



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report June 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	R	R	Not available										R	
		Actual	68.8%	74.1%												71.5%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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	R										R	
		Actual	62.68%	63.67%	51.17%											
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R										R	
		Actual	79.96%	70.87%	58.29%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R										R	
		Actual	6	10	17											33
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	G	G										R	
		Actual	2	0	0											2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G										G	
		Actual	0	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G										G	
		Actual	94.39%	98.05%	99.3%											97.86%
		Target	93%	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	R										R	
		Actual	100%	91.67%	90.0%											91.67%
		Target	93%	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	R										G	
		Actual	100%	94.87%	95.24%											96.77%
		Target	96%	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	R										R	
		Actual	100%	100%	70.0%											88.46%
		Target	94%	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	R										R	
		Actual	100%	100%	87.50%											96.30%
		Target	98%	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										G	
		Actual	95.24%	100%	100%											98.15%
		Target	94%	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										R	
		Actual	71.88%	86.96%	76.47%											77.53%
		Target	85%	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		R										R	
		Actual	100%	No pats	0%											40%
		Target	90%	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			G											
		Actual	84.21%	62.50%	88.24%											81.82%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
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	G										G
Actual		92.31%	95.81%	95.77%											95.09%
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	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	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										R
YTD		0	1	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										R
YTD		3	7	12											12
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	R										R
YTD		4	18	30											30
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	G												G
		Actual	97.26%												97.26%
		Target	95%			95%			95%			95%			95.00%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	Southport & Formby CCG	RAG	G												G
		Actual	77.55%												77.55%
		Target	60%			60%			60%			60%			60%
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	G										G
		Actual	37.84%	56.96%	59.05%										52.33%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R										R
		Actual	0.62%	0.42%	0.70%										1.74%
		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										G
		Actual	98.61%	97.44%	99.10%										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										G
		Actual	100%	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										R
		Actual	65.20%	63.94%	63.68%										64.27%
		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	No new update available for Q1												
		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 (%)	Southport & Formby CCG	RAG	R											R	
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.		Actual	32.1%											32.1%	
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Improve access rate to Children and Young People's Mental Health Services (CYPMH)	Southport & Formby CCG	RAG	To be updated in month 4 report												
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual													
		Target													
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	Southport & Formby CCG	RAG	To be updated in month 4 report												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week	Southport & Formby CCG	RAG	To be updated in month 4 report												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual													
		Target	95%			95%			95%			95%			95%
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair	Southport & Formby CCG	RAG	Data submission paused due to COVID												
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.		Actual													
		Target	92.00%			92.00%			92.00%			92.00%			92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 3 (note: time periods of data are different for each source).

Constitutional Performance for June and Q1 2020/21	CCG	S&O
Diagnostics (National Target <1%)	51.17%	49.84%
Referral to Treatment (RTT) (92% Target)	58.28%	60.15%
No of incomplete pathways waiting over 52 weeks	17	7
Cancelled Operations (Zero Tolerance)	-	0
Cancer 62 Day Standard (Nat Target 85%)	99.30%	99.28%
A&E 4 Hour All Types (National Target 95%)	95.77%	95.78%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	14
Ambulance Handovers 60+ mins (Zero Tolerance)	-	3
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q1	97.26%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	77.55%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.70%	-
IAPT Recovery (Target 50%)	59.1%	-
IAPT 6 Weeks (75% Target)	99.1%	-
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), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, ambulance performance indicators, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

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

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the 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. However, in response to the expectations set out in the phase 3 recovery letter, draft recovery plans are due for submission on 1st September 2020. This will require close collaborative working between CCG and Trust leads to align trajectories and provide greater clarity to the operational issues providers are experiencing to deliver expected levels of activity.

Trends show that despite increases in both GP and consultant-to-consultant referrals in June, total referrals remain well below both current averages and historical levels. At Southport Hospital, have decreased by -51.2% (-5,820) year to date at month 3.

The CCG failed the less than 1% target for Diagnostics in June, recording 51.17%, an improvement on last month's performance (63.67%) the initial decline due to the impact of COVID-19 and reductions in activity. Southport and Ormskirk have also shown an improvement in performance again this month reporting 49.84%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in June was 58.28% a further decline on last month's performance (70.9%). Southport & Ormskirk reported 60.15%. This is a drop in performance for the both CCG and Trust.

In June, the CCG reported 17 patients waiting over 52 weeks for treatment an increase from 10 last month. Southport & Ormskirk reported 7 over 52 week waiters after 1 was reported last month.

For month 3, Southport & Formby CCG are achieving 3 of the cancer indicators and Southport & Ormskirk Trust is achieving 4 of the 9 cancer measures.

Quarter 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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 June reached 95.77%. For type 1, a performance of 94.58% 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.

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

For C difficile, the CCG reported 5 cases of C difficile cases in June (12 year to date) against a year to date plan of 7. 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 June there were 12 cases (30 YTD) against a target of 27 so failing in June. There are no targets set for Trusts at present.

Quarter 1 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.70% in June so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 59% in June, which for the second month has achieved the 50% target.

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

The provider has undertaken a capacity and demand exercise which is informing an internal business aimed at reducing excessive Autistic Spectrum Disorder (ASD) waits. The capacity and demand exercise findings were shared with commissioners on 13th August 2020. Demand is for ASD assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Trust will share business case costings with CCGs in mid-September for consideration.

With regards to the CORE 24 indicators, the Trust is achieving 2 of the 3 indicators, and reports under the 90% for the Urgent Pathway Assessment within 1 hour, 75% (with just 1 patient out of 4 breaching). The Trust has actions in place to improve/maintain performance.

In June the dementia diagnostic measure has fallen under the 66.7% plan reporting 63.7%, very similar as to what was reported last month. To note this target was achieved for Southport & Formby CCG for the whole of 2019/20.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next Contract Quality Performance Group (CQPG) in August 2020. The Trust reported that the pandemic had impacted on performance, the Trust was reminded of the clinical risk associated with the KPI and the expectation is that performance must improve. This may contribute to dementia diagnosis underperformance.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.8% compared to 8.1% in May. 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) has been reinstated from June 2020 with the restart the Information Sub-Group in July. Focus will remain on COVID-19 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-19.

Children's Services

In the move to phase 2 of the pandemic response, Alder Hey has developed recovery plans for community services and Child and Adolescent Mental Health Services (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 and average waiting times have reduced and are on target to hit revised trajectories. Throughout this period services have continued to carry out local risk assessments and prioritise Allied Health Professional (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 Infection Prevention Control guidance), and anticipates that as the number of face to face appointments increases, waiting times will reduce further. 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) and is developing its own service recovery plan which it will share with the CCG imminently. To inform these plans, data is 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 modelling exercise indicates 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 as a result of COVID-19, which reflects the national picture and which is being addressed in its recovery plans. In particular, there has been an escalation of risk for existing patients. The Trust has raised some queries in relation to the validity of the Q1 national performance data which is being withheld this month to allow the Trust time to investigate further.

The new Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessment and diagnostic pathways were implemented in April 2020 as planned, and are performing to set targets and progressing well against the waiting list management plan.

The IPR and SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent and in line with the respective COVID-19 revised plans.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2019/20 Actuals	+/-	%
April	2419	562	-1857	-76.8%	1887	836	-1051	-55.7%	5181	1797	-3384	-65.3%
May	2714	653	-2061	-75.9%	2038	1087	-951	-46.7%	5701	2125	-3576	-62.7%
June	2377	1061	-1316	-55.4%	1810	1574	-236	-13.0%	5034	3066	-1968	-39.1%
July	2793				2220				5953			
August	2247				2002				5035			
September	2262				2086				5150			
October	2605				2103				5700			
November	2646				1960				5453			
December	1941				1704				4344			
January	2575				2141				5633			
February	2317				1894				5095			
March	1618				1554				3903			
Monthly Average	2376	759	-1618	-68.1%	1950	1166	-784	-40.2%	5182	2329	-2853	-55.0%
YTD Total Month 3	7510	2276	-5234	-69.7%	5735	3497	-2238	-39.0%	15916	6988	-8928	-56.1%
Annual/FOT	28514	9104	-19410	-68.1%	23399	13988	-9411	-40.2%	62182	27952	-34230	-55.0%



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





Month 3 Summary:

- Trends show that despite increases in both GP and consultant-to consultant referrals during June 2020, total referrals remain well below both current averages and historical levels.
- GP referrals are currently -69.7% down on the equivalent period in the previous year. However, taking into account working days, further analysis has established there have been approximately 14 additional GP referrals per day in June 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -51.2% (-5,820) year to date at month 3.
- Consultant-to-consultant referrals at Southport Hospital are -37.0% (-1,842) 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.
- Ophthalmology 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 -71% (-1,253) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 3 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 -63% (6,528) to the previous year.
- Recovery of referral numbers for routine, urgent and two week waits has been apparent during month 3 of 2020/21. However, referrals remain well below historical levels for each of these priority groupings and significant decreases have been evident within key (high volume) specialities such as Gynaecology, ENT, Ophthalmology, Clinical Physiology and Trauma & Orthopaedics.



