



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report July 2020

Contents

1. Executive Summary	9
2. Planned Care	13
2.1 Referrals by Source	13
2.2 NHS e-Referral Service (e-RS)	15
2.3 Diagnostic Test Waiting Times	16
2.4 Referral to Treatment Performance (RTT).....	17
2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters.....	18
2.4.2 Provider assurance for long waiters	20
2.5 Cancelled Operations.....	20
2.5.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	20
2.6 Cancer Indicators Performance.....	21
2.6.1 104+ Day Breaches	22
2.6.2 Faster Diagnosis Standard (FDS)	23
2.7 Planned Care Activity & Finance, All Providers	23
2.7.1 Southport & Ormskirk Hospital NHS Trust.....	25
2.7.2 Isight	26
3. Unplanned Care.....	27
3.1 Accident & Emergency Performance.....	27
3.1.1 A&E 4 Hour Performance.....	27
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	28
3.2 Urgent Care Dashboard.....	29
3.3 Ambulance Performance Indicators	31
3.4 Ambulance Handovers.....	32
3.5 Unplanned Care Quality Indicators.....	33
3.5.1 Stroke and TIA Performance.....	33
3.5.2 Healthcare associated infections (HCAI): MRSA.....	34
3.5.3 Healthcare associated infections (HCAI): C. Difficile	35
3.5.4 Healthcare associated infections (HCAI): E Coli.....	36
3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust.....	36
3.6 Unplanned Care Activity & Finance, All Providers	37
3.6.1 All Providers.....	37
3.6.2 Southport & Ormskirk Hospital NHS Trust.....	38
4. Mental Health.....	39
4.1.1 Eating Disorder Service (EDS).....	39
4.2 Cheshire & Wirral Partnership (Adult).....	40
4.2.1 Improving Access to Psychological Therapies: Access	40
4.2.2 Improving Access to Psychological Therapies: Recovery.....	40
4.3 Dementia	41
5. Community Health.....	42

5.1	Adult Community Services (Lancashire & South Cumbria NHS FT)	42
5.1.1	Quality	42
5.2	Any Qualified Provider (AQP) – Audiology	42
6.	Children’s Services	43
6.1	Alder Hey NHS FT Children’s Mental Health Services	43
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH)	43
6.1.2	Waiting times for Routine/Urgent Referrals to Children and Young People’s Eating Disorder Services	43
6.1.3	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks	44
6.1.4	Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks	45
6.2	Child and Adolescent Mental Health Services (CAMHS)	46
6.2.1	% Referral to Choice within 6 weeks	46
6.2.2	% Referral to Partnership within 18 weeks	47
6.3	Children’s Community (Alder Hey)	48
6.3.1	Paediatric Speech & Language Therapies (SALT)	48
6.3.2	Paediatric Dietetics	48
6.4	Alder Hey Activity & Performance Charts	49
7.	Appendices	50
7.1.1	Incomplete Pathway Waiting Times	50
7.1.2	Long Waiters analysis: Top Providers	50
7.1.3	Long waiters analysis: Top Provider split by Specialty	51

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	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									R	
		Actual	62.68%	63.67%	51.17%	32.35%										
		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									R	
		Actual	79.96%	70.87%	58.29%	54.96%										
		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									R	
		Actual	6	10	17	36										69
		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									R	
		Actual	2	0	0	4										6
		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									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G	G									G	
		Actual	94.39%	98.05%	99.3%	98.04%										97.93%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	G	R	R	R									R	
		Actual	100%	91.67%	90.0%	90.32%										91.04%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	G	R	R	G									G	
		Actual	100%	94.87%	95.24%	98.41%										97.25%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G	G	R	G									R	
		Actual	100%	100%	70.0%	100%										90.91%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G									R	
		Actual	100%	100%	87.50%	100%										97.56%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G									G	
		Actual	95.24%	100%	100%	100%										98.75%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	G	R	G									R	
		Actual	71.88%	86.96%	76.47%	89.74%										81.25%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	G		R										R	
		Actual	100%	No pats	0%	No pats										40%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG			G	G									G	
		Actual	84.21%	62.50%	88.24%	100%										85.19%
		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															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R									R
Actual		92.31%	95.81%	95.77%	93.39%										94.55%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available										
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available										
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R									R
YTD		0	1	1	1										1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R									R
YTD		3	7	12	12										12
Target		1	2	3	4	5	6	7	8	9	10	11	12	12	12
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G									G
YTD		4	18	30	38										38
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									G	
		Actual	37.33%	56.96%	60.19%	56.19%										53.68%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R									R	
		Actual	0.63%	0.42%	0.70%	0.73%										2.49%
		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									G	
		Actual	98.61%	97.44%	99.10%	97.14%										98.61%
		Target	75%	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									G	
		Actual	100%	100%	100%	100%										100%
		Target	95%	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									R	
		Actual	65.20%	63.94%	63.68%	64.00%										64.20%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		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 (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R											R	
		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) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G											G	
		Actual	17.8%												
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	To be updated in month 5 report												
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG	To be updated in month 5 report												
		Actual													
		Target	95%			95%			95%			95%			95%
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport & Formby CCG	RAG	Data submission paused due to COVID												
		Actual													
		Target	92.00%			92.00%			92.00%			92.00%			92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 4 (note: time periods of data are different for each source).

Constitutional Performance for July and Q1 2020/21	CCG	S&O
Diagnostics (National Target <1%)	32.35%	30.20%
Referral to Treatment (RTT) (92% Target)	54.96%	57.62%
No of incomplete pathways waiting over 52 weeks	36	12
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	89.74%	85.71%
A&E 4 Hour All Types (National Target 95%)	93.39%	93.35%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	10
Ambulance Handovers 60+ mins (Zero Tolerance)	-	0
Stroke (Target 80%)	-	65.80%
TIA Assess & Treat 24 Hrs (Target 60%)	-	100%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	1
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)	0.73%	-
IAPT Recovery (Target 50%)	56.2%	-
IAPT 6 Weeks (75% Target)	97.1%	-
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, 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 to the end of December 2020.

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, final recovery plans are due for submission on 21st 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 total secondary care referrals have increased by 22% (688) from the previous month in July 2020, which is the third consecutive monthly increase. However, they have remained below historical levels for the last 6 months, which has resulted in a drop in the average number of total, GP and consultant to consultant referrals. Overall, referrals to Southport Hospital have decreased by -47% year to date at month 4.

The CCG failed the less than 1% target for Diagnostics in July, recording 32.35%, an improvement on last month's performance (51.17%) 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 30.20%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in July was 54.96% a further decline on last month's performance (58.28%). Southport & Ormskirk reported 57.62%. This is a drop in performance for the both CCG and Trust.

In July, the CCG reported 36 patients waiting over 52 weeks for treatment an increase from 19 last month. Southport & Ormskirk reported 12 over 52 week waiters, after 7 were reported last month.

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

Month 4 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. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for July reached 93.39%. For type 1, a performance of 91.94% was reported. Earlier months improvements are due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E, the Trust has now fallen under the 95% target.

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

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

For C difficile, the CCG reported no new cases of C difficile cases in July (12 year to date) against a year to date plan of 9. 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 July there were 8 cases (38 YTD) against a target of 39 so achieving in July. There are no targets set for Trusts at present.

Month 4 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.73% in July so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 56% in July, which for the third 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 Commissioners are awaiting a detained investment case from the Trust in September.

In July the dementia diagnostic measure continues to fall under the 66.7% plan reporting 64%, 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.

Commissioners have raised concerns in relation to the Mersey Care's Brain Injury service and in particular criteria and access to commissioned beds and the interface with other services and care pathways. There is a proposal going through the Rehabilitation network Collaborative Commissioning Forum (CCF) that a dedicated commissioning resource to be created to work to resolve these issues across the network, however in the short term there is a need to agree a revised specification with clinical input and develop a risk share arrangement in respect of the 8 commissioned beds within the Trust.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next 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 also contribute to dementia diagnosis underperformance. CCGs await the next Q2 figures.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.2% in July compared to 7.8% in June.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) has been reinstated in June 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 3 of the pandemic response, Alder Hey has been implementing recovery plans for community services and Child and Adolescent Mental Health Services (CAMHS) and has been increasing delivery capacity to return, as far possible, to pre-COVID levels of activity.

