% / 95%		
<b>Wheelchairs</b>														
<a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport & Formby CCG	RAG	Data submission paused due to COVID											
		Actual												
		Target	92.00%			92.00%			92.00%			92.00%		92.00%



## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 7 (note: time periods of data are different for each source).

Constitutional Performance for Oct and Q2 2020/21	CCG	S&O
Diagnostics (National Target <1%)	22.17%	17.36%
Referral to Treatment (RTT) (92% Target)	77.73%	81.41%
No of incomplete pathways waiting over 52 weeks	71	35
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	84.09%	84.76%
A&E 4 Hour All Types (National Target 95%)	80.47%	71.97%
A&E 12 Hour Breaches (Zero Tolerance)	-	7
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	74
Ambulance Handovers 60+ mins (Zero Tolerance)	-	13
Stroke (Target 80%)	-	27.80%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q2	98.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q2	85.50%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.88%	-
IAPT Recovery (Target 50%)	50.9%	-
IAPT 6 Weeks (75% Target)	92.0%	-
IAPT 18 Weeks (95% Target)	98.0%	-

### To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

### Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

Southport and Ormskirk trust have continued to deliver routine elective activity throughout the pandemic. A greater proportion of activity is now being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list numbers, but a decline in patients waiting longer than 52

weeks (October has reduced from 85 to 71). These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will return to pre-COVID-19 levels.

Trends show that total secondary care referrals in October have decreased by -2.1% from the previous month.

Referrals have remained below historical levels for a number of months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals. Overall, referrals to Southport Hospital have decreased by -38.4% year to date at month 7.

The CCG failed the less than 1% target for Diagnostics in October, recording 22.17%, a slight improvement compared with September's performance (22.43%). Southport and Ormskirk reported 17.36% compared with 16.52% in September.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in October was 77.73%, an improvement on last month's performance (70.53%). Southport & Ormskirk Hospital reported 81.14% this is also an improvement for the Trust compared with 75.21% in September.

In October, the CCG reported 71 patients waiting over 52 weeks for treatment, an improvement from 85 last month. Southport & Ormskirk Hospital reported 35 over 52 week waiters, compared with 53 reported in September.

For month 7, Southport & Formby CCG are achieving 3 of the cancer measures and Southport & Ormskirk Trust is achieving 2 of the 9 cancer measures. The numbers of patients waiting over 104 days was 6 the same number as last month.

Month 7 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

### **Unplanned Care**

The CCGs performance against the 4-hour target for October reached 80.47% (90.55% year to date), whilst for type 1 activity, performance of 71.97% was reported (87.15% year to date). Southport & Ormskirk Hospital is also under the 95% target reporting 80.79% (90.74% year to date), for type 1 activity, performance of 72.48% (86.85% year to date).

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 has not been met and was adversely impacted upon by COVID which began to affect delivery in Q4 last year, continuing through to Q1 and Q2 this year. The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that North West Ambulance Service (NWAS) needs to meet demand and the targets, including the ratio of Double Crewed Ambulance (DCA) v Rapid Response Vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards. CCG commissioners have been provided with a briefing that was presented to the July meeting of the Cheshire & Mersey UEC Network Board which provides a broader review of NWAS through the pandemic to date outlining key impacts and

lessons learned to inform the future service model. This work is ongoing with no further update provided at this time.

The CCG reported a first case of MRSA in May with no new cases in October. Southport & Ormskirk reported 1 case in April which breaches the zero tolerance threshold for 2020/21.

For *C difficile*, the CCG reported 1 new case of *C difficile* cases in October (20 year to date) against a year to date plan of 16. National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG is measuring performance against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in *E.coli* for 2020/21 and are reporting against last year's target of 109. In October there were 11 cases (77 YTD) against a target of 66. There are no targets set for Trusts at present.

For unplanned care, month 7 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

### **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.88% in October and therefore failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 50.9% in October, which has achieved the 50% target. The CCG's year to date performance remains above the target at 52.1%.

Early Intervention Psychosis (EIP) continues to achieve the threshold of 60%, reporting performance of 80% at the end of September (Q2).

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is in excess of assessment capacity and the Commissioners are considering a business case for investment to address current waiting times. In the interim, the CCG has approved non-recurrent investment so support an waiting list initiative to reduce backlog numbers.

In October the dementia diagnostic measure continues to fall under the 66.7% plan reporting 63.5%, which is a slight reduction compared to September. To note; this target was achieved for Southport & Formby CCG for the whole of 2019/20.

Communication KPI - *All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge.* The Trust (catchment) failed the 95% reporting 88.8% in quarter 2, an improvement on last quarter when 87% was recorded. Southport & Formby CCG achieved 87.5% for this measure.

Communication KPI - *Outpatients all clinic/outpatient correspondence/letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days (excluding weekends and bank holidays).* The Trust (catchment) failed the 95% target reporting 76.5% although this represents an improvement compared to the last quarter when 69.5% was reported. Southport & Formby CCG achieved 76.8% for this measure

Communication KPI - *All patients seen in Out-Patients to have their change in medication or treatment plan communicated to General Practice within 24 hours KPI (excluding weekends and Bank Holidays).* Communication documentation is being electronically constructed. The Trust (catchment) failed the 95% target reporting 55.6% in quarter 1. Out of 9 patients only 5 had their change in medication/treatment plan communicated to general practice within 24 hours an improvement on last quarter when 41.7% was recorded. Southport & Formby CCG achieved 60% (3/5) for this measure.

The Trust reported a sickness absence rate of 7.6% in September compared to 6.4% in August.

## **Community Health Services**

Focus remains on COVID-19 recovery planning, reinstating service provision and understanding service specific issues e.g. staffing, resources, waiting times. Most services are now operating at pre COVID levels and additional capacity has been secured to address winter pressures.

## **Children's Services**

In its ongoing response to the impact of COVID-19, Alder Hey continues to focus on the restoration and recovery of community services and Child and Adolescent Mental Health Services (CAMHS), formally agreeing that no therapy or CAMHS staff will be redeployed to other services in response to the second or future waves of the pandemic. The Trust has increased delivery capacity to achieve pre-COVID levels of activity where possible, focusing specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, the number of CYP waiting over 18 weeks reduced from 68 in September to 38 in October despite the service receiving 52% more referrals. Services continue to carry out local risk assessments and prioritise caseloads and new referrals in accordance with the risk and needs of the child/young person. Since September, therapists have been able to deliver again in school settings, following robust environmental risk assessments.

All community therapy service waiting times achieved the SEND improvement plan targets for the second month in succession.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG has been closely monitoring the plan and the risks associated with the increasing demand for the service and the potential impact on waiting times. Although actions have been progressing in line with the improvement plan and the service is on track to achieve the improvements in waiting times by December 2020, the CCGs have agreed to some additional short term investment to provide service resilience and sustain improvements. This has been made available to Alder Hey and third sector CAMHS providers who will mobilise over the coming months.

The quarterly mental health access data continues to show an improvement on the 2019/20 position and the CCG is on target to exceed the annual access target of 35%. This is in large part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20. There are also plans for third sector provider Parenting 2000 to start to flow their data in Q4 and it is noted that the increase in CAMHS provision and increased mental health provision in response to COVID-19 will also positively impact on access rates.

Whilst the SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD continue to be in line with improvement plans and trajectories, the risks posed by the second wave of COVID-19 on the ability to achieve and sustain the targets have been flagged and are being closely monitored.

## **CCG Peers**

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For Southport & Formby these are Eastbourne, Hailsham & Seaford, Flyde & Wyre, Isle of Wight, Castle Point & Rochford, Wyre Forest, South Eastern Hampshire, Nottingham North & East, South Kent Coast, Nottingham and Fareham & Gosport CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

## 2. Planned Care

### 2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2019/20 Actuals	+/-	%
April	2060	567	-1493	-72.5%	1980	887	-1093	-55.2%	4755	1862	-2893	-60.8%
May	2338	675	-1663	-71.1%	2169	1127	-1042	-48.0%	5319	2201	-3118	-58.6%
June	2018	1035	-983	-48.7%	1897	1642	-255	-13.4%	4610	3098	-1512	-32.8%
July	2391	1341	-1050	-43.9%	2326	1779	-547	-23.5%	5487	3584	-1903	-34.7%
August	1863	1035	-828	-44.4%	2069	1665	-404	-19.5%	4582	3170	-1412	-30.8%
September	1917	1331	-586	-30.6%	2192	1904	-288	-13.1%	4795	3814	-981	-20.5%
October	2187	1445	-742	-33.9%	2215	1709	-506	-22.8%	5275	3732	-1543	-29.3%
November	2205				2079				5051			
December	1644				1805				4066			
January	2169				2242				5165			
February	1917				1983				4650			
March	1369				1622				3610			
Monthly Average	2007	1061	-945	-47.1%	2048	1530	-518	-25.3%	4780	3066	-1715	-35.9%
YTD Total Month 7	14774	7429	-7345	-49.7%	14848	10713	-4135	-27.8%	34823	21461	-13362	-38.4%
Annual/FOT	24078	12735	-11343	-47.1%	24579	18365	-6214	-25.3%	57365	36790	-20575	-35.9%



Figure 1 - Referrals by Source across all providers for 2018/19, 2019/20 & 2020/21





## Month 7 Summary:

- Trends show that total secondary care referrals in October have decreased by -2.1% (-82) from the previous month. Referrals have remained below historical levels for a number of months, which has resulted in a drop in the average number of total, GP and consultant to consultant referrals.
- GP referrals are currently -49.7% down on the equivalent period in the previous year. However, taking into account working days, further analysis has established there have been approximately 5 additional GP referrals per day in October 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -38.4% (-10,225) year to date at month 7.
- Consultant-to-consultant referrals at Southport Hospital are -26.3% (-3,197) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted during 2019/20 as a result of ambulatory care pathways implemented at the Trust.
- Ophthalmology was the highest referred specialty for Southport & Formby CCG in 2019/20. Year to date referrals to this speciality in 2020/21 are approximately -47.5% (-1,275) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 7 of 2020/21 when comparing to the previous month but remain well below historical levels. The largest year to date variance has occurred within routine referrals with a variance of -42.6% (10,245) to the previous year.
- Although there remains a -19.5% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 706 referrals reported in July-20 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery, Dermatology and ENT are responsible for this increase.
- Significant decreases have been evident within key (high volume) specialities such as Gynaecology, ENT, Ophthalmology, Clinical Physiology, Gastroenterology, Urology and Trauma & Orthopaedics.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards; however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in October-20, referrals to Alder Hey are -13.0% (-25) down when comparing to October-19 with Renacres referrals also showing a decrease of -93.2% (-409).