2.2 NHS e-Referral Service (e-RS)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		79.2%	80.5%	68.8%	74.1%		
		Plan: 100%				The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19.	
Performance Overview/Issues:							
<ul style="list-style-type: none"> The latest data is for May 2020. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. However this was not achieved. The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an e-RS referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained. Due to the COVID-19 pandemic, providers may have been receiving more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. March data shows an overall performance of 82.1% for Southport & Formby CCG, a decline on the previous month (85.2%). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The phase 3 recovery letter issued on 31st July 2020, has set an expectation that elective activity/performance should resume to near normal levels before winter 2020/21. An expectation will be that more capacity will be available via ERS, resulting in fewer ASI (appointment slot issues) leading to improved performance. This is based on an assumption that elective activity will resume back to near normal levels by winter 2020/21. The System management Group are reviewing the phase 3 response by exception in advance of the first draft planning submission on 1st September 2020, to ascertain realistic levels of activity/performance, and will provide assurance as to likelihood of achieving improved performance for this metric. Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. 							
When is performance expected to recover:							
Performance is expected to improve by October 2020.							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.	
RED	TREND		Mar-20	Apr-20	May-20			Jun-20
		CCG	15.65%	62.68%	63.67%			51.17%
		S&O	10.06%	50.57%	57.60%	49.84%		
		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"> For the CCG, out of 2,316 patients, 1,185 patients were waiting over 6 weeks and 870 of those were waiting over 13 weeks for their diagnostic test. The majority of long waiters were for non-obstetric ultrasound (361), echocardiography (161) and CT (122) this makes up 54% of the breaches. Diagnostics performance has been adversely impacted by the NHS England mandate to defer non-urgent clinical activity from the beginning of April 2020. Impact on performance due to COVID-19 pandemic. New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. Reduced throughput in theatres a result of new IPC guidance. S&O Trust, submitted business case to the hospital cell for additional capital monies to reconfigure estate to enable opening up of additional theatres, however bid rejected. Therefore unable to increase the number of colonoscopies. Renacres endoscopy theatre commissioned, however issues fully utilising slots due to short notice cancellations and the requirements for patients to self-isolate before procedure. Staff shielding/vacancies also impacting trusts ability to maximise all theatres, therefore may require review of agency to deliver more activity. 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. Renacres endoscopy theatre commissioned 1 theatre for 3 days to support improved endoscopic activity. Review of staffing requirements including agency to fully utilise theatre capacity in anticipation of phase 3 recovery plan response which is due the 1st September 2020. 								
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				
Cameron Ward		Rob Caudwell		Terry Hill				

2.4 Referral to Treatment Performance (RTT)

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	Mar-20	Apr-20	May-20	Jun-20		
		CCG	88.86%	79.96%	70.87%		
		S&O	89.81%	82.09%	73.05%	60.15%	
		Plan: 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic. For the fourth month Trust RTT performance has declined. The major issue being Gynaecology which has been severely compromised with shortage of the medical workforce reporting 54.8% with 328 breaches, other failing specialities are General surgery, T&O and Ophthalmology. The number of waiters over 30 weeks is currently 657 and continues to increase. 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. New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity. Reduced throughput in theatres a result of new IPC guidance S&O Trust, submitted a phase 2 capital programme business case to the hospital cell for additional capital monies to reconfigure estate to enable opening up of additional theatres, however bid rejected. Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week), however issues fully utilising slots due to short notice cancellations and the requirements for patients to self-isolate before procedure. Staff shielding/vacancy also impacting Trusts ability to maximise all theatres, therefore may require review of agency to deliver more activity. 							
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. Phase 3 recovery letter – draft recovery plan to be submitted by 1st September 2020 – co-ordinated approach via System Management Group. 							
Trust Actions:							
<ul style="list-style-type: none"> Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups across appropriate specialities (increase capacity as part of the Outpatients programme area). Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. 							
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			
Cameron Ward		Rob Caudwell		Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
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	Mar-20	Apr-20	May-20	Jun-20			
		CCG	0	6	10			17
		S&O	0	0	0			7
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 17 breaches, there were 4 at Southport & Ormskirk, 4 at LUHFT, 3 at Manchester University NHS Trust, 2 at Wrightington, Wigan & Leigh NHS Foundation Trust and 4 at other Trusts. • Of the 7 breaches at Southport & Ormskirk, 6 were in Gynaecology. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. • Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
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. • Trust to continue to prioritise clinically urgent patients and focus on long waiters. • Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. 								
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			
Cameron Ward		Rob Caudwell			Terry Hill			

Figure 2 – CCG RTT Performance & Activity Trend

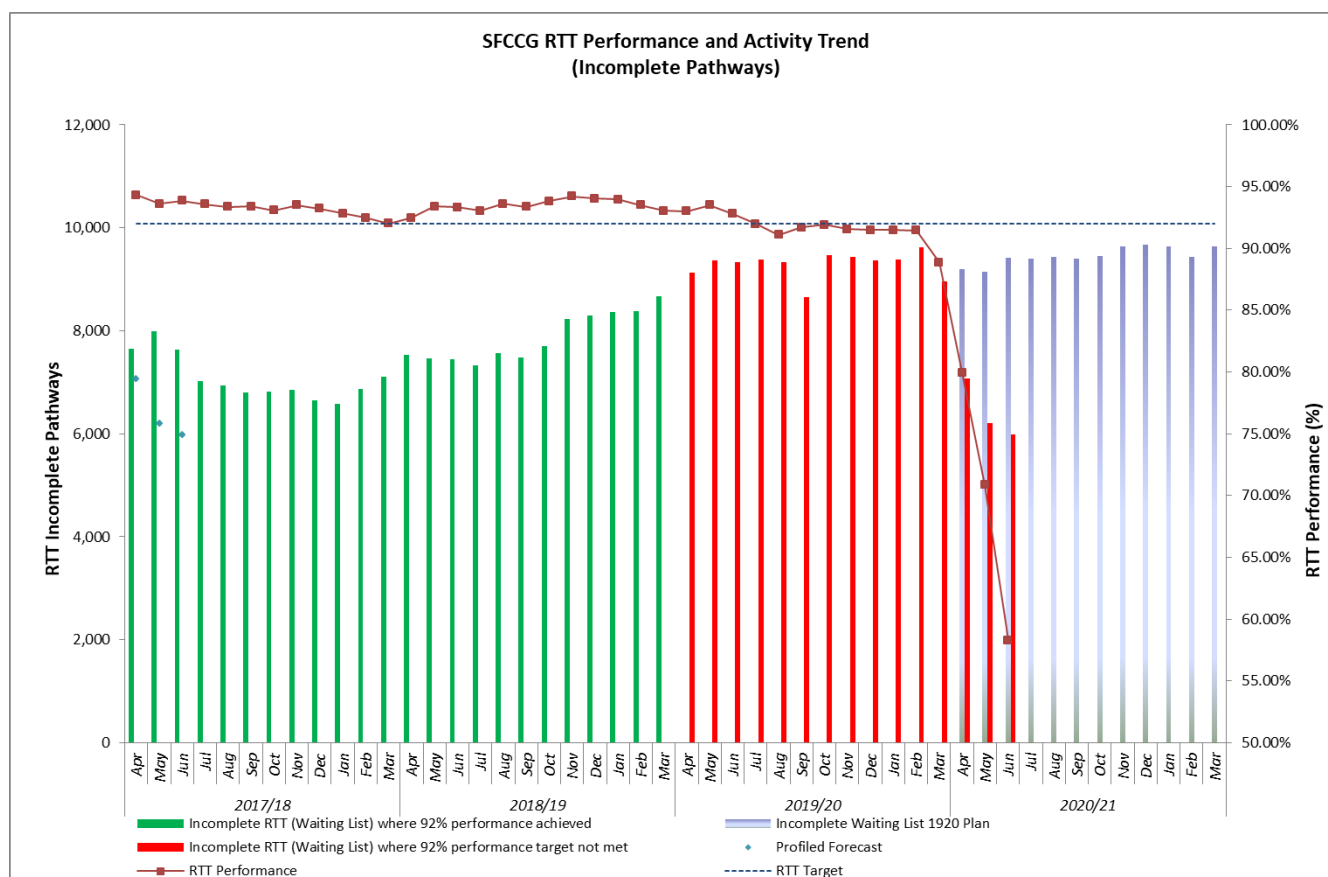


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG

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	5,983										5,983
Difference	-2,054	-3,163	-3,348										-3,393