The positive increase in community therapy services provision has also been accompanied by a steady rise in referral numbers, notably for SALT which received an unexpected significant increase in July compared with previous month; likely due to suppressed demand in response to the pandemic. This has resulted in an increase in waiting times for some therapies, which may delay recovery and require plans to be revised. However, services continue 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. The Trust is also working to support increases in face to face activity in clinic where possible, and anticipates that where numbers of face to face appointments increase, 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 has developed and shared a service recovery plan with the CCG. This takes account of increases in referrals and the national mandate for the continuation of the 24/7 Crisis Care Service. The modelling predicts that waiting times will return to pre-COVID levels by December 2020 if referral levels remain constant; however, if there is a 15% surge in referrals this will delay recovery until March 2021, given current levels of investment. Discussions between the CCG's finance lead and the Trust are scheduled to clarify local investment and funding in line with national Mental Health Investment Standard (MHIS).

The Trust has flagged an increase in demand for the Eating Disorders Service. This reflects the national picture and is being addressed in its recovery plans and as part of discussions with the CCG about future commissioning and investment plans. Last month the Trust queried the validity of the Q1 national performance data which continues to be investigated. It is anticipated that the matter will be resolved imminently.

Notably, the Q1 mental health access data for community based mental health services report a significant improvement in access rates compared to previous quarters. This is because the third sector provider, Venus, and the online counselling service, Kooth, are now reporting their activity through the national data set. In response to Covid-19, there has also been an increase in Kooth capacity to support young people and this is reflected in the activity data. Initial end of year projections encouragingly indicate that the CCG will exceed the 35% national target for 2020/21.

The IPR and SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent although there has been some slippage against the COVID-19 recovery plans, due to spikes in referrals and the challenges of delivering face to face appointments. The Trust has flagged the potential impact of the return to school on referral numbers and the ability of schools to support delivery and share information.

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	2545	568	-1977	-77.7%	2075	887	-1188	-57.3%	5553	1875	-3678	-66.2%
May	2824	669	-2155	-76.3%	2266	1123	-1143	-50.4%	6113	2205	-3908	-63.9%
June	2461	1082	-1379	-56.0%	1974	1641	-333	-16.9%	5338	3181	-2157	-40.4%
July	2890	1434	-1456	-50.4%	2429	1842	-587	-24.2%	6329	3869	-2460	-38.9%
August	2344				2145				5329			
September	2359				2271				5507			
October	2708				2299				6078			
November	2735				2164				5804			
December	2022				1867				4645			
January	2697				2325				5994			
February	2431				2059				5446			
March	1684				1689				4165			
Monthly Average	2475	938	-1537	-62.1%	2130	1373	-757	-35.5%	5525	2783	-2743	-49.6%
YTD Total Month 4	10720	3753	-6967	-65.0%	8744	5493	-3251	-37.2%	23333	11130	-12203	-52.3%
Annual/FOT	29700	11259	-18441	-62.1%	25563	16479	-9084	-35.5%	66301	33390	-32911	-49.6%



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





Month 4 Summary:

- Trends show that total secondary care referrals have increased by 22% (688) from the previous month in July 2020, which is the third consecutive monthly increase. However, they have remained below historical levels for the last 6 months, which has resulted in a drop in the average number of total, GP and consultant to consultant referrals.
- GP referrals are currently -65% down on the equivalent period in the previous year. However, taking into account working days, further analysis has established there have been approximately 13 additional GP referrals per day in July 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -47% (-7,351) year to date at month 4.
- Consultant-to-consultant referrals at Southport Hospital are -33.0% (-2,278) 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 -66% (-1,615) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 4 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 -59% (9,058) to the previous year.
- Recovery of referral numbers for routine, urgent and two week waits has been apparent during month 4 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. As previously noted the above data is based upon NHS Digital reports which utilises MAR (Monthly Activity Reports) data, 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	Apr-20	May-20	Jun-20	Jul-20			
		CCG	62.68%	63.67%	51.17%			32.35%
		S&O	50.57%	57.60%	49.84%			30.20%
		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 2,170 patients, 702 patients were waiting over 6 weeks and 447 of those were waiting over 13 weeks for their diagnostic test. The majority of long waiters were for non-obstetric ultrasound (88), echocardiography (117), CT (98) and gastroscopy (69) this makes up 53% 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 but is showing improvement. 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 the 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 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 including indicative activity plans and waiting list size. 								
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 on the 21st September 2020. Participate as a forerunner in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. 								
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	Apr-20	May-20	Jun-20	Jul-20		
		CCG	79.96%	70.87%	58.28%	54.96%	
		S&O	82.09%	73.05%	60.15%	57.62%	
		Plan: 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic and continues to decline. For the fifth month Trust RTT performance has declined. The major issue being Gynaecology which has been severely compromised with shortage of the medical workforce reporting 57.3% with 344 breaches, other failing specialities are General surgery, urology, T&O and Ophthalmology. The number of waiters over 30 weeks is currently 664 and continues to increase. Performance significantly affected due to the pandemic with national directive to defer all non-urgent clinical activity since April 2020. 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 including indicative activity plans and waiting list size.. Phase 3 recovery letter – final recovery plan to be submitted by 21st 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. Increase utilisation of video consultation in line with national expectations. 							
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	Apr-20	May-20	Jun-20	Jul-20			
		CCG	6	10	17			36
		S&O	0	0	7			12
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 36 breaches, there were 10 at LUHFT, 9 at Southport & Ormskirk, 5 at Wrightington, Wigan & Leigh NHS Foundation Trust and 12 at other Trusts. Of the 9 breaches at Southport & Ormskirk, 9 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. Awaiting DoH gateway letter – outlining waiting list validation expectations and confirmation of change in RTT clock guidance which will allow for a pause in RTT clock for patients choosing to not proceed with procedures due to COVID-19. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
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

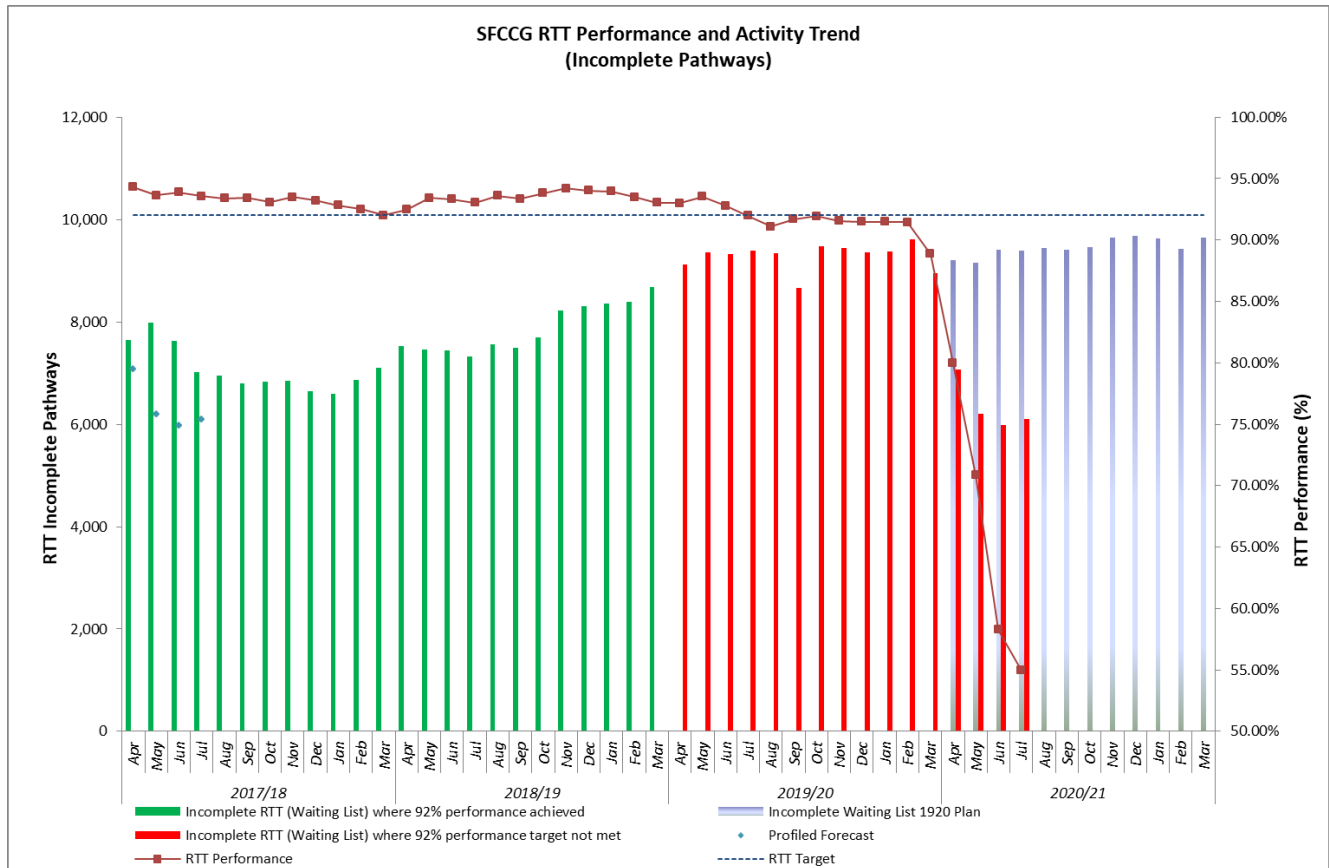


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

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	6,101									6,101
Difference	-2,054	-3,163	-3,348	-3,291									-3,275