## 2.2 NHS e-Referral Service (e-RS)



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Jun-20	Jul-20	Aug-20	Sep-20		
		53.1%	44.7%	47.3%	57.6%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		92.6%	89.2%	83.9%	84.6%	The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19.	
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Due to the COVID-19 pandemic, providers have been receiving more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data.</li> <li>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. September data shows an overall performance of 66.9% for Southport &amp; Formby CCG, a decline on the previous month (87.1%).</li> <li>ASI number and percentage of ASIs per direct booking for Southport and Ormskirk in September 2020 was 1792 ASIs of 2080 direct bookings, equating to 86% of direct bookings being ASI's. Compared to September 2019, this is a significant increase from 447 ASIs of 3617 direct bookings, equating to 13% of direct bookings being ASI's.</li> <li>This is fully expected during the COVID-19 pandemic, due to the Trust having to try to manage capacity to ensure clinically urgent and long waiter patients take priority.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter 2020/21, however recovery is dependent any second surge of COVID.</li> <li>An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision.</li> <li>This is based on an assumption that elective activity will resume back to near normal levels by winter 2020/21.</li> <li>The System management Group are reviewing the phase 3 recovery, in line with COVID-19 and an expected second surge.</li> <li>Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. Including a focus on use of advice and guidance via ERS.</li> </ul>							
<b>When is performance expected to recover:</b>							
No dates for recover provided.							
<b>Quality:</b>							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available. Additional assurance sort, to ensure all ASI patient recorded on trust 'Patient Tracking Lists' (PTLs).							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		Rob Caudwell			Terry Hill		

## 2.3 Diagnostic Test Waiting Times



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	32.35%	27.02%	22.43%	22.17%	
		S&O	30.20%	22.06%	16.52%	17.36%	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	4.35%	4.51%	3.49%	2.39%	
		S&O	4.09%	3.72%	2.57%	2.16%	
		National Target: less than 1% Yellow denotes achieving 2019/20 improvement plan but not national standard					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>For the CCG, out of 2,296 patients, 509 patients were waiting over 6 weeks, (of those 138 were waiting over 13 weeks) for their diagnostic test. In comparison, October last year had a total waiting list of 2,221 patients, with 53 waiting over 6 weeks (of those 8 were waiting over 13 weeks).</li> <li>The majority of long waiters were for CT (83), neurophysiology (78), gastroscopy (78) and audiology (60) this makes up 59% of the breaches.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 3rd in the rankings (1st being best performing).</li> <li>The Trust saw a small decline in performance in October compared to previous month.</li> <li>New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity.</li> <li>Reduced throughput in theatres a result of new IPC guidance.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going.</li> <li>The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate.</li> <li>System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. Monthly updates on transformation programmes, aimed to improve performance, presented to SMB.</li> <li>Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid).</li> <li>Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.</li> <li>Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy.</li> <li>Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance.</li> <li>Total diagnostic activity levels for Southport &amp; Formby CCG in month 7 are currently below the expected/planned levels as set out in the NHS Phase 3 planning submission. The CCG will continue to monitor diagnostics on a monthly basis for the remainder of 2020/21.</li> <li>CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity.</li> </ul>							
<b>Trust Actions:</b>							
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists.</li> <li>The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements.</li> <li>Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing In a positive way.</li> <li>Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources.</li> </ul>							
<b>When is performance expected to recover:</b>							
No dates for recovery provided.							
<b>Quality:</b>							
No quality concerns raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Martin McDowell		Rob Caudwell		Terry Hill			



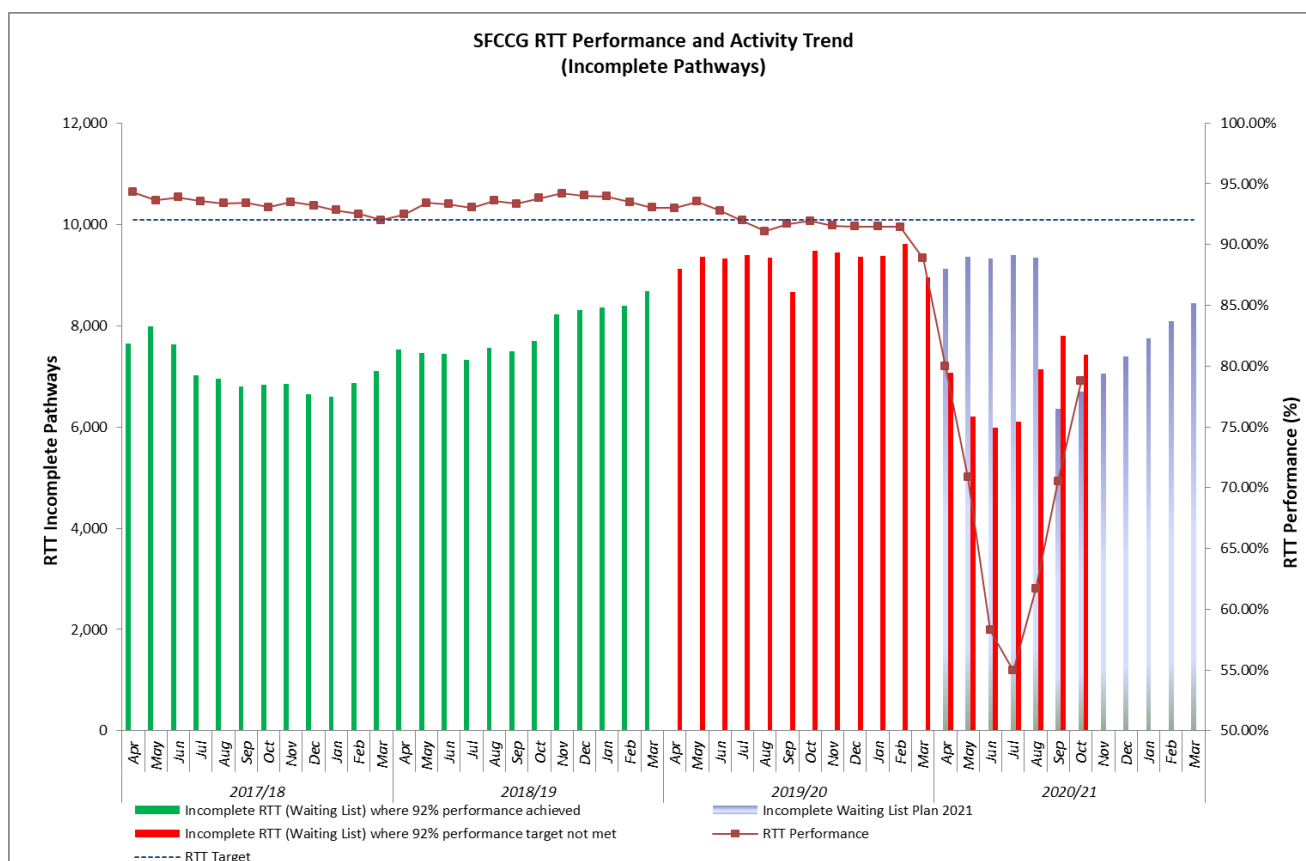
## 2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	54.96%	61.68%	70.53%	77.73%	
		S&O	57.62%	66.04%	75.21%	81.14%	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	92.00%	91.10%	91.71%	91.93%	
		S&O	92.72%	92.57%	93.43%	93.29%	
		Plan: 92%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• October is showing a further improvement in performance after months of decline due to the COVID-19 pandemic.</li> <li>• An issue remains with Gynaecology which has been severely compromised with shortage of the medical workforce reporting 74.1% with 473 breaches, other failing specialities are ENT, Urology, Rheumatology and Ophthalmology.</li> <li>• The number of waiters over 30 weeks is currently 1210 which down from 1450 reported last month.</li> <li>• Measuring against the CCG Peers, Southport &amp; Formby CCG lies 1st in the rankings (best performing).</li> <li>• New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity.</li> <li>• Reduced throughput in theatres a result of new IPC guidance, however Trust endeavouring to maximise its current capacity within current staffing resource, utilising bank staff were available/necessary.</li> <li>• Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week)</li> <li>• Staff vacancy impacting Trusts ability to maximise all theatres.</li> <li>• S&amp;O part of an NHSE staff COVID swabbing initiative for front line staff. Trust will be implementing lateral flow COVID-19 swab tests for all front line staff on a twice weekly basis, from November 2020. It is anticipated that swabbing all front line staff, the resulting positive cases and staff isolating, may impact on the Trusts sickness/absence rates and ability to deliver its elective activity.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>• As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going.</li> <li>• The CCG will agree with NHSE/ I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>• Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers.</li> <li>• System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. Monthly updates on transformation programmes, aimed to improve performance, presented to SMB.</li> <li>• Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs and system PTL/waiting lists.</li> <li>• Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance.</li> <li>• Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.</li> <li>• Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity.</li> <li>• CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity.</li> </ul>							
<b>Trust Actions:</b>							
<ul style="list-style-type: none"> <li>• Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Currently over-performing on current contract. Further work will be undertaken to understand the new 'Increasing capacity framework' (contracting model for IS providers until 31st March 2021), and how the system will utilise independent sector providers to ensure capacity is being fully utilised.</li> <li>• Work is also ongoing with the clinical teams to improve throughput of elective theatres.</li> <li>• Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Rheumatology identified as a pilot service, with initial scoping of the project jointly progressing with CCG colleagues.</li> <li>• Review agency staffing to understand opportunity to open up further theatre capacity.</li> <li>• Review of performance trajectories, and improved productivity.</li> <li>• Increase utilisation of video consultation in line with national expectations.</li> <li>• Trust participating in national work to develop system modelling tool in Ophthalmology.</li> </ul>							
<b>When is performance expected to recover:</b>							
No dates for recovery provided.							
<b>Quality:</b>							
No quality issues raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Martin McDowell		Rob Caudwell		Terry Hill			

## 2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20			Oct-20
		CCG	36	62	85			71
		S&O	12	38	53			35
		Previous year	Jul-19	Aug-19	Sep-19			Oct-19
		CCG	0	0	0			0
		S&O	0	0	0			0
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>• Of the 71 breaches for the CCG, there were 19 at Southport &amp; Ormskirk, 19 at LUHFT and 33 at 12 other Trusts.</li> <li>• Measuring against the plan the CCG are reporting 7 over plan.</li> <li>• Measuring against the CCG Peers, Southport &amp; Formby CCG lies 1st in the rankings (best performing).</li> <li>• Of the 35 breaches at Southport &amp; Ormskirk (catchment), 15 were in Other, 16 in gynaecology, in 2 were in General surgery, 1 urology and 1 in ophthalmology.</li> <li>• Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches.</li> <li>• Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>• Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>• Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised.</li> </ul>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>• The Trust executive lead has escalated to the Hospital cell, the need for a regional approach to sharing of waiting lists to ensure equity of access and to mitigate risk of harm. HCP have proposed, as part of the national waiting list validation exercise to prioritise a system PTL for endo due to the significant backlogs regionally.</li> <li>• Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>• Trust to continue to prioritise clinically urgent patients and focus on long waiters.</li> <li>• Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required.</li> <li>• National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID.</li> </ul>								
<b>When is performance expected to recover:</b>								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity.								
<b>Quality:</b>								
No quality concerns raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Martin McDowell		Rob Caudwell		Terry Hill				

**Figure 2 – CCG RTT Performance & Activity Trend**



**Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways**

**Southport & Formby CCG - new plans**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	9,126	9,367	9,331	9,392	9,337	6,350	6,698	7,046	7,394	7,742	8,090	8,438	8,438
2020/21	7,072	6,204	5,983	6,101	7,135	7,794	7,723						7,723
<b>Difference</b>	<b>-2,054</b>	<b>-3,163</b>	<b>-3,348</b>	<b>-3,291</b>	<b>-2,202</b>	<b>1,444</b>	<b>1,025</b>						<b>-715</b>
52 week waiters - Plan	0	0	0	0	0	52	64	74	84	90	97	104	
52 week waiters - Actual	6	10	17	36	62	85	71						
<b>Difference</b>	<b>6</b>	<b>10</b>	<b>17</b>	<b>36</b>	<b>62</b>	<b>33</b>	<b>7</b>						

**S&O**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	9,903
2020/21	7,603	6,485	6,140	6,463	6,903	7,796	8,105						8,105
<b>Difference</b>	<b>-3,586</b>	<b>-4,757</b>	<b>-4,910</b>	<b>-4,708</b>	<b>-4,138</b>	<b>-3,322</b>	<b>-3,053</b>						<b>-1,798</b>

New plans for incomplete pathways and 52 week waiters have started from September as part of the NHSE phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In October, the CCG is currently over the new plan by over by 1,025 the CCG's main provider Southport & Ormskirk accounts for 53.4% (4,124) of all incomplete pathways in October.