S&O



Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	11,264
2020/21	7,603	6,485	6,140										6,140
Difference	-3,586	-4,757	-4,910										-5,124

2.4.2 Provider assurance for long waiters










Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	138	4	Of the 4 patients who waited over 52 weeks, 2 patients are still awaiting their to come in (TCI) dates, 1 patient had their treatment stopped these 3 patients were under the specialty of gynaecology and last patient has a TCI date in August.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	58	4	3 of the 4 breaches were in T&O the Trust has seen a large number in this specialty, the fourth patient was in dermatology. Since the Trust enacted its Emergency Contingency Plan and stopped receiving referrals via the Electronic Referral System (ERS) the total volume of waits in the 6-12 week time frame initially reduced, although the volume has now started to increase across both sites of the Trust.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	8	1	The 52+ week breach was due to outpatient diagnostic capacity due to COVID-19.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	8	2	No Trust comments received.
ISIGHT : (NCR)	2	1	Breach due to patient choice.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	1	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)	4	3	The Trust do not routinely provide patient level information on 52 week waiters/long waiters.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	0	1	Treatment delayed due to COVID-19. Not on the active patient tracking list (ptl).
Other Trusts	79	0	No Trust Comments.
	298	17	

2.5 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	Mar-20	Apr-20	May-20	Jun-20	
		8	2	0	0	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> June again 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:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Rob Caudwell		Terry Hill		

2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Mar-20	Apr-20	May-20	Jun-20			YTD
	2 Week Wait (Target 93%)	CCG	95.35%	94.39%	98.05%	99.30%			97.86%
		S&O	96.38%	97.16%	98.47%	99.28%			98.57%
	2 Week breast (Target 93%)	CCG	96.88%	100%	91.67%	90.00%			91.67%
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	96.39%	100%	94.87%	95.24%			96.77%
		S&O	98.46%	93.10%	95.56%	97.92%			95.36%
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	87.50%			96.30%
		S&O	0 Pats	0 Pats	0 Pats	0 Pats			0 Pats
	31 day subsequent - surgery (Target 94%)	CCG	100%	100%	100%	70.00%			88.46%
		S&O	100%	0 Pats	100%	0 Pats			100%
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	95.24%	100%	100%			98.15%
		S&O	0 Pats	0 Pats	0 Pats	0 Pats			0 Pats
	62 day standard (Target 85%)	CCG	89.13%	71.88%	86.96%	76.47%	77.53%		
		S&O	88.57%	70.00%	93.85%	74.63%	78.38%		
	62 Day Screening (Target 90%)	CCG	66.67%	100%	0 Pats	0%	40%		
		S&O	0 Pats	100%	100%	0 Pats	100%		
	62 Day Upgrade (Local Target 85%)	CCG	94.74%	84.21%	62.50%	88.24%	81.82%		
		S&O	92.16%	88.89%	100%	96.97%	93.46%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> The CCG are achieving 3 of the 9 cancer measures year to date. The Trust are achieving 4 of the 9 cancer measures year to date. 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. 									
Key reasons and issues are:									
<ul style="list-style-type: none"> 2 week breast symptoms - patient choice to delay first outpatient appointment. 31 day standards - constrained inadequate elective capacity, patient choice to delay treatment and provider initiated delay. 62 day standard - constrained inadequate elective capacity, patient initiated delay, other reason not stated. Monthly numbers treated by Southport & Ormskirk in the given month are low but consistent with normal variation in pre-pandemic levels. 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:									
The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard detailed the following with respect to cancer services:									
<ul style="list-style-type: none"> Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to: <ul style="list-style-type: none"> To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by: <ul style="list-style-type: none"> Ensuring that sufficient diagnostic capacity is in place in COVID-19 secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres. <ul style="list-style-type: none"> - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosolgenerating) investigations, and using CT colonography to substitute where appropriate for colonoscopy. - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments. - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment. - Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them. Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days. 									
When is performance expected to recover:									
Providers have produced trajectories to show reduction in 104 day waiters from August to December 2020.									
Quality:									
The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Cameron Ward		Graeme Allan			Sarah McGrath				

2.6.1 104+ Day Breaches



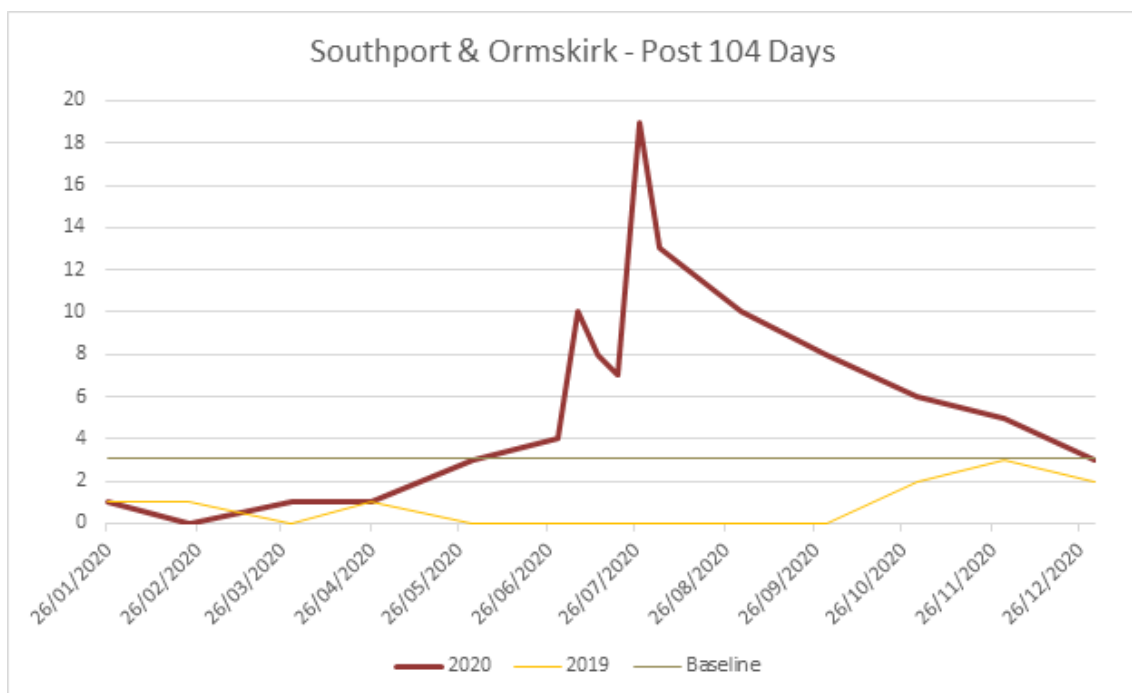
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		1	6	0	6	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Out of the 6 breaches in June 3 were skin, 1 lower gastro, 1 gynaecological and 1 head & neck. • There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). • The average total days waited for those waiting over 104 days in June 2020 for S&O was 118 days. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
The Trust has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below).						
Quality:						
There is work in progress to standardise harm reviews for long waiting cancer patients. A definition of harm due to protracted pathways would include: <ul style="list-style-type: none"> • Cancer no longer operable • More radical surgery required • Reduced treatment options • Loss of functionality 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Graeme Allan		Sarah McGrath		