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	6,463									6,463
Difference	-3,586	-4,757	-4,910	-4,708									-4,801

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	78	10	The largest number of patients waiting in excess of 52 weeks for S&F CCG are in T&O (4), Ophthalmology (2) and 1 each for General Surgery, ENT, Gastroenterology and Dermatology. Overall the number of 52 week waiters at the Trust has increased to 513 in July compared to 248 in June.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	163	9	Of the 9 breaches 7 were for Gynaecology, 1 for general surgery and 1 for other treatment which were treated in August.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	1	2	Both patients were sent a letter in early July advising that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment.
ISIGHT : (NCR)	4	1	The elderly patient due to undertake Oculoplastic surgery had appointment cancelled/had to self isolate/cancelled surgery/declined surgery and had now reconsidered and operation due 19-9-20. Cancellation again by the patient will result in being discharged from the service.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	13	2	Both patients awaiting TCI dates, delays due to diagnostic capacity issues due to COVID and inpatient capacity.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	4	1	Admitted and treated on 02/08/2020.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	5	4	Do not routinely provide patient level information on 52 week waiters/long waiters. Reviewing how to engage with commissioners regarding their long waiters.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	17	2	First patient had appointment cancelled by hospital and currently on hold due to COVID-19, second patient also had appointment cancelled by hospital was referred, initial appointment was May, clock reset to be made.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	17	5	Awaiting Trust Update
Other Trusts	53	0	No Trust Comments.
	355	36	

2.5 Cancelled Operations

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		2	0	0	4	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> July shows a decline in performance for cancelled operations, Information provided by the Trust suggests theatre lists running over are the cause for the cancelled operations. 						
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:						
Recovery anticipated next month.						
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		Apr-20	May-20	Jun-20	Jul-20		
	2 Week Wait (Target 93%)	CCG	94.39%	98.05%	99.30%	98.04%	97.93%	
		S&O	97.16%	98.47%	99.28%	98.64%	98.60%	
	2 Week breast (Target 93%)	CCG	100%	91.67%	90.00%	90.32%	91.04%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	100%	94.87%	95.24%	98.41%	97.25%	
		S&O	93.10%	95.56%	97.92%	94.12%	95.05%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	87.50%	100%	97.56%	
		S&O	0 Pats	0 Pats	0 Pats	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	100%	70.00%	100%	90.91%	
		S&O	0 Pats	100%	0 Pats	100%	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	95.24%	100%	100%	100%	98.75%	
		S&O	0 Pats	0 Pats	0 Pats	0 Pats	0 Pats	
	62 day standard (Target 85%)	CCG	71.88%	86.96%	76.47%	89.74%	81.25%	
		S&O	70.00%	93.85%	74.63%	85.71%	80.39%	
	62 Day Screening (Target 90%)	CCG	100%	0 Pats	0%	0 Pats	40%	
		S&O	100%	100%	0 Pats	0%	75.00%	
	62 Day Upgrade (Local Target 85%)	CCG	84.21%	62.50%	88.24%	100%	85.19%	
		S&O	88.89%	100%	96.97%	96.77%	94.20%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG are achieving 4 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 points to note:								
<ul style="list-style-type: none"> Monthly numbers treated by Southport & Ormskirk in the given month are I 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:								
<p>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:</p> <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: 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: 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. - 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:								
<p>The recent planning submission to support restoration of cancer services includes trajectories for:</p> <ul style="list-style-type: none"> - Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. - Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral. - Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. 								
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		Dr Graeme Allan			Sarah McGrath			

2.6.1 104+ Day Breaches



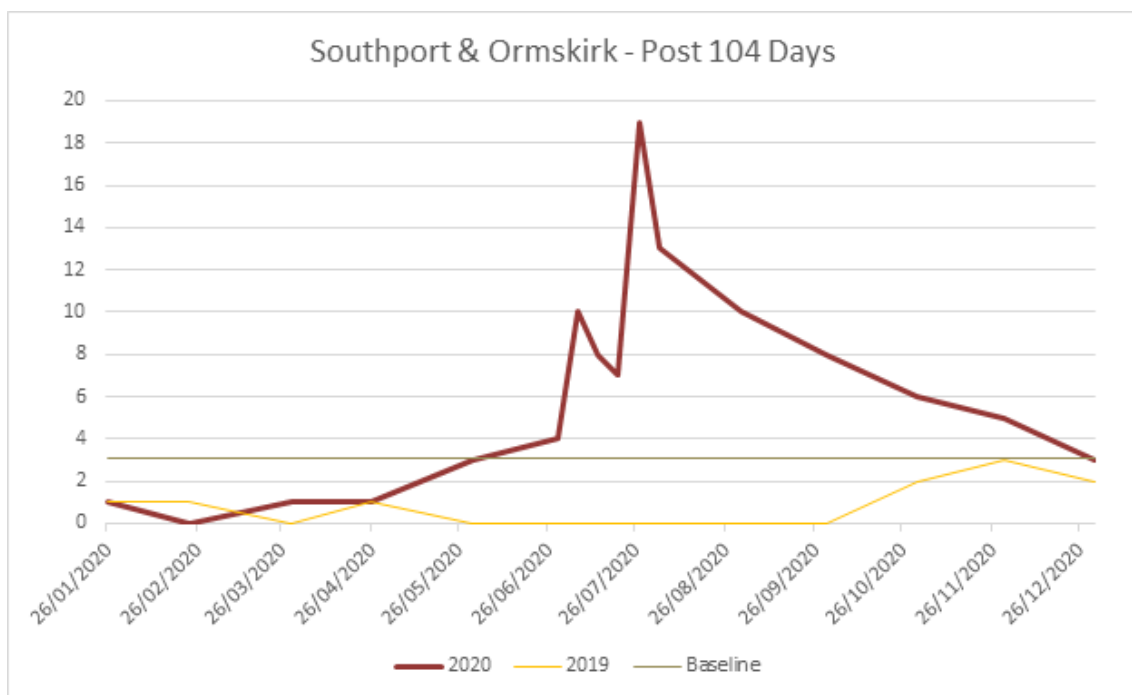
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		6	0	6	2	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Out of the 2 breaches in July 1 was for skin and 1 urological. • 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 July 2020 for S&O was 138 (June 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:						
S&O has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is exceeding trajectory and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
Quality:						
<p>There is work in progress to update the local agreement for management of long waiting cancer patients to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include:</p> <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