## 2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	262	19	See comments from Trust.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	149	19	See comments from Trust.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	19	7	A Recovery plan had been developed across the Integrated Care System (ICS). Clinical harm reviews are being undertaken by all teams and deep dive reviews of specialities with long waits are being reported to the Safety and Quality Committee. The Trust continues to use the independent sector where appropriate.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	0	5	Awaiting Trust update.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	3	4	Patients continue to exercise their personal choice to delay appointments and treatments and so patient choice as a reason for delaying treatment has increased and this is increasing on a monthly basis. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSI regarding the challenges the Trust is facing in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from the Emergency Care Improvement Support Team (ECIST) in order to gain support and insight into how the Trust can increase productivity.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	13	4	As part of the national recovery phase three response to the pandemic MFT has recently completed a national return setting out our recovery trajectory for 52 week waits and waiting list size. This exercise was undertaken collectively across the organisation to inform a trajectory which is predicated on core capacity and a range of improvement initiatives e.g. use of the independent sector. The Strategic Group have built in support of ringfencing specialist hospital capacity into the MFT second wave escalation plans in order to maximise and maintain as much elective capacity as possible. In addition to this, a weekly group performance meeting has been stood up to provide oversight of achievement. Teams across MFT are now utilising this information in order to support stratification of our waiting lists in line with access policy principles of treating those with the greatest clinical need first, followed by those with the longest wait.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	3	The patients were sent a letter in early July advising that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment. As of 2nd December 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	39	3	The COVID crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. RTT continues to be monitored and long waiters are tracked and discussed in depth at weekly PTL meetings. Activity has recommenced but at a reduced rate due to social distancing requirements, PPE and patient willingness to attend. Urgent patients and long waiters remain the priority patients for surgery.
SPIRE LIVERPOOL HOSPITAL : (NT337)	5	2	Routine electives have recommenced, albeit in a limited capacity with the majority of Spire's theatre capacity being dedicated to the local trust. A recovery plan has been proposed with NHSE with the longest wait patients being coordinated across both sites.
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	4	1	The patient cancelled four times and DNA'd one time. This patient was discharged back to GP on 25/11/2020.
IMPERIAL COLLEGE HEALTHCARE NHS TRUST : (RYJ)	0	1	The procedure was routine and Priority 4, and so was COVID-19 deferred.
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST : (R1K)	0	1	Recovery plans have been implemented across specialties with patients waiting over 52 weeks which cover. There has been a specialty review of all long wait patients in line with the North West London Access Policy. The Trust is transferring suitable activity to community service providers. The Trust is increasing theatre scheduling support through increased bank staffing and temporary staff transfers from outpatient teams. There was a completion of estates works in September to increase the number of surgical inpatient beds. Joint working continue to complete surgical cases with Independent Sector and NHS partners.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	3	1	Salford Royal continues to review all in-patient waiting lists in line with Royal College of Surgeons guidance so that capacity is utilised for the highest priority of patients. The Trust continues to increase on-site theatre capacity. There is continued use of off-site NHS and Independent Sector theatre capacity. The longer term planning continues to further increase theatre capacity, including consideration of 7 day working. Mobile air ventilator units are being installed to increase capacity for aerosol generating procedures. The majority of out-patient services will remain unaffected by the recently announced pause in GM. The focus on virtual consultation continues where possible, with out-patient services seeing an increasing number of routine patients. Day case infusion/procedure capacity is increasing. Local service developments currently being implemented at pace for non-admitted patients are Advice & Guidance (A&G) and Patient Initiated Follow-Up (PIFU).
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	3	1	Arrow Park only patient. The elective ward has been stood down for increased COVID-19 admissions.
Other Trusts	89	0	No Trust Information
	<b>589</b>	<b>71</b>	

### Southport & Ormskirk comments:

There are a number of indicators relating to RTT which are showing negative variation as a result of COVID. Whilst there has been an improvement in October, it may be difficult to maintain this improvement throughout the winter period and it is expected that these will continue to deteriorate until next year before return to expected level. A number of actions are underway; Specialities have recovery plans that are actively managed. Outpatient templates include face to face, telephone and



virtual clinics. Theatre sessions have increased to five from October and operating at Renacres continues. In sourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.

LUHFT comments:










A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD). The largest number of patients in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. Where clinically appropriate, virtual clinics have continued to occur across all specialities and routine appointments are being undertaken. Local Liverpool Specialist Trusts continue to work collaboratively with LUHFT to provide additional theatre capacity during the pandemic.

## 2.5 Cancelled Operations

### 2.5.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		4	3	5	4	
		Jul-19	Aug-19	Sep-19	Oct-19	
		7	2	4	8	
Plan: Zero						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Information provided by the Trust suggests theatre lists running over are the cause for 3 of the cancelled operations, a further cancelled operation was due to a ward bed not being available.</li> <li>Elective recovery performance had dropped a little due to increased COVID pressures, school half term and staff sickness. Bed occupancy has seen an increase as a result of increased pressures from Phase 2 of COVID-19 which is a contrary to what took place during Phase 1. Occupancy is causing a concern when also combined with staff sickness and winter pressures.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<b>CCG Actions:</b>						
<ul style="list-style-type: none"> <li>Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported.</li> </ul>						
<b>Trust Actions:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.</li> <li>Additionally the CCG have been informed that the Trust reviewed opportunities to insourced anaesthetist activity subject to demands/staffing issues resulting from a second surge of COVID-19. 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.</li> <li>Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres.</li> <li>Additional opportunities regarding cessation of acute pain management services to be reviewed to release consultant anaesthetist capacity in conjunction with CCG colleagues.</li> </ul>						
<b>When is performance expected to recover:</b>						
Recovery anticipated next month, however, this is dependent on COVID pressures.						
<b>Quality:</b>						
No quality concerns raised.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Rob Caudwell		Terry Hill		

## 2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	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.	
RAG	Measure		Jul-20	Aug-20	Sep-20	Oct-20			YTD
	2 Week Wait (Target 93%)	CCG	98.04%	93.17%	89.22%	84.81%			93.18%
		S&O	98.64%	92.82%	88.75%	86.50%			93.66%
	2 Week breast (Target 93%)	CCG	90.32%	91.18%	94.44%	93.10%			91.89%
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	98.41%	94.55%	93.15%	93.33%			95.49%
		S&O	94.12%	92.68%	94.55%	96.92%			95.04%
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	90.48%	100%			96.67%
		S&O	100%	0 Pats	0%	100%			50.00%
	31 day subsequent - surgery (Target 94%)	CCG	100%	91.67%	85.71%	100%	92.54%		
		S&O	100%	100%	100%	100%	100%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	93.75%	100%	96%	97.86%		
		S&O	0 Pats	0 Pats	0 Pats	0 Pats	0 Pats		
	62 day standard (Target 85%)	CCG	89.74%	83.33%	81.82%	84.09%	82.08%		
		S&O	85.71%	79.63%	73.12%	84.76%	79.93%		
	62 Day Screening (Target 90%)	CCG	0 Pats	0 Pats	0 Pats	0 Pats	40.00%		
		S&O	0%	0 Pats	100%	0 Pats	77.78%		
	62 Day Upgrade (Local Target 85%)	CCG	100%	83.33%	89.47%	87.50%	86.14%		
		S&O	96.77%	91.43%	80.00%	84.21%	82.95%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>The CCG is achieving 3 of the 9 cancer measures year to date.</li> <li>The Trust is achieving 2 of the 9 cancer measures year to date.</li> <li>Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays.</li> </ul> <p><b>Key points to note:</b></p> <ul style="list-style-type: none"> <li>Urgent suspected cancer referrals remain high at around 8% above pre-pandemic levels.</li> <li>Monthly accountable pathway numbers treated by Southport &amp; Ormskirk on 62 day pathways for October are the highest since the pandemic started (52.5).</li> <li>Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways.</li> <li>Cancer Alliance level reporting shows that phase 3 recovery trajectories are currently being met.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> <li>To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly;</li> <li>To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints;</li> <li>To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe.</li> </ul> <p>A Cancer Alliance level live daily PTL from all providers is being implemented in January 2021. This will facilitate:</p> <ul style="list-style-type: none"> <li>- Direct visibility of patient tracking list (PTL) data for live reporting.</li> <li>- Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.</li> <li>- Predicted performance information.</li> <li>- Proactive rather than reactive management.</li> <li>- Brings together like for like data for Alliances across the North West.</li> <li>- Support to cancer management teams on activity volumes / growth.</li> <li>- Tracking of key issues – such as 104 day breaches.</li> </ul>									
<b>When is performance expected to recover:</b>									
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> <li>Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.</li> <li>Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral.</li> <li>Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.</li> <li>These trajectories are being met at a Cancer Alliance level.</li> </ul>									
<b>Quality:</b>									
<p>The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.</p>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Martin McDowell		Dr Graeme Allan			Sarah McGrath				