Figure 4 – Southport & Ormskirk Trust 104 Days Trajectory

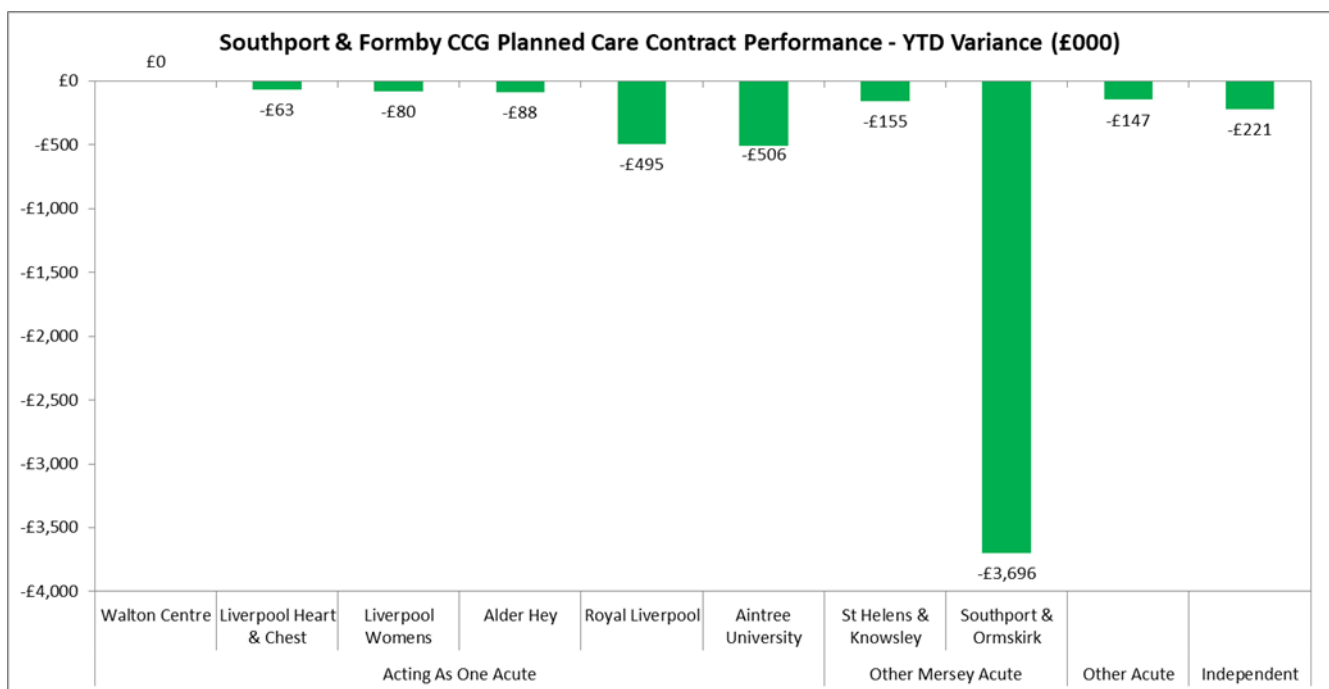


2.6.2 Faster Diagnosis Standard (FDS)

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		Mar-20	Apr-20	May-20	Jun-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	69.92%	61.32%	80.61%	79.59%	74.38%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	93.55%	66.67%	92.31%	95.24%	91.89%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS Screening Referral	CCG	13.64%	66.67%	66.67%	0.00%	50.00%	
		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:								
No applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Debbie Harvey			Sarah McGrath			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Quarter 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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 with a variance of -£3.6m/-72% against plan. Across all providers, Southport & Formby CCG has underperformed by -£5.4m/-58.8%.

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.

NB. Due to the COVID-19 pandemic, a number of month 3 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 3 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.

2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - 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	2,695	790	-1,905	-71%	£1,420	£391	-£1,029	-72%
Elective	258	54	-204	-79%	£749	£144	-£606	-81%
Elective Excess Bed Days	112	2	-110	-98%	£30	£1	-£29	-98%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	224	65	-159	-71%	£47	£14	-£33	-70%
OPFASPCL - Outpatient first attendance single professional consultant led	3,936	1,319	-2,617	-66%	£687	£222	-£465	-68%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	225	110	-115	-51%	£26	£14	-£12	-47%
OPFUPSPCL - Outpatient follow up single professional consultant led	11,055	2,653	-8,402	-76%	£976	£244	-£732	-75%
Outpatient Procedure	6,720	1,703	-5,017	-75%	£914	£271	-£643	-70%
Unbundled Diagnostics	2,832	1,235	-1,597	-56%	£266	£120	-£146	-55%
Grand Total	28,057	7,931	-20,126	-72%	£5,116	£1,420	-£3,696	-72%

*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 -£3.6m/-72% for Southport & Formby CCG in quarter 1. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -59% across all referral sources combined. Referrals have increased for two consecutive months but remain below historical levels across a number of specialities.

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

This is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for same day chemotherapy admissions, intravenous blood transfusions, and diagnostic scopes although minimal admissions/procedures were also 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 3 year to date actuals.

2.7.2 Isight

Figure 7 - 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	316	4	-312	-99%	£158	£54	-£103	-65%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	458	3	-455	-99%	£63	£5	-£58	-92%
OPFUPMPCL - <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>	794	74	-720	-91%	£48	£11	-£37	-78%
Outpatient Procedure	448	79	-369	-82%	£30	£21	-£10	-32%
Grand Total	2,017	160	-1,857	-92%	£299	£91	-£208	-70%



As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during quarter 1 as a result of the COVID-19 pandemic. The total cost variance is currently -£208/-70%.

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 3 year to date actuals.



2.8 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. <u>Risk to Patients</u> Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		9.70%	7.70%	11.30%	14.01%		
		National ambition of 11% or less of maternities where mother smoked					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 1, the he number of Maternities were 207, of which 29 were reported as Smoking at time of Delivery, this is a further increase on previous performance. • Due to the very small cohort of women, SATOD data needs to be considered cumulatively across the year. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The Trust have stated that the effects of COVID should not be underestimated, particularly the hard to reach groups. The Trust will be making extra effort to improve performance in the next quarter. • Women are still receiving the same enhanced package of a dedicated smoking in pregnancy midwife (funded by Public Health). 							
When is performance expected to recover:							
The Trust will be making extra effort to improve performance in the next quarter.							
Quality:							
The resource of a dedicated Stop Smoking nurse provided by Public Health is still in post.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