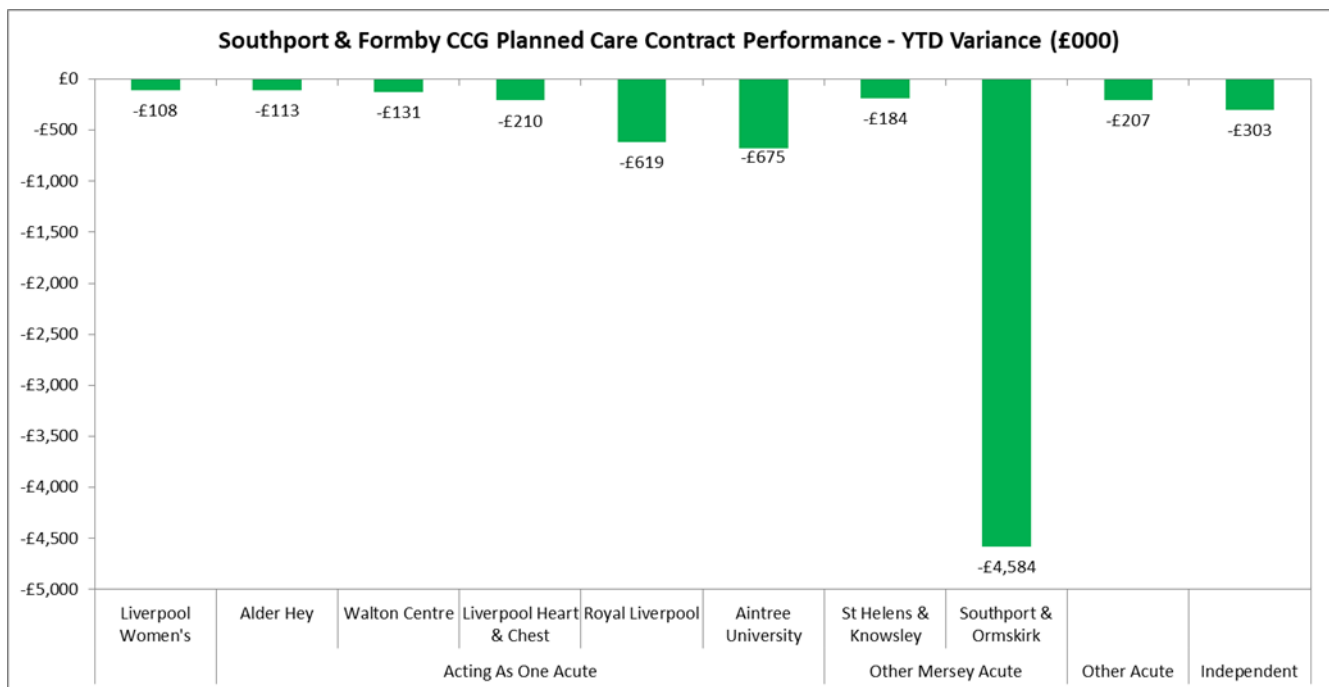


2.6.2 Faster Diagnosis Standard (FDS)

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		Apr-20	May-20	Jun-20	Jul-20			YTD
	28-Day FDS 2 Week Wait Referral	CCG	61.32%	80.61%	79.59%	82.21%			77.23%
		Target	Target due to start 2021 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	66.67%	92.31%	95.24%	85.19%			89.06%
		Target	Target due to start 2021 - 75%						
	28-Day FDS Screening Referral	CCG	66.67%	66.67%	0.00%	0.00%			34.78%
		Target	Target due to start 2021 - 75%						
Performance Overview/Issues:									
<ul style="list-style-type: none"> Shadow reporting started April 2019. Targets due to start in 2021, date to be confirmed. RAG is indicating what the measure would be achieving when the target comes in. 28 Day FDS overall is reporting 81.21% for July, 77.06% year to date so achieving the proposed target. 									
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:									
Not applicable.									
Quality:									
Not 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



Month 4 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

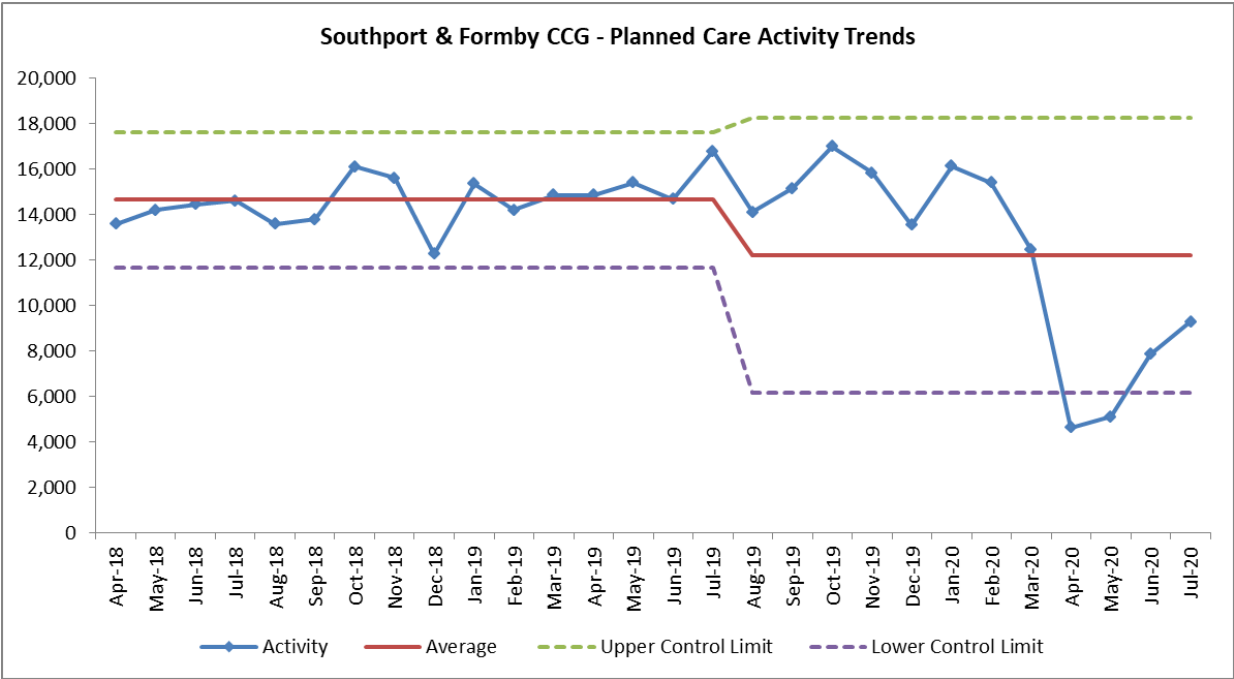
the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£4.5m/-65% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.1m/-54.6%.

NB. Due to the COVID-19 pandemic, a number of month 4 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 4 year to date actuals.

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

Figure 6 - Planned Care Activity Trends



2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 7 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,700	1,310	-2,390	-65%	£1,939	£664	£-1,275	-66%
Elective	357	107	-250	-70%	£1,025	£285	£-740	-72%
Elective Excess Bed Days	140	36	-104	-74%	£37	£10	£-27	-74%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	337	103	-234	-69%	£70	£23	£-47	-67%
OPFASPCL - Outpatient first attendance single professional consultant led	5,416	2,085	-3,331	-62%	£944	£354	£-590	-62%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	302	190	-112	-37%	£35	£24	£-11	-31%
OPFUPSPCL - Outpatient follow up single professional consultant led	15,035	4,682	-10,353	-69%	£1,327	£420	£-908	-68%
Outpatient Procedure	9,258	2,935	-6,323	-68%	£1,264	£450	£-814	-64%
Unbundled Diagnostics	3,974	2,114	-1,860	-47%	£378	£205	£-172	-46%
Grand Total	38,519	13,562	-24,957	-65%	£7,018	£2,435	£-4,584	-65%

*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 -£4.5m/-65% for Southport & Formby CCG at month 4. 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 -47% across all referral sources combined. Referrals have increased for three consecutive months but remain below historical levels across a number of specialities. However, month 4 has seen a notable increase in (GP and consultant-to-consultant) referrals to the Cardiology Service, which has resulted in increased first outpatient appointments.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance 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 and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Month 4 has also shown an increasing number of diagnostic scopes being performed suggesting some recovery of activity within the Gastroenterology Service.

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 4 year to date actuals (PbR only).

2.7.2 Isight

Figure 8 - Planned Care – Isight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	493	297	-196	-40%	£262	£102	-£160	-61%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	610	38	-572	-94%	£84	£20	-£64	-76%
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>	1,184	192	-992	-84%	£71	£16	-£55	-77%
Outpatient Procedure	600	332	-268	-45%	£41	£31	-£9	-23%
Grand Total	2,888	859	-2,029	-70%	£458	£170	-£288	-63%

As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during the first four months of 2020/21 as a result of the COVID-19 pandemic. The total cost variance is currently -£288/-63%.

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 4 year to date actuals.



