



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

May 2020

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
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	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%	63.67%											
		Target	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%	70.87%											
		Target	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	10											
		Target	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	0											
		Target	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				

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										G	
		Actual	94.39%	98.05%											96.62%
		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	R										G	
		Actual	100%	91.67%											93.75%
		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	R										G	
		Actual	100%	94.87%											97.83%
		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										G	
		Actual	100%	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										G	
		Actual	100%	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										G	
		Actual	95.24%	100%											97.37%
		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	G										R	
		Actual	71.88%	86.96%											78.18%
		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%	No pats											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%	62.50											77.78%
		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	
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G											R
Actual		92.31%	95.81%												94.61%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available												
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
Actual		Not available	Not available												
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R											R
YTD		0	1												1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R											R
YTD		3	7												7
Target		1	2	3	4	5	6	7	8	9	10	11	12	12	12
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G											G
YTD		4	18												18
Target		9	18	27	39	48	57	66	75	83	91	100	109	109	109

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	To be updated in month 3 report												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	To be updated in month 3 report												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	G											R	
		Actual	39.73%	58.33%												48.97%
		Target	50%	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											R	
		Actual	0.62%	0.42%												1.04%
		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											G	
		Actual	98.61%	97.44%												98.61%
		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											G	
		Actual	100%	100%												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											R	
		Actual	65.20%	63.94%												64.57%
		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	To be updated in month 3 report												
		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	To be updated in month 3 report												
		Actual													
		Target													
Children & Young People Mental Health Services (CYPMH)															
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	To be updated in month 3 report												
		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	To be updated in month 3 report												
		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%	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	To be updated in month 3 report												
		Actual													
		Target	95%	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	To be updated in month 3 report												
		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%	92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 2 (note: time periods of data are different for each source).

Constitutional Performance for May 2020/21 and Q4 2019/20	CCG	S&O
Diagnostics (National Target <1%)	63.67%	57.60%
Referral to Treatment (RTT) (92% Target)	70.90%	73.10%
No of incomplete pathways waiting over 52 weeks	10	1
Cancelled Operations (Zero Tolerance)	-	0
Cancer 62 Day Standard (Nat Target 85%)	86.96%	93.85%
A&E 4 Hour All Types (National Target 95%)	95.81%	95.77%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	19
Ambulance Handovers 60+ mins (Zero Tolerance)	-	0
Stroke (Target 80%)	-	72.7%
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)	0.42%	-
IAPT Recovery (Target 50%)	58.3%	-
IAPT 6 Weeks (75% Target)	97.4%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

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

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

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken 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 despite increases in both GP and consultant-to consultant referrals in May 2020, total referrals remain well below both current averages and historical levels. At Southport Hospital, year to date referrals are currently -60.2% below the equivalent period in 2019.

The CCG failed the less than 1% target for Diagnostics in May, recording 63.67%, a further decline on last month's performance (62.68%) due to the impact of COVID-19 and reductions in activity. Southport and Ormskirk have also shown a decline in performance again this month reporting 57.60%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in May was 70.9%. Southport & Ormskirk reported 73.1%. This is a drop in performance for the both CCG and Trust.

In May, the CCG reported 10 patients waiting over 52 weeks for treatment an increase from 6 last month. Southport & Ormskirk reported 1 over 52 week waiter after none reported last month.

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

As in month 1, performance at month 2 of the financial year 2020/21 has continued to show 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.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for April reached 95.77%. For type 1, a performance of 94.42% 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 initiated and progressed 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 the end of Quarter 1 2020/21. Work has continued but will have been affected by COVID-19.

Southport & Ormskirk's performance for stroke has declined in May and therefore continues to report below the 80% plan with 74.1%. The Trust reported 40% for TIA - also below a plan of 60%.

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

For C difficile, the CCG reported 4 cases of C difficile cases in May (7 year to date) against a year to date plan of 5. National objectives have been delayed due to the COVID-19 pandemic and so the CCG is measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so are reporting against last year's target of 109. In May there were 14 cases (18 YTD) and so achieving the target. There are no targets set for Trusts at present.

Performance at month 2 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'.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.42% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 58.3% in month 2 of 2020/21, which has now achieved the 50% target and shows a notable improvement from last month.

Commissioners have agreed to establish a single Collaborative Commissioning Forum (CCF) for Mersey Care NHS FT covering community and mental health contracts. However, they will retain separate Contract Review Meeting (CRM) and Contract Quality Performance Group (CQPG) arrangements.

Early Intervention Psychosis (EIP) is achieving the threshold of 60%.

The provider is developing an option paper to be shared with commissioners aimed at addressing the long standing issue of lengthy Autism Spectrum Disorder (ASD) waits.

With regards to the CORE 24 indicators, the Trust reports under the 90% for the Urgent Pathway Assessment within 1 hour (1 patient out of 4 breaching).

In May the dementia diagnostic measure has fallen under the 66.7% plan reporting 63.9%, a decline from last month. To note - this target was achieved for Southport & Formby CCG in 2019/20.

Timeliness of communication with primary care continues to be a concern and this will be picked up with the Trust at next CQPG in August 2020.

For sickness absence, against a plan of 5%, the Trust reported a sickness absence rate of 8.1% compared to 10% in April. This figure is partly related to COVID-19 and staff self-isolating and will have impacted on KPIs.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July. Focus will remain on COVID recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID.

Children's Services

In the move to phase 2 of the pandemic response, Alder Hey has developed recovery plans for community services and CAMHS and will further refine these as the Trust moves into phase 3 of its recovery.

During phase 2 there has been an increase in community therapy service provision. Throughout this period services have continued to carry out local risk assessments and prioritise AHP caseloads and new referrals in accordance with risk and needs of the child/young person. Services also continued to accept referrals and offer home visits for any high clinical priority patients. The Trust is also working to support increases in face to face activity in clinic (following IPC guidance), and anticipates that as the number of face to face appointments increases, waiting times will reduce. All other interventions are continuing to be offered virtually, by telephone or Attend Anywhere.

In response to the increasing demand for mental health services and the anticipated surge in referrals, Alder Hey's CAMHS is undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell). Data is currently being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into

account the national mandate for the establishment of a 24/7 Crisis Care Service. The results of this work will help inform the Trust's recovery plans which are in development. Early modelling exercises indicate that waiting times will return to pre-COVID levels by December 2020, but this is dependent on a number of variables such as referral numbers which are anticipated to increase as a result of COVID.

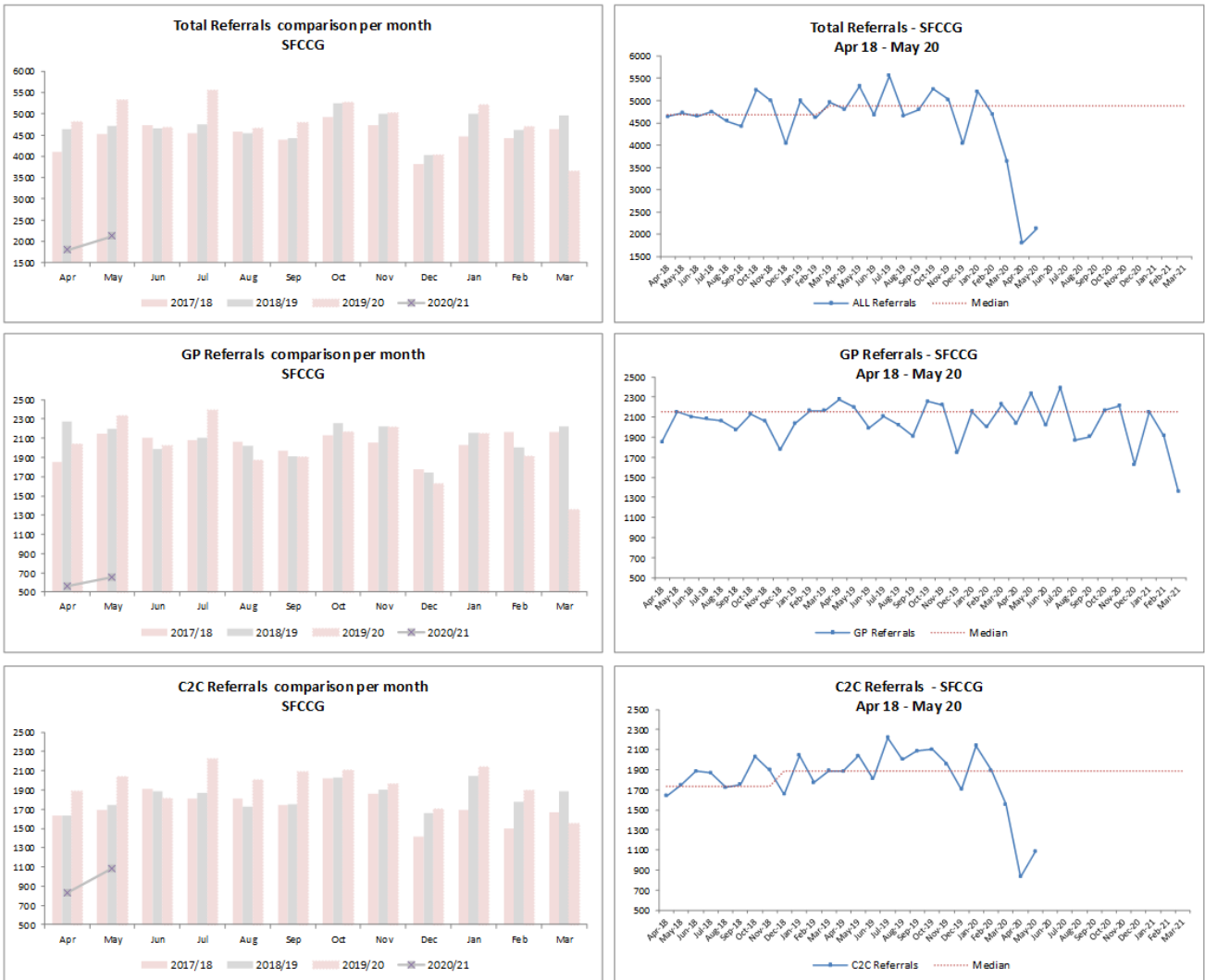
The Trust has flagged an increase in demand for the Eating Disorders Service which is also being addressed in its recovery plans.