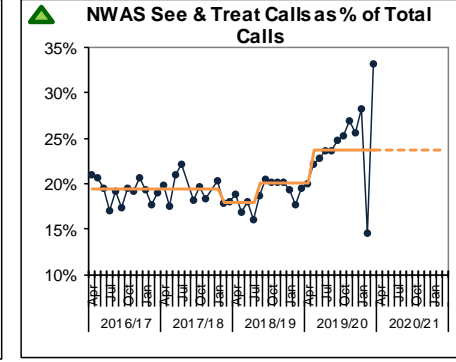
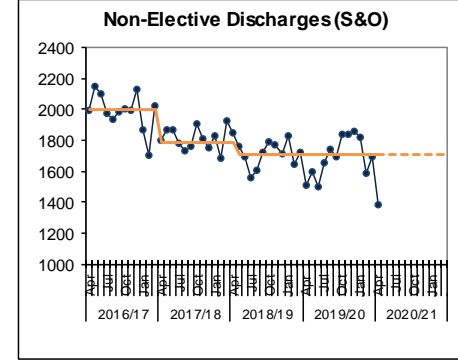
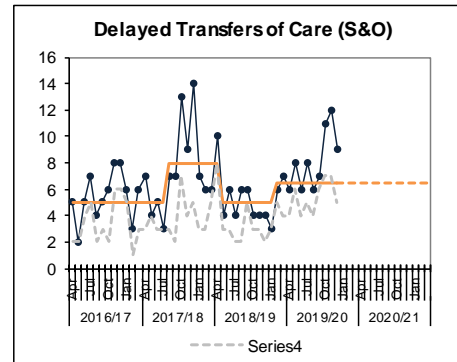
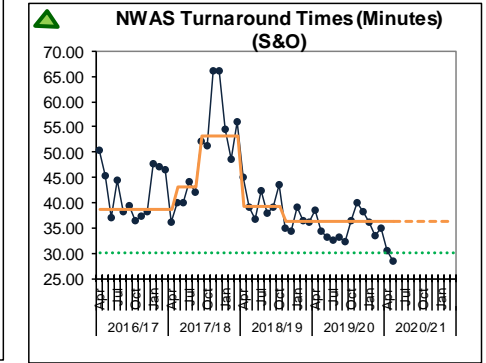
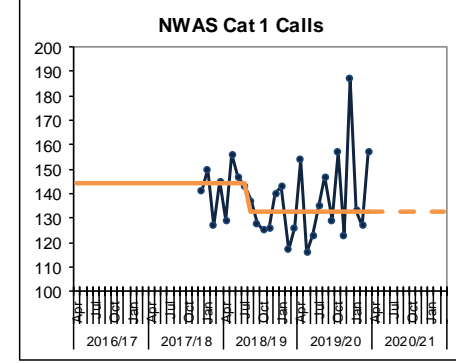
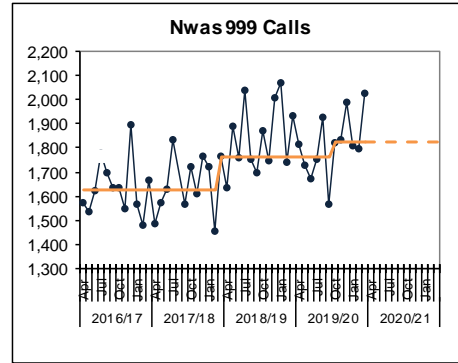
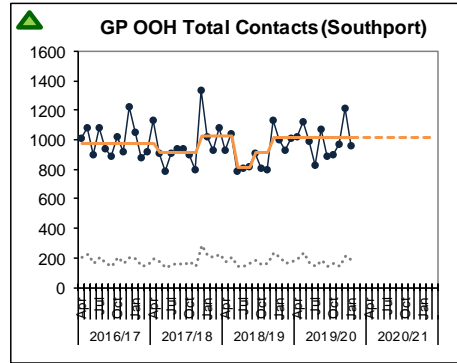
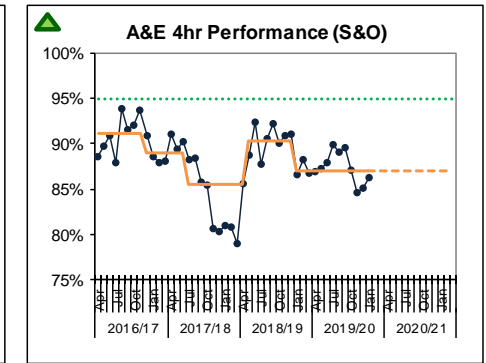
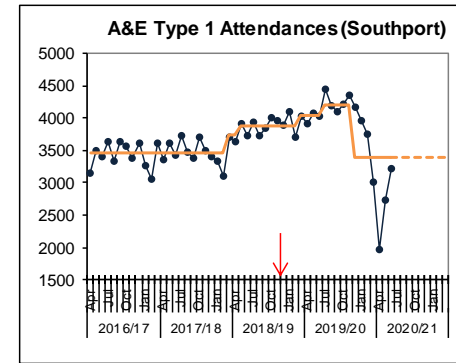
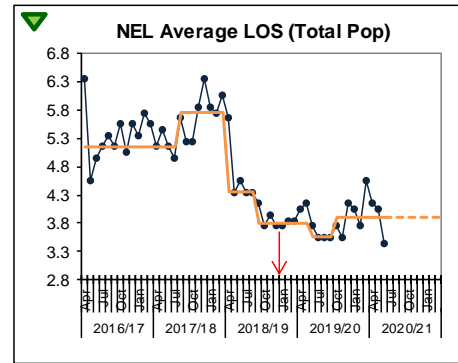
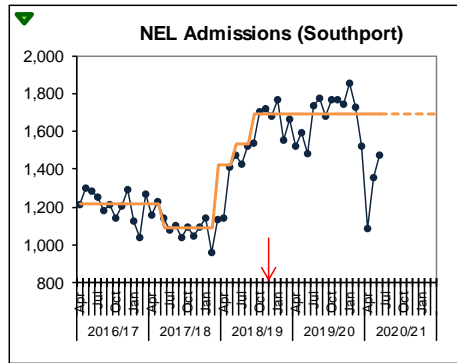
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	YTD		
		CCG All Types	86.56%	92.31%	95.81%	95.77%	95.09%	
		CCG Type 1	78.82%	92.33%	95.17%	94.58%	94.22%	
		S&O All Types	86.55%	92.83%	95.77%	95.78%	95.06%	
		S&O Type 1	81.78%	90.93%	94.42%	94.00%	93.35%	
		S&O Improvement Plan 19/20	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 June 2020, the total number of A&E attendances reported for the CCG patients was 3,759. Whilst, this shows an increase from the 3,032 attendances reported in May; it represents a decrease on the CCG A&E attendances in June 2019 which was 4,988. 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"> To support the Trust with attendance avoidance and effective discharge. Community services resource redirected to bolster district nursing services. Discharge services integrated with social care and West Lancashire services to implement rapid discharge Southport and Ormskirk Trust supporting system wide staffing swabbing to maintain NHS workforce in supporting more patients at home, in particular the vulnerable and shielding patients Enhanced care home programme expedited. Rapid education programme implemented for advanced care planning and community and care home sector staff trained in verification of death. Primary care implemented e consult and hot and cold sites. Acute visiting service commissioned with rapid implementation. 								
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 was 1, 12 hour breach in June. This patient had a mental health bed identified and would have had to be transferred in the middle of the night to wait in a chair based facility for the bed to become available. The patient was sleeping and therefore the compassionate decision to transfer in the morning was agreed.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Annette Metzmacher			Sharon Forrester			












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

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20		
		10	0	0	1		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Southport & Ormskirk had 1 patient breach, this was due to a set of circumstances that, for the patient was made to allow the patient to remain in the Trust overnight as they were settled and sleeping, the patient had a clinically non-evenful night and was transferred early the next morning. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The CCG are assured that the Trusts clinical decision making was purely patients centred and the right course of action in this specific circumstance. No further action. 							
When is performance expected to recover:							
The performance is expected to recover in July. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be treated with a never event whenever feasibly possible.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Annette Metzmacher		Sharon Forrester			



3.2 Urgent Care Dashboard



Definitions



Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Go to Doc Out of Hours Activity	Total contacts to the Southport and Formby out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
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	Apr-20	May-20	Jun-20		
		(a) 30-60 mins	0	19	14		
		(b) 60+ mins	0	0	3		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing , but this had an impact on 30 to 60 minutes handover times. 							
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		
Cameron Ward		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.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20		
		a) 76.9%	74.1%	72.7%	86.4%		
		b) Not available	No Patients	40.0%	66.7%		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Although COVID has had an impact on ability to care for patients for more than 90% of their stay on a stroke unit, it has achieved target in June. Stroke is part of the priority phases as part of the S&O System Management group who report to the System Management Board. The Trust trust has met the 60% target at 66.7% for June 2020. Weekly validation continues and for July there are no reportable cases. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> Through COVID-19 and recovery, 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 being reinvigorated following COVID. Pre-Consultation Business Case will come to stakeholders for sign off and the clinical sensate has been rearranged for October. Further work is being done to consider the use of the Walton centre for stroke case during COVID in assessing benefits and whether there is a role for the centre in a different manner than originally perceived. 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. the CCG will be discussing with LSCFT the outcomes during the Covid period to consider any alternatives in future. This will need to be picked up as part of the community bed provision work. Current service is commissioned until March 21 and will need to be considered for continued funding from a system approach subject to 							
When is performance expected to recover:							
Performance has recovered in June.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		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		Mar-20	Apr-20	May-20	Jun-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	0	1	1		
		S&O	1	1	1	1		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG and Trust have failed the target for 2020/21. No new cases reported in June. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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 full Infection Prevention Control (IPC) report will be requested through the recovery plan now the Contract and Clinical Quality Review Meeting (CCQRM) has recommenced. Awaiting the national assurance framework once it has been presented and reviewed by the Executive Team.								
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)					<p>2020/21 Plans Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 30 YTD Trust: <= 16 YTD</p>	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		Mar-20	Apr-20	May-20	Jun-20		
		CCG	38	3	7	12		
		S&O	54	5	11	17		
		CCG - Actual 12 YTD - Target 7 YTD S&O - Actual 17 YTD - Target 6 YTD						
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"> The C diff objective for the Trust is the same as last year 16, however, each of the cases can be put forward for appeal if once completed the RCA panel identifies no lapses in care. In June 2 cases identified no lapses in care, therefore 4/8 are currently appealable for the year to date. Learning from RCAs includes cephalosporin prescribing and the antimicrobial guidelines have been reviewed to reflect this. An App version will be available to support compliance but no date available yet for implementation. 								
When is performance expected to recover:								
Further details will be given once the C Diff panels are resumed.								
Quality:								
A full Infection Prevention Control (IPC) report will be requested through the recovery plan now the Contract and Clinical Quality Review Meeting (CCQRM) has recommenced. Awaiting the national assurance framework once it has been presented and 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)					2020/21 Interim Plan: <= 109 YTD <i>There are no Trust plans at present numbers for information</i>	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
RED	TREND		Mar-20	Apr-20	May-20	Jun-20		
		CCG	150	4	18	30		
		S&O	242	8	26	40		
		CCG - Actual 30 YTD - Target 27 YTD						
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. The CCG have now fallen under the year to date target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident. Local meetings are yet to be rescheduled, all highlighted as due to workload in relation to COVID-19. A Task and Finish Group has been established to support the work and currently undergoing a gap analysis both of the data submitted and the variation. Further work with any Structured Judgement Reviews (SJR) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. 								
When is performance expected to recover:								
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.								
Quality:								
Following on from the initial meeting in July further work is going to be developed for a Cheshire and Mersey GNBSI strategy. Within the CCG and Local Authority a plan is under development to support care homes with information regarding hydration which will also support the reduction in GNBSI infections.								
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 8 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	June 2020	100	82.80	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101	↑

HSMR is lower than reported last month at 82.8 (with last month reporting 83.6) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI performance is within tolerance and statistical norms at 101. SHMI is risk adjusted mortality ratio based on number of expected deaths.