3. Unplanned Care

3.1 Accident & Emergency Performance

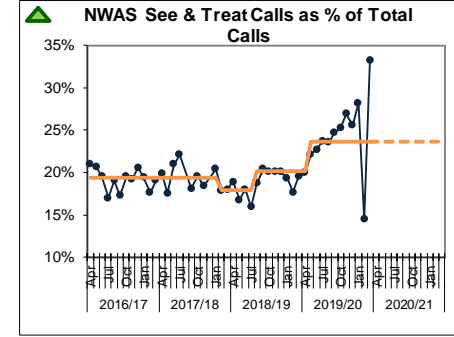
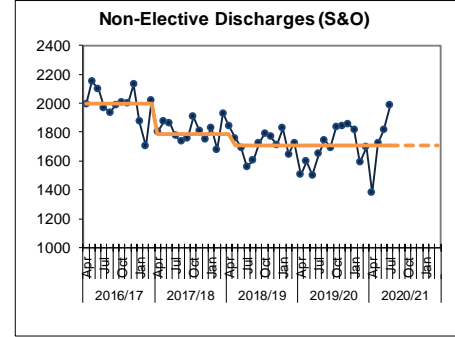
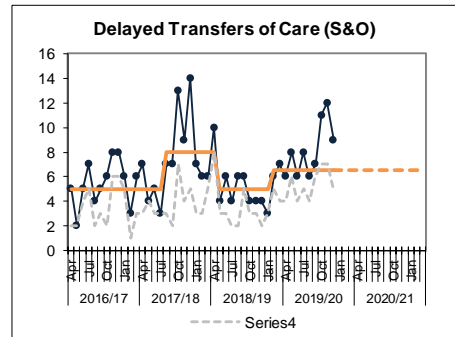
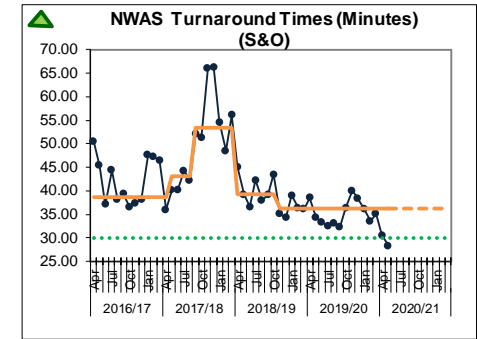
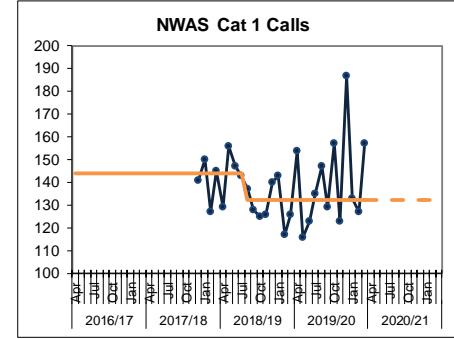
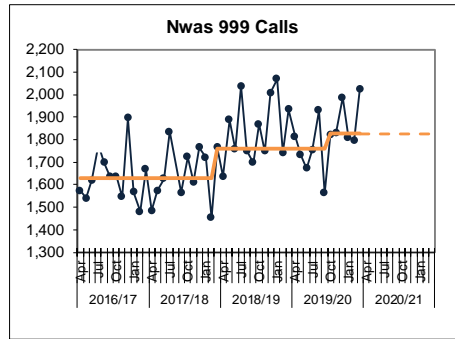
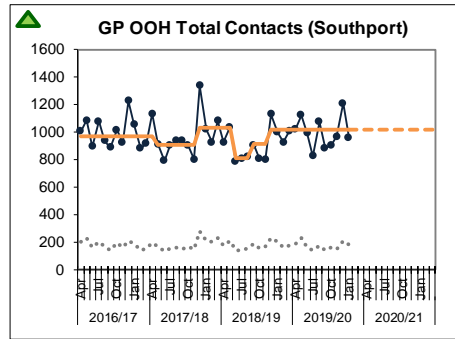
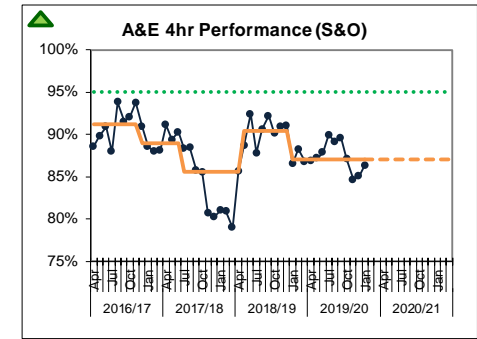
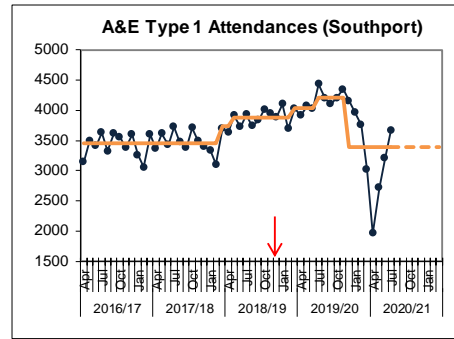
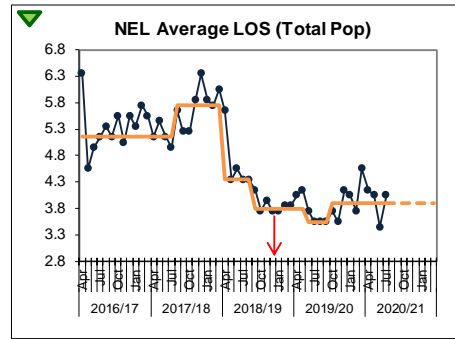
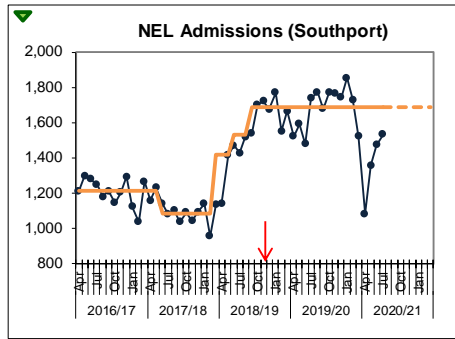
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors					
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.					
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	YTD							
		CCG All Types	92.31%	95.81%	95.77%	93.39%	94.55%						
		CCG Type 1	92.33%	95.17%	94.58%	91.64%	93.47%						
		S&O All Types	92.83%	95.77%	95.78%	93.35%	94.52%						
		S&O Type 1	90.93%	94.42%	94.00%	90.23%	92.42%						
Performance Overview/Issues: <ul style="list-style-type: none"> July data shows the CCG and Trust have fallen under the 95% target. In July 2020, the total number of A&E attendances reported for the CCG patients was 4,129. Whilst, this shows an increase from the 3,795 attendances reported in June; it represents a decrease on the CCG A&E attendances in July 2019 which was 5,392. In July the Southport and Ormskirk system started to see an increase in ED attendances and a higher acuity of patient within the department. The Trust had reduced streaming capacity due to the need to ensure social distancing this resulted in some patients remaining in the department for longer periods of time which has impacted on the 4hr target. 													
Actions to Address/Assurances: <p>CCG Actions:</p> <ul style="list-style-type: none"> To support the Trust with attendance avoidance and effective discharge. The focus of the system improvement programmes within the winter plan is front door streaming and direct booking into assessment areas to reduce overcrowding in ED. NWSAS now streaming directly to ACU. Southport and Ormskirk system has been identified as a 'fast follower' for the implementation of NHS 111 first, which should redirect at 111. A communications plan is being developed as part of this programme of work. Community services resource redirected to bolster district nursing services, this remains in place. 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. Frailty services have been redirected to support care home staff with proactive management. Primary care implemented e consult and hot and cold sites. Acute visiting service commissioned with rapid implementation remains in place. <p>Trust Actions:</p> <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. <p>When is performance expected to recover:</p> <p>Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.</p> <p>Quality:</p> <p>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.</p>													
Indicator responsibility: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Leadership Team Lead</th> <th style="width:33%;">Clinical Lead</th> <th style="width:33%;">Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Cameron Ward</td> <td>Annette Metzmacher</td> <td>Sharon Forrester</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Cameron Ward	Annette Metzmacher	Sharon Forrester
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.
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20		
		0	0	1	0		
		Plan: Zero					
Performance Overview/Issues:							
• Southport & Ormskirk had no patients breaching the 12 hour target in July.							
Actions to Address/Assurances:							
• 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 next month. 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.
NWS Turnaround Times - S&O	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Southport & Ormskirk Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWS 999 Calls	Southport and Formby - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWS Cat 1 Calls	Southport and Formby - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWS See & Treat Calls	Southport and Formby - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Southport & Ormskirk University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Southport & Ormskirk Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Mar-20	Apr-Jun	July		
		Cat 1 mean	<=7 mins	00:08:48	No data available for April - June due to COVID-19 pandemic	00:07:46		
		Cat 1 90th Percentile	<=15 mins	00:17:06		00:13:56		
		Cat 2 mean	<=18 mins	00:35:32		00:22:34		
		Cat 2 90th Percentile	<=40 mins	01:25:24		00:50:14		
		Cat 3 90th Percentile	<=120 mins	04:24:05		02:35:42		
		Cat 4 90th Percentile	<=180 mins	03:22:37	03:11:56			
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1. This has not been met due to COVID impact which began to hit service delivery in Q4 and then all the way through Q1 and continuing into Q2. Activity reporting has now restarted with CCG level data available for July. Whilst targets not met in full it shows improvement in all category response times with category 1 achieved and category 2,3 and 4 showing significant improvement. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right all at the right time. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	May-20	Jun-20	Jul-20		
		(a) 30-60 mins	19	14	10		
		(b) 60+ mins	0	3	0		
		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. Ambulance handovers are showing a vast improvement recently although not enough to get close to the challenging zero target. 							
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:							
Recovery improving month on month.							
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		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		a)	74.1%	72.7%	86.4%	65.8%	
		b)	No Patients	40.0%	66.7%	100.0%	
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> COVID has had an impact on ability to care for patients for more than 90% of their stay on a stroke unit, it has again failed the target in July. Of the 9 breaches, 5 had late diagnosis, 1 due to bed capacity, 1 patient not referred to Stroke Team as an inpatient, 1 patient was admitted to CCU and lastly 1 patient had miss-diagnosis on admission/late referral. Stroke is part of the priority phases as part of the S&O System Management Urgent care group who report to the System Management Board. The Trust has met the 60% TIA target at 100% for July 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. A clinical stakeholder workshop has been arranged for 25th September 2020 to recognise benefits of different ways of working as a result of COVID experience and value the work that has been done during the pandemic. 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. SFCCG is working with the trust to develop a business case for continuation of ESD services based on reduction in bed days and potential additionality to support transfers with 2 which have been occurring during the COVID period. 							
When is performance expected to recover:							
Performance is expected to recover in August.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Vacant		Billie Dodd			



