



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

April 2020

Contents

1. Executive Summary	9
2. Planned Care	13
2.1 Referrals by Source	13
2.1.1 E-Referral Utilisation Rates	14
2.2 Diagnostic Test Waiting Times	15
2.3 Referral to Treatment Performance	16
2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters.....	17
2.3.2 Provider assurance for long waiters	19
2.4 Cancelled Operations.....	20
2.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	20
2.5 Cancer Indicators Performance.....	21
2.5.1 31 Day First Definitive Treatment of Cancer.....	21
2.5.2 62 Day Cancer Urgent Referral to Treatment Wait.....	22
2.5.3 62 Day NHS Screening Service	23
2.5.4 62 Day Consultant Upgrade	23
2.5.5 104+ Day Breaches	24
2.5.6 Faster Diagnosis Standard (FDS)	24
2.6 Patient Experience of Planned Care	25
2.7 Planned Care Activity & Finance, All Providers	26
2.7.1 Southport & Ormskirk Hospital NHS Trust.....	27
2.7.2 Isight	28
3. Unplanned Care.....	29
3.1 Accident & Emergency Performance.....	29
3.1.1 A&E 4 Hour Performance.....	29
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	30
3.2 Urgent Care Dashboard	31
3.3 Occupied Bed Days	33
3.4 Ambulance Service Performance	34
3.5 Ambulance Handovers.....	34
3.6 Unplanned Care Quality Indicators.....	35
3.6.1 Stroke and TIA Performance	35
3.6.2 Mixed Sex Accommodation (MSA).....	36
3.6.3 Healthcare associated infections (HCA): MRSA	37
3.6.4 Healthcare associated infections (HCA): C. Difficile	38
3.6.5 Healthcare associated infections (HCAI): E Coli.....	39
3.6.6 Hospital Mortality.....	39
3.7 CCG Serious Incident (SI) Management	40
3.8 CCG Delayed Transfers of Care (DTC)	41
3.9 Unplanned Care Activity & Finance, All Providers	42

3.9.1	All Providers.....	42
3.9.2	Southport & Ormskirk Hospital NHS Trust.....	43
4.	Mental Health.....	44
4.1	Mersey Care NHS Trust Contract (Adult)	44
4.1.1	Mental Health Contract Quality Overview	44
4.1.2	Patients on CPA Discharged from Inpatient Care and Followed Up within 7 Days	45
4.1.3	Eating Disorder Service Waiting Times	46
4.2	Cheshire & Wirral Partnership (Adult).....	47
4.2.1	Improving Access to Psychological Therapies: Access	47
4.2.2	Improving Access to Psychological Therapies: Recovery	48
4.3	Dementia	49
4.4	Learning Disabilities (LD) Health Checks	50
5.	Community Health.....	51
5.1	Adult Community Services (Lancashire & South Cumbria NHS FT)	51
5.1.1	Quality.....	51
5.2	Any Qualified Provider – Audiology	51
6.	Children’s Services	52
6.1	Alder Hey NHS FT Children’s Mental Health Services	52
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH)	52
6.1.2	Waiting times for Routine Referrals to Children and Young People’s Eating Disorder Services.....	53
6.1.3	Waiting times for Urgent Referrals to Children and Young People’s Eating Disorder Services	54
6.2	Child and Adolescent Mental Health Services (CAMHS)	54
6.2.1	Paediatric Speech & Language Therapies (SALT)	55
6.2.2	Paediatric Dietetics	56
6.3	Alder Hey Community Services Contract Statement	57
6.4	Alder Hey Activity & Performance Charts	58
6.5	Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT).....	59
7.	Primary Care	59
7.1	Care Quality Commission (CQC) Inspections.....	59
8.	CCG Oversight Framework (OF).....	59
9.	Appendices	60
9.1.1	Incomplete Pathway Waiting Times	60
9.1.2	Long Waiters analysis: Top Providers	60
9.1.3	Long waiters analysis: Top 2 Providers split by Specialty.....	61
9.2	Delayed Transfers of Care	62
8.7	Better Care Fund	62
9.3	NHS England Monthly Activity Monitoring	62

List of Tables and Graphs

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19, 2019/20 & 2020/21	13
Figure 2 - RTT Performance & Activity Trend	18
Figure 3 - Southport & Formby CCG Total Incomplete Pathways	18
Figure 4 - Southport & Formby CCG Provider Assurance for Long Waiters	19
Figure 5 - FDS monitoring for Southport & Formby CCG	25
Figure 6 - Planned Care - All Providers	26
Figure 7 - Planned Care – Southport & Ormskirk Hospital	27
Figure 8 - Planned Care – Isight	28
Figure 9 - Occupied Bed Days, Southport & Ormskirk Hospitals	33
Figure 10 - Hospital Mortality	39
Figure 11 - Number of Serious Incidents Open for Southport and Formby CCG	40
Figure 12 - Number of Never Events Reported	41
Figure 13 - Unplanned Care – All Providers	42
Figure 14 - Southport & Formby CCG Virgin Care Activity and Cost	42
Figure 15 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust	43
Figure 16 - Alder Hey Community Paediatric SALT Waiting Times – Sefton	55
Figure 17 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG	56
Figure 18 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton	56
Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	60
Figure 20 - Patients waiting (in bands) on incomplete pathway for the top Providers	60
Figure 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	61
Figure 22 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust	61

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	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG													
		Actual	Not available												
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R											R	
		Actual	62.68%												
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R											R	
		Actual	79.96%												
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R											R	
		Actual	6											6	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R											G	
		Actual	2											2	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G											G	
		Actual	0											0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times															
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</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	
		Actual	94.39%												94.39%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</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											G	
		Actual	100%												100%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</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											G	
		Actual	100%												100%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G											G	
		Actual	100%												100%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G											G	
		Actual	100%												100%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G											G	
		Actual	95.24%												95.24%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R											R	
		Actual	71.88%												71.88%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	G											G	
		Actual	100%												100%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG													
		Actual	84.21%												84.21%
		Target	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	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG													R
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	Southport & Formby CCG	RAG													G
		Actual													
		Target													
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> 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												R
		Actual	41.40%												41.40%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> 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
		Actual	0.62%												0.62%
		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%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G												G
		Actual	98.60%												
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G												G
		Actual	100%												
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R												R
		Actual	65.195%												65.195%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	Southport & Formby CCG	RAG													
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) 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													
		Actual													
		Target													
Children & Young People Mental Health Services (CYPMH)															
2471: Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG													
		Actual													
		Target													
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG													
		Actual													
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG													
		Actual													
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport & Formby CCG	RAG													
		Actual													
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 1 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 1 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for April 2020/21 & Q4 2019/20	CCG	S&O
Diagnostics (National Target <1%)	62.68%	50.57%
Referral to Treatment (RTT) (92% Target)	79.96%	82.09%
No of incomplete pathways waiting over 52 weeks	6	0
Cancelled Operations (Zero Tolerance)	-	2
Cancer 62 Day Standard (Nat Target 85%)	71.88%	70%
A&E 4 Hour All Types (National Target 95%)	92.31%	92.83%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	0
Ambulance Handovers 60+ mins (Zero Tolerance)	-	0
Stroke (Target 80%)	-	74.1%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2019/20 - Q4	94.74%	-
EIP 2 Weeks (56% Target) 2019/20 - Q4	81.82%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.62%	-
IAPT Recovery (Target 50%)	41.4%	-
IAPT 6 Weeks (75% Target)	98.6%	-
IAPT 18 Weeks (95% Target)	100%	-

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 urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being done through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended throughout the summer.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the Covid-19 pandemic) demand and capacity is being assessed for routine elective activity. 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 and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-Covid 19 levels.

Trends show that total referrals have decreased by -50.6% (1,828) in April 2020 from the previous month, the lowest monthly total reported for Southport & Formby CCG. Taking into account working

days, further analysis has established there have been approximately -49 fewer GP referrals per day in April 2020 when comparing to the previous month.

Overall, referrals to Southport Hospital have decreased by 60.4% (2,246) at month 1. Gynaecology was the highest referred to specialty for Southport & Formby CCG in 2019/20. Referrals to this speciality in 2020/21 are approximately -69.7% lower than the previous year.

The CCG failed the less than 1% target for Diagnostics in April, recording 62.68%, a significant decline on last month's performance (15.65%) due to the impact of COVID-19 and reductions in activity. Southport and Ormskirk have also shown a significant decline in performance again due to the impact of COVID-19 and reductions in activity.

The CCG failed to achieve the 92% RTT target in April, reporting 80%, below the 92% target. Out of a total 7,072 patients waiting on the pathway, 1,417 were waiting in excess of 18 weeks. This shows a significant decline in performance compared to last month due to COVID-19 and the national requirement to stop non-urgent procedures. Southport & Ormskirk had been complaint for 18 months and over 92% before COVID-19 outbreak. RTT performance has decreased as expected but the decline is much less extreme, with current performance only dropping to 82.1%

The CCG had 6 52 week breaches in April. Of the 6, there were 2 at Manchester University Hospital, 1 at Alder Hey, 1 at Liverpool Heart & Chest, 1 at Wirral Teaching Hospital and 1 at Wrightington Wigan & Leigh.

Southport & Ormskirk reported 2 cancelled operations in April 2020, showing an improvement on previous month.

For month 1, Southport & Formby CCG are failing 2 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

Friends and Family Test has been paused during the response to COVID-19, therefore not updated for April.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for April reached 92.83%. For type 1, a performance of 90.93% was reported. Improvements are due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

In relation to the North West Ambulance Service (NWAS), present COVID-19 recovery planning is against a backdrop of improvement work throughout 2019/20 to deliver the service against the national Ambulance Response Performance (ARP) standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle fleet, improving call pick up in the Emergency Operation Centres (EOC), use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing but will now have been affected by COVID-19.

Southport & Ormskirk's performance for stroke has declined in April and therefore continues to report below the 80% plan with 74.1%; 20 out of 27 patients spending at least 90% of their time on a stroke unit. No update has been received for TIA.

Mixed Sex Accommodation (MSA): Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England and NHS Improvement (NHSE/I) have paused the collection and publication of this statistic.

The CCG had no new cases of MSRA in April. But Southport & Ormskirk reported 1 new case which has now breached the zero tolerance threshold for 2020/21.

The CCG had 3 new cases of c difficile in April. Southport & Ormskirk reported 5 cases. National Objectives have been delayed due to the COVID-19 pandemic so there are no targets as yet to measure against for c difficile.

NHSE/I originally set CCG targets for reductions in E.coli in 2018/19. The CCG do not have new reduction targets for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 109. In April, the CCG reported 4 new cases and reporting green for this indicator. Southport & Ormskirk Trust reported 8 new cases in April. There are no targets set for Trusts at present.

Mental Health

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, although performance saw an improvement in April reporting 82.61%. Out of a potential 23 Service Users, 19 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.

IAPT Access and IAPT Recovery: The access standard is defined as being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues. Month 1 performance is 0.62% and failing to achieve the national target (monthly target 1.59%). The Recovery rate saw a deterioration in April to 41.4% and failed to achieve the 50% target.

In April the dementia diagnostic measure has fallen under the 66.7% plan reporting 65.2%, this target is normally achieved for Southport & Formby CCG.

Community Health Services

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, Community Emergency Response Team (CERT), Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of the Integrated Community Reablement and Assessment Service (ICRAS). The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the ICRAS pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new Key Performance Indicators (KPIs) and activity reporting requirements. Discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity. However, conversations have been put on hold due to the Covid-19 outbreak, in line with national guidance on contract management and reporting arrangements. The CCG are waiting for updated guidance.

Children's Services

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

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

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

Providers are currently preparing recovery plans and will produce and negotiate revised trajectories for improvement. However, there is still a requirement and expectation that SEND services improve at an accelerated rate in line with the Improvement Notice in place before Covid-19.

Better Care Fund

The Q4 BCF return was initially due to be submitted on the 5th June 2020. However, there is currently a national pause on the programme and it is suspended until further notice. The latest return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. Details of this return were reported in the previous integrated performance report. This section will be updated as soon as an update is available.