3.5 CCG Serious Incidents (SI) Management - Quarter 1 2020/21

1. Number of Serious Incidents Open for Southport and Formby CCG

As of Q1 2020/21, there are a total of 28 serious incidents (SIs) open on StEIS were Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	24
Lancashire and South Cumbria NHS Foundation Trust.	1
PC24	1
Renacres	1
I-Sight	1
Total	28

2. Number of Serious Incidents (SIs) Reported In Quarter 1 2020/21

There have been a total of 10 SIs reported in Q1 2020/21 were Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and SI Type	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	8
HCAI/infection control incident meeting SI criteria	1
Maternity/Obstetric incident meeting SI criteria: baby only	2
Pressure ulcer meeting SI criteria	2
Slips/trips/falls meeting SI criteria	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1
Treatment delay meeting SI criteria	1
PC24	1
Commissioning Incident Meeting SI criteria	1
Renacres	1
Pending review (a category must be selected before incident is closed)	1
Grand Total	10

3. Number of Never Events reported

There have been no never events reported in 2020/21.

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

4. SIs reported during last 12 months

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

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

5. RCAs due during Q1 2020/21

For Southport and Ormskirk, there were 8 RCAs due for Q1 20/21. Of these, 5 were received within the 60 day timescale, 1 stop the clock was applied, 1 extension was granted and 1 was overdue. 7 of the RCAs have since been reviewed by the SIRG panel and further assurances have been requested. 1 RCA is still awaited.

6. Serious Incidents Ongoing

There are 28 SIs which remain open on StEIS for Southport and Formby CCG:

Provider and current status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	24
Awaiting RCA – overdue	2
Awaiting RCA – on target	10
RCA Report Received further assurances requested	12
Lancashire and South Cumbria NHS Foundation Trust	1
RCA received and further assurance requested	1
PC24	1
72 Hour Report Received, Awaiting RCA	1
Renacres	1
Awaiting RCA	1
I-Sight	1
RCA received, further assurances requested	1

7. SI process

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

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

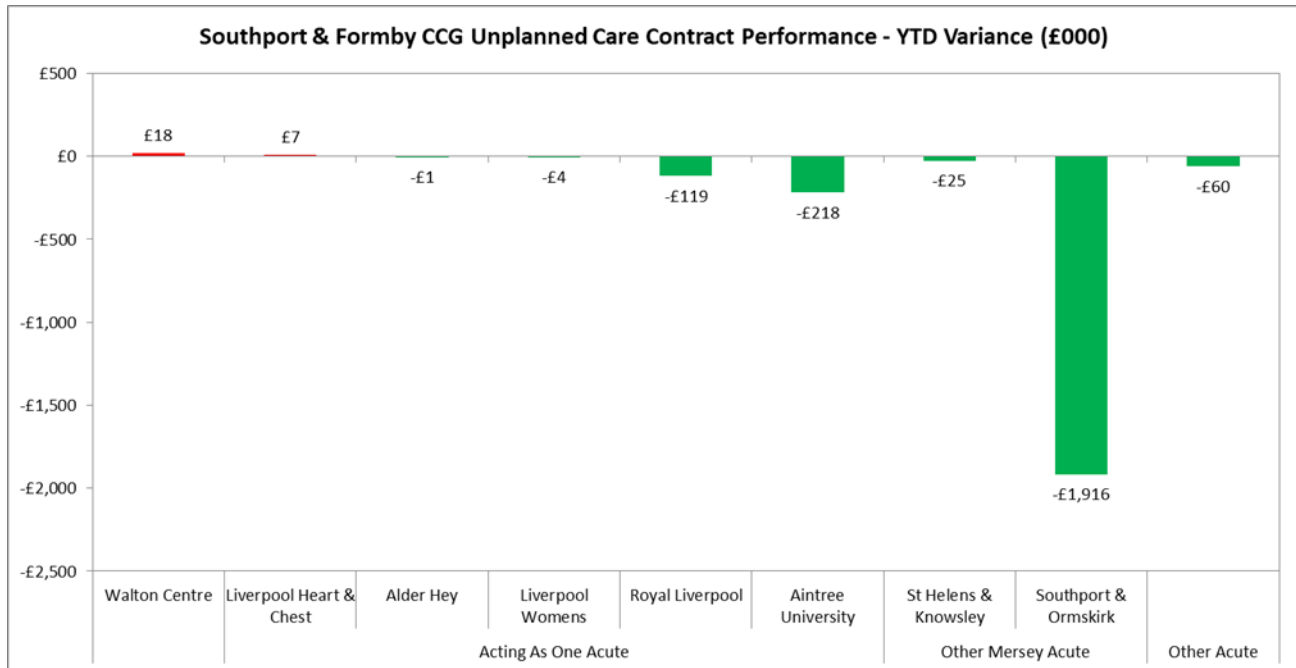
Following a review of the process by Southport and Formby CCG and Liverpool CCG, it has been recommended that Southport and Formby CCG resume management of the SI process for Southport and Formby CCG commissioned providers. This would include Southport and Ormskirk Hospitals and Lancashire and South Cumbria NHS Foundation Trust. It also includes SIs reported by the CCG on behalf of smaller providers and general practices commissioned by the CCG.

This recommendation will be proposed and presented to the Senior Management Team and Leadership team at both CCGs.

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 9 - Unplanned Care – All Providers



Quarter 1 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£1.9m/-18% against plan. Across all providers, Southport & Formby CCG has underperformed by -£2.3m/-19.5%.

NB. Due to the COVID-19 pandemic, a number of month 3 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 3 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.

3.6.2 Southport & Ormskirk Hospital NHS Trust

Figure 10 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	10,790	7,261	-3,529	-33%	£1,797	£1,223	£-574	-32%
NEL - Non Elective	3,315	2,775	-540	-16%	£7,405	£6,366	£-1,039	-14%
NELNE - Non Elective Non-Emergency	265	228	-37	-14%	£576	£585	£9	2%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	14	1	8%	£6	£0	£-5	-91%
NELST - Non Elective Short Stay	744	502	-242	-33%	£534	£362	£-172	-32%
NELXBD - Non Elective Excess Bed Day	917	373	-544	-59%	£234	£100	£-134	-57%
Grand Total	16,044	11,153	-4,891	-30%	£10,552	£8,636	£-1,916	-18%

*exclude ambulatory emergency care POD



Underperformance at Southport & Ormskirk Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£1.9m/-18% for Southport & Formby CCG in quarter 1. The largest activity reductions have occurred within A&E type 1 with a variance of -3,529/-33%. 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 for two consecutive months up to June 2020 but remain below historical levels. A similar trend is evident for non-elective admissions.