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)					
RED	TREND		Apr-20	May-20	Jun-20	Jul-20	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.
		CCG	0	1	1	1	
		S&O	1	1	1	1	
		Plan: Zero					Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.
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 July. 							
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. Submission of the national assurance framework has gone through the CCQRM with any queries being raised at the next meeting in September.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.3 Healthcare associated infections (HCA): C. Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)				<p>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	Apr-20	May-20	Jun-20	Jul-20		
		CCG	3	7	12		
		S&O	5	11	17	19	
		CCG - Actual 12 YTD - Target 9 YTD S&O - Actual 19 YTD - Target 8 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. 							
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. The 2 cases in June identified no lapses in care, therefore 4/8 are currently appealable for the year to date. 							
When is performance expected to recover:							
Recovery will be monitored through the Trust Infection Prevention Control (IPC) meetings.							
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. Submission of the national assurance framework has been through the CCQRM with any queries being raised at the next meeting in September.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					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.
GREEN	TREND		Apr-20	May-20	Jun-20	Jul-20		
		CCG	4	18	30	38		
		S&O	8	26	40	55		
		CCG - Actual 38 YTD - Target 39 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 are now 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 set to recommence at the end of September 2020. Further work with any Structured Judgement Reviews (SJRs) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learnt on a Cheshire and Merseyside basis. 								
When is performance expected to recover:								
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.								
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			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 9 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	July 2020	100	83.10	↑
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101	↑

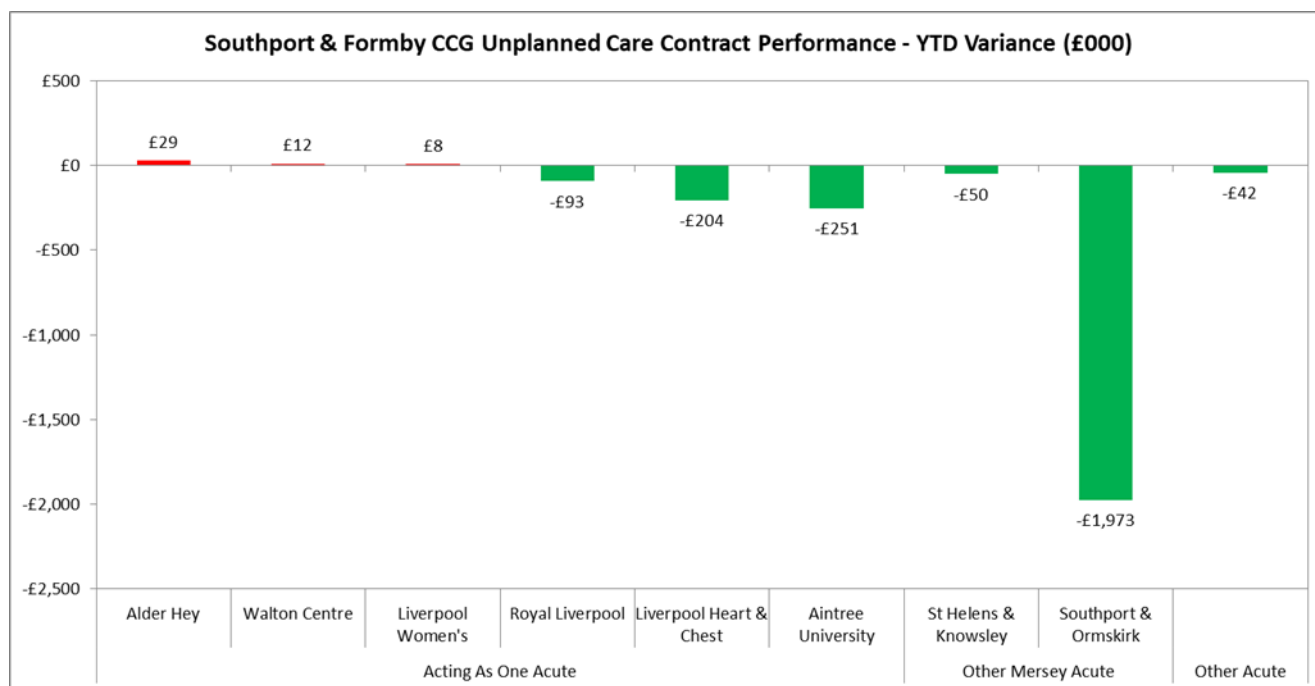
HSMR is lower than reported last month at 83.1 (with last month reporting 82.8) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one 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.

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 10 - Unplanned Care – All Providers



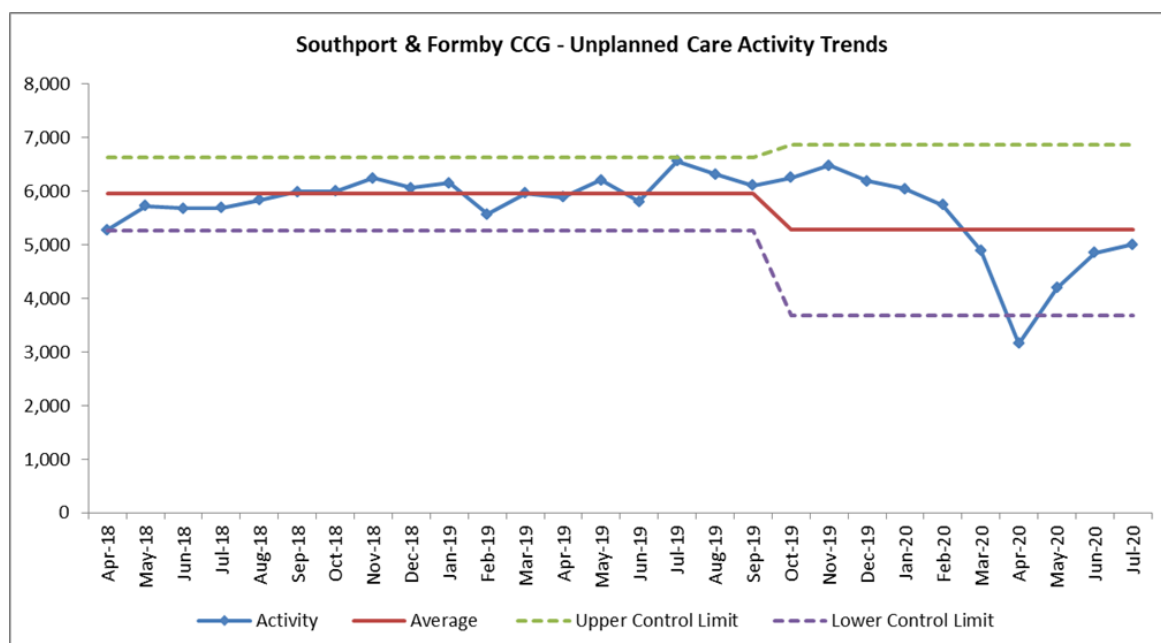
Month 4 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£1.9m/-14% against plan. Across all providers, Southport & Formby CCG has underperformed by -£2.5m/-16%.

NB. Due to the COVID-19 pandemic, a number of month 4 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 4 year to date actuals.