CCG Oversight Framework

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

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2019/20 Actuals	+/-	%
	Month											
April	2059	556	-1503	-73.0%	1980	837	-1143	-57.7%	4754	1782	-2972	-62.5%
May	2338				2169				5319			
June	2018				1897				4610			
July	2391				2325				5485			
August	1863				2069				4582			
September	1917				2190				4793			
October	2187				2215				5275			
November	2205				2079				5051			
December	1644				1805				4065			
January	2169				2242				5165			
February	1917				1983				4650			
March	1369				1622				3610			
Monthly Average	2006	556	-1450	-72.3%	2048	837	-1211	-59.1%	4780	1782	-2998	-62.7%
YTD Total Month 1	2059	556	-1503	-73.0%	1980	837	-1143	-57.7%	4754	1782	-2972	-62.5%
Annual/FOT	24077	#N/A	#N/A	#N/A	24576	#N/A	#N/A	#N/A	57359	#N/A	#N/A	#N/A

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19, 2019/20 & 2020/21



Data quality note:

Due to the COVID-19 pandemic and the subsequent NHS response, there has been a considerable impact on secondary care referrals with significant decreases evident across all providers and referral sources. Also, data for April 2020 was unavailable for a number of providers (both NHS and independent sector). As a result, these have been excluded from the analysis to allow for more accurate and consistent reporting. These excluded providers are listed below for information:

Alder Hey NHS FT
Renacres Hospital
Isight
Spire Liverpool Hospital
Fairfield Hospital
Mid Cheshire



Month 1 Summary:

- Trends show that total referrals have decreased by -50.6% (1,828) from the previous month in April 2020, the lowest monthly total reported for Southport & Formby CCG.
- Month 1 referrals are -62.5% lower than in April 2019.
- Averages for GP referrals remained flat throughout 2019/20. However GP referrals are currently -73.0% down on the equivalent period in the previous year.
- Taking into account working days, further analysis has established there have been approximately -49 fewer GP referrals per day in April 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by 60.4% (2,246) year to date at month 1.
- Consultant-to-consultant referrals at Southport Hospital are -55.0% (-916) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted as a result of ambulatory care pathways implemented at the Trust.
- Gynaecology was the highest referred to specialty for Southport & Formby CCG in 2019/20. Year to date referrals to this speciality in 2020/21 are approximately -69.7% lower than the previous year.
- In terms of referral priority, all referral groups have seen a reduction in month 1 of 2020/21 when comparing to the previous month and the equivalent period in the previous year. The largest variance has occurred within routine referrals with a variance of -1,712/-65% to the previous month.
- Two week wait and urgent referrals have also decreased by -37% and -22% respectively in April 2020 when comparing to the previous month. Decreases in referrals have been fairly consistent across key (i.e. high volume) specialities.



2.1.1 E-Referral Utilisation Rates

E-Referral Utilisation Rates are published by NHS Digital on their website. The latest available data is for January 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

2.2 Diagnostic Test Waiting Times



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	2.70%	1.06%	15.65%		
		S&O	1.52%	0.35%	10.06%	50.57%	
		National Target: less than 1%					
		Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in April, recording 62.68%, a significant decline on last month's performance (15.65%) due to the impacts of COVID-19 and reductions in activity. Out of 1,412 patients, 885 patients were waiting over 6 weeks and 54 of those were waiting over 13 weeks, for their diagnostic test. All diagnostic areas experienced patients waiting over 6 weeks. The main diagnostics failing the target are cardiology -echocardiography (181), CT (99) and MRI (98). The total waiting list in April 2020 was 1,412 patients, compared to 2,432 in April 2019. This shows a significant decrease in the waiting list, and despite this, patients are waiting longer.</p> <p>Southport and Ormskirk have also shown a significant decline in performance due to the impacts of COVID-19 and reductions in activity. The Trust reported 50.57% in April, above the national target of less than 1%. Out of 1,404 patients, 710 patients were waiting over 6 weeks and 16 of those were waiting over 13 weeks for their diagnostic test. The majority of long waiters were for ECGs and Audiology Assessments with a significant number also waiting for Endoscopy procedures. Diagnostics performance has been adversely impacted by the NHS England mandate to defer non-urgent clinical activity from the beginning of April 2020.</p>							
Actions to Address/Assurances:							
Trust Comments:							
<p>The Trust is now entering Phase II of the response to COVID-19. The first stage in Phase II is to step up non-COVID urgent services i.e. the backlog of patients created in the RTT and Diagnostic waiting lists. The logical next step will be to reintroduce elective care as guided by NHSE. 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.</p>							
CCG Actions:							
<p>On 17th March, as a result of Simon Stephens letter, S&O enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery. Recovery is being co-ordinated by the hospital cell, with the support of an external body to model the available capacity in line with social distancing and Infection, prevention and control (IPC) measures. The CCG have not been sighted on Trust operation recovery plans, however are on weekly calls with its main acute provider (S&O) to understand operational issues and deliver on joint recovery/QIPP schemes.</p> <p>To support system wide recovery, the System Management Board (SMB) have agreed the vision and key principles of that recovery framework, with key priorities for the Southport system. Work streams are aligned to each of the key priorities and will have executive oversight of the System Management Group (SMG) (executive oversight) and feeds into the System Management Board.</p> <p>It is envisaged that the collaborative working of the key providers in the patch on the key priorities will provide a resilience in the system and a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase.</p> <p>The CCG, in addition are reviewing recovery plans of smaller independent providers, that sit outside of 'command and control' structures, to ensure that there is a co-ordinated approach to delivery of services, that IPC guidelines are being followed and to enter dialogue where those providers may be able to provide mutual aid and support the wider system.</p>							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
<p>All patients referred into our main acute provider are being risk stratified and appropriate escalation process in place to support patients to be able to access a clinician in the event of clinical need.</p> <p>CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	91.5%	91.5%	88.9%		
		S&O	92.6%	92.6%	89.8%	82.1%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in April, reporting 80%, below the 92% target. Out of a total 7,072 patients waiting on the pathway, 1,417 were waiting in excess of 18 weeks. This shows a significant decline in performance compared to last month due to COVID-19 and the national requirement to stop non-urgent procedures. Gynaecology remains one of the main failing specialties for April reporting 78.1%, with 172 breaches. General Surgery is also failing with a performance of 80.9%; a total of 142 breaches. Trauma & Orthopaedics is failing with 77%; 186 breaches. Ophthalmology is failing with 78.1%; a total of 172 breaches. Treatments grouped under 'Other' are performing at 76.6% in March with 275 breaches.</p> <p>The Trust had been complaint for 18 months and over 92% before COVID-19 outbreak. RTT performance has decreased as expected but the decline is much less extreme, with current performance only dropping to 82.1%. The number of waiters over 40 weeks is following a similar trend to the 30 week waiters; at its current level of 70 patients this is more than 7 times higher than previous average. The major issue is Gynaecology which has been severely compromised with shortage of the medical workforce.</p> <p>RTT performance has been adversely impacted by the NHS England mandate to defer non-urgent clinical activity from the beginning of April 2020.</p>							
Actions to Address/Assurances:							
Trust Comments:							
<p>At this point each specialty produced business continuity plan (BCPs) using Royal Colleges' guidance, adapted for local conditions. This identified patient treatments that must be delivered such as cancer, urgent and time critical services – which the Trust has continued to deliver on through COVID-19. This work included risk stratifying all current and future outpatient clinics to identify patients for potential cancellation, or delivering activity in a different way e.g. virtual clinics, telephone clinic, desktop reviews, risk stratification on waiting lists and virtual clinics.</p> <p>The Trust is now entering Phase II of the response to COVID-19. The first stage in Phase II is to step up non-COVID urgent services i.e. the backlog of patients created in the RTT and Diagnostic waiting lists. The logical next step will be to reintroduce elective care as guided by NHSE. 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.</p>							
CCG Actions:							
<p>On 17th March, as a result of Simon Stephens letter, the Trust enacted its strategic response to the emerging COVID situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery. Recovery is being co-ordinated by the hospital cell, with the support of an external body to model the available capacity in line with social distancing and Infection, prevention and control (IPC) measures. The CCG have not been sighted on Trust operation recovery plans, however are on weekly calls with its main acute provider (S&O) to understand operational issues and deliver on joint recovery/QIPP schemes.</p> <p>To support system wide recovery, the System Management Board (SMB) have agreed the vision and key principles of that recovery framework, with key priorities for the Southport system. Work streams are aligned to each of the key priorities and will have executive oversight of the System Management Group (SMG) (executive oversight) and feeds into the System Management Board.</p> <p>It is envisaged that the collaborative working of the key providers in the patch on the key priorities will provide a resilience in the system and a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase.</p>							
When is performance expected to recover:							
No dates for recovery provided.							

Quality:		
All patients referred into our main acute provider are being risk stratified and appropriate escalation process in place to support patients to be able to access a clinician in the event of clinical need.		
CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG 0	1	0	6		
		S&O 0	1	0	0		
		Plan: Zero					

Performance Overview/Issues:

The CCG had 6 52 week breaches in April. Of the 6, there were 2 at Manchester University Hospital, 1 at Alder Hey, 1 at Liverpool Heart & Chest, 1 at Wirral Teaching Hospital and 1 at Wrightington Wigan & Leigh. There has been an increase in 52 week waiters across the patch which was expected under the circumstances of the COVID-19 pandemic.

There were no new 52+ week waiters in April, previously just one 52 week breach was reported in February by Southport & Ormskirk Hospital within Ophthalmology. The Trust reported this to the CCG locally but it has not been reported nationally.

Actions to Address/Assurances:

Trust Actions
When eRS patients are cancelled, they are removed from the Patient Tracking List (PTL) and managed on an eRS 'appointments for booking' list. In this instance, the list wasn't actively managed because of access issues to eRS and no Standard Operating Procedure (SOP) being put in place. A full Root Cause Analysis (RCA) has taken place to ensure this cannot happen again.

CCG Actions
The CCG has raised the February 2020 breach with the Trust as it has been reported locally but not nationally. The CCG is currently awaiting a response.

There are expectations that regionally there will likely be an increase in the number of 52 week breaches, as a result of COVID-19. Long waiters will be prioritised alongside clinically urgent patients as apart of the recovery phase, however, trusts have already indicated that some patients have refused to attend for surgery due to COVID-19, with an expectation set by NHSE that no patients should be discharged for declining appointments.

When is performance expected to recover:

To be confirmed as part of the development of COVID recovery and the new 'business as usual'.

Quality:

The patient that breached in February has been assessed and came to no harm as a result of the breach.

CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.

Additionally, Steve Christian (COO – SOHT) 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. The outcome of that escalation will be available for the next reporting period.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

Figure 2 - RTT Performance & Activity Trend

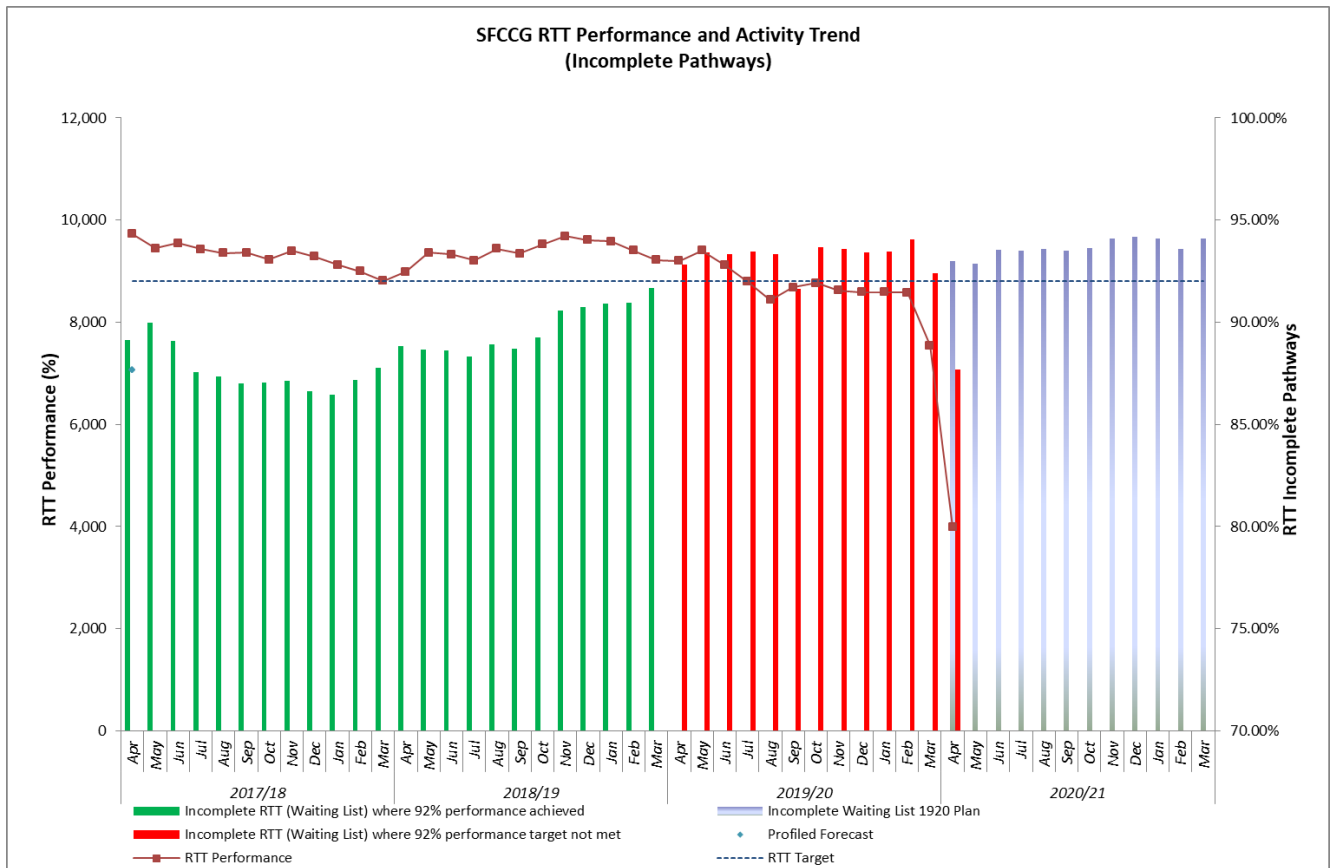


Figure 3 - Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362	9,376	9,618	8,956	9,376
2020/21	7,072												7,072
Difference	-2,054												-2,304

Southport & Formby CCG has seen a 1,884/21.04% decrease in April 2020 compared to the previous month. Southport & Ormskirk RRT performance has dropped to 81.48% thus tipping the CCG RTT performance below the 92% target to 79.96%.