Southport & Formby CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Southport Hospital during the first peak in cases reported. This 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 3 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	Mar-20	Apr-20	May-20	Jun-20	
		94.74%	100%	100%	97.3%	
		Plan: 95%				
Performance Overview/Issues:						
• The Trust reported 97.3% of patients being followed up within 7 days in June 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 (EDS)

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	Mar-20	Apr-20	May-20	Jun-20	
		73.68%	82.61%	48.70%	33.75%	
		Plan: 95%				
Performance Overview/Issues:						
• Long standing challenges remain in place.						
• Out of a potential 160 Service Users, 54 started treatment within the 18 week target (33.75%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.						
Actions to Address/Assurances:						
Trust Actions:						
• A service development proposal is being discussed CCGs and clinical leads in August 2020.						
• 1.8 WTE Psychology vacancies are expected to be in post in September 2020.						
When is performance expected to recover:						
Quarter 2 onwards.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



4.1.3 Falls Management & Prevention

Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients assessed and identified at risk of falling should have a care plan in place		Previous 3 quarters and latest				KPI 6b Patient safety.
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		90.0%	62.5%	88.89%	100%	
		Plan: 98% - 2020/21				
Performance Overview/Issues:						
• The Trust overall had 62 inpatients who had their care plan in place in quarter 1. This indicator is a catchment position, last year was by CCG.						
Actions to Address/Assurances:						
• Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.						
When is performance expected to recover:						
Performance has recovered in quarter 1.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 months and latest				KPI 6a Patient safety
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		80.0%	100%	87.5%	98.4%	
		Plan: 98% - 2020/21				
Performance Overview/Issues:						
• The Trust overall had 62 out of 63 inpatients risk assessed using an appropriate tool in quarter 1. This indicator is a catchment position, last year was by CCG.						
Actions to Address/Assurances:						
• Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.						
When is performance expected to recover:						
Performance has recovered in quarter 1.						
Quality:						
No quality issues reported.						
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	Mar-20	Apr-20	May-20	Jun-20		
		0.78%	0.62%	0.42%	0.70%		
		National Monthly Access Plan: 1.59%					
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. • Numbers access the service have increased but are still below the threshold. 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. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
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. • Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
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	Mar-20	Apr-20	May-20	Jun-20		
		44.1%	37.8%	57.0%	59.1%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
• The Recovery rate saw a further improvement in June and continues to achieve the 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:							
Recovery has recovered for the past 2 months.							
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	Mar-20	Apr-20	May-20	Jun-20		
		67.9%	65.2%	63.9%	63.7%		
		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). 							
Awaiting a more detailed plan from NHS MCFT.							
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		

4.4 Improving Physical Health for People with Severe Mental Illness (SMI)

Indicator	Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check	Previous 3 quarters and latest				123g As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target.
	RED	TREND	Q2 19/20	Q3 19/20		
		25.5%	34.2%	38.1%	32.1%	
Plan: 50%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> In Quarter 1 of 20/21, 32.1% of the 1,464 of people on the GP SMI register in Southport & Formby CCG (470) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 						
Actions to Address/Assurances:						
Action plan developed which focuses on the following:						
<ul style="list-style-type: none"> Revised LQC scheme in place which highlights the correct template to use for data collection. Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes. Increased awareness of the scheme amongst practices. 						
When is performance expected to recover:						
Performance should improve in Quarter 2 2020/21 onwards.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

5. Community Health

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

The Contract & Clinical Quality Review Meetings (CCQM) 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.

Challenges identified include increase demand for domiciliary visits due to shielding and isolation, primary care standard operating procedures issue from NHSE to restore BAU not aligned to the capacity within some of the community services and lack of estates to enforce social distancing measures has reduced capacity within treatment rooms and phlebotomy services.

Actions to mitigate risk include all services continue and the Trust have applied a prioritisation tool to stand down some procedures of low priority to maintain adequate workforce.

5.1.1 Quality

Current work ongoing with Lancashire and South Cumbria NHS Foundation Trust to recommence, the submission of the quality indicators as due to COVID quality reports have not been received as per the National guidance. Further work with the recovery plan including issues which have been raised at the operational group meeting including Estates and the increase in requests for domiciliary visits due to shielding

5.2 Any Qualified Provider (AQP) – Audiology

In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process.



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. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) have resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Payment for providers has been in accordance with national guidance.

Merseyside CCG (commissioners and contract lead representatives) have recently met in respect of next steps re AQP Audiology. Liverpool CCG commissioning lead for Audiology, with support from Merseyside Equality & Diversity lead and contract managers, will be drafting a paper to take to CCG leadership teams. This is expected by early September.

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		



Please note: Quarter 1 data is due to be published 16th September 2020 and will be updated in next month's report.



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

The Trust has raised queries with the CCG regarding the published CYP eating disorder referral and breaches data provided as part of the Q1 2020/21 National Mental Health Data Set and has requested that this be withheld until it has had sufficient time to fully investigate the anomalies. The Trust has indicated an increase in local activity which has not been reported in the national data set.



A full Q1 update will be available in month 4.



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	96.5%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 96.5% of all new CYP ASD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks. The 2 patients that did not start their assessment within 12 weeks was due to choice of appointment times. • The longest wait in June was 12 weeks which increased from that of an 8 weeks wait in May. • At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. • The planned reduction in the backlog of open referrals was to achieve 638 by June, which was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Apr-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers • Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 100 % of all new CYP ADHD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks. • The longest wait in June was 12 weeks which increased from that of an 8 week wait in May. At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June stood at 428. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		68.9%	36.8%	35.4%	58.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an increase in compliance with the agreed 6 week standard. Issues relate to the ongoing impact of COVID-19 on the ability to deliver appointments within this target, including staffing capacity and the required changes to working arrangements. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Alder Hey has increased the number of routine choice appointments and continues to offer 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. Staff have worked flexibly and undertaken additional hours to ensure that those children and young people most at risk have continued to receive safe and effective care. The 24/7 crisis service continues to provide additional crisis support for CYP, families and professionals. The service has fully embraced and led the move to virtual appointments for children and young people. The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan. 						
When is performance expected to recover:						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will 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				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		69.9%	64.2%	61.4%	56.3%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated in June. 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. As part of recovery plans, a capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set. The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan. 						
When is performance expected to recover:						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will 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.
		Mar-20	Apr-20	May-20	Jun-20		
		23 wks	23 wks	26 wks	30 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 190 in May to 283 in June. There was a significant increase in the number of referrals in June: 95 were received, compared to 37 in May. In response to COVID and changes to service delivery, it took several months to develop and embed the new ways of working and there were issues with access to digital access which impacted on waiting times. The Trust continues to highlight the 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 June. The Trust has provided a detailed recovery plan for reducing the waiting times, which has focused on the clinical prioritisation (urgency) of children and young people who have been referred more recently. In line with the revised SEND improvement plans for SALT, this focus has reduced the average wait from 22 weeks in May to 12 weeks in June. The plan also includes a recovery trajectory to reduce the longer waits to the 92% standard by October 2021, which indicates that the number of CYP waiting over 18 weeks will reduce from 283 in June to 103 in July. 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 June 2020 and maximum waiting times by October 2020.							
Quality:							
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of digital/telephone assessments.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		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.

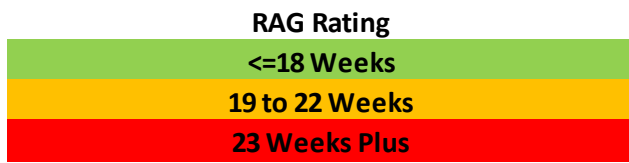
6.3.2 Paediatric Dietetics

The Trust has raised concerns with the CCG regarding the validity of the DNA and cancellation reporting for April, May and June 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 outbreak, which is not reflected in this data alone. The activity reported in the contract statement illustrates that during April May and June there were 103, 100 and 116 dietetic outpatient appointments respectively.

