



South Sefton
Clinical Commissioning Group

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Integrated Performance Report May 2020

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Summary Performance Dashboard

Metric	Reporting Level		2020-21											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
E-Referrals															
<u>NHS e-Referral Service (e-RS) Utilisation Coverage</u> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual	Not available	Not available											
		Target													
Diagnostics & Referral to Treatment (RTT)															
<u>% of patients waiting 6 weeks or more for a diagnostic test</u> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R											
		Actual	65.46%	66.85%											
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
<u>% of all Incomplete RTT pathways within 18 weeks</u> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R											
		Actual	70.35%	59.72%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
<u>Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks</u> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R											
		Actual	8	46											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
<u>Cancellations for non clinical reasons who are treated within 28 days</u> 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.	Liverpool University Foundation Hospital Trust	RAG	R	G											
		Actual	35	0											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
<u>Urgent Operations cancelled for a 2nd time</u> 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.	Liverpool University Foundation Hospital Trust	RAG													
		Actual	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times																
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	G											G	
		Actual	93.51%	99.72%												97.26%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	G	G											G	
		Actual	93.33%	100%												97.67%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	R	R											R	
		Actual	94.92%	90.48%												93.07%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	R	G											G	
		Actual	90.91%	100%												94.44%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	R											R	
		Actual	100%	93.33%												96.88%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	R											R	
		Actual	79.31%	73.91%												76.92%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	R	R											R	
		Actual	50%	66.67%												60.0%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	South Sefton CCG (local target 85%)	RAG														
		Actual	80%	0%												75%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G											G
Actual		93.19%	96.37%												95.02%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													G
Actual		Not available	Not available												
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available												
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G											G
YTD		0	0												0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G											G
YTD		4	6												6
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R											R
YTD		9	23												23
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	128

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	South Sefton CCG	RAG	To be updated in Month 3 report												
		Actual													
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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.	South Sefton CCG	RAG	To be updated in Month 3 report												
		Actual													
		Target													
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R										R	
		Actual	42.6%	36.8%											40.24%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R										R	
		Actual	0.74%	0.46%											1.20%
		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.	South Sefton CCG	RAG	G	G										G	
		Actual	100%	95.71%											97.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G										G	
		Actual	100%	98.57%											99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R										R	
		Actual	60.40%	59.42%											59.91%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	To be updated in month 3 report												
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	To be updated in month 3 report												
		Actual													
		Target													
Children & Young People Mental Health Services (CYPMH)															
2471: Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	To be updated in month 3 report												
		Actual													
		Target													
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	To be updated in month 3 report												
		Actual													
		Target		95.00%		95.00%		95.00%		95.00%		95.00%		95.00%	95.00%
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)	South Sefton CCG	RAG	To be updated in month 3 report												
		Actual													
		Target		95%		95%		95%		95%		95%		95%	95%

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 2 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for May 2020/21 & Q4 2019/20	CCG	LUHFT
Diagnostics (National Target <1%)	66.90%	67.80%
Referral to Treatment (RTT) (92% Target)	59.70%	59.20%
No of incomplete pathways waiting over 52 weeks	46	85
Cancer 62 Day Standard (Nat Target 85%)	73.91%	70.06%
A&E 4 Hour All Types (National Target 95%)	96.37%	95.92%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	73
Ambulance Handovers 60+ mins (Zero Tolerance)	-	1
Stroke (Target 80%)	-	85.00%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2019/20 - Q4	100%	-
EIP 2 Weeks (56% Target) 2019/20 - Q4	80%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.46%	-
IAPT Recovery (Target 50%)	36.8%	-
IAPT 6 Weeks (75% Target)	96%	-
IAPT 18 Weeks (95% Target)	99%	-

To Note:

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

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

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Liverpool system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended throughout the summer.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed for routine elective activity. System wide waiting list management is being considered to maximise the capacity

available and to standardise waiting times where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels.