2.3.2 Provider assurance for long waiters

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



CCG	Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	All Other	36-52	54 patients; 53 No trust information given, 1 Awaiting appointment date. Cancellation of face to face capacity due to COVID-19. The Trust has now opened up more face to face capacity on site and the long waiting patients are a priority. The Trust is working on arranging a patient appointment for June.
Southport & Formby CCG	Calderdale and Huddersfield	General Surgery	43	1 patient; Awaiting TCI Date. Original TCI date 14/4/2020 but cancelled due to COVID-19. CHFT are only operating on Acutes, Cancers and Urgents until further notice.
Southport & Formby CCG	iSight	Ophthalmology	36-45	2 patients; 2 Awaiting TCI Date. Patient due to have Oculoplastic surgery – had appointment in January 2020 but cancelled as unwell. A further appointment was made for 07/04/2020 but cancelled due to lockdown. Patient waiting for cataract surgery – patient has cancelled 2 surgery dates in December 2019 and March 2020 to book once theatre have reopened following lockdown.
Southport & Formby CCG	Lancashire Teaching	All Other	36-43	2 patients; 2 Awaiting TCI Date. Admit capacity due to COVID-19. TCI 27/03/2020 hospital cancelled due to C19
Southport & Formby CCG	Lancashire Teaching	Cardiology	49	1 patient; 1 treated on 18/11/2019.
Southport & Formby CCG	Lancashire Teaching	Gynaecology	42	1 patient; 1 TCI Date on 15/05/2020. 15/05/2020 - Admit capacity due to COVID-19
Southport & Formby CCG	Lancashire Teaching	Neurology	38	1 patient; 1 DNA. Non admit capacity due to COVID-19
Southport & Formby CCG	Liverpool Heart & Chest	Cardiothoracic Surgery	36-52	2 patients; 1 Awaiting TCI Date. 1 No trust information given. Referred at week 29 by Warrington Hospital. Referred without a coronary angiography which was performed at week 41. TCI 23/3/2020 cancelled due to COVID-19
Southport & Formby CCG	Liverpool University	All Other	36-37	3 patients; No trust information given.
Southport & Formby CCG	Liverpool University	Dermatology	38-45	3 patients; No trust information given.
Southport & Formby CCG	Liverpool University	ENT	42	1 patient; No trust information given.
Southport & Formby CCG	Liverpool University	Gastroenterology	36-39	2 patients; No trust information given.
Southport & Formby CCG	Liverpool University	General Surgery	41-43	2 patients; No trust information given.
Southport & Formby CCG	Liverpool University	Ophthalmology	36-41	8 patients; No trust information given.
Southport & Formby CCG	Liverpool University	Respiratory Medicine	37-41	2 patients; No trust information given.
Southport & Formby CCG	Liverpool University	T&O	36-46	12 patients; No trust information given.
Southport & Formby CCG	Liverpool Women's	Gynaecology	36-38	6 patients; No trust information given.
Southport & Formby CCG	Manchester University	General Surgery	41	1 patient; No trust information given.
Southport & Formby CCG	Manchester University	Gynaecology	52	1 patient; No trust information given.
Southport & Formby CCG	Manchester University	Ophthalmology	52	1 patient; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	All Other	36-46	4 patients; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	General Surgery	36-41	7 patients; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	Gynaecology	36-49	21 patients; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36-41	7 patients; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	T&O	40-41	4 patients; No trust information given.
Southport & Formby CCG	Southport & Ormskirk	Urology	36-43	3 patients; No trust information given.
Southport & Formby CCG	St Helens & Knowsley	Dermatology	41	1 patient; TCI Date on 20/05/2020. Referral Received 16/07/2019 OPD 21/10/19 HR TO 04/11/2019, Patient seen. REFERRED FOR PATCH TEST OPD BOOKED 20/05/2020
Southport & Formby CCG	St Helens & Knowsley	General Surgery	40	1 patient; Awaiting TCI Date. Patient listed at week 1 of 18 week pathway. Patient booked for surgery 30/03/2020 (week 36) - hospital cancelled due to COVID-19 and currently on hold
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	36	1 patient; No trust information given.
Southport & Formby CCG	Wirral Hospital	Gynaecology	52	1 patient; Awaiting TCI Date. Elective Surgery on hold until post pandemic. Patient would have been accommodated prior to the 52 week breach date had the Trust not suspended routine elective OP and IP activity. The Trust is currently starting to reinstate our OP activity and hoping to ramp this up at pace, however the theatre staffing are still required to support critical care at the moment so the peri-operative teams are currently mapping out IP capacity with a view to forecast capacity available over the next few months and what impact this will have on the IPWL.
Southport & Formby CCG	Wirral Hospital	T&O	37	1 patient; Awaiting TCI Date. Elective Surgery on hold until post pandemic.
Southport & Formby CCG	Wrightington, Wigan & Leigh	General Surgery	50	1 patient; No trust information given.
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	39-42	3 patients; No trust information given.
Southport & Formby CCG	Wrightington, Wigan & Leigh	Urology	52	1 patient; No trust information given.

The CCG had a total of 162 patients waiting over 36 weeks in April 2020, significantly higher than the 79 patients waiting for treatment in April 2019.

Due to the current situation with regards to COVID-19, and in line with other reporting changes by NHSE/I, Trust reporting on individual patients' pathways has been suspended.



2.4 Cancelled Operations

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	
		2	8	8	2	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 2 cancelled operations in April 2020, showing an improvement on previous month.						
Actions to Address/Assurances:						
<p>Trust Comments: Performance improved in April. Towards the end of March the decision was made to defer all elective surgery. There was a negative impact towards the end of March, however, given there has been little elective activity other than cancer surgery there has been very few cancellations within 24 hours of operation into the Month of April.</p> <p>CCG Actions Southport and Ormskirk Hospital NHS Trust (S&O) has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.</p> <p>Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.</p>						
When is performance expected to recover:						
See Trust comments above.						
Quality:						
CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

2.5 Cancer Indicators Performance



2.5.1 31 Day First Definitive Treatment of Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	97.67%	98.41%	96.39%	100%			100%
		S&O	93.44%	98.25%	98.46%	93.10%			93.10%
		Target	96%	96%	96%	96%			96%
Performance Overview/Issues:									
<p>The CCG are achieving the target in April reporting 100%. The total number of patients treated on the pathway in April 2020 was 53, compared to 79 in April 2019. This is due to a decrease in referrals due to Covid-19.</p> <p>Southport & Ormskirk have failed the target in April reporting 93.10% having 4 breaches out of a total of 58 patients. All 4 breaches were skin patients delays due to clinic cancellation (2), inadequate outpatient capacity (1) and other reason (1).</p>									
Actions to Address/Assurances:									
<p>Local systems working through their Cancer Alliances, with support from regional teams, have been asked to provide dedicated diagnostic and surgical capacity for people referred with suspected cancer to enable a return to pre-pandemic levels of activity, including by maximising use of independent sector capacity; and cancer diagnosis and treatment in facilities which, in line with the operating framework for urgent and planned services in hospitals, minimise the risk of COVID-19 infection for patients and staff.</p>									
When is performance expected to recover:									
Quality:									
<p>Assurance is being sought that all priority 2 patients (who can be treated within a 4 week timeframe without predicted detriment to outcome) who are suitable to transfer to a surgical hub are offered the choice to transfer if they can be treated more quickly.</p>									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Graeme Allan			Sarah McGrath				



2.5.2 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD		
		CCG	68.89%	81.25%	89.13%	71.88%	71.88%	
		S&O	81.25%	79.78%	88.57%	70.00%	70.00%	
		Target	85%	85%	85%	85%	85%	Yellow denotes achieving 19/20 improvement plan but not national standard of 85%
Performance Overview/Issues:								
<p>The CCG failed the 85% target in April 2020 reporting 71.88%, this is a decline from last month when the measure was achieved. In April, there were 9 breaches from a total of 32 patients seen. However, April is the first full month where the impact of the Covid-19 pandemic will be evident in performance. The main reasons for the delays were complex diagnostic pathways, HCP initiated delay due to diagnostic test/treatment planning, inadequate outpatient capacity and other reason.</p> <p>Southport & Ormskirk Hospital Trust failed the national target in April with a performance of 70%, out of 45 patients there were the equivalent of 13.5 breaches. The main reasons for the delays were complex diagnostic pathways, hospital-initiated delay due to diagnostic test/treatment planning and inadequate outpatient capacity.</p>								
Actions to Address/Assurances:								
<p>The letter of 8th June from the National Cancer Directors set out the second phase of NHS response to COVID-19 for cancer services and described that nationally the number of patients waiting over 62 days to start treatment has grown during the pandemic, partly as a result of the impact of COVID-19 on endoscopy and other diagnostic services, and partly from clinical decisions to re-schedule treatments to reduce the risk for individual patients of COVID-19 infection.</p> <p>Booking appointments for this group of patients is a priority. Local systems should schedule diagnostics or treatment for this group, alongside new patients referred into cancer services, on the basis of clinical priority. To support appropriate clinical decision making, the focus for operational management should be on reducing the number of patients waiting more than 62 days.</p>								
When is performance expected to recover:								
Quality:								
Root cause analyses are undertaken on all pathways exceeding 62 days. Harm reviews are also undertaken which lead to a serious incident process if harm is considered to have resulted from delays in the pathway.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 62 Day NHS Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	84.62%	0.00%	66.67%	100%			100%
		S&O	0 Pats	0 Pats	0 Pats	100%			100%
		Target	90%	90%	90%	90%	90%		
Performance Overview/Issues:									
The CCG achieved the 90% target in April 2020 with a performance of 100%.									
Southport & Ormskirk Hospital Trust reported 100% in April also achieving the 90% target.									
Actions to Address/Assurances:									
All three cancer screening programmes have been paused during the current pandemic.									
When is performance expected to recover:									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear.									
Quality:									
Harm reviews are undertaken on cases where patients have waited more than 62 days for cancer treatment.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Graeme Allan			Sarah McGrath			

2.5.4 62 Day Consultant Upgrade

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following consultants decision to upgrade patients priority		Previous 3 months, latest and YTD					Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	92.31%	85.00%	94.74%	84.21%			84.21%
		S&O	85.71%	77.55%	92.16%	88.89%			88.89%
		Target	85%	85%	85%	85%	85%		
Performance Overview/Issues:									
The CCG reported under the local target of 85% for consultant upgrade, out of 19 patients there were 3 breaches.									
Actions to Address/Assurances:									
During the COVID-19 pandemic all patients on PTLs are actively reviewed to ensure most appropriate prioritisation category ie less than 72 hours, less than 4 weeks or less than 10 weeks from decision to treat to treatment to avoid predicted detriment to outcome. Patients may have their priority escalated if deterioration is reported. This process would override the consultant upgrade pathway during this period.									
When is performance expected to recover:									
Quality:									
Harm reviews are undertaken on cases where patients have waited in excess of 62 days for cancer treatment.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Graeme Allan			Sarah McGrath			