## 2.6.1 104+ Day Breaches



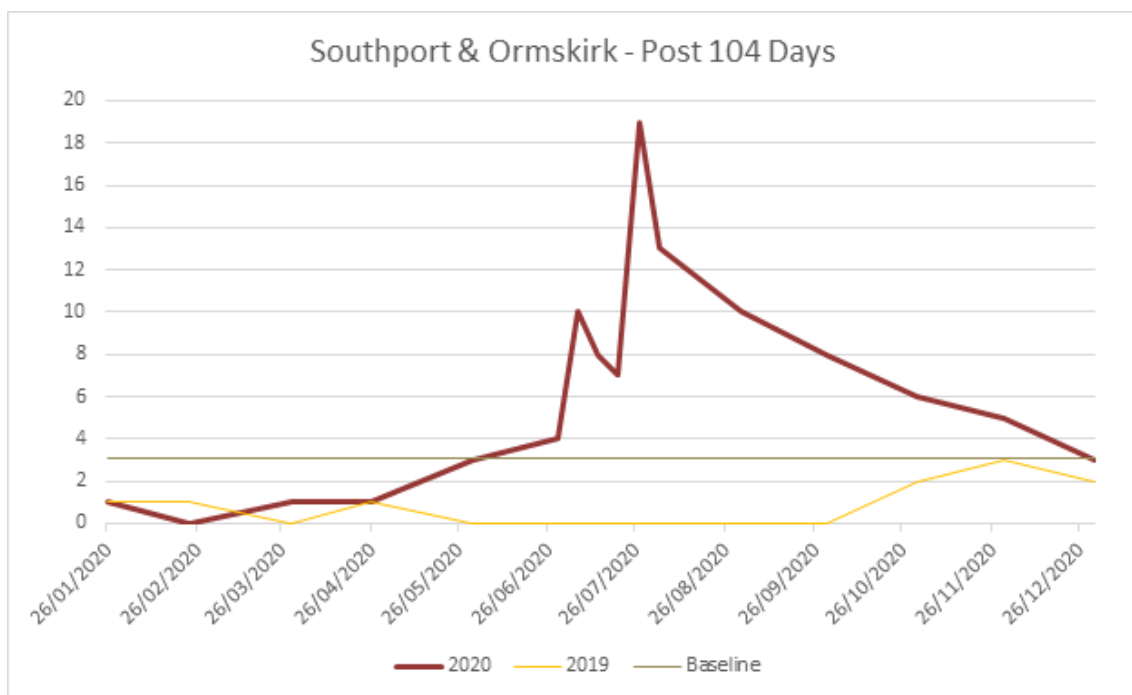
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		2	1	6	6	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Out of the 6 breaches in October there was 1 for urological, 1 lower gastro, 1 gynaecological and 1 other.</li> <li>There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP) when re-established.</li> <li>The average total days waited in October 2020 for patients who had breached 104 days at S&amp;O was 130 days, compared to 171 in September.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.</li> </ul>						
<b>When is performance expected to recover:</b>						
S&O has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is at the trajectory of 6 and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
<b>Quality:</b>						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include: <ul style="list-style-type: none"> <li>Cancer no longer operable.</li> <li>More radical surgery required.</li> <li>Reduced treatment options.</li> <li>Loss of functionality.</li> <li>Prolonged psychological harm.</li> </ul>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

Figure 4 – Southport & Ormskirk Trust 104 Days Trajectory









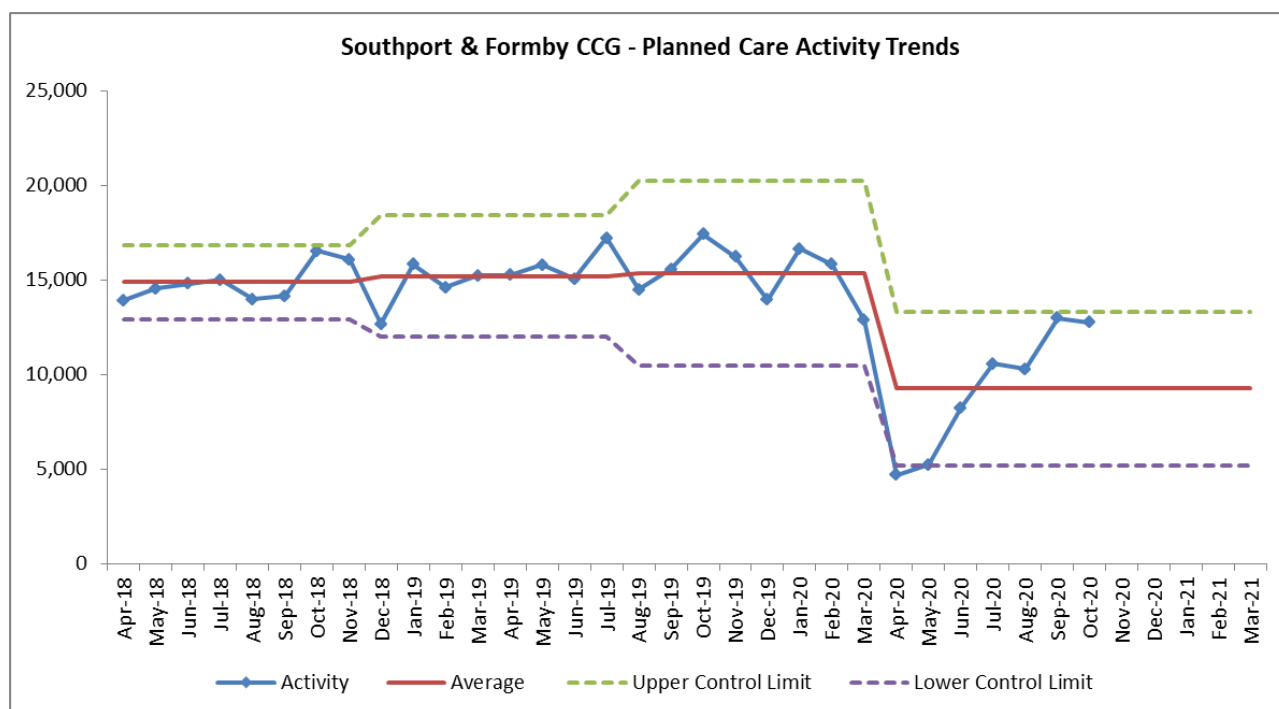
the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Early indications are that the second national lockdown initiated on 5th November has resulted in a further decrease in planned care activity at lead providers for the CCG.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.2m/-50% against plan. Across all providers, Southport & Formby CCG has underperformed by -£10.1m/-42%.

**NB.** Due to the COVID-19 pandemic, a number of month 7 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 7 year to date actuals.

There will be 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.

**Figure 6 - Planned Care Activity Trends**



## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 7 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,615	3,274	-3,341	-51%	£3,515	£1,707	£-1,808	-51%
Elective	630	321	-309	-49%	£1,910	£845	£-1,065	-56%
Elective Excess Bed Days	174	41	-133	-76%	£46	£11	£-35	-76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	530	233	-297	-56%	£107	£49	£-59	-55%
OPFASPCL - Outpatient first attendance single professional consultant led	9,402	5,165	-4,237	-45%	£1,648	£899	£-748	-45%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	508	458	-50	-10%	£57	£54	£-3	-6%
OPFUPSPCL - Outpatient follow up single professional consultant led	26,246	11,971	-14,275	-54%	£2,312	£1,041	£-1,271	-55%
Outpatient Procedure	15,815	7,329	-8,486	-54%	£2,161	£1,106	£-1,055	-49%
Unbundled Diagnostics	7,091	4,809	-2,282	-32%	£670	£479	£-191	-29%
<b>Grand Total</b>	<b>67,011</b>	<b>33,601</b>	<b>-33,410</b>	<b>-50%</b>	<b>£12,426</b>	<b>£6,191</b>	<b>£-6,235</b>	<b>-50%</b>

\*PbR only

Underperformance at Southport & Ormskirk Hospital is evident against all of the (PbR - national tariff) planned care points of delivery with a total variance of -£6.2m/-50% for Southport & Formby CCG at month 7. This is a continuation of the NHS first phase response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -38.4% across all referral sources combined.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, a number of diagnostic scopes have also taken place from June-20 onwards, which suggests some recovery of activity within the Gastroenterology Service.

**NB.** 2020/21 plans were not formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 7 year to date actuals (PbR only).

## 2.7.2 Isight

Figure 8 - 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	975	677	-298	-31%	£541	£289	-£253	-47%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	957	487	-470	-49%	£132	£64	-£68	-51%
OPFUPMPC - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,291	860	-1,431	-62%	£138	£52	-£86	-62%
Outpatient Procedure	1,057	965	-92	-9%	£71	£66	-£6	-8%
<b>Grand Total</b>	<b>5,283</b>	<b>2,989</b>	<b>-2,294</b>	<b>-43%</b>	<b>£882</b>	<b>£470</b>	<b>-£412</b>	<b>-47%</b>

As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. The total cost variance when comparing to the previous year is currently -£412k/-47%. There has been some recovery of activity (including outpatient first appointments and cataract procedures) up to month 7, however, activity during this month remains below 2019/20 averages.

In 2019/20, Isight over performance had previously been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1.



Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes in any future contracts. 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).

**NB.** 2020/21 activity plans were not formally agreed with Isight. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 7 year to date actuals.



### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

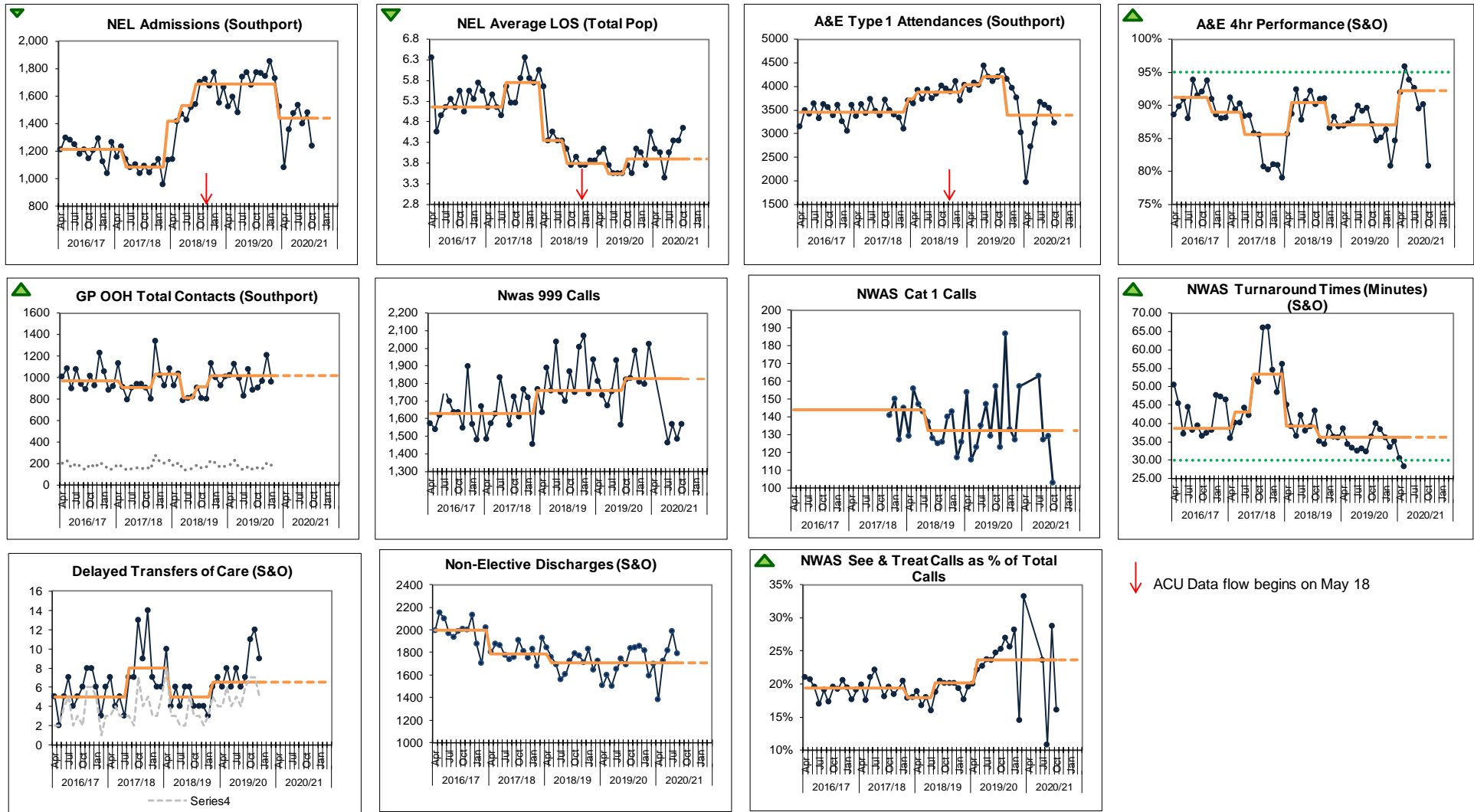
##### 3.1.1 A&E 4 Hour Performance

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		Jul-20	Aug-20	Sep-20	Oct-20	YTD		
		CCG All Types	93.27%	89.02%	89.61%	80.47%	90.56%		
		CCG Type 1	90.26%	83.76%	84.93%	71.97%	87.15%		
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG All Types	88.32%	87.51%	88.46%	85.18%	86.38%		
			Jul-20	Aug-20	Sep-20	Oct-20	YTD		
		S&O All Types	93.35%	88.95%	90.17%	80.79%	90.74%		
	S&O Type 1	90.23%	83.59%	85.69%	72.48%	86.85%			
National Standard: 95% No improvement plans available for 2020/21									
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>October data shows the CCG and Trust remain under the 95% target.</li> <li>In October 2020, the total number of A&amp;E attendances reported for the Trust was 7,818 This shows a small decrease from the 8,692 attendances reported in September; it also represents a decrease on the attendances in October 2019 which was 12,591.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<b>CCG Actions:</b>									
<ul style="list-style-type: none"> <li>NHS 111 first programme on track to meet the deadline for go live in November and the aim is to redirect patients from ED. Data shows that majors attendances are up to pre-COVID levels for October, ED ambulance arrivals remain down from pre covid levels indicating that pressure is from patients self-presenting and so this programme of work should target this cohort.</li> <li>Additional investment has been agreed to support the integrated discharge team and increase therapy provision, the aim is to increase reablement and home first provision and assist with early discharge.</li> <li>Enhanced care home programme has progressed and care home attendances have reduced as a consequence. Weekly meetings continue with geriatrician and palliative care consultant support to assist with education and training needs. Care home forum established and working very well.</li> <li>Urgent care and system winter dashboard developed and available. System analysis and measurement meeting established to monitor effectiveness of winter initiatives.</li> <li>Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly.</li> </ul>									
<b>Trust Actions:</b>									
<ul style="list-style-type: none"> <li>The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement.</li> <li>While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays.</li> </ul>									
<b>When is performance expected to recover:</b>									
Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.									
<b>Quality:</b>									
No quality issues reported.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell			Annette Metzmacher			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	Jul-20	Aug-20	Sep-20	Oct-20		
		0	1	0	7		
		Jul-19	Aug-19	Sep-19	Oct-19		
		4	0	5	27		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Performance has again breached and mitigation is affected by a number of factors: 1. Estate management at A&E in order to flow at risk COVID patients in the department. 2. Holding of patients to be admitted to promote one move to a ward being the right move dependent on COVID status of patient and area classification.							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be treated with a never event whenever feasibly possible.</li> <li>48 hour reviews continue to be completed and the CCG Deputy Chief Nurse has written to the Trust's Chief Operating Officer to ensure CCG are sighted.</li> </ul>							
<b>CCG actions</b>							
<ul style="list-style-type: none"> <li>All breaches to be reported to a single quality mailbox and 48 hr timelines provided.</li> <li>60 day RCA's reviewed as part of the 12 hour breach governance and reporting process to assure that quality and safety maintained.</li> <li>System escalation supported as per protocol.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance recovery is hard to predict due to the second wave of COVID-19.							
<b>Quality:</b>							
No quality issues reported on review with the Trust's Deputy Director of Nursing. Last met November 2020 and Trust managing to avoid corridor care and commence and maintain treatment plans within the department .							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		Annette Metzmacher			Sharon Forrester		



### 3.2 Urgent Care Dashboard



## Definitions



Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Go to Doc Out of Hours Activity	Total contacts to the Southport and Formby out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWS 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.
NWS 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.
NWS 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.
NWS 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 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly 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.
<b>RED</b>	<b>TREND</b>	Category	Target	August	Sept	Oct		
		Cat 1 mean	<=7 mins	00:08:20	00:07:54	00:08:13		
		Cat 1 90th Percentile	<=15 mins	00:18:03	00:15:01	00:15:32		
		Cat 2 mean	<=18 mins	00:32:25	00:34:47	00:41:33		
		Cat 2 90th Percentile	<=40 mins	01:15:34	01:21:13	01:31:06		
		Cat 3 90th Percentile	<=120 mins	02:52:58	03:14:48	04:18:18		
Cat 4 90th Percentile	<=180 mins	03:46:10	04:10:20	07:07:08				
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The original target was to meet all of the ARP standards by end of Q 20/21. This has not been met due to COVID impact which began to hit service delivery in Q4 19/20 and then all the way through Q1 20/21 and continuing into Q2 20/21.</li> <li>Whilst targets not met in full it shows improvement with close to achievement of Category 1 target.</li> <li>There is deterioration on C2 and 3 response times but with more significant worsening against target of C4 response time.</li> <li>NWAS performance has been affected by workforce issues related to track and trace and required contact isolation within has reduced number of vehicles available to respond to calls.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
The following actions are part of an ongoing programme of work: <ul style="list-style-type: none"> <li><b>NWAS recovery plan:</b> Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date.</li> <li><b>Integrated UEC:</b> Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability.</li> <li><b>Patient Transport Service (PTS) redesign:</b> Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings.</li> <li>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right all at the right time. Latest data shows around 74% of incidents have avoided A&amp;E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes.</li> </ul>								
<b>When is performance expected to recover:</b>								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
<b>Quality:</b>								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell		Annette Metzmacher			Sharon Forrester			





### 3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)  b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Aug-20	Sep-20	Oct-20		
		(a) 30-60 mins	37	20	74		
		(b) 60+ mins	16	2	13		
		Indicator	Aug-19	Sep-19	Sep-19		
		(a) 30-60 mins	111	88	168		
		(b) 60+ mins	15	21	37		
Plan: Zero							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The A&amp;E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times.</li> <li>Ambulance handovers have shown a decline in October after the initial improvement recently although not enough to get close to the challenging zero target.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Clinically led non elective demand management meetings commenced on weekly basis.</li> <li>Trust have introduced direct access for NWS to ambulatory care and same day emergency care.</li> <li>Early implementation of the NHS 111 first programme to reduce attendances and reduce overcrowding in ED.</li> <li>Patients streamed at triage to ensure flow within the ED department.</li> <li>Nurse led ambulance holding bay in situ to enable clearance of NWS crew.</li> <li>As part of NWS Command and Control staff services have been redeployed to focus on urgent response, which has resulted in capacity being increased with their vehicles and staff.</li> <li>Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery had show improvements in recent months but continued recovery is hard to predict due to the second wave of COVID-19.							
<b>Quality:</b>							
Performance has improved due to redirection of resource within NWS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

## 3.5 Unplanned Care Quality Indicators



### 3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors	
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20			
		a)	65.8%	78.0%	89.3%			27.8%
		b)	100.0%	No patients	60.0%			No patients
		Previous year	Jul-19	Aug-19	Sep-19			Sep-19
		a)	88.0%	73.3%	75.0%			94.1%
		b)	12.5%	14.3%	6.3%			5.6%
Stroke Plan: 80% TIA Plan: 60%								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>COVID has had an impact on ability to care for patients for more than 90% of their stay on a stroke unit, but October saw a decline.</li> <li>Only 5 out of the 18 patients spent more than 90% of their hospital stay on a stroke unit in October.</li> <li>In October there was a loss of a dedicated stroke ward due to COVID-19. All breaches were due to patients not being admitted to this Acute Stroke Ward.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>Through COVID-19 and recovery, the Trust continues to do its utmost to support Stroke pathways.</li> <li>The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway, however, the second surge of COVID-19 has had a significant impact on ability to manage pts in acute stroke beds and at one point the ward was closed due to COVID, reopening on 4.11.20.</li> <li>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.</li> <li>The Emergency Department (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.</li> </ul>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>The extensive work of the Merseyside Stroke Board is currently being reinvigorated following the first surge of COVID. Pre-Consultation Business Case will come to stakeholders for sign off although the clinical sensate which had been rearranged for October has been cancelled again.</li> <li>Further work is being done to consider the use of the Walton centre for stroke case during COVID in assessing benefits and whether there is a role for the centre in a different manner than originally perceived.</li> <li>The Early Supported Discharge (ESD) service is now staffed and the CCG are working with WLCCG to assess the viability of commissioning a joint service to support the gaps in provision Lancashire. The CCG will be discussing with LSCFT and the outcomes during the COVID period to consider any alternatives in future. This will need to be picked up as part of the community bed provision work.</li> <li>SFCCG is working with the trust to develop a business case for continuation of Early Supported Discharge (ESD) services based on reduction in bed days and potential additionality to support transfers with 2 which have been occurring during the COVID period. The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme.</li> </ul>								
<b>When is performance expected to recover:</b>								
Unknown due to COVID impact above.								
<b>Quality:</b>								
No quality issues reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Martin McDowell		Vacant		Billie Dodd				



### 3.5.2 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)						
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20		
		CCG	1	1	1	1	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
		S&O	1	1	1	1		
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	0	2	2	2		
		S&O	0	1	1	1		
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The CCG and Trust have failed the target for 2020/21.</li> <li>No new cases reported in October.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies joint 2nd in the rankings (1st being best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>A full root cause analysis (RCA) was completed and lessons learnt and outcomes will be reported through the Infection Control Assurance Committee at the Trust.</li> <li>As with all the Infection Prevention Control (IPC) indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus.</li> </ul>								
<b>When is performance expected to recover:</b>								
As a zero tolerance target, the performance will not recover for 2020/21.								
<b>Quality:</b>								
The October Contract and Clinical Quality Review Meeting (CCQRM) infection prevention control was due to be discussed in detail but due to National scrutiny this will be delayed until November.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Brendan Prescott			Doug Callow			Jennifer Piet		