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	+/-	%
April	2041	562	-1479	-72.5%	1887	833	-1054	-55.9%	4803	1794	-3009	-62.6%
May	2336	652	-1684	-72.1%	2038	1085	-953	-46.8%	5323	2123	-3200	-60.1%
June	2019		BN/A		1810		BN/A		4676		BN/A	
July	2395		BN/A		2220		BN/A		5555		BN/A	
August	1868		BN/A		2002		BN/A		4656		BN/A	
September	1906		BN/A		2086		BN/A		4794		BN/A	
October	2166		BN/A		2103		BN/A		5261		BN/A	
November	2213		BN/A		1960		BN/A		5020		BN/A	
December	1628		BN/A		1704		BN/A		4031		BN/A	
January	2150		BN/A		2141		BN/A		5208		BN/A	
February	1914		BN/A		1894		BN/A		4692		BN/A	
March	1358		BN/A		1554		BN/A		3643		BN/A	
Monthly Average	2000	607	-1393	-69.6%	1950	959	-991	-50.8%	4805	1959	-2847	-59.2%
YTD Total Month 2	4377	1214	-3163	-72.3%	3925	1918	-2007	-51.1%	10126	3917	-6209	-61.3%
Annual/FOT	23994	7284	-16710	-69.6%	23399	11508	-11891	-50.8%	57662	23502	-34160	-59.2%



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





Month 2 Summary:

- Trends show that despite increases in both GP and consultant-to consultant referrals in May 2020, total referrals remain well below both current averages and historical levels.
- GP referrals are currently -72.3% down on the equivalent period in the previous year. However, taking into account working days, further analysis has established there have been approximately 6 additional GP referrals per day in May 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -60.2% (-4,747) year to date at month 2.
- Consultant-to-consultant referrals at Southport Hospital are -50.0% (-1,726) 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 -80% (-973) lower than the previous year.
- In terms of referral priority, all referral groups have seen an increase at month 2 of 2020/21 when comparing to the previous month but remain well below historical levels. The largest year to date variance has occurred within routine referrals with a variance of -4,957/-70% to the previous year.
- Some recovery of referral numbers for urgent and two week waits is apparent in month 2 of 2020/21. However, referrals remain well below historical levels for each of these priority groupings and significant decreases are evident within specialities such as Dermatology, Breast Surgery and Ophthalmology.

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % 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	Feb-20	Mar-20	Apr-20	May-20		
		CCG	1.06%	15.65%	62.68%		
		S&O	0.35%	10.06%	50.57%	57.60%	
		National Target: less than 1%					
		Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Out of 2,668 patients, 1,537 patients were waiting over 6 weeks and 369 of those were waiting over 13 weeks for their diagnostic test. The majority of long waiters were for non-obstetric ultrasound (521) and echocardiography (262). Diagnosics performance has been adversely impacted by the NHS England mandate to defer non-urgent clinical activity from the beginning of April 2020. Performance significantly affected due to the pandemic with national directive to defer all non-urgent clinical activity since April 2020. CCG yet to have sight of provider recovery plans. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. Data collections will be re-instated for the Q2 reporting period. System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. 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. There is work underway looking to maximise independent sector capacity for diagnostics as part of the regional and national approach. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
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		Feb-20	Mar-20	Apr-20			May-20
		CCG	91.5%	88.9%	80.0%			70.9%
		S&O	92.6%	89.8%	82.1%	73.1%		
		Plan: 92%						
Performance Overview/Issues:								
<ul style="list-style-type: none"> For the third month Trust RTT performance has declined. The major issue being Gynaecology which has been severely compromised with shortage of the medical workforce reporting 65.8% with 271 breaches, other failing specialities are General surgery, T&O and Ophthalmology. The number of waiters over 30 weeks is currently 488 and continues to increase (this number is nearly 5 times the previous average). Performance significantly affected due to the pandemic with national directive to defer all non-urgent clinical activity since April 2020. CCG yet to have sight of provider recovery plans. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures. 								
Trust Actions:								
<ul style="list-style-type: none"> Discussions with the Independent Sector continue and Trust endoscopy is expected to commence at Renacres from mid-June. Work is also ongoing with the clinical teams to improve throughput of elective theatres. From the 15th June, four theatre lists will be offered per day (Monday to Thursday) at Ormskirk, with three of those lists for urgent and long wait elective cases. One list continues to deliver a combined Trauma / Emergency Surgery list. It is expected that each specialty should get at least one additional full day of surgery per week. 								
When is performance expected to recover:								
No dates for recovery provided.								
Quality:								
No quality issues raised.								
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	Feb-20	Mar-20	Apr-20	May-20			
		CCG	1	0	6			10
		S&O	1	0	0			0
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 10 breaches, there were 2 at Manchester University Hospital, 2 at Wrightinton, Wigan & Leigh NHS Foundations Trust, 1 each at Alder Hey, Southport & Ormskirk, Lancashire Teaching Hospital, Wirral University Hospital, Liverpool Heart & Chest, and Liverpool University Hospital Foundation Trust. • Impact of covid-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. • Patients reluctant to attend or have not self-isolated prior will remain on the waiting list as per national guidance, this is expected to further increase the number of 52 week breaches in coming months. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> • Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance. • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. 								
Trust Actions:								
<ul style="list-style-type: none"> • 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 was no from the hospital cell. There was agreement to consider cancer as a common waiting list across Cheshire & Merseyside and this is being pursued by the Hospital Cell. • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. • When NHS eRS patients are cancelled, they are removed from the Patient Tracking List (PTL) and managed on an NHS eRS 'appointments for booking' list. In this instance, the list wasn't actively managed because of access issues to NHS eRS and no Standard Operating Procedure (SOP) being put in place. A full Root Cause Analysis (RCA) has taken place to ensure so this does not happen again. 								
When is performance expected to recover:								
To be confirmed as part of the development of COVID recovery and the new 'business as usual'.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Karl McCluskey		Rob Caudwell		Terry Hill				