2.5.5 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	
		5	6	1	6	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 6 patient waiting over 104 days in April 2020. The longest waiting patient was a haematological patient who waited 166 days. This delay was due to complex diagnostic pathways. This indicator reports on completed pathways, therefore the patient has now been seen.						
The average total days waited in April 2020 was 131, compared to 133 in April 2019.						
Actions to Address/Assurances:						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. This case will be reviewed when the panel is re-established.						
When is performance expected to recover:						
Recovery plans have been requested from all providers of cancer services by the Cheshire and Merseyside Cancer Alliance.						
Quality:						
Harm reviews are undertaken on all cases where patients have waited longer than 62 days. Where harm reviews have been undertaken to date, no harm has been declared.						
A serious incident process would be implemented where a view is taken that harm has resulted from the long wait for treatment. For cancer this would normally mean that disease has progressed and that treatment intent has changed from curative to palliative as a result of the delay.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.5.6 Faster Diagnosis Standard (FDS)

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

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

Hospitals are recording data in 2019/20, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;

- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

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

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

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

The standard will initially apply to referrals from:

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

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

Figure 5 - FDS monitoring for Southport & Formby CCG

28-Day FDS 2 Week Wait Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	61.32%												61.32%
No of Patients	243												243
Diagnosed within 28 Days	149												149

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	67%												66.67%
No of Patients	3												3
Diagnosed within 28 Days	2												2

28-Day FDS Screening Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	66.67%												66.67%
No of Patients	9												9
Diagnosed within 28 Days	6												6

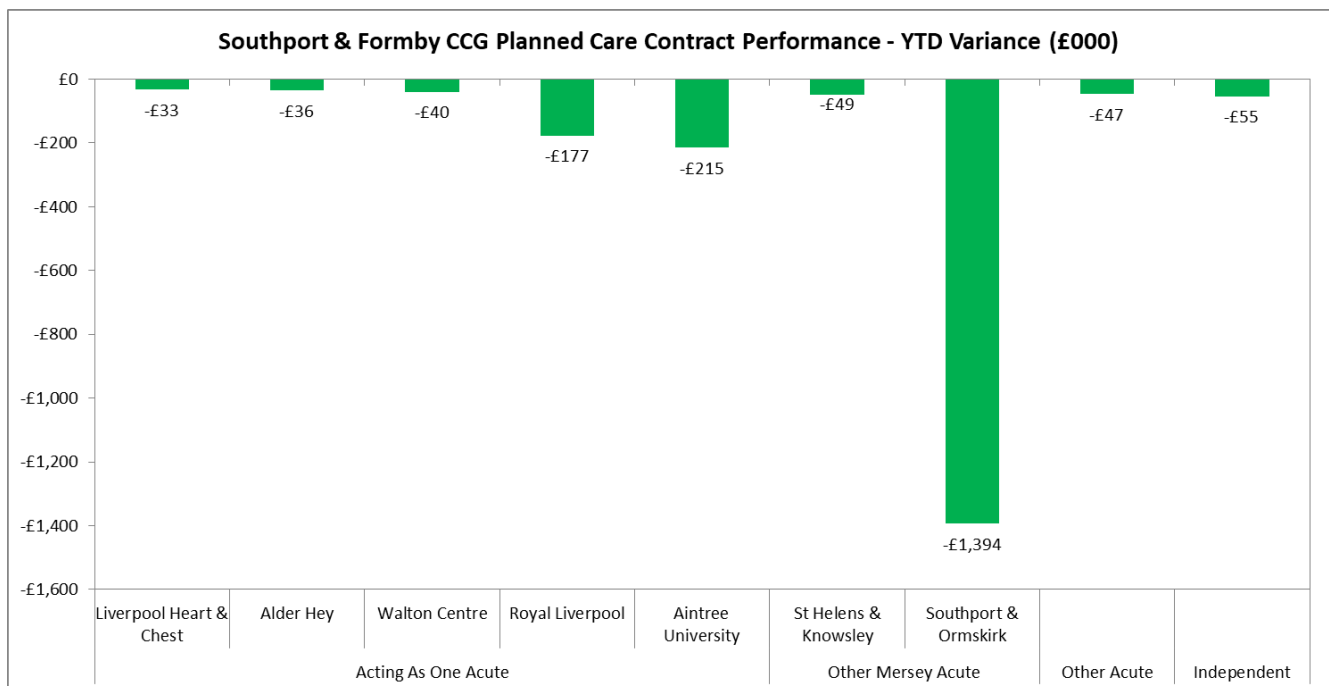
2.6 Patient Experience of Planned Care

Friends and family survey results are published by NHSE/I on their website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

The Commissioning Team are to liaise with partners and particularly Healthwatch around some of the possible ideas regarding service change as a result of COVID. The CCG will be seeking provider input and will use EPEG and provider contribution to focus on patient experience / engagement during the COVID pandemic. Currently awaiting confirmation of the EPEG meeting but expected in July 2020.

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across all providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance in month 1 with a variance of -£1.3m/-81% against plan. Across all providers, Southport & Formby CCG has underperformed by -£2m/-66.6%.

Previously in 2019/20, a notable over performance had been reported at Isight. The CCG's Business Intelligence (BI) Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers. The BI team are also conducting a piece of analysis to understand the local impact of COVID-19 on planned care activity and performance during the initial phase of the pandemic.

NB. Due to the COVID-19 pandemic, a number of month 1 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be 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 1 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.

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	950	222	-728	-77%	£514	£97	-£417	-81%
Elective	65	12	-53	-82%	£222	£42	-£180	-81%
Elective Excess Bed Days	12	2	-10	-83%	£3	£1	-£3	-83%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	76	20	-56	-74%	£15	£5	-£10	-70%
OPFASPCL - Outpatient first attendance single professional consultant led	1,270	409	-861	-68%	£223	£68	-£155	-69%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	80	31	-49	-61%	£9	£3	-£6	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,686	935	-2,751	-75%	£327	£84	-£243	-74%
Outpatient Procedure	2,282	0	-2,282	-100%	£312	£0	-£312	-100%
Unbundled Diagnostics	943	276	-667	-71%	£94	£26	-£68	-73%
Grand Total	9,364	1,907	-7,457	-80%	£1,719	£325	-£1,394	-81%

*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 -£1.3m/-81% for Southport & Formby CCG at month 1. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in April 2020 when comparing to April 2019 with a decrease of -2,246/-60% across all referral sources combined.

Although not included in the above table (due to not being coded as 'PbR' activity), month 1 has shown a significant increase in outpatient non face to face activity for first and follow up appointments. 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 and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for same day chemotherapy admissions, intravenous blood transfusions and intermediate endoscopic ureter procedures (although single admissions/procedures were recorded against various HRGs).

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals.

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	64	4	-60	-94%	£28	£18	-£10	-36%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	175	3	-172	-98%	£24	£0	-£24	-98%
OPFUPMPL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	0	0	0	#DIV/0!	£0	£0	£0	#DIV/0!
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	295	74	-221	-75%	£18	£4	-£13	-75%
Outpatient Procedure	135	79	-56	-41%	£10	£4	-£6	-58%
Grand Total	669	160	-509	-76%	£80	£27	-£53	-66%

As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during month 1 as a result of the COVID-19 pandemic. The total variance is currently -£53/-66%.

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 for the 2020/21 contract. This would result in a proportion of activity currently recorded as a day case procedure being recorded as an outpatient procedure at a locally determined tariff (to be agreed as part of contract negotiations).

NB. 2020/21 plans have yet to be formally agreed with Isight. Therefore, the contract performance values included in the above chart relate to variances against 2019/20 month 1 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	Jan-20	Feb-20	Mar-20	Apr-20	YTD		
		CCG All Types	84.40%	83.23%	86.56%	92.31%	92.31%	
		CCG Type 1	60.93%	68.94%	78.82%	92.33%	92.33%	
		S&O All Types	86.32%	83.20%	86.55%	92.83%	92.83%	
		S&O Type 1	78.08%	76.32%	81.78%	90.93%	90.93%	
		S&O Improvement Plan 19/20	87.2%	85.1%	85.3%	-	-	
National Standard: 95% No improvement plans available for 2020/21 Yellow denotes achieving improvement plan but not National Standard of 95%								
Performance Overview/Issues:								
<p>Southport & Formby CCG's performance against the 4-hour target for April 2020 reached 92.31% for all types and 92.33% for type 1, both of which are just below the National Standard of 95%. In April 2020, the total number of A&E attendances for Southport & Formby CCG patients was 2,171, a significant decrease from the 5,080 reported in April 2019.</p> <p>Southport & Ormskirk's performance against the 4-hour target for April 2020 reached 92.83% for all types. For type 1, a performance of 90.93% was reported in April. The improvements in performance is due to COVID-19 and a reduction in the numbers of patients attending A&E. April was the best performing month over the last 2 years. The Trust performance ranked 33 (out of 128) nationally and ranked 5 (out of 21) for the North West region. COVID-19 has had a profound and unprecedented impact on urgent & emergency care demand country-wide and the Trusts experience is no different. The ED 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.</p> <p>Southport saw an increase in performance for type 1 activity to 90.1%. The Trust saw a 50% reduction in overall attendances, which reduced ED overcrowding and internal flow. There was no 12 hour breaches in April. This was due to the public's response to the Covid 19 pandemic. The Trust did not escalate any higher than an EMS level 2 throughout the whole of April, signifying mild system pressures.</p> <p>The SERV car also has continues to have a positive impact on See and Treat figures 28.6% of all incidents, which is the highest across all CCG's in the North Mersey patch.</p> <p>We have seen a consistent decrease in attendances up to April 2020 for the majority of Ambulatory Care Sensitive conditions, which correlates with a drop in overall attendances during covid-19. Although, this is likely to be exaggerated as we would have started to see a fall in attendances in March/April after the winter peak. Care homes attendances have been falling exponentially since December 2019.</p> <p>The High Intensity Users (HIU) cohort has remained stable in relation to attendances and has not followed the trend of a reduction during covid. This is in contrast to South Sefton, who have seen a decreasing trend in attendances since July 2019 and a huge drop of 35% conversion rate to admission to approximately 5% since. This is likely due to the HIU service being implemented in South Sefton and not in Southport and Formby. Interestingly, the cost of an average attendance in this cohort differs between the CCG's. Southport and Formby's average cost of a HIU attendance is 3 times greater, which has identified an area of further exploration.</p>								
Actions to Address/Assurances:								
<u>CCG Actions</u>								
Commissioning considerations going forward must include primary care streaming initiatives. The Trust do not currently report any streaming activity and have second highest percentage of patients discharged from ED. The reduction in attendances has impacted positively on quality and performance.								
<u>Trust Comments:</u>								
The Trust experienced a 58% reduction in ED attendance activity for April against April 2019. For the same period the Trust experienced a 6% reduction in emergency admissions for the same period (the equivalent of one less patient per day). This shows that whilst ED attendances were down the Trust still needed 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.								
A critical element of the performance improvement is the system's ability to maintain good patient flows i.e. ensuring timely and safe discharge of patients who now no longer need to hospital bed. The Trust has seen a staggering 50% reduction in MOFD occupying a hospital bed has resulted in the freeing up of hospital beds and improved occupancy levels. This has helped eliminate 12 hour DTA breaches for the month as a bed has been available for patients requiring admission to hospital when the clinician has made a decision to admit. Whilst the Trust is now considering plans to bring non-urgent services on line we are still cognisant of a requirement to always manage Non Elective demand for COVID on top of routine Non Elective demand and therefore the Trust maintain vigilance in the need to plan for increased demand on adult services. The Trust has developed it clinically led Surge Plan to support Emergency Medicine preparedness which is being reviewed to move from 'responding to COVID-19' to 'business with COVID-19'. This will be a complex operation and the Trust has established a robust structure to ensure good governance and a clinically driven approach.								