Trends show that total GP referrals have increased from the previous month in May 2020 but remain well below current averages and historical levels. Comparing year to date referrals to the previous year, there is a total decrease of -58.4%.

In terms of referral priority, all referral groups have seen a reduction at month 2 of 2020/21 when comparing to the equivalent period in the previous year. However, two week wait and urgent referrals have increased by 45% and 42% respectively in May when comparing to the previous month.

The CCG have failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 66.9% in May, a further decline from last month due to the impact of COVID-19 and reductions in activity. Liverpool University Hospital Foundation Trust (LUHFT) performance was 67.8% in May.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in May was 59.7%. LUHFT reported 59.2%. This is a drop in performance for the both CCG and Trust.

In May, the CCG reported 46 patients waiting over 52 weeks for treatment. LUHFT reported 85 breaches in May failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are failing 5 of the 9 cancer measures year to date. LUHFT are failing 6 out of the 9 measures.

As in month 1, performance at month 2 of the financial year 2020/21 has shown significant reductions in contracted performance levels across all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system.

Unplanned Care

In relation to A&E 4-Hour waits (all types); the CCG and Trust have achieved the 95% target, reporting 96.37% and 95.92% respectively. Improvements are largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

In relation to the North West Ambulance Service (NWAS), present COVID-19 recovery planning is against a backdrop of improvement work initiated and progressed throughout 2019/20 to deliver the service against the national Ambulance Response Performance (ARP) standards. This was agreed as a detailed action plan which would extend to the end of Quarter 1 2020/21. Work has continued but will have been affected by COVID-19.

The CCG reported no new cases of MRSA in May. LUHFT reported 1 new case in May along with the case in April, so have failed the zero tolerance threshold for 2020/21.

For C difficile, the CCG reported 2 cases of C difficile cases in May (6 year to date). National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG are 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 128. In May there were 14 cases (23 YTD) which is failing the target. There are no targets set for Trusts at present.

Performance at month 2 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.46% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 36.8% in month 2 of 2020/21, which also failed the 50% target and shows a decline from the previous month.

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

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

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

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

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in May of 59.4%, which is under the national dementia diagnosis ambition of 66.7%. This is lower to what was reported last month (60.4%).

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

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

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) has been reinstated from June 2020 with plans to restart the Information Sub-Group in July. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

Children's Services

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

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

In response to the increasing demand for mental health services and the anticipated surge in referrals, Alder Hey's CAMHS is undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell). Data is currently being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into account the national mandate for the establishment of a 24/7 Crisis Care Service. The results of this work will help inform the Trust's recovery plans which are in development. Early modelling exercises indicate that waiting times will return to pre-COVID levels by December 2020, but this is dependent on a number of variables such as referral numbers which are anticipated to increase as a result of COVID.

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

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
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	2020/21 Actuals	+/-	%
April	2711	688	-2023	-74.6%	1846	761	-1085	-58.8%	5514	2066	-3448	-62.5%
May	2845	909	-1936	-68.0%	2054	1032	-1022	-49.8%	5901	2688	-3213	-54.4%
June	2957				1851				5843			
July	3132				2228				6331			
August	2759				1862				5575			
September	2714				2064				5738			
October	3165				2119				6424			
November	2810				1799				5831			
December	2142				1662				4922			
January	2804				2078				6142			
February	2584				1754				5488			
March	1849				1301				4135			
Monthly Average	2706	799	-1908	-70.5%	1885	897	-988	-52.4%	5654	2377	-3277	-58.0%
YTD Total Month 2	5556	1597	-3959	-71.3%	3900	1793	-2107	-54.0%	11415	4754	-6661	-58.4%
Annual/FOT	32472	9582	-22890	-70.5%	22618	10758	-11860	-52.4%	67844	28524	-39320	-58.0%



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





Month 2 Summary:

- Trends show that total secondary care referrals have increased by 30.1% (622) from the previous month in May 2020 but remain well below current averages and historical levels.
- GP referrals are reporting a year to date -71.0% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 13 additional GP referrals per day in May 2020 when comparing to the previous month.
- Aintree Hospital has reported a -64.5% decrease in total referrals at month 2 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality at month 2 are approximately -11.9% (-135) lower than in May 2019.
- In terms of referral priority, all referral groups have seen a reduction at month 2 of 2020/21 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with a variance of -5,130/-71%.
- Although some recovery of referral numbers for two week wait and urgent referrals is apparent in May 2020, each remains below historical levels. Decreases in referrals are fairly consistent across key (i.e. high volume) specialities such as Breast Surgery, Ophthalmology, Dermatology and ENT.

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.	
RED	TREND	Feb-20	Mar-20	Apr-20	May-20			
		CCG	1.1%	14.1%	65.5%			66.9%
		LUHFT	5.4%	15.5%	69.6%			67.8%
		National Target: less than 1%						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • 3,312 patients on the waiting list with 679 waiting over 13 weeks, Same period last year saw 2,750 patients waiting in total. • Echocardiography (405), CT (355), non-obstetric ultrasound (511), MRI (241) make up over 68% of the total breaches. • Both LUHFT sites recorded increases, the May waiting list number was 13,790 comparing to the waiting list size in January of 10,291. • Impact on performance due to COVID-19 pandemic. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) 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. 								
Trust Actions:								
<ul style="list-style-type: none"> • Prioritisation of cancer and urgent diagnostic referrals in collaboration with CCG and Primary Care, internal risk management against demand and capacity. • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. 								
When is performance expected to recover:								
<ul style="list-style-type: none"> • Three phases of recovery linked to (1) stabilisation of critical cases, (2) reset of all urgent referrals and current patients waiting, (3) commencement of routine diagnostic activity. • Urgent cases June 2020 onwards, Routine September 2020 onwards. <p>No date for recovery provided.</p>								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Terry Hill			

2.3 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Feb-20	Mar-20	Apr-20			May-20
		CCG	82.1%	79.1%	70.4%			59.7%
		LUHFT	81.5%	77.3%	68.7%	59.2%		
		Plan: 92%						
Performance Overview/Issues:								
<ul style="list-style-type: none"> Impact on performance due to COVID-19 pandemic. The challenged specialties include T&O, Ophthalmology and General Surgery. The high volumes of routine patients on the waiting list have not been prioritised during phase 1 of the Reset Plan. Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in 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. 								
Trust Actions:								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites in May include:								
<ul style="list-style-type: none"> Redeployment of staff supporting Critical Care during the peak of COVID-19 pandemic were returned to theatres. Clinical pathway established for Silver elective patients. Dedicated 'Silver' theatres, inpatient wards and POCU were opened. Local Specialist Trusts continue to work collaboratively with LUHFT to support access to theatres for spinal and UGI services. Spire Liverpool continues to provide access to theatre capacity ophthalmology, breast, ambulatory trauma and urology services. 60% of outpatient services are being delivered via virtual clinics. Prioritisation of cancer and urgent diagnostic referrals in collaboration with CCG and Primary Care, internal risk management against demand and capacity. Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery . 								
When is performance expected to recover:								
<ul style="list-style-type: none"> LUHFT 'Reset' operational framework indicates Elective urgent and emergency work to reconvene July with further work outlined for September. No specific date for recovery provided. 								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Terry Hill			