### 3.5.3 Healthcare associated infections (HCA): 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)					<p><b>2020/21 Plans</b> No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: &lt;= 30 YTD Trust: &lt;= 16 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust</p>
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	12	17	19	20	
		S&O	12	15	15	16	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	10	13	16	22	
		S&O	10	13	14	20	
CCG - Actual 20 YTD - Target 16 YTD S&O - Actual 16 YTD - Target 10 YTD							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 1st in the rankings (best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
Infection control panels meet monthly and are chaired by the Director of Infection Prevention Control will be critical in 2020/21 and will provide further assurance.							
<b>When is performance expected to recover:</b>							
Recovery of the numbers has started to occur and noted in month 7.							
<b>Quality:</b>							
The October Contract and Clinical Quality Review Meeting (CCQRM) Infection Prevention Control was due to be discussed in detail but due to National scrutiny this will be delayed until November.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.5.4 Healthcare associated infections (HCAI): 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)					<b>2020/21 Interim Plan:</b> <= 109 YTD <i>There are no Trust plans at present numbers for information</i>	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
RED	TREND		Jul-20	Aug-20	Sep-20	Oct-20		
		CCG	38	53	66	77		
		S&O	55	79	100	116		
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	55	70	78	98		
		S&O	6	11	129	156		
CCG - Actual 77 YTD - Target 66 YTD								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 109.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 3rd in the rankings (1st being best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident.</li> <li>Further work with any Structured Judgement Reviews (SJRs) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learnt on a Cheshire and Merseyside basis.</li> </ul>								
<b>When is performance expected to recover:</b>								
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.								
<b>Quality:</b>								
The first North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow			Jennifer Piet			

### 3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 9 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	October 2020	100	80.9	↑
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	103.9	↑

HSMR is higher than reported last month at 80.9 (with last month reporting 79.6) and still shows a continued trend of improving performance with 12 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 the Trust is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

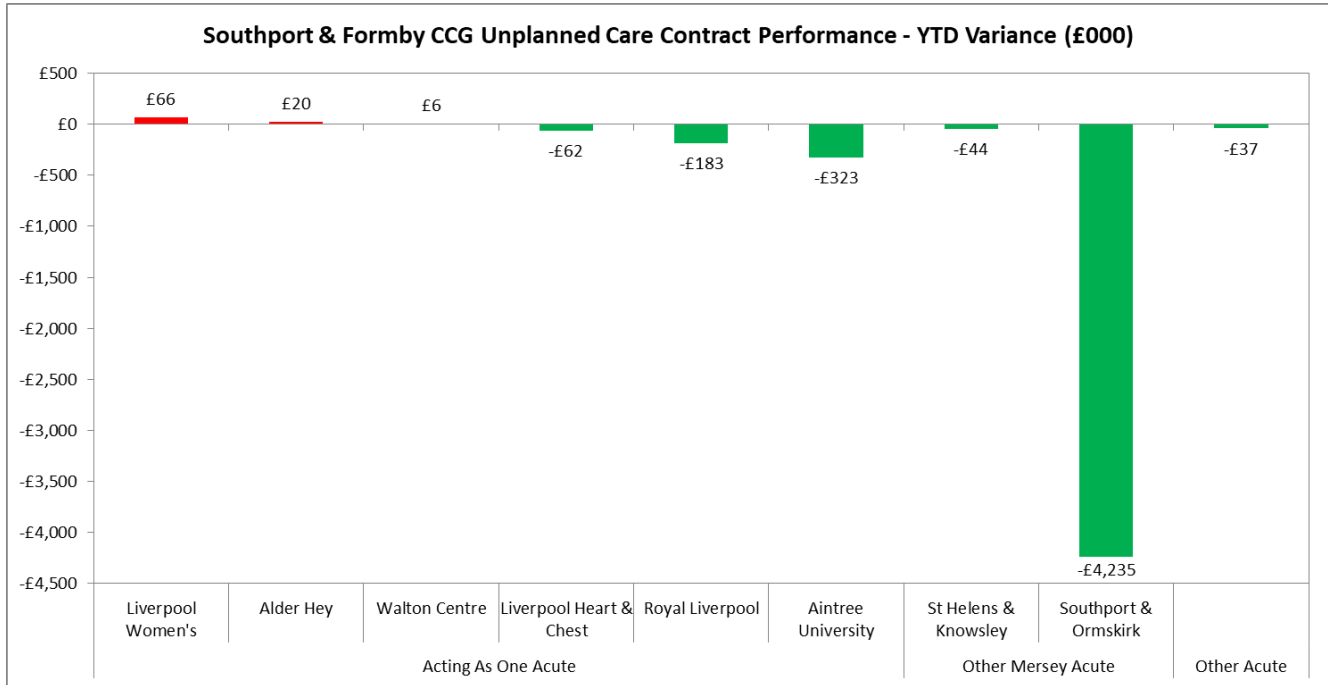
SHMI performance is within tolerance and statistical norms at 103.9. SHMI is risk adjusted mortality ratio based on number of expected deaths. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was

'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

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

#### 3.6.1 All Providers

Figure 10 - Unplanned Care – All Providers



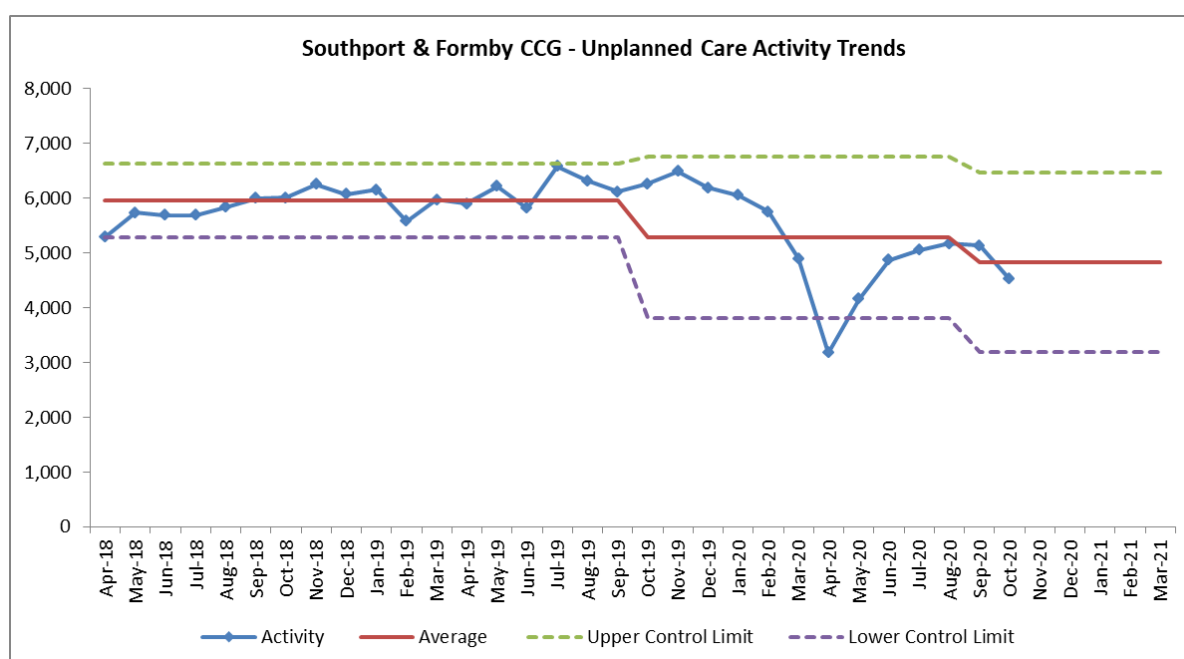
Month 7 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. Further increases in activity levels were anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Early indications are that the second national lockdown initiated on 5th November 2020 has resulted in a further decrease in unplanned care activity at lead providers for the CCG.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£4.2m/-17% against plan. Across all providers, Southport & Formby CCG has underperformed by -£4.7m/-16.7%.

**NB.** Due to the COVID-19 pandemic, a number of month 7 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have not been formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 7 year to date actuals.

There will be 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.

**Figure 11 - Unplanned Care Activity Trends**



### 3.6.2 Southport & Ormskirk Hospital NHS Trust

**Figure 12 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust**

	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
<b>S&amp;O Hospital Unplanned Care*</b>								
A and E	26,133	19,669	-6,464	-25%	£4,318	£3,370	£-948	-22%
NEL - Non Elective	8,299	6,690	-1,609	-19%	£17,865	£15,373	£-2,492	-14%
NELNE - Non Elective Non-Emergency	607	531	-76	-13%	£1,343	£1,330	£-13	-1%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	38	26	-12	-32%	£12	£1	£-11	-88%
NELST - Non Elective Short Stay	1,975	1,190	-785	-40%	£1,399	£875	£-524	-37%
NELXBD - Non Elective Excess Bed Day	1,822	813	-1,009	-55%	£466	£219	£-247	-53%
<b>Grand Total</b>	<b>38,874</b>	<b>28,919</b>	<b>-9,955</b>	<b>-26%</b>	<b>£25,404</b>	<b>£21,169</b>	<b>£-4,235</b>	<b>-17%</b>

\*exclude ambulatory emergency care POD

Underperformance at Southport & Ormskirk Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£4.2m/-17% for Southport & Formby CCG at month 7. The largest activity reductions have occurred within A&E type 1 with a variance of -6,464k/-21%. This can be attributed in large to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23<sup>rd</sup> March 2020. Attendances increased for four consecutive months up to August-20 followed by decreases in the months following with attendances remaining below historical levels. Non-elective admissions also decreased during October 2020 to the second lowest monthly total of the last two years for Southport & Formby CCG at Southport Hospital.



There has been a decline in performance as the Trust has sustained pressure since late September due to the second wave of COVID-19. On the 14th October 2020 the North West was placed in Tier 3 lockdown ahead of the national lockdown on 5<sup>th</sup> November 2020. The Southport site has suffered multiple COVID outbreaks resulting in bed closures and ward closure; this has severely hampered

flow through the hospital. A number of initiatives continue to be progressed to improve ED performance and improve overall patient experience in the department. The Emergency Village offering Same Day Emergency Care (SDEC) is opened on 14<sup>th</sup> October 2020 offering CDU, expanded ambulatory emergency care, minor injuries and DVT. As a consequence of the new pathway, services are allowed to process emergency patients within the same day as an alternative to hospital admission.

**NB.** 2020/21 activity plans have not been formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 7 year to date actuals.