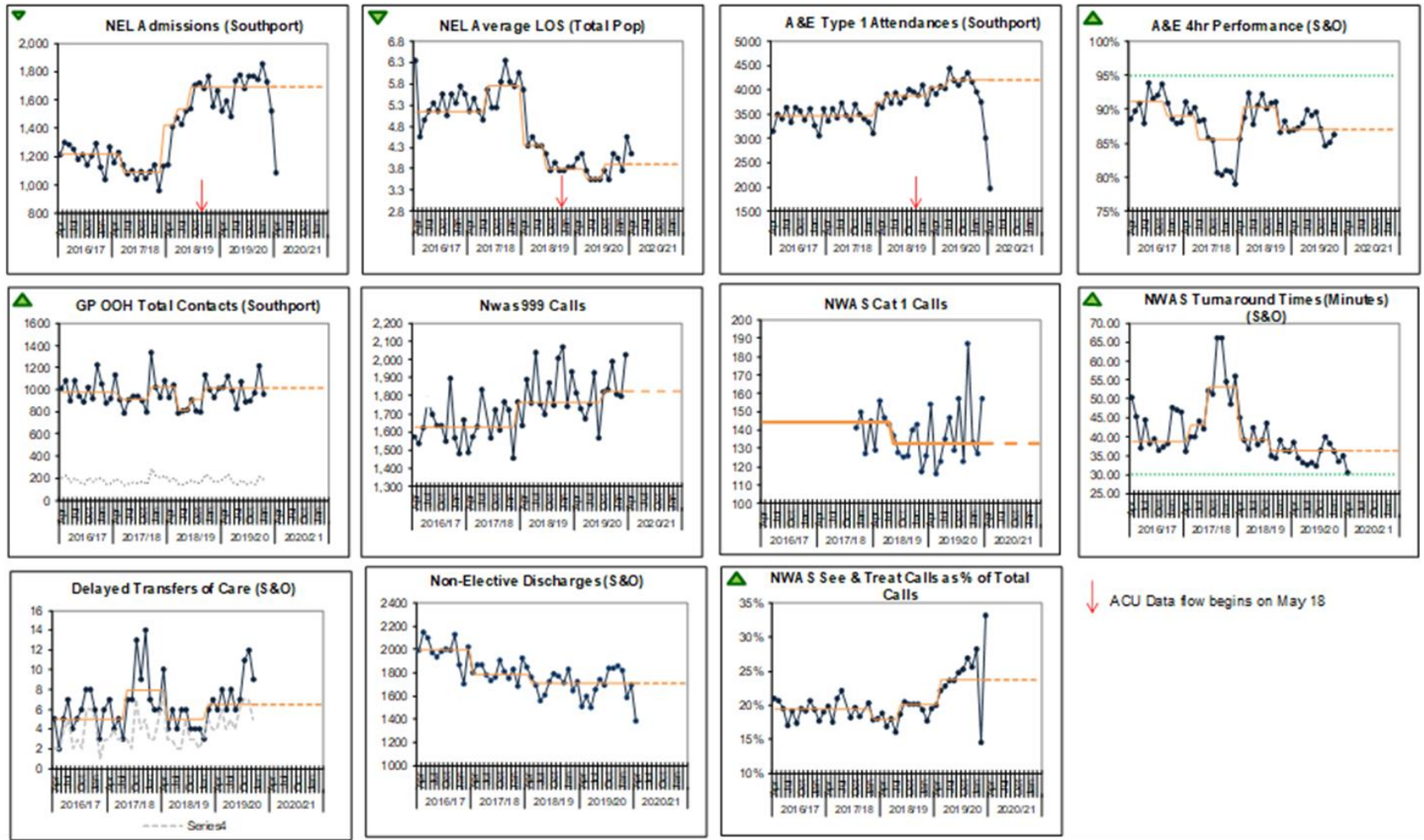
When is performance expected to recover:		
The CCG are expecting that performance will continue to improve throughout 2020/21. Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.		
Quality:		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	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				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.
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	
		13	9	10	0	
		Plan: Zero				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.
Performance Overview/Issues:						
Southport & Ormskirk Hospital reported no 12-hour breaches in April for the first time since August 2019, showing an improved position.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Annette Metzmacher		Sharon Forrester		

3.2 Urgent Care Dashboard

SOUTHPORT & FORMBY URGENT CARE DASHBOARD



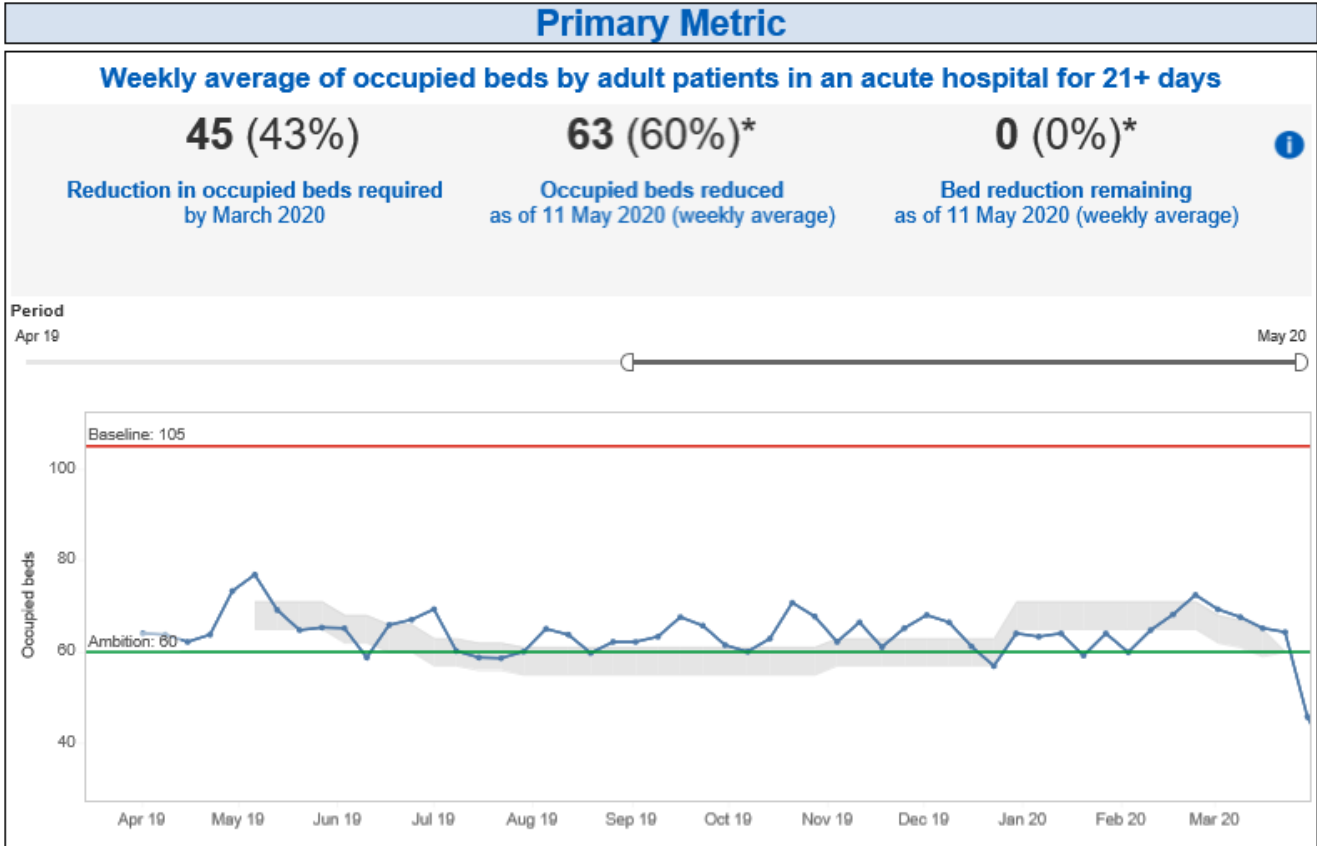
Definitions

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

3.3 Occupied Bed Days

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

Figure 9 - Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard was updated for 2019/20 to report on a weekly basis. The Trust’s revised target was a total bed reduction of 45 (43%) by March 2020; therefore the ambition was 60 or less. The Trust achieved this target in March 2020 with a total reduction of 59 as at 30th March 2020. This occupied bed reduction has been sustained into June with a total reduction of 64 as at 15th June 2020. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

3.4 Ambulance Service Performance



Ambulance response times are published on the NWS website. The latest available data is for March 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

3.5 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
GREEN	TREND	Indicator	Feb-20	Mar-20	Apr-20		
		(a) 30-60 mins	135	94	0	Plan: Zero	
		(b) 60+ mins	23	16	0		
Performance Overview/Issues:							
In April Southport & Ormskirk reported no ambulance handover breaches. This is the first time this has been reported at the Trust for the past couple of years and could be attributed to the COVID-19 pandemic and decrease in A&E admissions.							
Actions to Address/Assurances:							
When is performance expected to recover:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Annette Metzmacher			Sharon Forrester		

3.6 Unplanned Care Quality Indicators



3.6.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		a) 87.9%	78.8%	76.9%	74.1%		
		b) 70.0%	Not available	Not available	No Patients		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke has declined in April and therefore continues to report below the 80% plan with 74.1%; 20 out of 27 patients spending at least 90% of their time on a stroke unit.							
In relation to TIAs, the Trust has previously reported poor performance for 2019/20. In April 2020, the Trust reported that they did not treat any patients on this pathway.							
Actions to Address/Assurances:							
Trust Actions:							
Through COVID-19 the Trust is doing its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The ED and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement.							
CCG Actions:							
This now fits in with the extensive work of the Merseyside Stroke board which is currently at Pre-Consultation Business Case governance sign off stage and is being reviewed by the eastern NHSE Clinical Senate. The lead consultant at Southport & Ormskirk Trust has been tasked with a current review of position of TIA care which has been requested by the CCG, again on 16/06/20. 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. Length of stay is lowest in Southport and Ormskirk across the Merseyside patch which is being attributed to the 28 day discharge process implemented last winter. This is being reviewed to ensure both accuracy and context as, while it might suggest a successful pathway, the implications of impact on the care system (including social care) need to be considered before advocating a replication across the patch. COVID has had an impact on ability to care for patients for more than 90% of tier stay on a stroke unit. Stroke is being added to the priority phases as part of the S+O System Management group who report to the System Management Board.							
When is performance expected to recover:							
Performance should show an improvement through the above actions in the coming months.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Billie Dodd		



3.6.2 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary					Potential organisational or patient risk factors
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
GREEN	TREND		Jan-20	Feb-20	Mar-20	Apr-20	
		CCG	8	13	Not Available	Not Available	
		S&O	14	14	9	0	
		Plan: Zero					
Performance Overview/Issues:							
Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England have paused the collection and publication of this statistic.							
The Trust have reported no mixed accommodation breaches locally to the CCG in April.							
Actions to Address/Assurances:							
<u>Trust Comments</u>							
Breaches are within the critical care setting. Reconfiguring of critical care for COVID-19 patients will continue to impact on these breaches.							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk Hospital with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Debbie Fagan		Brendan Prescott			Brendan Prescott		



3.6.3 Healthcare associated infections (HCA): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)					<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.</p>
GREEN	TREND		Jan-20	Feb-20	Mar-20	Apr-20	
		CCG	2	2	2	0	
		S&O	1	1	1	1	
		Plan: Zero					
Performance Overview/Issues:							
The CCG had no new cases of MSRA in April. CCG reports green for this indicator.							
Southport & Ormskirk Trust reported 1 new case of MRSA in April. The Trust has breached the zero tolerance threshold for 2020/21.							
Actions to Address/Assurances:							
A full root cause analysis (RCA) has been completed and lessons learnt and outcomes will be reported through the Infection Control Assurance Committee at the Trust and also the Trust Board.							
When is performance expected to recover:							
As a zero tolerance target, the performance not expected to recover for 2020/21.							
Quality:							
A final report was due through the quality schedule with the Infection Prevention Control (IPC) representative who was due to attend April's Contract and Clinical Quality Review Meeting (CCQRM) this was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed. A request will be made for them to attend future meetings.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Doug Callow			Jennifer Piet		

3.6.4 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)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the Trust	
GREEN	TREND		Jan-20	Feb-20	Mar-20		Apr-20
		CCG	29	33	38		3
		S&O	43	47	54		5
		<u>2020/21 Plans</u> Awaiting National Objectives to measure actuals against If measuring against last year's objectives the CCG would be reporting GREEN					
Performance Overview/Issues:							
<p>The CCG had 3 new cases of C.Difficile in April.</p> <p>Southport & Ormskirk Hospital reported 5 cases of C Diff in April. The data in the table above shows the HCAI database numbers which includes Hospital Onset, Community Onset of which Healthcare Associated, Indeterminate Association and Community Associated cases.</p> <p>The National Objectives have been delayed due to the COVID-19 pandemic so there are no targets as yet to measure against for c.difficile.</p>							
Actions to Address/Assurances:							
<p>One of the four quality priorities for the Trust is infection prevention. An updated Programme Initiation Document (PID) was reviewed by the Trusts Quality and Safety Group in January. In response to feedback, the detailed work programme for 2020/21 will be revised during January to ensure a focus on targeted areas for improvement. This has been delayed due to the COVID-19 pandemic and the IPC team have been focusing on training for PPE and FIT testing for staff and managing the outbreak.</p>							
When is performance expected to recover:							
<p>The Infection Prevention Control (IPC) representative was due to attend April CCQRM but due to COVID-19 this has now been delayed until meetings are able to be resumed and will be requested as part of the recovery plan.</p>							
Quality:							
<p>Final report through the quality schedule with the Infection Prevention Control (IPC) representative was due to attend April's Contract and Clinical Quality Review Meeting (CCQRM) this was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed, details will be requested through the recovery plan. A national assurance framework has been issued and a request for completion by the Trust and will be presented once reviewed by the Executive Team.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					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.
GREEN	TREND		Jan-20	Feb-20	Mar-20	Apr-20	
		CCG	133	141	150	4	
		S&O	213	226	242	8	
2020/21 Interim Plan: <= 109 YTD There are no Trust plans at present numbers for information							
Performance Overview/Issues:							
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. In April, there were 4 new cases and reporting green for this indicator. Southport & Ormskirk Trust reported 8 new cases in April. There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
The NHSE GNBSI Programme Board Meetings are yet to reconvene due to the COVID-19 pandemic. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract & Clinical Quality Review Meetings.							
When is performance expected to recover:							
This is a cumulative total so recovery not expected, although monitoring of the numbers and exception reporting will continue.							
Quality:							
An overarching Cheshire & Mersey delivery plan is being developed with plans to replicate at a local level in order to support consistently. There is an NHSE/I AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Lynne Savage			

3.6.6 Hospital Mortality

Figure 10 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	April 2020	100	89.40	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	97.90	↓

HSMR is higher than reported last month at 89.4 last reported 86.6 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 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 97.90. SHMI is risk adjusted mortality ratio based on number of expected deaths.