Figure 2 - RTT Performance & Activity Trend

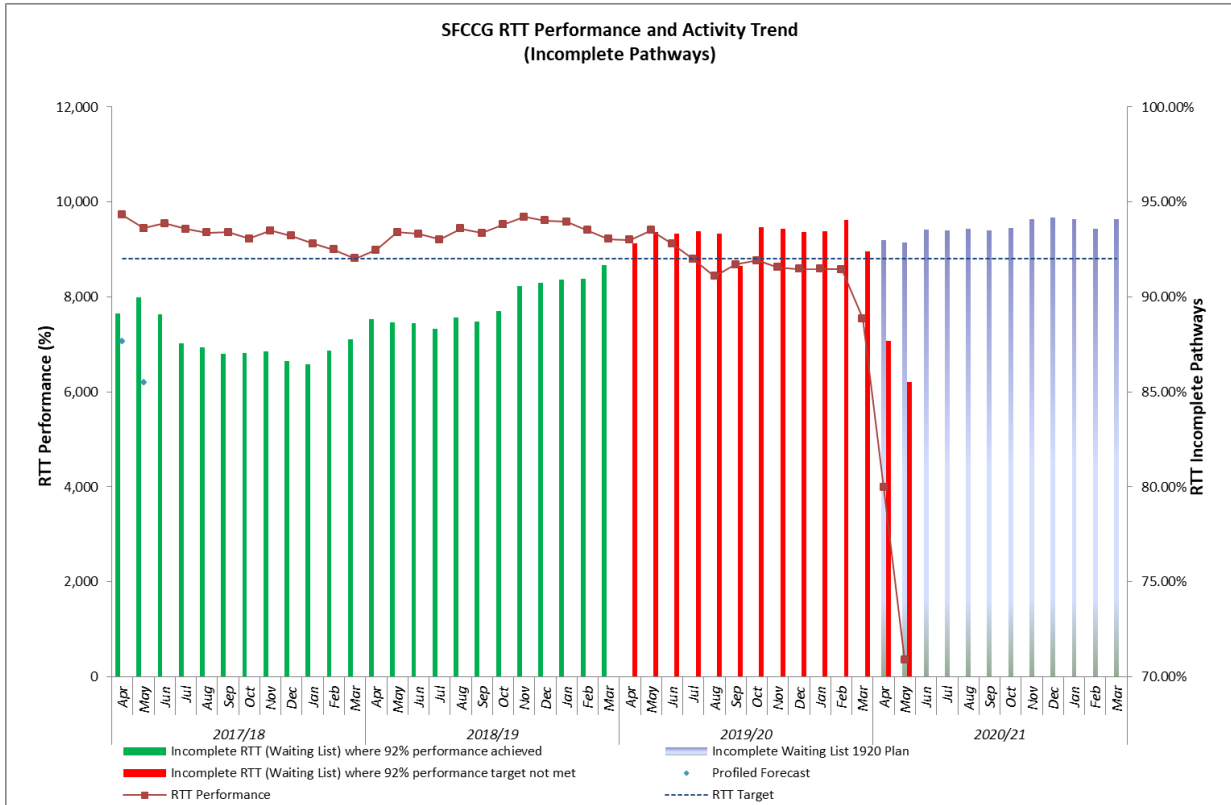


Figure 3 - Southport & Formby CCG Total Incomplete Pathways

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	6,204											6,204
Difference	-2,054	-3,163											-3,172



2.3.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	91	1	This patients procedure was cancelled once by the hospital and once by the patient for COVID related reasons. The patient had a telephone consultation and will go ahead.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	52	1	Following the Trust's enactment of the Emergency Contingency Plans, the reduction of activity in routine, urgent, and cancer elective activity has resulted in a deterioration in RTT performance. There has been a rise in the number of patients waiting over 40 weeks, most significant risks being in General Surgery, Trauma and Orthopaedics and Ophthalmology.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	40	1	The reduction in RTT is consistent with other acute providers and reflects the significant reduction of available theatre/op and ward bed capacity. This position will not significantly improve until the resumption of capacity resumes back to original levels. This is currently being worked through as part of phase 2 planning and is also contingent on PPE availability.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	5	2	No trust comments received.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	3	1	Outpatient/Diagnostic capacity delays due to COVID-19.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	2	1	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
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	2	2	A large number of elective patients have been delayed.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	1	1	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 starting up elective surgery from 1st July, which will be massively under usual capacity initially and the priority is with the cancers and clinically urgent, however the 52 week patients will be prioritised within the first cohort of routine patients that the Trust books, but no definite dates as yet.
OTHER TRUSTS	22	0	No Trust Comments
	218	10	










Due to the current situation with regards to COVID-19 and in line with other reporting changes by NHS England, Trust reporting on individual patients' pathways has been suspended until June 2020 at the earliest. The table above gives assurance notes on the over 52 week waiters.

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				
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20	
		8	8	2	0	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> May shows an improvement on previous months. 						
Actions to Address/Assurances:						
Actions:						
<ul style="list-style-type: none"> Southport and Ormskirk Hospital NHS Trust (S&O) has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity. 						
When is performance expected to recover:						
Not applicable.						
Quality:						
CQRM (Contract Quality Review Meeting) have recommenced with Acute providers. 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

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Feb-20	Mar-20	Apr-20	May-20			YTD
	2 Week Wait (Target 93%)	CCG	96.06%	95.35%	94.39%	98.05%			96.62%
		S&O	96.50%	96.38%	97.16%	98.47%			97.93%
	2 Week breast (Target 93%)	CCG	94.12%	96.88%	100%	91.67%			93.75%
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	94.12%	96.39%	100%	94.87%			97.83%
		S&O	98.25%	98.46%	93.10%	95.56%			94.17%
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%			100%
		S&O	0 Pats	0 Pats	0 Pats	0 Pats			0 Pats
	31 day subsequent - surgery (Target 94%)	CCG	100%	100%	100%	100%			100%
		S&O	100%	100%	No Pats	100%			100%
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	95.24%	100%			97.37%
		S&O	0 Pats	0 Pats	0 Pats	0 Pats			0 Pats
	62 day standard (Target 85%)	CCG	81.25%	89.13%	71.88%	86.96%	78.18%		
		S&O	79.78%	88.57%	70.00%	93.85%	80.00%		
	62 Day Screening (Target 90%)	CCG	0.00%	66.67%	100%	0 Pats	100%		
		S&O	0 Pats	0 Pats	100%	100%	100%		
	62 Day Upgrade (Local Target 85%)	CCG	85.00%	94.74%	84.21%	62.50%	77.78%		
		S&O	77.55%	92.16%	88.89%	100%	91.89%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> The CCG are achieving 7 of the 9 cancer measures year to date. The Trust are achieving 4 of the 9 cancer measures year to date. <p>Reasons for breached pathways recorded on the National Cancer Waits database relate to a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario.</p> <p>Key reasons and issues are:</p> <ul style="list-style-type: none"> 31 day standards - patient choice to delay treatment. Monthly numbers treated by Southport & Ormskirk in the given month are low but consistent with normal variation in pre-pandemic levels. <ul style="list-style-type: none"> Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. Nationally the number not yet treated waiting over 62 days and 104 days has grown significantly since the start of the pandemic. Cheshire and Merseyside has been identified as having the highest number of long waiters per head population. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> Weekly sitrep data is now collected which provides the data by tumour site, waiting time bands, whether a decision to treat for cancer has been made and whether the patient is suspended for COVID-related reasons. The use of dedicated surgical hubs for cancer is ongoing and is successfully maintaining and reducing the size of waiting lists for surgery. Weekly clinical prioritisation meetings with the aim of ensuring equitable access to treatment based on clinical need. Capacity for imaging stands at approximately 65% of pre pandemic levels across the region with priority being given to cancer diagnostics. An Endoscopy Recovery Team has been established by the Cheshire and Merseyside Cancer Alliance in order to co-ordinate actions such as; mutual aid and common waiting lists, use of independent sector, use of mobile capacity and decision making on timing for the re-start of the national bowel cancer screening programme. 									
When is performance expected to recover:									
<ul style="list-style-type: none"> Recovery modelling is being undertaken by the Cheshire and Merseyside Cancer Alliance on behalf of all cancer providers and will be shared with commissioners. 									
Quality:									
Root cause analyses (RCA) are undertaken on all cases where patients have waited longer than 62 days for treatment. There is commissioner attendance at RCA meetings. Harm reviews are also undertaken with a serious incident process put in place where harm is determined to have taken place.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Graeme Allan			Sarah McGrath				