## 4. Mental Health



### 4.1.1 Eating Disorder Service (EDS)

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		25.88%	31.61%	35.71%	30.77%	
		Jul-19	Aug-19	Sep-19	Oct-19	
		42.86%	80.00%	50.00%	77.78%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place.</li> <li>• Out of a potential 26 Service Users, 8 started treatment within the 18 week target (30.77%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> <li>• Comparing to last year there has been a decline of 47.01%.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
<ul style="list-style-type: none"> <li>• Due to COVID-19 the service has adapted its model.</li> <li>• Group therapy using ZOOM has been established</li> <li>• A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list.</li> <li>• Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere.</li> <li>• A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal with meeting arranged for 16th December 2020.</li> <li>• A second post has been advertised in addition to 2 fixed term CBT therapy posts (1 recruited to).</li> <li>• Eating Disorders is also being considered as part of the overall Strategic Plan around the Community Transformation Programme with the STP. The provider is developing a service proposal for a NICE compliant service for consideration by Sefton and Liverpool commissioners.</li> </ul>						
<b>When is performance expected to recover:</b>						
Quarter 3 onwards.						
<b>Quality:</b>						
It is a longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		





## 4.2 Cheshire & Wirral Partnership (Adult)



### 4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				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	Jul-20	Aug-20	Sep-20	Oct-20		
		0.73%	0.72%	0.89%	0.88%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		0.97%	0.91%	0.89%	1.29%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold.</li> <li>Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19.</li> <li>The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. The incoming provider is mobilising in preparation for delivering the new service from 1st January 2021.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues have been reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



### 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20		
		55.4%	55.6%	48.7%	50.9%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		50.6%	43.6%	45.6%	45.7%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Recovery rate saw an improvement of 2.2% in October from previous month and is achieving the target.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery has been achieved.							
<b>Quality:</b>							
No quality issues have been reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

### 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20		
		64.0%	64.0%	64.0%	63.5%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		68.3%	68.3%	68.4%	66.6%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts.</li> <li>Compared to last year the measure has declined by 3.1%.</li> <li>Measuring against the CCG Peer CCGs, Southport &amp; Formby CCG lies 2nd in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</li> <li>The commissioned voluntary sector in Sefton are providing telephone support to all know clients which includes people with dementia, cognitive impairment and their carers.</li> <li>Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Hilal Mulla			Kevin Thorne		

## 4.4 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				123g	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	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.	
		34.2%	38.1%	32.1%	28.0%		
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		18.7%	25.7%	26.4%	25.5%		
		Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>In Quarter 2 of 20/21, 28.0% of the 1,477 of people on the GP SMI register in Southport &amp; Formby CCG (414) received a comprehensive health check.</li> <li>COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Action plan developed which focuses on the following:</b>							
<ul style="list-style-type: none"> <li>Revised LQC scheme in place which highlights the correct template to use for data collection.</li> <li>Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes.</li> <li>Increased awareness of the scheme amongst practices.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance should improve in Quarter 3 2020/21 onwards.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

## **5. Community Health**

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

Focus remains on COVID-19 recovery planning, reinstating service provision and understanding service specific issues e.g. staffing, resources, waiting times. Most services are now operating at pre COVID levels and recruitment has been successful with additional Winter funding.

Some service provision has been extended into the evenings and weekends to address some of the backlog i.e. treatment room services and phlebotomy.

There has been significant pressure within the district nursing services due to an increase in end of life care provision and additional funding has been given to increase capacity

There are additional pressures within the leadership team as the incumbent provider prepares for demobilisation of the contract.

#### **5.1.1 Quality**

Lancashire and South Cumbria NHS Foundation Trust have begun the process of providing documented with further assurance obtained through the monthly operational meeting and also the Contract and Clinical Quality Review Meeting (CCQRM).

### **5.2 Any Qualified Provider (AQP)**



In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification at the present time due to COVID-19. Merseyside CCGs are being asked to continue with the existing commissioning and contract arrangements in 2021/22.

Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is below the levels from last year.



## 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		Previous 2 quarters, latest and rolling 12 month				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
<b>GREEN</b>	<b>TREND</b>	Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		5.9%	17.8%	8.0%	36.5%	
		Q4 18/19	Q1 19/20	Q2 19/20	Rolling 12 Mth Rate	
		6.1%	17.0%	5.6%	34.0%	
Annual Access Plan: 35% (RAG and Trend on Q1 data)						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Quarter 2 data shows a deterioration on Quarter 1 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target.</li> <li>The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment.</li> <li>The start of the Venus and Kooth data flows have continued to have a positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year.</li> <li>As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4.</li> <li>The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years.</li> <li>It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate.</li> <li>In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on track to exceed the 35% access plan.						
<b>Quality:</b>						
There are no identified quality issues.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



## 6.1.2 Waiting times for Routine/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 (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Performance in this category is calculated against completed pathways only.</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>	
RED	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		82.6%	89.3%	86.7%	96.0%		
Access Plan: 100% National standard 95%				Q3 18/19	Q4 18/19		Q1 19/20
		85.2%	84.0%	95.2%	84.6%		
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>As the service has relatively small numbers breaches have a large impact on performance. There was just 1 breach out of 25 routine referrals in Q2.</li> <li>The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).</li> <li>Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments has been confirmed and the CCG is currently in negotiations with AHCH about the additional capacity to be provided and is agreeing a trajectory for planned increase in activity for 2020/21.</li> <li>The increase in demand for the Eating Disorders Service as a result of COVID-19 is being addressed in the Trust's recovery plans.</li> </ul>							
<b>When is performance expected to recover:</b>							
Despite COVID-19 challenges, the Trust is continuing with recruitment and is in the process of developing its COVID-19 recovery plans.							
<b>Quality:</b>							
The CCG is seeking confirmation on quality issues.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			



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				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Performance in this category is calculated against completed pathways only.</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>	
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		75.0%	100.0%	100.0%	100.0%		
Access Plan: 100% National standard 95%				Q3 18/19	Q4 18/19		Q1 19/20
		66.7%	50.0%	75.0%	75.0%		
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Achieved the target.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Not required due to achievement of the target.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance on target.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			



## 6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul> <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		95.0%	95.0%	96.0%	93.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>In October 93% of ASD assessments started within 12 weeks of referral, a slight deterioration in compliance compared to previous months but remaining within the planned target</li> <li>There were 233 open pathways in October and 17 patients who had not started their ASD assessment within 12 weeks</li> <li>At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in September (Q2) stood at 558 which is ahead of the waiting list management plan. This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog.</li> <li>There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory.</li> <li>There have been 272 referrals in total to the pathway since April.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul>
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		100%	100%	100%	99%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>99% of ASD assessments were completed within the 30 week target, which exceeds the planned target of 90%.</li> <li>The longest wait in October was 31 weeks which increased from that of 27 weeks in September.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>There is 1 CYP currently at 31 weeks who is waiting for an additional community paediatric review before the multi-disciplinary team (MDT) can conclude the assessment (all other information is received).</li> <li>In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.1.4 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> <li>• Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.</li> <li>• For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		88%	81%	89%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• In October 100% of ADHD assessments started within 12 weeks of referral, an improvement in compliance compared to previous months.</li> <li>• There was an increase in referrals in October: 15 referrals were received compared to 10 in September</li> <li>• At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in September (Q2) was reported as 258, which is ahead of the waiting list management plan. This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance has been achieved in October.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> </ul>
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		100%	100%	100%	98%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 98% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90%</li> <li>• There was 1 young person waiting over 30 week. This was due to the delay in the return of the parent questionnaire required to complete the assessment.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• It is anticipated that new referral forms and ongoing engagement with parents and schools will support improvements in the timeliness of the return of information required for assessments.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		





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

### 6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		75.5%	72.4%	86.9%	93.2%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard.</li> <li>The number of referrals continue to increase, which provides an additional challenge to the service, however, this will continue to be monitored.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard - the target which due to be achieved by September 2020 was narrowly missed, however, it was achieved in October. The plan also highlights a second scenario: if referrals increase by 15% then recovery and performance will be impacted; the CCG is closely monitoring referral rates and associated risks.</li> <li>Given the increase in demand for the service and the impact of the second of wave of COVID-19 on staff absence, the CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. This additional resource is expected to commence in January 2021.</li> <li>The trust has introduced a new "COVID support team" which will commence in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> <li>The service continues to monitor referral rates and manage urgent versus routine demand.</li> </ul>						
<b>When is performance expected to recover:</b>						
The 92% target was achieved in October, however, this will continue to be closely monitored given the demand for the service and the impact of the pandemic.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		40.0%	36.0%	63.6%	62.5%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• There has been a small deterioration in performance in October, however, this is still a significant improvement compared to previous months this year.</li> <li>• There continues to be an increase in demand for the service which is being closely monitored by the CCG.</li> <li>• It is expected that waiting times to partnership will continue to improve over the coming months.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is monitoring the plan and reviewing associated risks.</li> <li>• The increase in service capacity continues as all staff redeployed to the 24/7 crisis service were returned to the service in September; additional capacity was also continued through agency staff and staff from the existing workforce.</li> <li>• Given the increase in demand for the service and the potential impact of the second of wave of Covid-19 on staff absence, the CCG has agreed additional short term investment to support service resilience and to ensure no further deterioration in waiting times. This additional resource is expected to commence in January 2021.</li> <li>• The trust has introduced a new "COVID support team" which will commence in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> </ul>						
<b>When is performance expected to recover:</b>						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.3 Children's Community (Alder Hey)

### 6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					<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 and/or impact of a second</p>
RED	TREND	Incomplete Pathways (92nd Percentile)				<p>&lt;= 18 weeks: <b>Green</b></p> <p>&gt; 18 weeks: <b>Red</b></p>	
		Jul-20	Aug-20	Sep-20	Oct-20		
		27 wks	27 wks	27 wks	21 wks		
		Jul-19	Aug-19	Sep-19	Oct-19		
		36 wks	35 wks	34 wks	33 wks		
		Target <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The number of patients waiting over 18 weeks for an initial assessment decreased further from 68 in September to 38 in October.</li> <li>There was an increase in the number of referrals in October; 203 compared to 133 in September.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Since the service moved into phase 3 of the pandemic response, face to face activity in clinic and schools has resumed where possible. There continues to be regular reviews of risk and Infection Prevention Control (IPR) requirements. Specialist visors are being trialed to enable more face to face appointments.</li> <li>The improvement plan has been adjusted to take account of increases in referrals during July, August and September; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020.</li> <li>The overall improvement plan also takes account of the SEND improvement trajectories for SALT waiting times, which uses an average waiting time target. In October, the average wait was 13 weeks, exceeding the target as set out in the Trust's improvement plan.</li> </ul>							
<b>When is performance expected to recover:</b>							
In line with the Trust's recovery plan, average waits were reduced to 18 weeks in September 2020 and maximum waiting times are on schedule to be achieved by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and/or the impact of school closures on activity plans.							
<b>Quality impact assessment:</b>							
There are no identified quality issues to report.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Cameron Ward		Wendy Hewitt		Peter Wong			

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.