3.7 CCG Serious Incident (SI) Management

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database from Datix to Ulysees. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit (MLCSU), in order to provide a reporting mechanism that is fit for purpose.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS). The CCGs Quality Team are utilising a workaround using StEIS and an internal excel tracking database until the Ulysees system is functioning to requirements.

The Quality Team are due to receive training on Ulysees from MLCSU at the end of June 2020.

Serious Incidents Open for Southport and Formby CCG

As of month 1 20/21, there are a total of 30 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. Of the 20 are attributed Southport and Ormskirk, 7 to Lancashire Care Community Foundation Trust and 2 to Southport and Formby CCG (reported on behalf of other providers) and 1 to Liverpool University Hospitals NHS Trust. See table below for breakdown by Provider.

Figure 11 - Number of Serious Incidents Open for Southport and Formby CCG

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	20
Lancashire Care Foundation Trust	7
Liverpool University Hospitals NHS Trust	1
Southport and Formby CCG	2
Total	30

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

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

There was 1 SI reported during M1 20/21 by Mersey Care NHS Foundation Trust. This was a slip/trip/fall meeting SI criteria and involved a Southport and Formby CCG patient. Following receipt of the 72 hour report, the SI was downgraded as no lapses in care were identified.

Never Events Reported

There have been no Never Events reported in month 1 20/21 where Southport & Formby CCG are either responsible or accountable commissioner.

Figure 12 - Number of Never Events Reported

Never Events Reported					
Provider	2016/17	2017/18	2018/19	2019/20	2020/21
Southport and Ormskirk Hospital NHS Trust	3	1	2	1	0
Liverpool Women's Hospital NHS Foundation Trust	0	1	0	0	0
Mersey Care NHS Foundation Trust	0	0	1	0	0
TOTAL	3	2	3	1	0

SIs reported during last 12 months

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

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

RCAs due during month 1 2020/21

For Southport and Ormskirk, there was 1 RCA due for month 1 20/21. An extension has been granted as an external investigation has been commissioned by the Royal College of Surgeons.

Closed SIs

No SIs were closed during month 1 20/21.

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

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

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

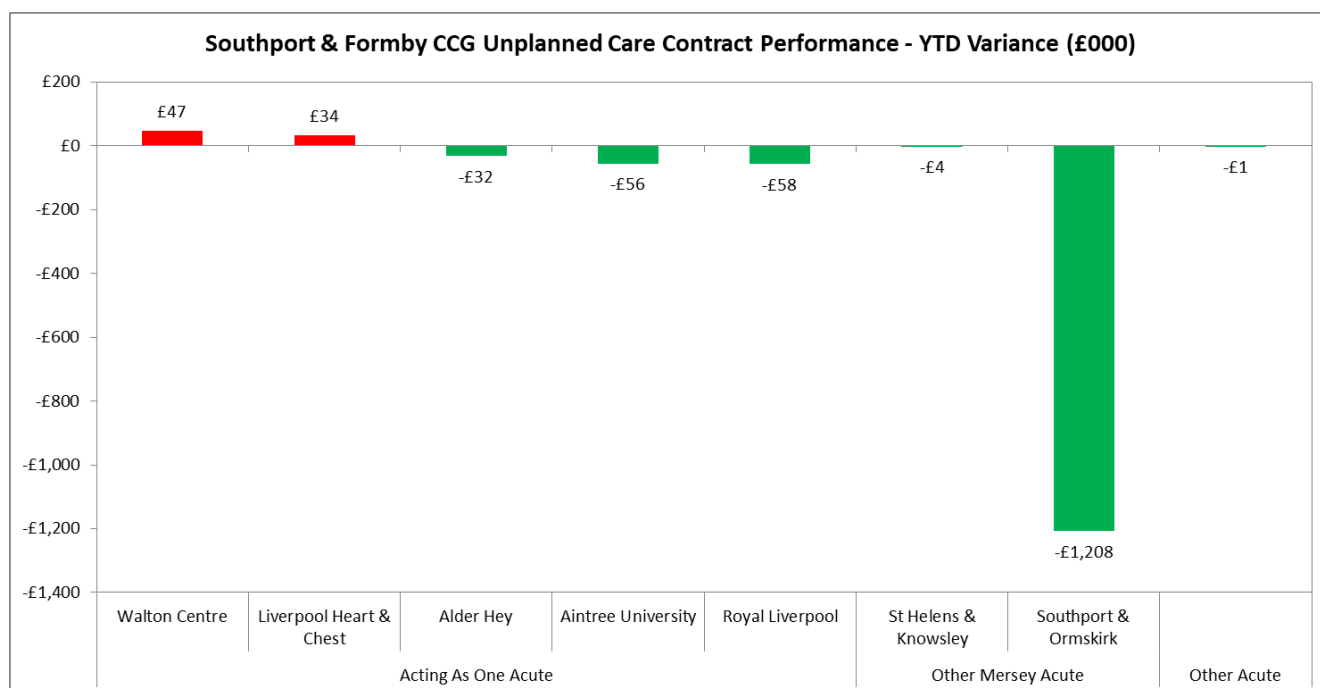
3.8 CCG Delayed Transfers of Care (DTC)

Delayed transfer of care information is published on the Future NHS website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 13 - Unplanned Care – All Providers



Performance at month 1 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'.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance in month 1 with a variance of -£1.2m/-34% against plan. Across all providers, Southport & Formby CCG has underperformed by -£1.2m/-31.8%.

Prior to the outbreak of COVID-19, it was evident that there were increased costs within the Non-elective point of delivery and CCG leads were reviewing data to understand the potential impact of increased coding. The Business Intelligence team are also conducting a piece of analysis to understand the local impact of COVID-19 on unplanned care activity and performance during the initial phase of the pandemic.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 12 of 2019/20, the value was £155k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. For information, the table below shows the movement year on year.

Figure 14 - Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19	3,670	£142,065
2019/20	3,936	£155,709
Variance	266	£13,644
Variance %	7%	10%

NB. Due to the COVID-19 pandemic, a number of month 1 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be 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 1 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.

3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 15 - 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
S&O Hospital Unplanned Care								
A and E	3,481	1,880	-1,601	-46%	£586	£297	£-289	-49%
NEL - Non Elective	1,099	738	-361	-33%	£2,532	£1,817	£-715	-28%
NELNE - Non Elective Non-Emergency	100	123	23	23%	£223	£167	£-56	-25%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	0	-3	-100%	£1	£0	£-1	-100%
NELST - Non Elective Short Stay	245	144	-101	-41%	£174	£106	£-68	-39%
NELXBD - Non Elective Excess Bed Day	355	41	-314	-88%	£90	£11	£-79	-88%
Grand Total	5,283	2,926	-2,357	-45%	£3,606	£2,398	£-1,208	-34%

*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 -£1.2m/-34% for Southport & Formby CCG at month 1. The largest activity reductions have occurred within A&E type 1 with a variance of -1,601/-46%. This can be attributed to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23rd March 2020.

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

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

As result of COVID-19 and NHSE/I contracting guidance all contracting however a virtual CQPG was held in early June. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding. On 17th June the lead commissioners (Liverpool CCG) agreed to relax reporting by CCG in line COVID-19 Reducing the Burden and to ask for one report at Trust catchment level, however the expectation is that supporting narrative provided by the Trust will highlight specific local issues.

At June CQPG the Trust presented on the COVID-19 work they had done and reported the following:

- 5,200 shielded patients have provided with a telephone intervention
- All patients discharged from hospital are followed up within 48 hours
- Telephone and Video Calls have been provided to stay in touch with patients and carers
- Home visits provided when necessary, including injections and blood tests (with PPE worn)
- Referrals and assessments carried out as usual

The Trust approach to recovery from the COVID-19 pandemic is centred on the following:

- Review emerging evidence/indicators on predicted increases post Covid 19.
- Understand the current demand/waits/performance across identified services.
- Review current waiting lists (potentially re-categorise based on need).
- Identify services that will potentially be impacted by increased demand.
- Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period).
- Undertake a range of scenario modelling built on sound assumptions.
- Consider developing criteria for prioritisation based on levels of need (ensuring effective pathways for those outside these criteria).
- Undertake financial assessment for responding to demand.
- Scope resources, timelines, communications, risks and mitigations

Safeguarding

The Trust achieved full training compliance in Q4 2019/20 and it was agreed at June CQPG that the contract performance notice should be removed.

Autism Spectrum Disorder (ASD)



The Trust is also reporting that waiting times for assessment have increased. An options paper has been received by the CCGs, but this requires further detail detailing how and when the wait times will be reduced including financial implications. In addition the NHS/E instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services. Capacity and Planning exercise being undertaken to underpin the options paper. This will be discussed on 26th June 2020. In lieu of suspended commissioning/contracting arrangements the Trust is considering remodelling the ASD service using Local Division resources with pick up by the CCGs in 2021/22.

Core 24 KPIs



In Month 1 the Trust reported CORE 24 indicators (catchment).

Core 24 Indicator	Target	April 2020	
Emergency Pathway - Assessment within 4 hours	90%	0.00%	0/1 patient
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	5/5 patients
Urgent Pathway - Assessment within 4 hour	90%	100.00%	3/3 patients

4.1.2 Patients on CPA Discharged from Inpatient Care and Followed Up within 7 Days



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	
		100.0%	100.0%	94.74%	100%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust reported 100% of patients being followed up within 7 days in April and is therefore reporting above the 95% target. This equates to 4 patients out of 4 being seen.						
Actions to Address/Assurances:						
Fewer numbers reported against this metric can account for greater volatility in the performance reported.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.3 Eating Disorder Service Waiting Times



Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patient safety. Reputation.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		33.33%	50.00%	73.68%	82.61%		
		Plan: 95%					
Performance Overview/Issues:							
The Trust continues to fail the 95% target, although performance continues to see improvement from 73.68% in March to 82.61% in April. Out of a potential 23 Service Users, 19 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.							
Actions to Address/Assurances:							
<u>Trust Actions:</u>							
1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 Compassion Focussed Therapy (CFT) group and 1 CBT group.							
2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service							
3. Clearer and stricter DNA and cancellation policy							
4. Using therapy contracts to contract number of sessions							
5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.							
6. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post.							
7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service. The CAG in May gave outline approval for a case to be developed however progression may be delayed due to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19.							
The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.							
When is performance expected to recover:							
Aiming for significant improvement by 2020/21, however COVID-19 may have a significant impact on activity in M1.							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		0.92%	0.73%	0.78%	0.62%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<p>The access standard is defined as being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues. Given the continuous under performance in this area, 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. Month 1 performance was 0.62% and failing to achieve the national target. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in May 5.1 WTE Psychological wellbeing practitioner and 2.0WTE High Intensity vacancies which are having an impact on capacity. The service is making effort to recruit to these vacancies.</p>							
Actions to Address/Assurances:							
<p>Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access and it is intending to rollout on-line group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.</p>							
Quality:							
<p>No quality issues have been reported.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		42.6%	58.8%	44.1%	41.4%		
		Recovery Plan: 50% - April 2020/21 41.4% and failed					
Performance Overview/Issues:							
The Recovery rate saw a deterioration in April to 41.4% and failed to achieve the 50% target.							
Actions to Address/Assurances:							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
When is performance expected to recover:							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
No quality issues have been reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
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	Jan-20	Feb-20	Mar-20	Apr-20		
		67.7%	68.0%	67.9%	65.2%		
		Plan: 66.7%					
Performance Overview/Issues:							
<p>The latest data on NHS Digital shows Southport and Formby CCG are recording a dementia diagnosis rate in April of 65.2%, which is under the national dementia diagnosis ambition of 66.7%. This is a decline on the performance reported last month.</p> <p>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 across both North and South services once recovery starts.</p>							
Actions to Address/Assurances:							
<p>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>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.</p> <p>Commissioners await MCFT recovery plan for all Mental Health services including Memory Assessment.</p>							
When is performance expected to recover:							
Awaiting MCFTs recovery plan.							
Quality:							
Awaiting MCFTs recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		27.2%	6.2%	8.4%	19.8%		
		Q3 19/20 Plan: 16%					
Performance Overview/Issues:							
<p>People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. Southport & Formby CCGs target is a total of 491 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 3 2019/20, the total performance for the CCG was 19.8%, above the planned 16%. 572 patients were registered compared to the plan of 761, with 113 being checked against a plan of 122.</p>							
Actions to Address/Assurances:							
The CCG is achieving the target.							
When is performance expected to recover:							
Continued recovery expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Tracey Reed/Gordon Jones			

5. Community Health

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

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, Community Emergency Response Team (CERT), Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of the Integrated Community Reablement and Assessment Service (ICRAS). The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the ICRAS pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new Key Performance Indicators (KPIs) and activity reporting requirements. Discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity. However, conversations have been put on hold due to the Covid-19 outbreak, in line with national guidance on contract management and reporting arrangements. The CCG are waiting for updated guidance.

5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence had been agreed, but due to COVID, no reporting as per the National guidance has occurred.

Further work planned by the Trust to ensure SEND KPI's are reported through the monthly reporting schedule.

5.2 Any Qualified Provider – Audiology

In February 2020, the Merseyside CCGs agreed to offer a further continuation of contracts to AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K and Scrivens) in 2020/21, pending further work on an updated specification and a Liverpool led engagement process.



Following the Covid-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. NHS contracting and payment guidance during the COVID-19 pandemic (guidance of 26th March) has been followed in respect of payment for non NHS providers. This means that non NHS providers of such AQP services are only paid for activity actually undertaken.

Resumption of elective work is now being taken forward across the health economy and this should include plans for audiology. Knowsley CCG is the co-ordinating commissioner for Specsavers and is in discussions with this provider, linking in with other co-commissioners in the contract.



6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services



6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
RED	TREND	Q2 19/20	Q3 19/20	Q4 19/20	YTD	
		5.6%	4.8%	5.9%	33.7%	
		YTD Access Plan: 34% YTD 2019/20 performance reported 33.7% and failed.				
Performance Overview/Issues:						
The CCG reported a performance of 5.9% in quarter 4, an improvement on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year end Access performance shows the CCG has narrowly missed the target of 34% by 0.3 percentage points. The CCG has now commissioned activity by the online counselling provision Kooth. Kooth are flowing data to the Mental Health Services Data Set (MHSDS) which was included from January published data onwards. This should improve the Access performance going forward into 2020/21.						
Actions to Address/Assurances:						
Although additional activity has been commissioned and mainstreamed from the voluntary sector in 2019/20, the target of 34% has only been narrowly missed despite the impact of Covid. Although initiated in the new school year, Kooth was only able to start to flow data in quarter 4, which showed the best performance of 2019/20.						
When is performance expected to recover:						
Kooth has shown positive performance in final quarter of 19/20 and 20/21 will get full year effect of that development. There has been an increase in Kooth capacity in response to Covid, and possibility of further increases in quarter 3/4. However, Covid will negatively impact on other providers notably CAMHS. As part of national recovery planning AHCH is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 20/21						
Quality:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that digital poverty may prevent some CYP from access to digitally delivered services.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 4 2019/20 the Trust continues to report under the 100% plan. Out of 28 routine referrals to children and young people's eating disorder service, 25 were seen within 4 weeks, a performance of 89.3%. The 3 patients who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have large impact on %. All clinically tracked and breach always related to patient choice (which metric doesn't account for). Nationally all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		75.0%	75.0%	75.0%	100.0%	
		Access Plan: 100% National standard 95%				
Performance Overview/Issues:						
Achieving						
Actions to Address/Assurances:						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), the CCG and Trust are currently agreeing a trajectory for a planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. The plan is to conclude this for flowing of data in 2020/21.

Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

6.2.1 Paediatric Speech & Language Therapies (SALT)






Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months				<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19)</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Incomplete Pathways (92nd Percentile)				
		Jan-20	Feb-20	Mar-20	Apr-20	
		22 wks	20 wks	23 wks	23 wks	<p><= 18 weeks: Green</p> <p>> 18 weeks: Red</p> <p>Average waiting times <= 18 weeks</p>
Performance Overview/Issues:						
In April, the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. This shows no improvement compared to last month.						
Actions to Address/Assurances:						
<p>Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services moved from face-to-face to remote and digital modes of delivery, though this position is beginning to stabilise as the new ways of working embed and recovery plans take effect.</p> <p>The Trust is continuing to deliver the service remotely where possible. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.</p>						
When is performance expected to recover:						
As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.						
Quality:						
We are reviewing patient feedback on the effectiveness of digital/telephone consultations and also monitoring the impact of digital poverty on accessibility.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Peter Wong		

Figure 16 - Alder Hey Community Paediatric SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-20
Number of Referrals	91
Average Waiting Time - Incomplete Pathways	23
Total Number Waiting	542
Number Waiting Over 18 Weeks	117

RAG Rating	
<= 18 Weeks	
19 to 22 weeks	
23 weeks plus	

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

6.2.2 Paediatric Dietetics

The Trust has raised concerns with the CCG regarding data quality issues with DNA and cancellation reporting for April 2020. This is due to the Trust switching their appointments from clinical to digital in response to the COVID outbreak. The Trust has assured the CCG that they are working to resolve this in the coming weeks.

Figure 17 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby		Apr-20
Number of Referrals		13
Average Waiting Time - Incomplete Pathways		14.28
Incomplete Pathways RTT Within 18 Weeks		100%
Total Number Waiting		23
Number Waiting Over 18 Weeks		0

RAG Rating

<= 18 Weeks
19 to 22 weeks
23 weeks plus

Figure 18 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

Outpatient Clinics - DNAs		
	19/20 Total	Apr-20
Appointments	1107	3
DNA	238	0
DNA Rate	17.7%	0.0%

Outpatient Clinics - Cancs by Provider		
	19/20 Total	Apr-20
Appointments	1107	3
Cancellations	91	11
Rate	7.6%	78.6%

Outpatient Clinics - Cancs by Patient		
	19/20 Total	Apr-20
Appointments	1107	3
Cancellations	335	10
Rate	23.2%	76.9%

RAG Ratings & Targets 20/21

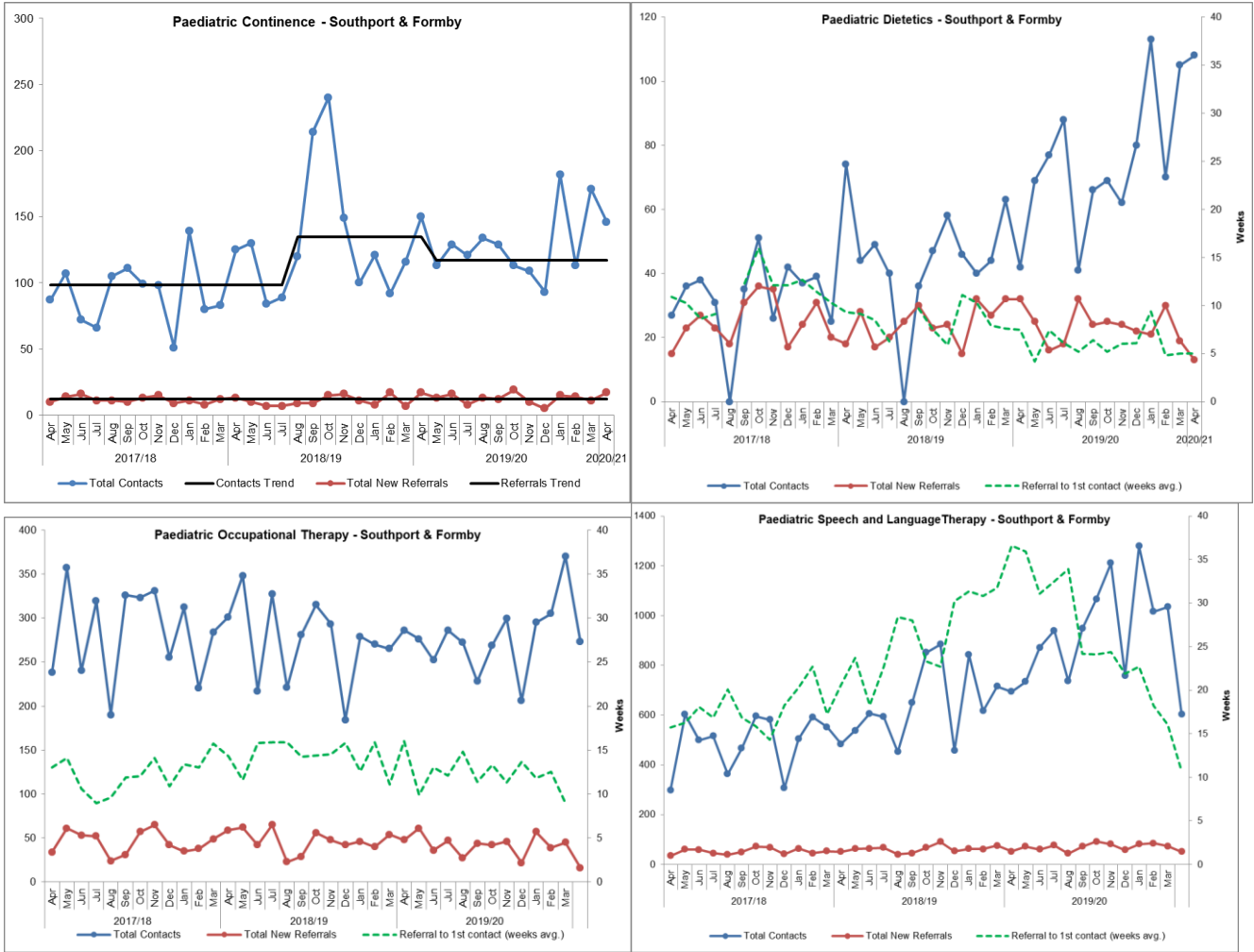
DNA Outpatients	
<= 8.47	Green
> 8.47% and <= 10%	Amber
> 10%	Red

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



6.3 Alder Hey Community Services Contract Statement

							2020/21
Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	871	871	1,338	53.62	108
		Total Contacts (Domiciliary)	176	176	966	448.86	89
		Total Contacts (Outpatients)	704	704	1,218	73.01	103
		Total New Referrals	287	287	210	-26.83	13
	Paediatric Occupational Therapy	Caseload at Month End	108	108	105	-2.78	104
		Total Contacts (Domiciliary)	3,400	3,400	3,180	-6.47	273
		Total New Referrals	515	515	196	-69.71	16
	Paediatric Physiotherapy	Caseload at Month End	70	70	67	-4.29	69
		Referral to 1st contact (weeks average)	6.2	6.2	7.3	17.74	4.5
		Total Contacts (Domiciliary)	4,577	4,577	3,558	-22.26	321
		Total New Referrals	558	558	252	-54.84	25
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	26.8	26.8	14.3	-48.64	10.7
		Total Contacts (Domiciliary)	11,255	11,255	7,146	-36.51	603
		Total New Referrals	853	853	516	-39.51	51
	NHS Southport and Formby CCG	Paediatric Continence	Caseload at Month End	143	143	67	-53.15
Total Contacts (Domiciliary)			1,564	1,564	1,848	18.16	146
Total New Referrals			153	153	120	-21.57	17
Paediatric Dietetics		Caseload at Month End	279	279	278	-0.36	276
		Referral to 1st contact (weeks average)	6.1	6.1	7.8	27.67	5