2.3.1 Referral to Treatment Incomplete pathway



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Feb-20	Mar-20	Apr-20			May-20
		CCG	0	3	8			46
		LUHFT	0	0	11			85
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 46 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (34), the remaining spanned across 7 other trusts. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. Of the 85 breaches at LUHFT 53 reported at the Aintree site and 32 at the Royal site, all delays as a result of COVID-19. Increase in patients waiting 40+ weeks linked to General Surgery, Ophthalmology and T&O – significant risk of further breaches as indicated by the weekly PTL. Regionally Trust experiencing further delays due to patients 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"> Monitoring of the 36+ week waiters continues. 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. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Constat Quality Review Meeting (CQRM) as appropriate. 								
Trust Actions:								
<p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites in May include:</p> <ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. The Trust opened up to NHS e-RS on the 14th May 2020. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order, this will impact the future reporting position as providers would have had a focus on targeting long waiters. Where clinically appropriate, virtual clinics have occurred across all specialities. 								
When is performance expected to recover:								
No set date for recovery.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Terry Hill			

Figure 2 - RTT Performance & Activity Trend

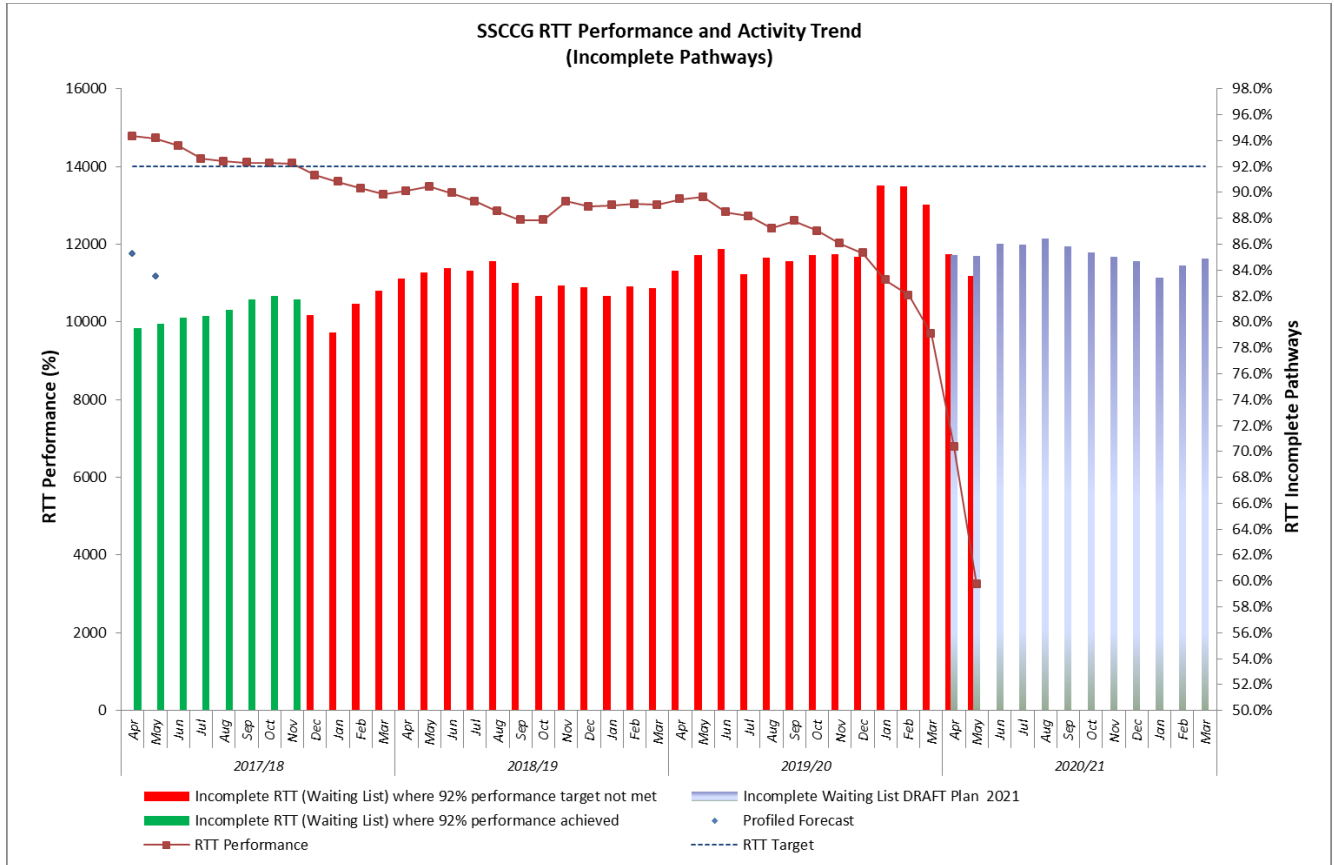


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	13,503
2020/21	11,751	11,179											11,179
Difference	442	-548											-2,324