### 6.3.2 Paediatric Dietetics

Following the initial outbreak of the pandemic, the Trust expressed concerns regarding the validity of the DNA and cancellation data. This was because a significant number of appointments were cancelled and rescheduled, which is not representative of service activity and performance alone.

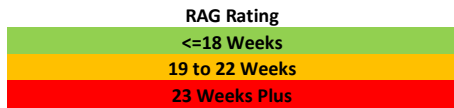
As this reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. However, due to the impact of COVID-19, this development was put on hold. This is progressing again and it is anticipated that the new reporting model will be implemented in the next few months.

In the interim, it has been agreed that dietetic activity from the contract statement and SEND performance dashboard will be reported.

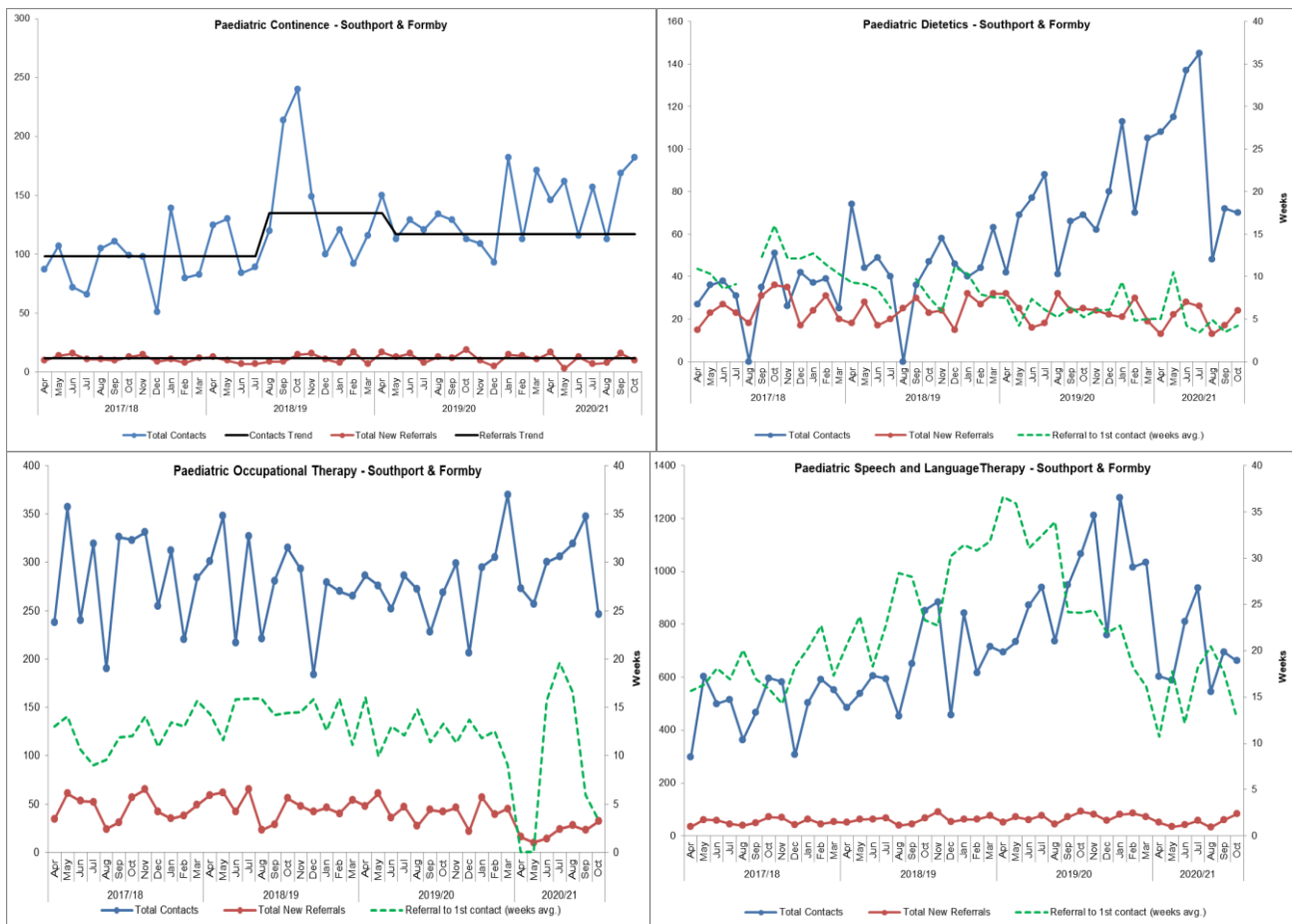
The activity reported in the October contract statement is very positive and shows that there were a total of 70 dietetic appointments, and that the average waiting time was 6.04 weeks with no patients waiting over 18 weeks.

**Figure 13 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG**

Paediatric DIETETICS - Southport & Formby	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Number of Referrals	13	22	28	26	13	17	24
Incomplete Pathways - 92nd Percentile	14.28	13.52	5.20	5.52	7.52	9.56	6.04
Incomplete Pathways RTT Within 18 Weeks	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Number Waiting	23	26	28	29	21	17	17
Number Waiting Over 18 Weeks	0	0	0	0	0	0	0



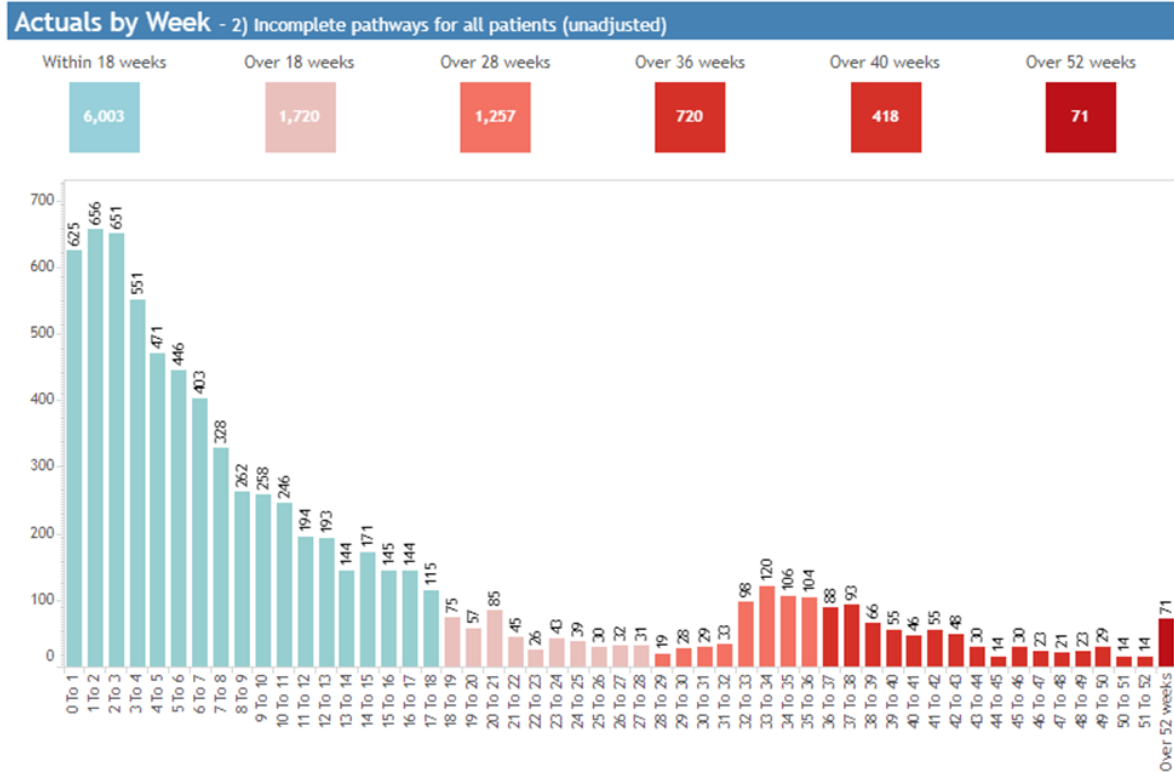
### 6.4 Alder Hey Activity & Performance Charts



## 7. Appendices

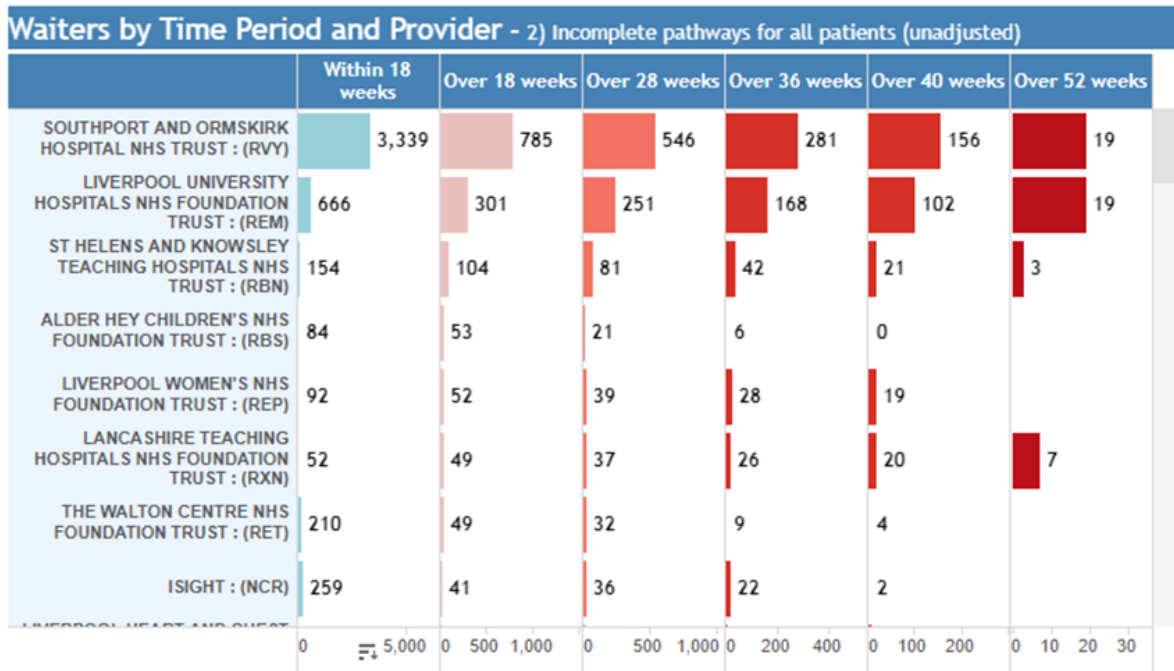
### 7.1.1 Incomplete Pathway Waiting Times

Figure 14 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 7.1.2 Long Waiters analysis: Top Providers

Figure 15 - Patients waiting (in bands) on incomplete pathway for the top Providers



### 7.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 16 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