6.4 Alder Hey Activity & Performance Charts



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

Indicator		Performance Summary				Potential organisational or patient risk factors	
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters					
GREEN	TREND	Waiting Times					
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100%	100%	100%	100%		
For 2019/20, 92% of children should receive equipment within 18 weeks							
Performance Overview/Issues:							
Lancashire & South Cumbria NHS FT has reported 17 children out of 17 receiving equipment within 18 weeks for quarter 4 2019/20, a performance of 100%, exceeding the 92% target.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			

7. Primary Care

7.1 Care Quality Commission (CQC) Inspections

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

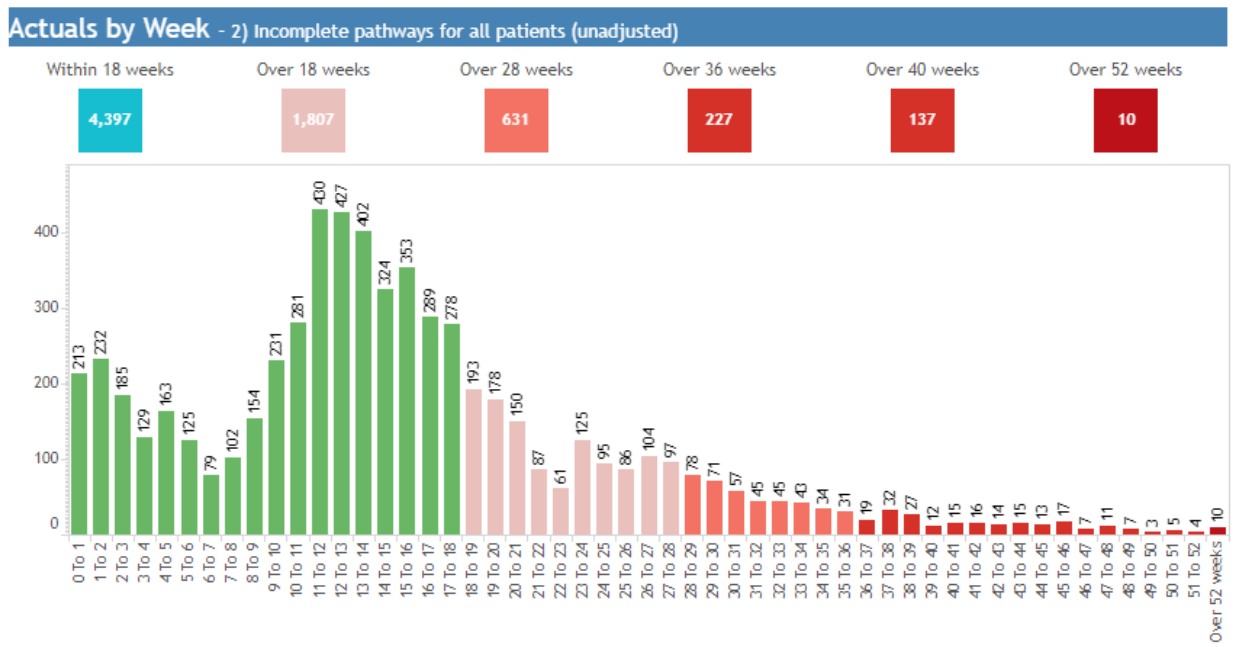
8. CCG Oversight Framework (OF)

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

9. Appendices

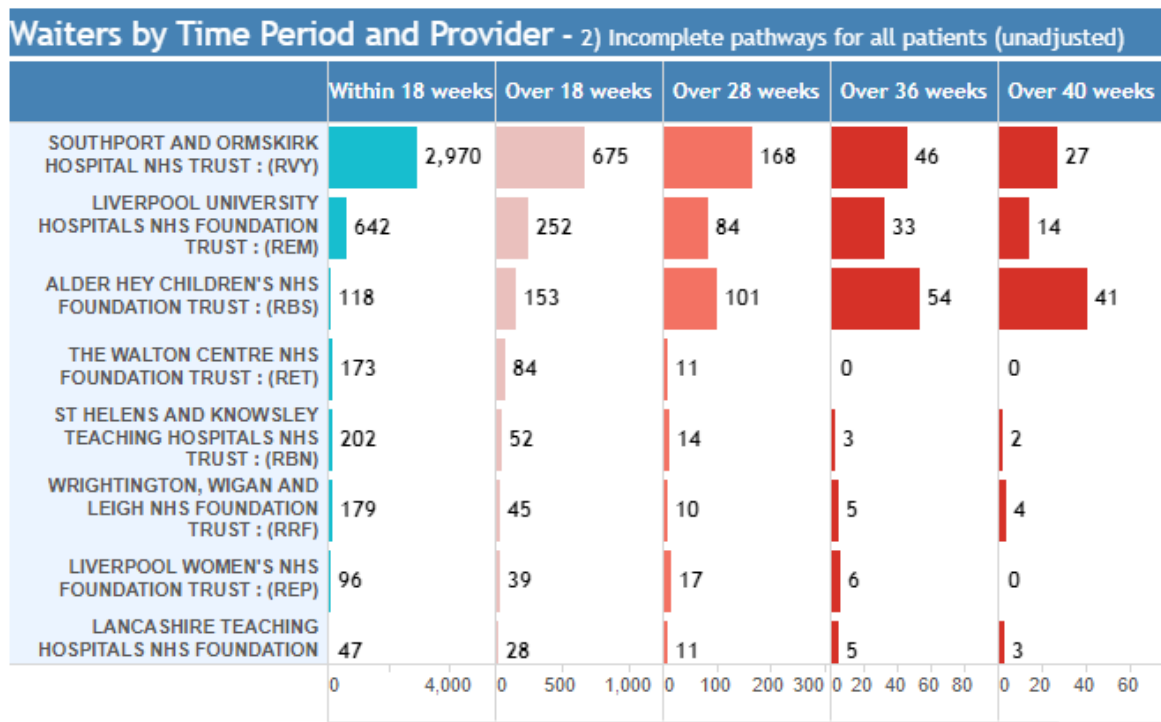
9.1.1 Incomplete Pathway Waiting Times

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



9.1.2 Long Waiters analysis: Top Providers

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



9.1.3 Long waiters analysis: Top 2 Providers split by Specialty

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

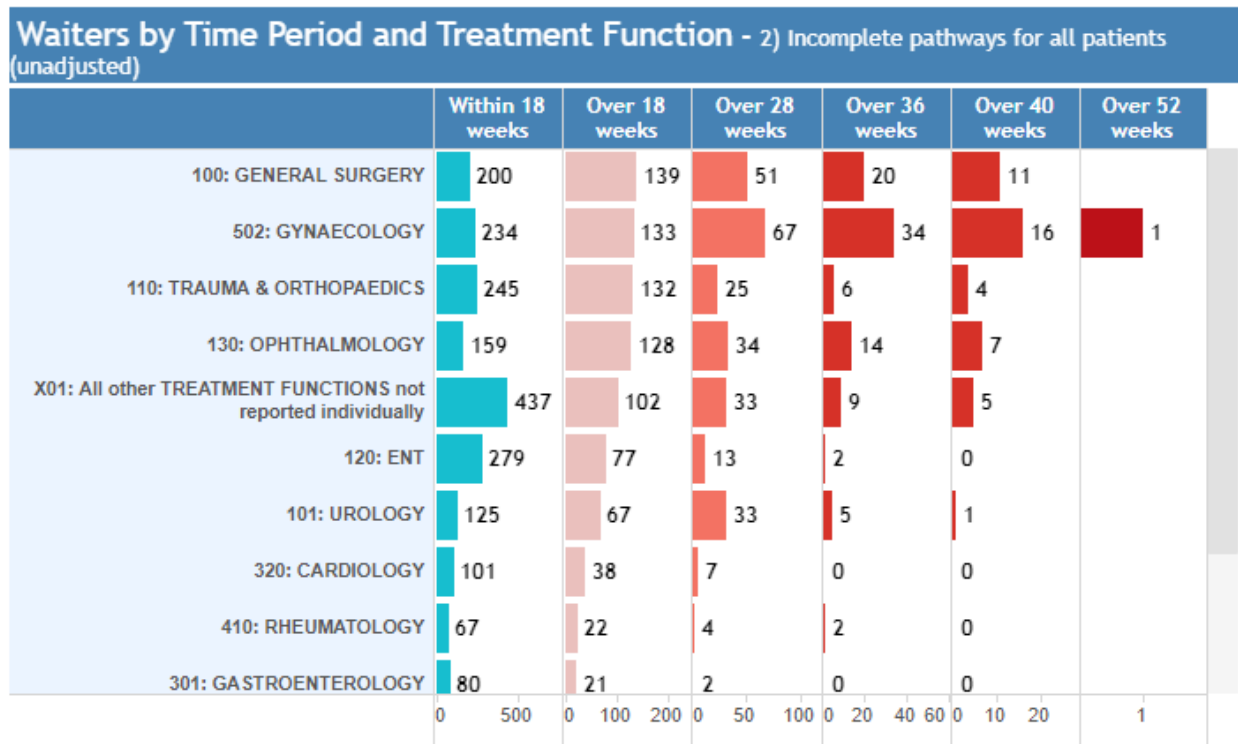
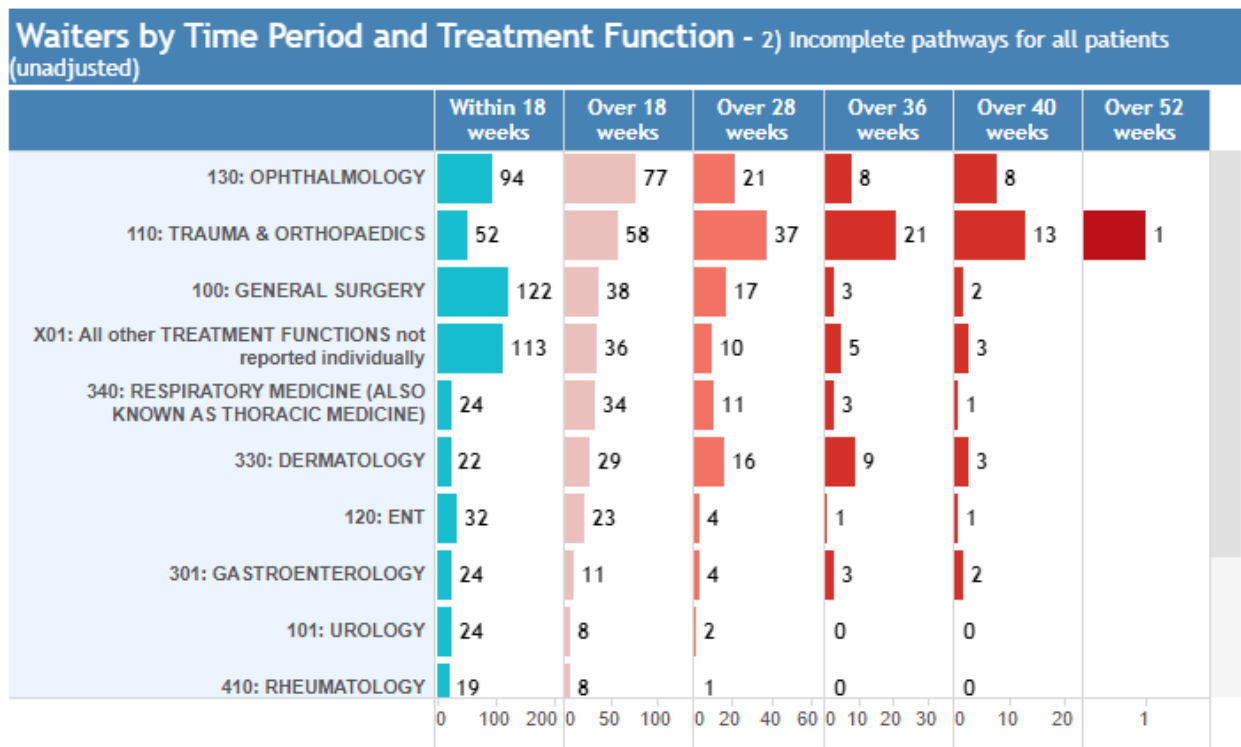


Figure 22 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

The delayed transfer of care graphs are published on the Future NHS website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

8.7 Better Care Fund

The Q4 BCF return was initially due to be submitted on the 5th June 2020. However, there is currently a national pause on the programme and it is suspended until further notice. The latest return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. Details of this return were reported in the previous integrated performance report. This section will be updated as soon as an update is available.

9.3 NHS England Monthly Activity Monitoring

Due to the COVID-19 pandemic, this return has been stood down for the foreseeable future. The last return was submitted to NHS England for month 10, which was included in the previous integrated performance report.