2.5.1 104+ Day Breaches

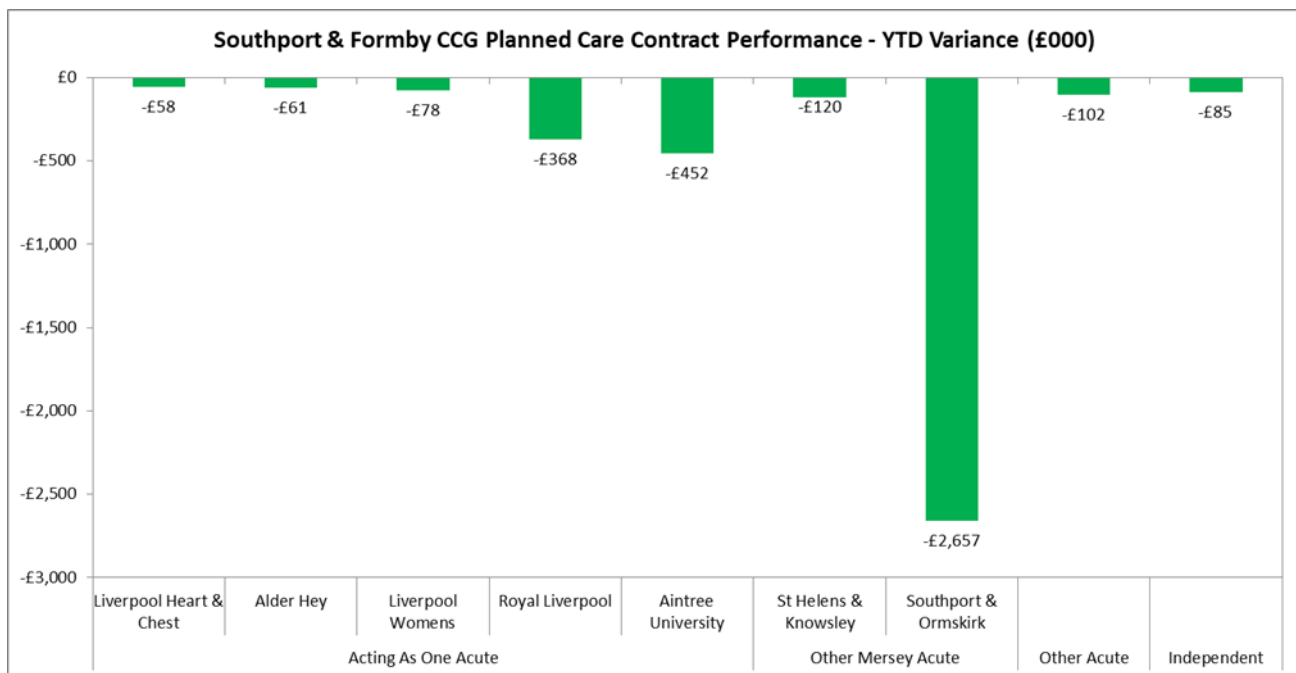
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20	
		6	1	6	0	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> No issues to report, no patients waiting over 104 days in May. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The focus since the start of the COVID pandemic has been on the backlog of long waiting patients still waiting for diagnosis and treatment. 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. A decision is made as to whether each factor was avoidable or not. 						
When is performance expected to recover:						
Recovery modelling is underway, led 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		

2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Feb-20	Mar-20	Apr-20	May-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	73.19%	69.92%	61.32%	80.61%	70.64%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	92.59%	93.55%	66.67%	92.31%	87.50%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS Screening Referral	CCG	13.33%	13.64%	66.67%	66.67%	66.67%	
		Target	Target to start July 2020 - 75%					
Performance Overview/Issues:								
<ul style="list-style-type: none"> Shadow reporting has taken place on these indicators from April 2019, this data shows that both 2 week measures would have achieved the new 75% target for last year. From July the target will be 75%. RAG is indicating what the measure would be achieving when the target comes in. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
No applicable.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			

2.6 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care - All Providers



As in month 1, performance at month 2 of the financial year 2020/21 has continued to show 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 at month 2 with a variance of -£2.6m/-77% against plan. Across all providers, Southport & Formby CCG has underperformed by -£4m/-65.5%.

Previously in 2019/20, a notable over performance had been reported at Isight. This provider is within the nationally procured block contract for independent sector providers until 1st July 2020. The CCG are still unsure of the anticipated activity levels that independent sector providers will undertake following this date under the new operating framework and Infection Prevention Control (IPC) guidelines. This is something that will be explored via future contracting routes. 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 2 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 2 year to date actuals.

There will be no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified within the above chart.

2.6.1 Southport & Ormskirk Hospital NHS Trust

Figure 5 - 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	1,834	456	-1,378	-75%	£963	£212	-£751	-78%
Elective	166	30	-136	-82%	£482	£98	-£385	-80%
Elective Excess Bed Days	70	2	-68	-97%	£19	£1	-£18	-97%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	161	30	-131	-81%	£34	£7	-£27	-78%
OPFASPCL - Outpatient first attendance single professional consultant led	2,642	733	-1,909	-72%	£464	£125	-£339	-73%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	157	63	-94	-60%	£18	£8	-£11	-58%
OPFUPSPCL - Outpatient follow up single professional consultant led	7,516	1,512	-6,004	-80%	£664	£140	-£524	-79%
Outpatient Procedure	4,477	776	-3,701	-83%	£612	£131	-£480	-79%
Unbundled Diagnostics	1,889	585	-1,304	-69%	£179	£56	-£123	-69%
Grand Total	18,912	4,187	-14,725	-78%	£3,434	£777	-£2,657	-77%

*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 -£2.6m/-77% for Southport & Formby CCG at month 2. 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 and May 2020 when comparing to the previous year with decreases of -60% (across all referral sources combined) during each month.

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, diagnostic endoscopic upper gastrointestinal tract procedures and minimal admissions/procedures 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 table relate to variances against 2019/20 month 2 year to date actuals.

2.6.2 Isight

Figure 6 - 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	148	8	-140	-95%	£61	£54	-£7	-12%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	327	6	-321	-98%	£45	£1	-£44	-97%
OPFUPMPCCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	1	0	-1	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	557	148	-409	-73%	£33	£12	-£21	-64%
Outpatient Procedure	295	157	-138	-47%	£21	£15	-£5	-25%
Grand Total	1,328	319	-1,009	-76%	£161	£83	-£78	-48%

As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during April and May as a result of the COVID-19 pandemic. The total cost variance is currently -£78/-48%.

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 table relate to variances against 2019/20 month 2 year to date actuals.