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

Figure 11 - Unplanned Care Activity Trends



3.6.2 Southport & Ormskirk Hospital NHS Trust

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

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care*								
A and E	14,782	10,317	-4,465	-30%	£2,447	£1,765	£-681	-28%
NEL - Non Elective	4,565	3,827	-738	-16%	£9,959	£9,089	£-870	-9%
NELNE - Non Elective Non-Emergency	376	306	-70	-19%	£820	£792	£-27	-3%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	14	15	1	7%	£6	£0	£-5	-92%
NELST - Non Elective Short Stay	1,028	719	-309	-30%	£737	£519	£-218	-30%
NELXBD - Non Elective Excess Bed Day	1,214	526	-688	-57%	£309	£139	£-170	-55%
Grand Total	21,979	15,710	-6,269	-29%	£14,278	£12,305	£-1,973	-14%

*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/-14% for Southport & Formby CCG at month 4. The largest activity reductions have occurred within A&E type 1 with a variance of 4,465/-30%. 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 three consecutive months up to July 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 8am-10pm and therefore the attendances are still likely to show a lower level than those in 2019/20. Opening hours at the Paediatric Department will extend from 8am-12pm as of Monday 20th September. If we exclude Paediatric A&E activity, we can see that over 65 activity at A&E is now comparable to the same period of last year. Consequently, this has caused an increase in over 65 NEL admissions. When

grouping activity into ACS conditions, cardiac conditions have seen the biggest increase in activity since the end of the national COVID lockdown.

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 4 year to date actuals.



4. Mental Health

4.1.1 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				KPI 125	Patient safety. Reputation.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		82.61%	48.70%	33.75%	25.88%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 170 Service Users, 44 started treatment within the 18 week target (25.88%), 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:							
<ul style="list-style-type: none"> Trust has bought ZOOM licenses for services and it plans to deliver group therapy securely which will shortly commence. Low weight service users have been offered Therapy kitchen provision digitally via Attend Anywhere. A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. It was therefore agreed that MCFT refresh their proposal on this basis. In developing this, reference would be made to the planned acquisition of North West Borough Foundation Trust (NWBFT) which may create opportunities for integration. 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 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		

4.2 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	Apr-20	May-20	Jun-20	Jul-20		
		0.63%	0.42%	0.70%	0.73%		
		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 and mitigate against any further adverse performance. 							
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

The percentage of people moved to recovery was 56% in July, which for the third month has achieved the 50% target. The clinical lead for the service continues to review non recovered cases and work with practitioners to continue to improve recovery rates.

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	Apr-20	May-20	Jun-20	Jul-20		
		65.2%	63.9%	63.7%	64.0%		
		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:							
<p>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments.</p> <p>Recovery plan received from NHS MCFT:</p> <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). <p>Awaiting a more detailed plan from NHS MCFT.</p>							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Hilal Mulla		Kevin Thorne			

5. Community Health

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

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

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

Lancashire and South Cumbria NHS Foundation Trust continue to provide a limited amount of document assurance due to COVID-19, further assurance is obtained through the monthly operational meeting and also the Contract and Clinical Quality Review Meeting (CCQRM).

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 has confirmed that in terms of development of a new specification and engagement process, it is not feasible to undertake this at the present time. The exact duration of the extension to the current arrangements will depend on the COVID-19 outbreak.

6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and rolling 12 month				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
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate	
		4.8%	5.9%	17.8%	34.1%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 1 data shows a significant improvement from previous quarters. The rolling 12 months access rate is currently at 34.1%, so narrowly missing the 35% target. 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 has continued to have a significant positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that some children and young people may be unable to benefit from digitally delivered services due to lack of access to suitable devices/IT.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



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

The Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate, which is due for completion by the end of September.



A full Q1 update will be available as part of the month 5 report.



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	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	97.5%	97.5%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The reason the 3 patients who did not start their assessment within 12 weeks was due to challenges identifying suitable appointment times. The longest wait in July was 16 weeks which increased from that of an 12 weeks wait in June. 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. This information will be reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June). 						
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	May-20	Jun-20	Jul-20	
		100%	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. 						
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>
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	100%	87%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In July the Trust fell under the target of 90%. • 6 young people did not start their assessments due to the delay in receiving information from schools and families and the delay in their MDT appointment; 3 of these young people now have their MDT appointments booked in August. • The longest wait in July was 16 weeks which increased from 12 weeks in June. • 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 was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis. 						
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, which is currently ahead of target (as reported in June). • 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:						
Performance is expected to be compliant again in August.						
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	Apr-20	May-20	Jun-20	Jul-20	
		100%	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. 						
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	Apr-20	May-20	Jun-20	Jul-20	
		36.8%	35.4%	58.9%	75.5%	
		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. The service has resumed routine choice appointments and is offering additional capacity to support the required reduction in waiting times. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service has focussed on reducing the choice backlog in June and July to positive effect. 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 Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG will review the plan and associated risks. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses. 						
When is performance expected to recover:						
The predicted timescale for reducing waiting times to target is either December 2020 if referrals remain at current levels, or March 2021 if there is a 15% increase. In the meantime, it is expected that performance will continue to improve.						
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	Apr-20	May-20	Jun-20	Jul-20	
		64.2%	61.4%	56.3%	40.0%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated further in July. The service continues to have a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. Through the measures outlined below, compliance for this metric is due to increase from August 2020. 						
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 service has focussed on reducing the choice backlog in June and July and a similar approach will now be directed towards the partnership waiting times The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG will review the plan and associated risks. 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 predicted timescale for reducing waiting times to target is either December 2020 if referrals remain at current levels, or March 2021 if there is a 15% increase. In the meantime, it is expected that performance will continue to improve.						
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				<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19)</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Incomplete Pathways (92nd Percentile)				
		Apr-20	May-20	Jun-20	Jul-20	
		23 wks	26 wks	30 wks	27 wks	
		Average waiting times <= 18 weeks				<p><= 18 weeks: Green</p> <p>> 18 weeks: Red</p>
Performance Overview/Issues:						
<ul style="list-style-type: none"> The number of patients waiting over 18 weeks for an initial assessment decreased from 283 in June to 224 in July. There was a significant increase in the number of referrals in July: 133 were received against the 45 anticipated in the improvement plan. These additional referrals are understood to represent suppressed demand due to Covid, which would ordinarily have been received in April, May and June. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to carry out local risk assessments and prioritise caseloads and new referrals in accordance with risk and needs of the child/young person. The service continues to work to deliver an overall improvement plan to reduce the longer 18+ waits to the 92% standard by October 2020. The waiting time work is ongoing and making good progress. As a result of separating the SALT ASD pathway assessments from the core speech therapy service, in July the total numbers waiting fell by 143, and the number waiting over 18 weeks by 59. Despite the challenges of delivering the service digitally, the Trust has reported positive patient and family feedback on the use of digital assessments and delivery, and is researching the availability of PPE compliant visors so that more face to face appointments can be offered. 						
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:						
There are no identified quality issues.						
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

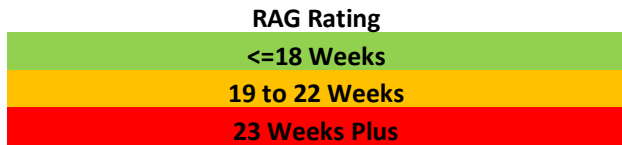
Since the outbreak of the pandemic, the Trust has expressed concerns regarding the validity of the DNA and cancellation data. This is because a significant number of appointments continue to be cancelled and rescheduled as the Trust manages preferences for face to face and digital appointments, which is not representative of service activity and performance alone.

The activity reported in the July contract statement is very positive and shows that there were a total of 145 dietetic appointments, and that the average waiting time was 3.4 weeks with no patients waiting over 18 weeks.