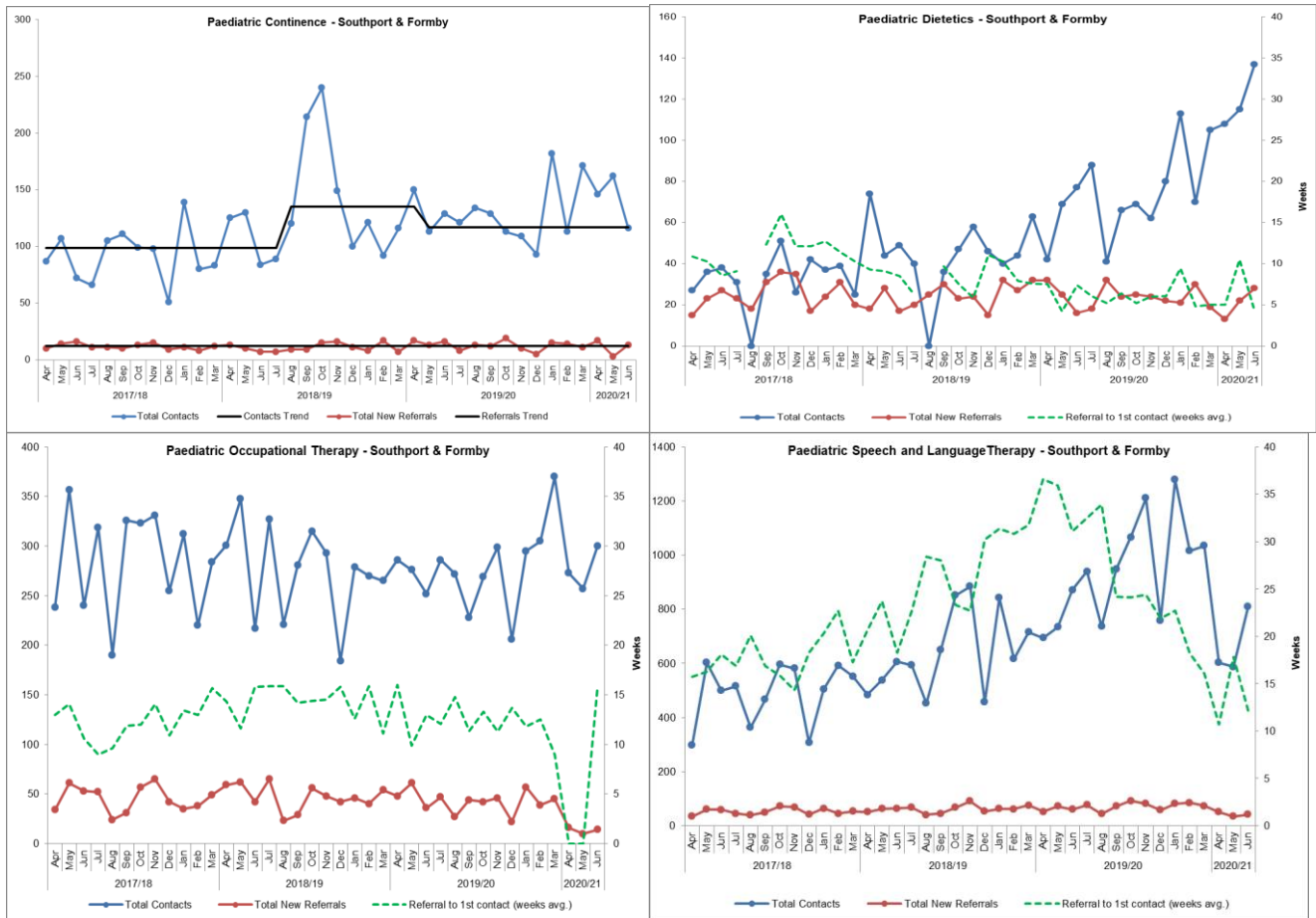
As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due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

Figure 11 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-20	May-20	Jun-20
Number of Referrals	13	22	28
Incomplete Pathways - 92nd Percentile	14.28	13.52	5.20
Incomplete Pathways RTT Within 18 Weeks	100.00%	100.00%	100.00%
Total Number Waiting	23	26	28
Number Waiting Over 18 Weeks	0	0	0



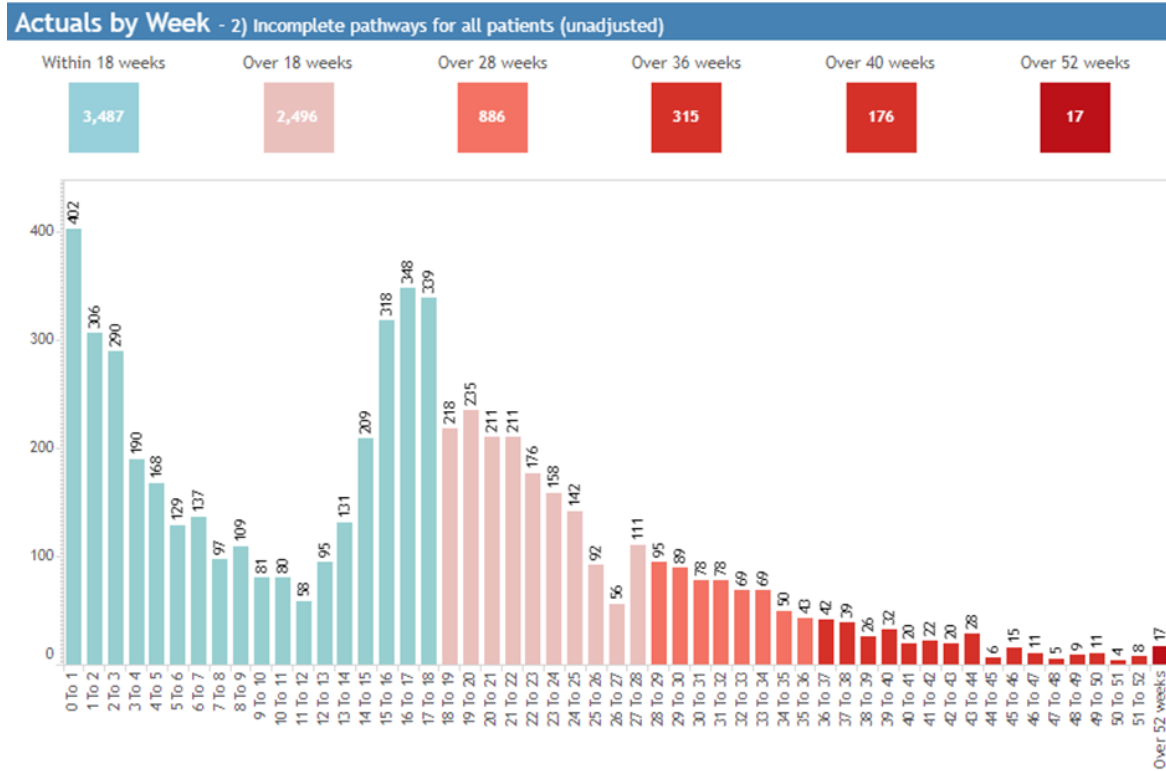
6.4 Alder Hey Activity & Performance Charts



7. Appendices

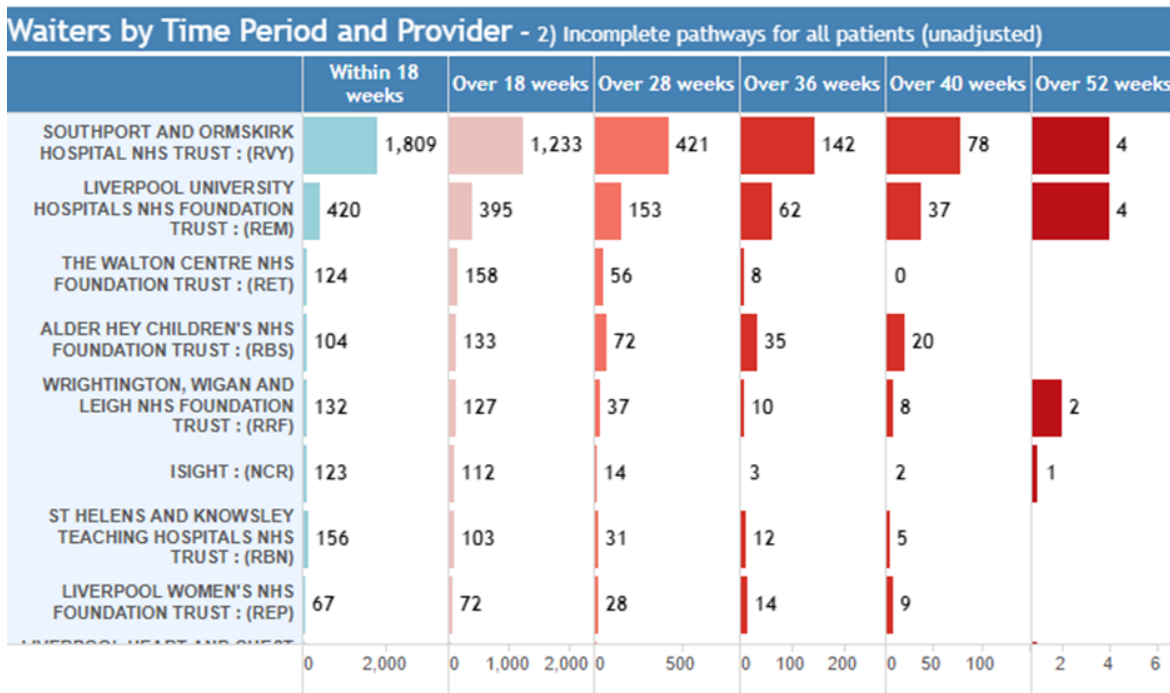
7.1.1 Incomplete Pathway Waiting Times

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