3. Unplanned Care

3.1 Accident & Emergency Performance

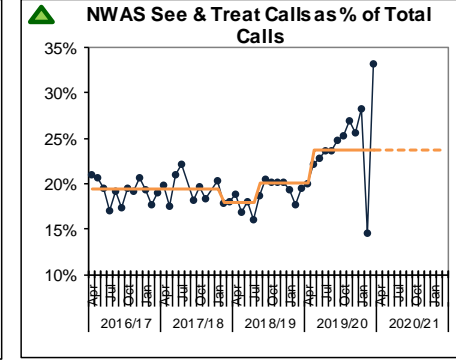
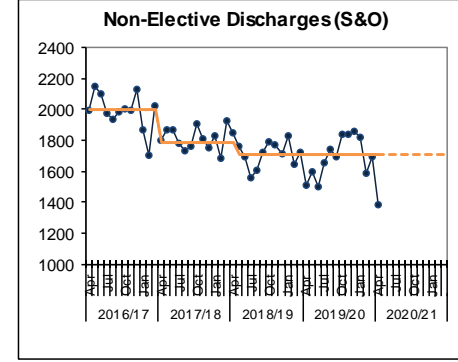
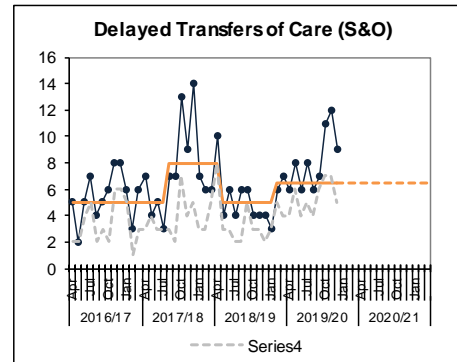
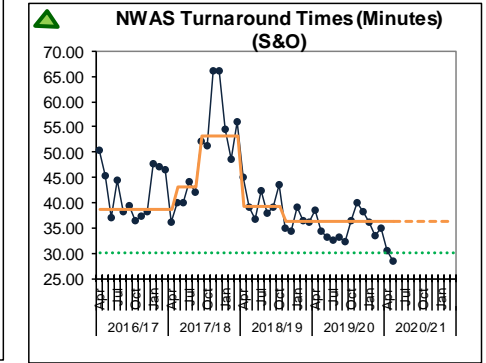
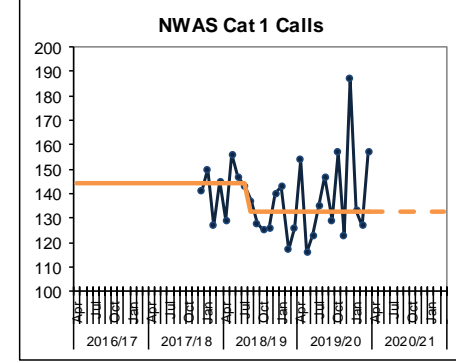
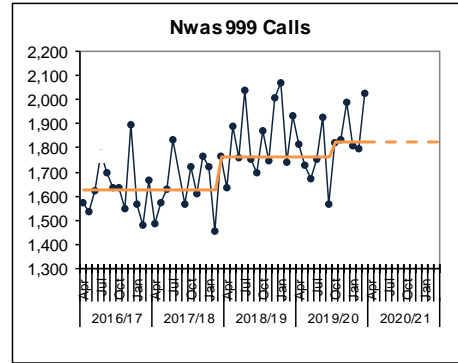
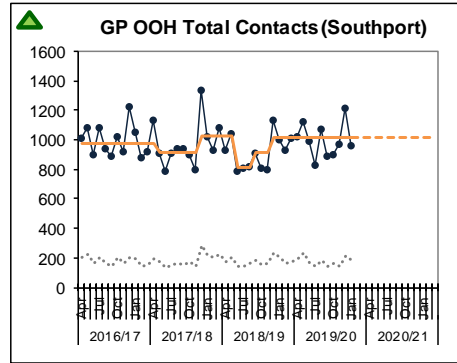
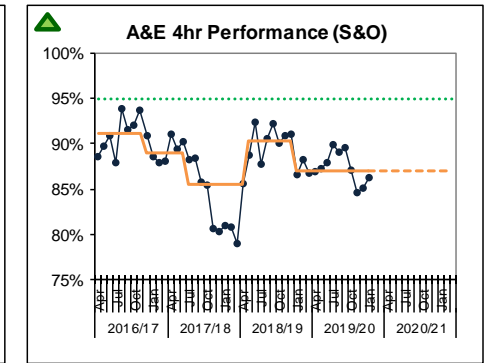
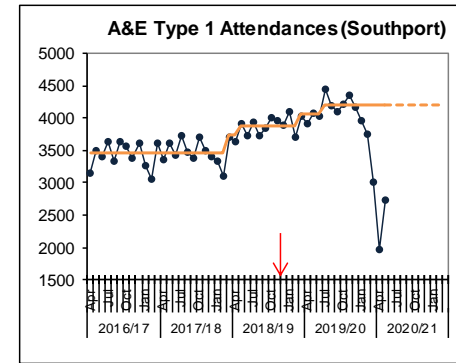
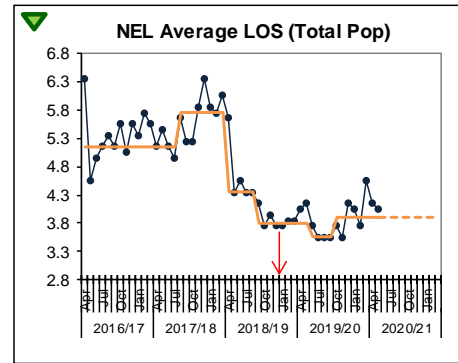
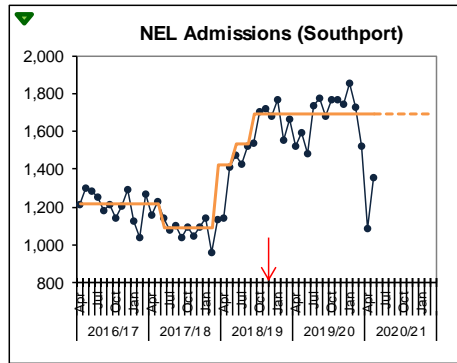
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20	YTD		
		CCG All Types	83.23%	86.56%	92.31%	95.81%	94.61%	
		CCG Type 1	68.94%	78.82%	92.33%	95.17%	93.94%	
		S&O All Types	83.20%	86.55%	92.83%	95.77%	94.54%	
		S&O Type 1	76.32%	81.78%	90.93%	94.42%	92.93%	
		S&O Improvement Plan 19/20	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:								
<ul style="list-style-type: none"> The improvements in performance is due to COVID-19 and a reduction in the numbers of patients attending A&E. Whilst this has improved waiting times, this should be seen as a temporary situation. In May 2020, the total number of A&E attendances reported for the CCG patients was 3,032. Whilst, this shows an increase from the 2,171 attendances reported in April; it represents a decrease on the CCG A&E attendances in May 2019 which was 5213. There has been consistent decrease in attendances up to May 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. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> 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 Emergency Department. The reduction in attendances has impacted positively on quality and performance. 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. 								
Trust Actions:								
<ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England – which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
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:								
There has been a marked improvement in the time to treatment times and marked reduction in the time patients have needed to wait in the department. There has been no 12 hour breaches which is indicative of quality improvement.								
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				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20		
		9	10	0	0		
		Plan: Zero					
Performance Overview/Issues:							
• Southport & Ormskirk showing a continued improved position.							
Actions to Address/Assurances:							
• Exception commentary not required as achieving target in month.							
When is performance expected to recover:							
Not applicable.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Annette Metzmacher			Sharon Forrester		

3.2 Urgent Care Dashboard





↓ ACU Data flow begins on May 18

Definitions



Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to 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 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Mar-20	Apr-20	May-20		
		(a) 30-60 mins	94	0	19	Plan: Zero	
		(b) 60+ mins	16	0	0		
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, this had an impact on 30 to 60 minutes handover times. During May 2020, 2,037 triaged calls were recorded as belonging to the Southport and Formby CCG area footprint. The majority of callers (47.9%) were advised to contact Primary and Community care. 20.4% of calls were closed with advice only. 8.9% resulted in a ED Disposition (referred to an Emergency Department (ED) or Central Alerting System (CAS)) and 13.5% were transferred to the 999 Emergency Operations Centre. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> NWAS and 111 like all other services are responding and adapting to the COVID-19 national emergency. The Southport System COVID-19 calls continue on a weekly basis, which provide effective escalations management. These high level meetings initially were daily. There were no escalation issues reported through NWAS. As part of NWAS Command and Control staff services have been redeployed to focus on urgent response, which has resulted in capacity being increased with their vehicles and staff. 							
When is performance expected to recover:							
Unable to predict recovery date due to unprecedented situation.							
Quality:							
Performance has improved due to redirection of resource within NWAS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Annette Metzmacher			Sharon Forrester		

3.4 Unplanned Care Quality Indicators



3.4.1 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	Feb-20	Mar-20	Apr-20	May-20		
		a) 78.8%	76.9%	74.1%	72.7%		
		b) Not available	Not available	No Patients	40.0%		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> COVID has had an impact on ability to care for patients for more than 90% of their 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. The Trust continues to report poor performance for TIA. In May 2020, the Trust reported 40% of patients who experienced a TIA being assessed and treated within 24 hours, this falls below the 60% target. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> Through COVID-19 the Trust continues to do 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 Emergency Department (ED) and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement. 							
CCG Actions:							
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board 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. 							
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		



3.4.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)						
RED	TREND		Feb-20	Mar-20	Apr-20	May-20	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.
		CCG	2	2	0	1		
		S&O	1	1	1	1		
		Plan: Zero						
Performance Overview/Issues:								
• The CCG and Trust have failed the target 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 will not 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		

3.4.3 Healthcare associated infections (HCA): C. Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the Trust
RED	TREND		Feb-20	Mar-20	Apr-20	May-20	
		CCG	33	38	3	7	
		S&O	47	54	5	11	
		2020/21 Plans Awaiting National Objectives to measure actuals against Measuring against last year's objectives for the CCG					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Previously, Trusts were able to appeal cases in agreement with the CCG if there had been lapses in care. National guidance suggests this process is now not required. The reasoning for this is so that efforts can be focussed on improvement actions as opposed to challenging good practice. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> One of the four quality priorities for the Trust is infection prevention. This has been delayed due to the COVID-19 pandemic and the Infection Prevention Control (IPC) team have been focusing on training for PPE and FIT testing for staff and managing the outbreak. 							
When is performance expected to recover:							
The Infection Prevention Control (IPC) representative was due to attend April Contract and Clinical Quality Review Meeting (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.							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.4.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					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		Feb-20	Mar-20	Apr-20	May-20	
		CCG	141	150	4	18	
		S&O	226	242	8	26	
2020/21 Interim Plan: <= 109 YTD There are no Trust plans at present numbers for information							
Performance Overview/Issues:							
<ul style="list-style-type: none"> 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. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have just reconvened due to the COVID-19 incident. 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 and Clinical Quality Review Meetings (CCQRM's). 							
When is performance expected to recover:							
Indicator is achieving so far year to date.							
Quality:							
The overarching Cheshire & Merseyside delivery plan has been put on hold due to the COVID-19 Pandemic, this will continue to be developed and will be included within the local recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.4.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 7 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	May 2020	100	83.60	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	97.90	↓