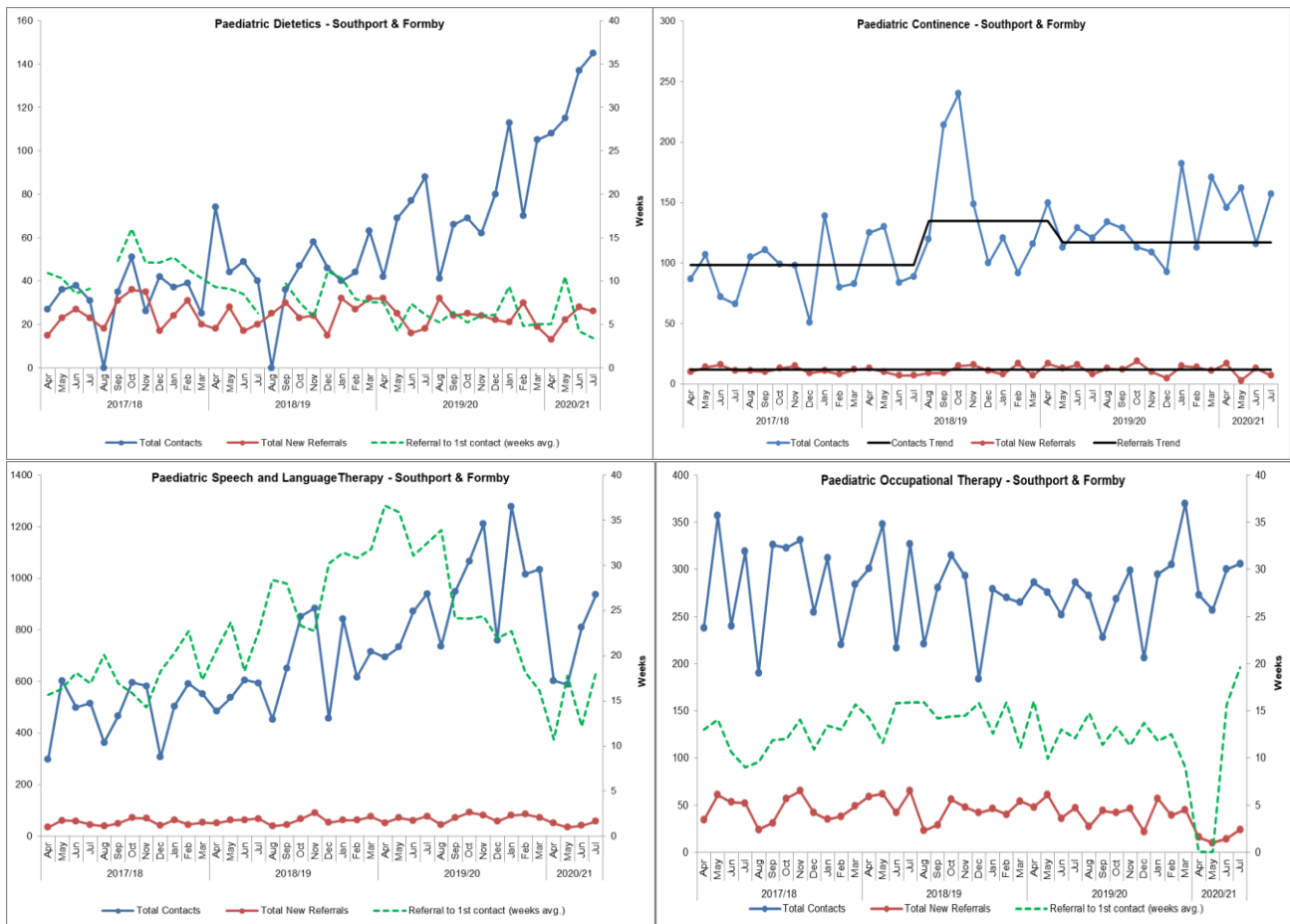
As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due 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 13 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

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



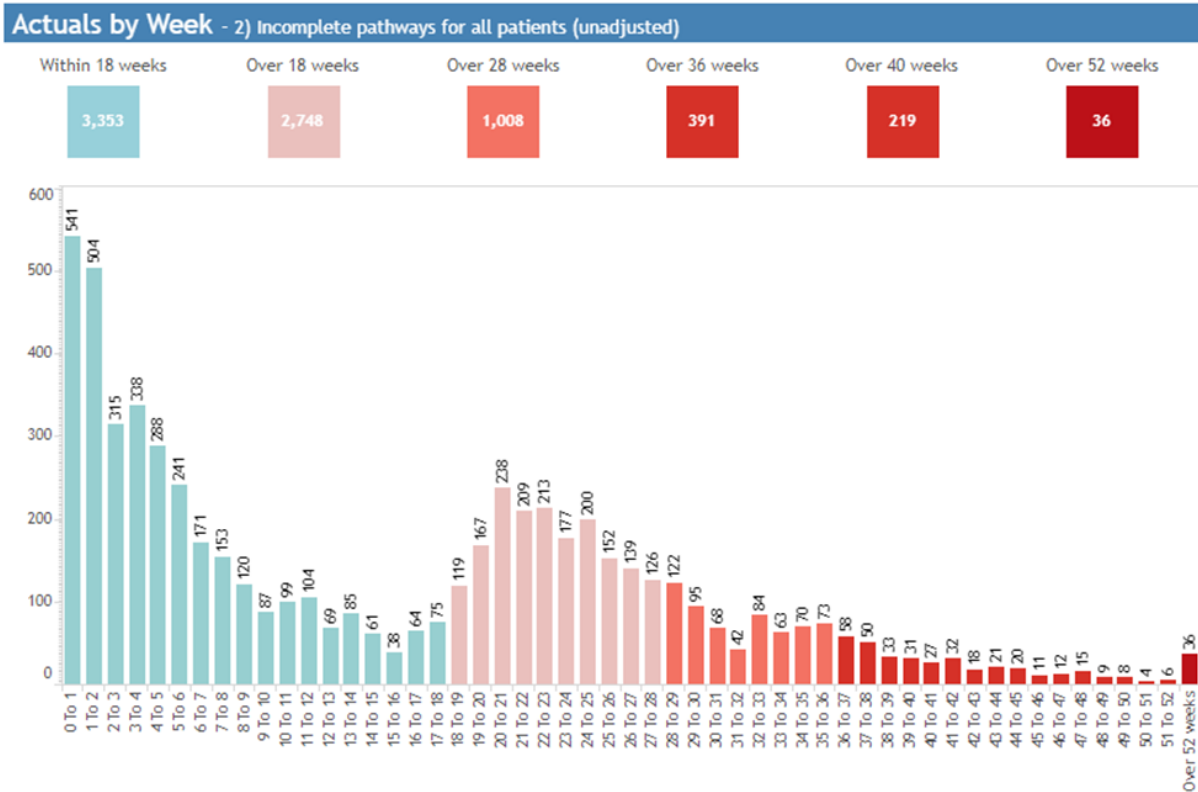
6.4 Alder Hey Activity & Performance Charts



7. Appendices

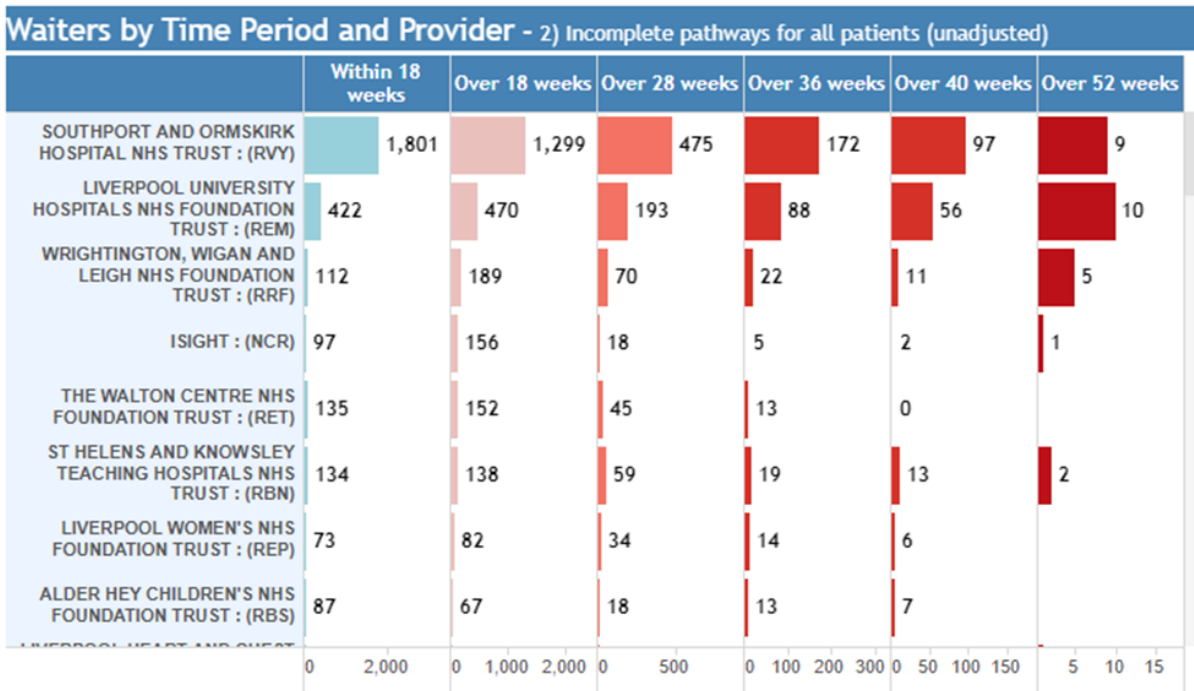
7.1.1 Incomplete Pathway Waiting Times

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



7.1.2 Long Waiters analysis: Top Providers

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



7.1.3 Long waiters analysis: Top Provider split by Specialty

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