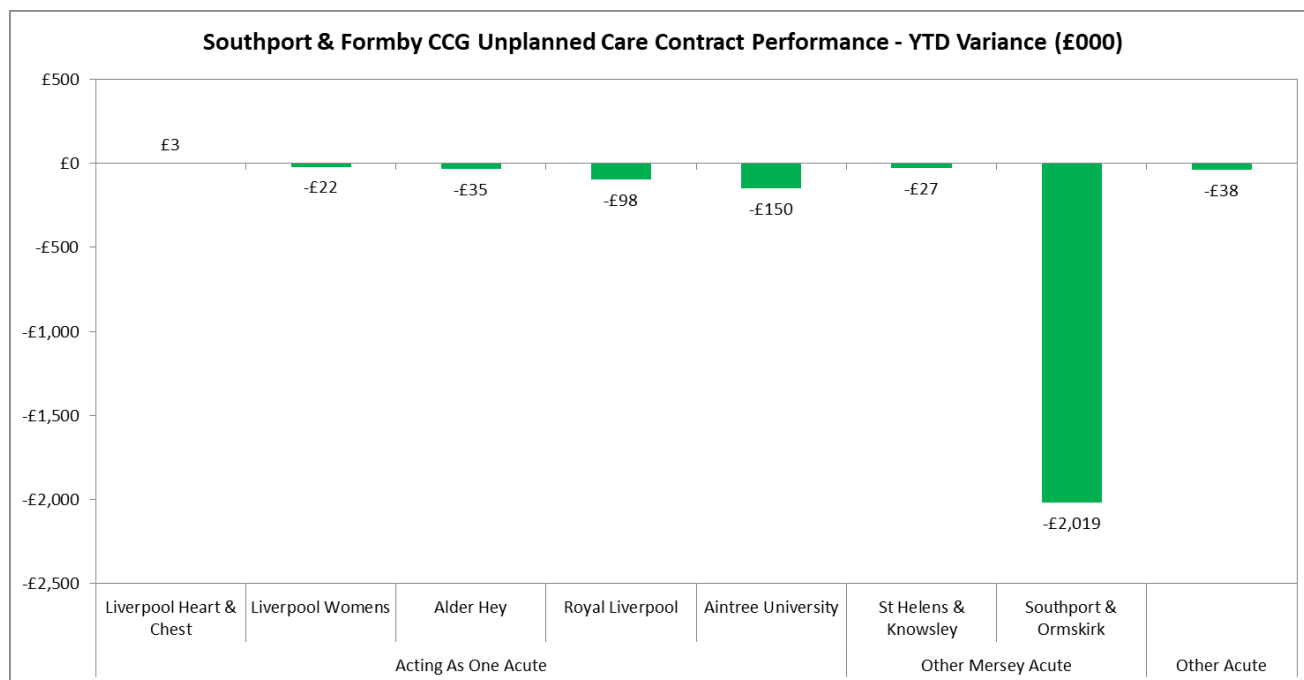
HSMR is lower than reported last month at 83.6 (with last month reporting 89.4) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one 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.

3.5 Unplanned Care Activity & Finance, All Providers

3.5.1 All Providers

Figure 8 - Unplanned Care – All Providers



Performance at month 2 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 2 with a variance of -£2m/-28% against plan. Across all providers, Southport & Formby CCG has underperformed by -£2.3m/-29.1%.

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.

NB. Due to the COVID-19 pandemic, a number of month 2 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 2 year to date actuals.

There will be no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

3.5.2 Southport & Ormskirk Hospital NHS Trust

Figure 9 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	7,157	4,378	-2,779	-39%	£1,200	£750	£-450	-38%
NEL - Non Elective	2,241	1,718	-523	-23%	£5,110	£3,908	£-1,202	-24%
NELNE - Non Elective Non-Emergency	198	143	-55	-28%	£431	£376	£-55	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	11	10	-1	-9%	£5	£0	£-5	-100%
NELST - Non Elective Short Stay	515	313	-202	-39%	£369	£221	£-148	-40%
NELXBD - Non Elective Excess Bed Day	736	108	-628	-85%	£187	£28	£-159	-85%
Grand Total	10,858	6,670	-4,188	-39%	£7,302	£5,284	£-2,019	-28%

*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 -£2m/-28% for Southport & Formby CCG at month 2. The largest activity reductions have occurred within A&E type 1 with a variance of -2,779/-39%. This can be attributed in large to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23rd March 2020. Attendances increased slightly in May-20 from the previous month but remain well below historical levels. A similar trend is evident for non-elective admissions.

Local analysis has established that A&E activity has largely returned to expected levels, however, the Ormskirk paediatric department is now open at reduced hours from 9am-9pm and therefore the attendances are still likely to show a lower level than those in 2019/20. As noted above, non-electives reduced in line with A&E (an approx. -20% reduction). The proportion of zero day length of stay admissions reduced from 42% to 33% of all admissions. Non-elective admissions are on track to be comparable to the monthly plan in month 3.



NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 2 year to date actuals.

4. Mental Health

4.1.1 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	Feb-20	Mar-20	Apr-20	May-20	
		100.0%	94.74%	100%	100%	
		Plan: 95%				
Performance Overview/Issues:						
• The Trust reported 100% of patients being followed up within 7 days in May and is therefore reporting above the 95% target.						
Actions to Address/Assurances:						
• Fewer numbers reported against this metric can account for greater volatility in the performance reported.						
When is performance expected to recover:						
Continued sustained recovery expected.						
Quality:						
No Quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.2 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				Patient safety. Reputation.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20	
		50.00%	73.68%	82.61%	48.70%	
		Plan: 95%				
Performance Overview/Issues:						
• Long standing challenges remain in place.						
• Out of a potential 154 Service Users, 75 started treatment within the 18 week target (48.70%). The Trust has stated that demand for the service continues to increase and to exceed capacity.						
Actions to Address/Assurances:						
Trust Actions:						
• A business case will be developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service and ensure that the service is NICE compliant. However, the Trust have sent their proposal to commissioners who have fed back that the proposal lacks physical intervention and is therefore not NICE compliant. Meeting to discuss with Trust and clinical leads arranged for 12th August 2020.						
When is performance expected to recover:						
Aiming for significant improvement by Quarter 1 20/21. However COVID-19 may have a significant impact on activity on M2 including staff sickness levels across the Trust.						
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	Feb-20	Mar-20	Apr-20	May-20		
		0.73%	0.78%	0.62%	0.42%		
		National Monthly Access Plan: 1.59% May reported 0.42% and failed					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. The service is making efforts to recruit to vacancies. The service has reported that internal waits for Step 2, CBT and counselling have significantly reduced, however these waits may increase if demand increases. More details on internal waits will be provided for M3. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19 and modelling is being done for a 5%,10% and 15% increase in demand scenarios. The service is currently making its premises COVID-19 secure so as to enable face to face (FTF) working to resume and they are awaiting a decision from Cheshire Wirral Partnership COVID-19 tactical command as to when FTF working can resume. 							
When is performance expected to recover:							
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.							
Quality:							
No quality issues have been reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20		
		58.8%	44.1%	39.7%	58.3%		
		Recovery Plan: 50% - May 2020/21 58.3% and achieved					
Performance Overview/Issues:							
• The Recovery rate saw a significant improvement in May to 58.3% and is now achieving the 50% target.							
Actions to Address/Assurances:							
• 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	Feb-20	Mar-20	Apr-20	May-20		
		68.0%	67.9%	65.2%	63.9%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. 							
Actions to Address/Assurances:							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.							
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.							
Recovery plan received from NHS MCFT:							
<ul style="list-style-type: none"> 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). 							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

5. Community Health

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

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July. Focus will remain on COVID recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID.

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-19, 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, 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.

Restoration of elective work is now being taken forward across the health economy. In respect of community audiology local AQP providers including Specsavers, Southport & Ormskirk (S&O) and Aintree (LUHFT) have resumed services in early July 2020. Specsavers resumed on 2nd July, initially focussing on cancelled appointments and waiting lists. S&O has stated that it is modifying the pathway to reduce the amount of face to face time with the patient e.g. telephone triaging and remote programming of hearing aids, whilst maintaining a good standard of delivery/care. Due to social distancing and the need to clean rooms and stagger appointments the capacity is reduced. LUHFT has updated that Aintree is open but as this is at a reduced service due to the social distancing; plans have been submitted for the service at the Broadgreen site to open.



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	
		5.6%	4.8%	5.9%	33.7%	
		YTD Access Plan: 34% YTD 2019/20 performance reported 33.7% and failed.				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Despite the impact of COVID, the target was narrowly missed by 0.3%. The CCG now receives data from a third sector organisation Venus who submits data to the Mental Health Services Data Set (MHSDS) and which is included in the data. In Q4, the online counselling service Kooth began to submit data to the MHSDS which has clearly contributed to the improvement in performance. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The start of the Kooth data flow had a significant positive impact on performance in Q4, which is anticipated to continue into 2020/21 financial year. There has also been an increase in Kooth capacity in response to COVID-19, and possibility of further increases in Quarter 3 and 4. 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:						
As part of national recovery planning AHCH is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 2020/21.						
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				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		Access Plan: 100% National standard 95%				Performance in this category is calculated against completed pathways only.
Performance Overview/Issues:						
<ul style="list-style-type: none"> As the service has relatively small numbers breaches have a large impact on performance. There were just 3 breaches out of 28 routine referrals in Q4. 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:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments has been confirmed and the CCG is currently in negotiations with AHCH about the additional capacity to be provided and is agreeing a trajectory for planned increase in activity for 2020/21. The Trust has flagged that there are early indications of an increase in demand for the service and escalation of risk with existing cases. This is being monitored and addressed in recovery plans. 						
When is performance expected to recover:						
Despite COVID-19 challenges, the Trust is continuing with recruitment and is in the process of developing its COVID-19 recovery plans.						
Quality:						
The CCG is seeking confirmation on quality issues.						
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:						
• Achieved the target.						
Actions to Address/Assurances:						
• Not required due to achievement of the target.						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues reported.						
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)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				
RED	TREND	Feb-20	Mar-20	Apr-20	May-20	
		86.0%	68.9%	36.8%	35.4%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an decrease in compliance with the agreed 6 week standard. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service has resumed routine choice appointments and is offering additional capacity to support the required reduction in waiting times. The service will continue to monitor this standard alongside referral rates, ensuring choice capacity meets any potential change in demand. 						
When is performance expected to recover:						
Recovery is expected to improve over the coming months.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				
RED	TREND	Feb-20	Mar-20	Apr-20	May-20	
		70.0%	69.9%	64.2%	61.4%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated in May. The service had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a phased return plan for staff to return to the Sefton CAMHS team and additional investment to reduce waiting times has also been agreed by Alder Hey, which will be provided by an agency staff member and additional capacity from the existing workforce. A capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set. 						
When is performance expected to recover:						
Recovery is expected to improve over the coming months.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					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)
RED	TREND	Incomplete Pathways (92nd Percentile)					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.
		Feb-20	Mar-20	Apr-20	May-20		
		20 wks	23 wks	23 wks	26 wks	<= 18 weeks: Green > 18 weeks: Red	Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
Average waiting times <= 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> As the backlog of referrals has increased since the outbreak of the pandemic, the number of patients waiting over 18 weeks for an initial assessment increased from 117 in April to 190 in May. As a result of COVID, it took several months to develop and embed the new ways of working, including the development of a digital assessment model and a bank of therapy resources to support digital intervention. There were also issues with access to digital working and a number of patients' appointments had to be cancelled and rescheduled. The Trust has also highlighted the continuing issue of recruitment to speech and language therapy vacancies which is impacting on the number of patients that can be assessed and treated. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Now that the new ways of working are taking effect, the service is now able to assess and treat more patients and was able to offer 25 new appointments in May, compared to 9 in April. Referrals are starting to return to pre-COVID levels and 37 were received in May. The Trust has provided a detailed recovery plan outlining details for reducing the waiting time to the target of 18 weeks by December 2020. This plan also covers measures to address therapist recruitment issues. A detailed trajectory plan to illustrate impact of the plan on waiting times throughout the remainder of 2020/21 is being developed and will be shared with the CCG imminently. The plan and trajectory also takes account of the anticipated surge in referrals following the return of children and young people to school. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by the end of September 2020 and maximum waiting times by December 2020.							
Quality:							
The CCG is reviewing patient feedback and case studies 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			

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

6.3.2 Paediatric Dietetics

The Trust has raised concerns with the CCG regarding the validity of the DNA and cancellation reporting for April and May 2020. This is because a significant number of appointments had to be cancelled and rescheduled as the Trust switched from clinical to digital appointments in response to the COVID-19 outbreak, which is not reflected in this data alone. The activity reported in the contract statement illustrates that during April and May there were 103 and 100 dietetic outpatient appointments respectively.

Figure 10 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - South Sefton	Apr-20	May-20
Number of Referrals	14	16
Incomplete Pathways - 92nd Percentile	13.28	18.96
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%
Total Number Waiting	28	22
Number Waiting Over 18 Weeks	1	1

RAG Rating

<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

Figure 11 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

Outpatient Clinics - DNAs														
	19/20 Total	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Total
Appointments	1,107	3	17											20
DNA	238	0	2											2
DNA Rate	17.7%	0.0%	10.5%											9.1%

Outpatient Clinics - Cancs by Provider														
	19/20 Total	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Total
Appointments	1,107	3	17											20
Cancellations	91	11	5											16
Rate	7.6%	78.6%	22.7%											44.4%

Outpatient Clinics - Cancs by Patient														
	19/20 Total	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Total
Appointments	1,125	3	17											20
Cancellations	335	10	8											18
Rate	23.2%	76.9%	32.0%											47.4%

RAG Ratings & Targets 20/21

DNA Outpatients
<= 8.47%
> 8.47% and <= 10%
> 10%

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

6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr-20	May-20	YTD
NHS Southport & Formby CCG	Paediatric Continence	Caseload at Month End	143	143	67	-53.15	68	65	133
		Total Contacts (Domicillary)	1,564	1,564	1,848	18.6	146	162	308
		Total New Referrals	153	153	120	-21.57	17	3	20
	Paediatric Dietetics	Caseload at Month End	279	279	278	-0.36	276	279	555
		Referral to 1st Contact (Weeks Average)	6.1	6.1	7.8	27.9	5.0	10.5	16
		Total Contacts	871	871	1,338	53.62	108	115	223
		Total Contacts (Domicillary)	176	176	966	448.86	59	102	161
		Total Contacts (Outpatients)	704	704	1,218	73.01	103	100	203
		Total New Referrals	287	287	210	-26.83	13	22	35
	Paediatric Occupational Therapy	Caseload at Month End	108	108	105	-2.78	104	105	209
		Total Contacts (Domicillary)	3,400	3,400	3,180	-6.47	273	257	530
		Total New Referrals	515	515	156	-69.71	16	10	26
	Paediatric Physiotherapy	Total Contacts	70.0	70.0	67.0	-4.29	69.0	64.0	133
		Referral to 1st Contact (Weeks Average)	6	6	7	17.74	5	10	15
		Total Contacts (Domicillary)	4,577	4,577	3,558	-22.26	321	272	593
	Paediatric Speech and Language Therapy	Total New Referrals	558	558	252	-54.84	25	17	42
		Referral to 1st Contact (Weeks Average)	26.8	26.8	14.3	-46.64	10.7	17.8	29
		Total Contacts (Domicillary)	11,255	11,255	7,146	-36.51	603	588	1,191
		Total New Referrals	853	853	516	-39.51	51	35	86

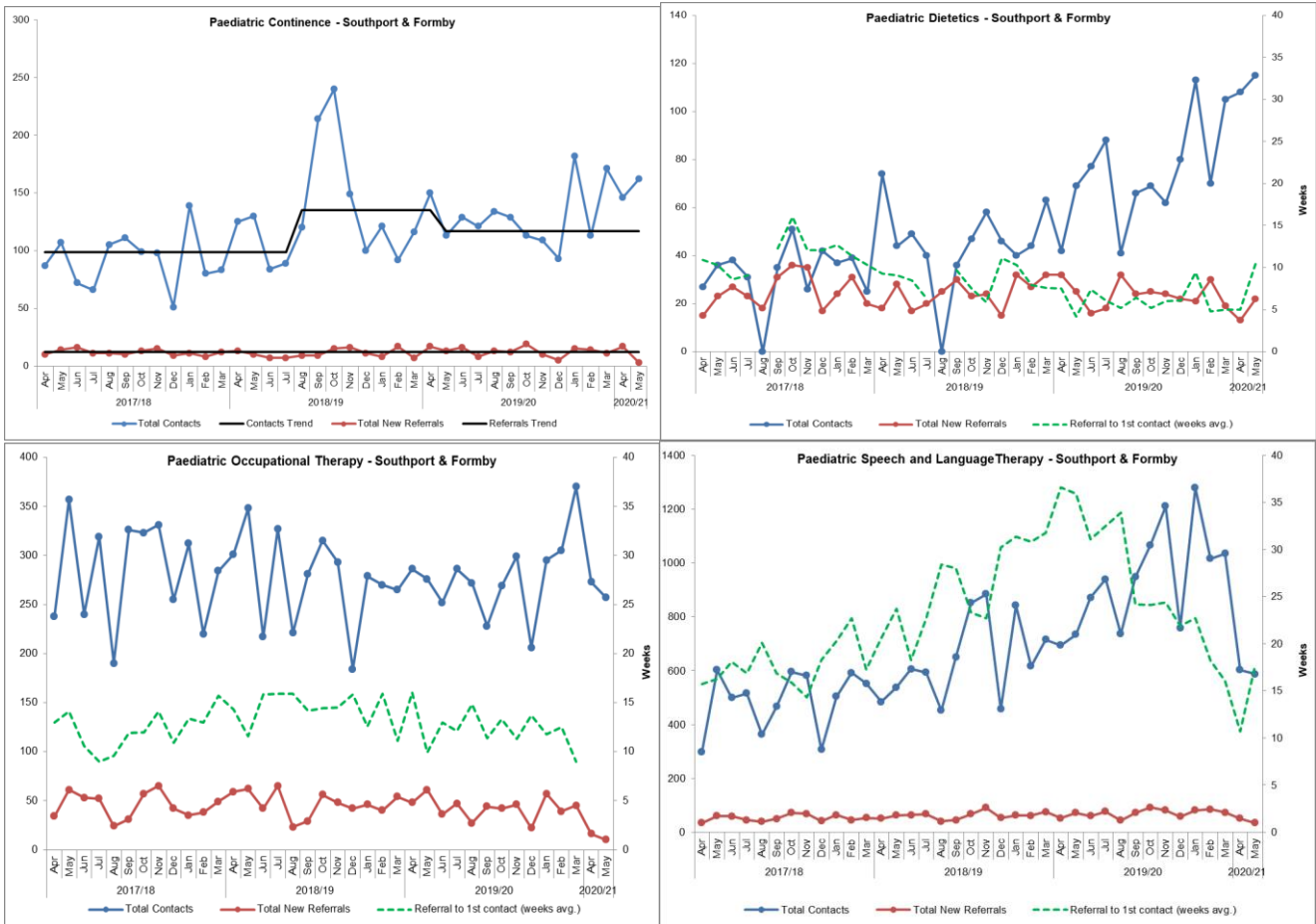
If Plan is <10000

	FOT is <10% above or below plan
	FOT is 10-20% above or below plan
	FOT is >20% below plan
	FOT is >20% above plan



If Plan is >10000

	FOT is <5% above or below plan
	FOT is 5-10% above or below plan
	FOT is >10% below plan
	FOT is >10% above plan

6.5 Alder Hey Activity & Performance Charts



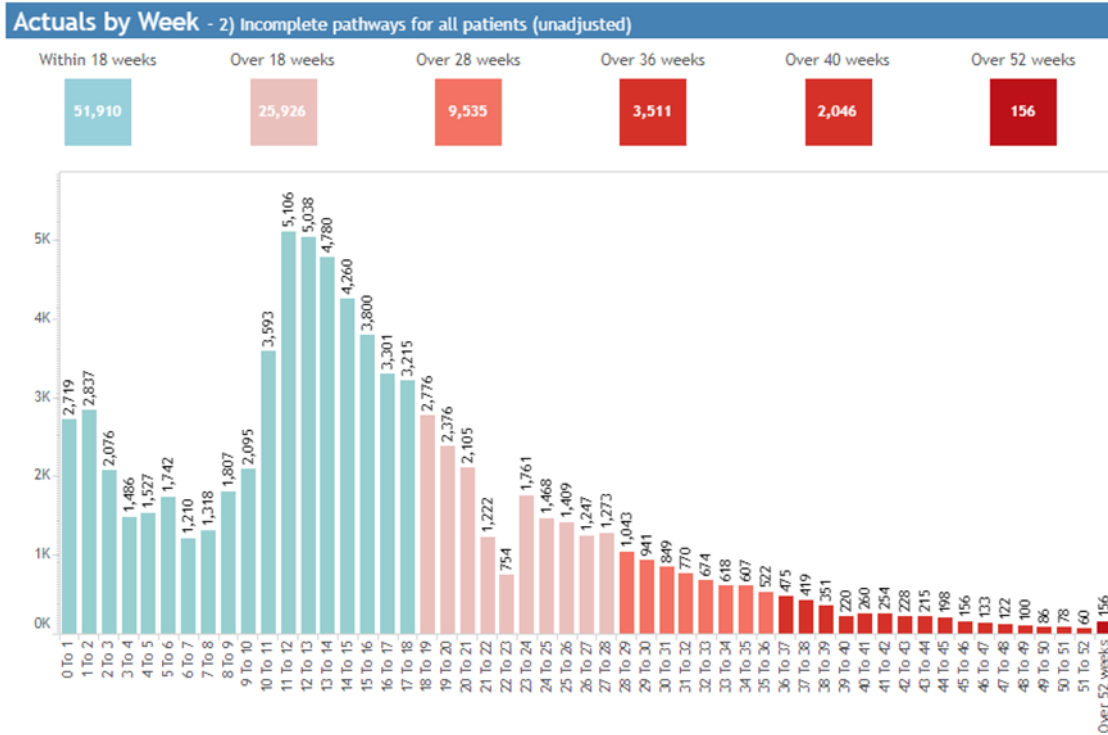
6.6 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT)

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. Appendices

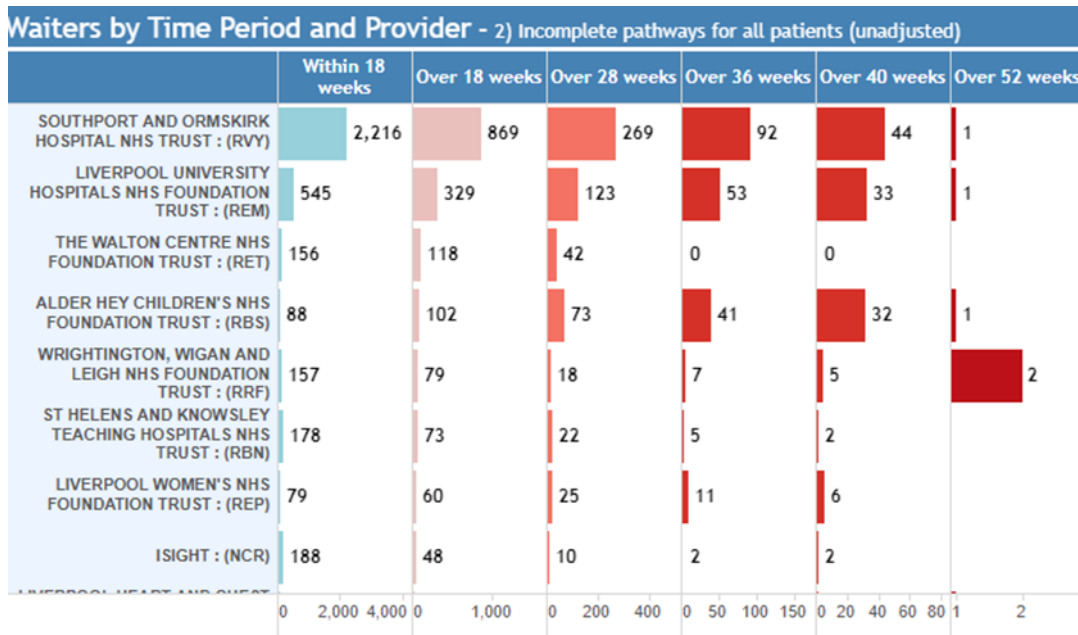
7.1.1 Incomplete Pathway Waiting Times

Figure 12 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



7.1.2 Long Waiters analysis: Top Providers

Figure 13 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 14 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