2.3.2 Provider assurance for long waiters



Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	627	34	Following the Trust's enactment of the Emergency Contingency Plans, the reduction of activity in routine, urgent, and cancer elective activity has resulted in a deterioration in RTT performance. There has been a rise in the number of patients waiting over 40 weeks, most significant risks being in General Surgery, Trauma and Orthopaedics and Ophthalmology. Prior to COVID-19 there were capacity issues within Ophthalmology and T&O.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	52	1	Patient awaiting "Sonata" treatment, TCI cancelled 20/03/2020 (Covid). Cannot re-arrange Sonata sessions as yet as rep's travel from Germany. Do not anticipate Sonata treatment can go ahead until at least End July/August due to flights from Europe being suspended. (Breach date 29/05/2020)
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	20	0	No Trust Comments.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	17	7	The reduction in RTT is consistent with other acute providers and reflects the significant reduction of available theatre/op and ward bed capacity. This position will not significantly improve until the resumption of capacity resumes back to original levels. This is currently being worked through as part of phase 2 planning and is also contingent on PPE availability.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	11	1	Unable to perform Co2 procedures safely in Laser Suite due to COVID-19. Trying to source theatre space to accommodate
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	2	1	A large number of elective patients have been delayed due to COVID-19.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	Elective capacity inadequate. Sibling of the other South Sefton CCG patient on the waiting list at Cambridge University.
OTHER TRUSTS	20	0	No Trust Comments
	749	46	

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




2.4 Cancer Indicators Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Feb-20	Mar-20	Apr-20	May-20	YTD		
	2 Week Wait (Target 93%)	CCG	97.55%	95.28%	93.51%	99.72%	97.26%	122b	
		LUHFT	96.67%	95.77%	93.44%	99.05%	96.66%		
	2 Week breast (Target 93%)	CCG	93.75%	92.73%	93.33%	100%	97.67%		
		LUHFT	94.87%	95.27%	96.88%	98.33%	97.69%		
	31 day 1st treatment (Target 96%)	CCG	91.03%	97.78%	94.92%	90.48%	93.07%		
		LUHFT	92.07%	95.74%	96.08%	91.49%	93.88%		
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	93.33%	96.88%		
		LUHFT	100%	100%	96.43%	88.89%	94.59%		
	31 day subsequent - surgery (Target 94%)	CCG	85.71%	100%	90.91%	100%	94.44%		
		LUHFT	95.35%	96.00%	88.89%	72.34%	76.92%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	100%		
		LUHFT	No pats	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	CCG	61.11%	78.57%	79.31%	73.91%	76.92%		
		LUHFT	55.08%	70.85%	66.49%	70.06%	68.22%		
	62 Day Screening (Target 90%)	CCG	100%	92.86%	50.00%	66.67%	60.00%		
		LUHFT	64.62%	75.00%	80.00%	53.33%	72.00%		
	62 Day Upgrade (Local Target 85%)	CCG	90.91%	66.67%	80.00%	0.00%	75.00%		
		LUHFT	86.54%	82.08%	90.79%	65.96%	90.79%		
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 3 of the 9 cancer measures year to date. <p>Reasons for breached pathways recorded on the National Cancer Waits database relate to a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario.</p> <p>Key reasons and issues are:</p> <ul style="list-style-type: none"> 31 day standards - elective capacity constraints. 62 day standards - complex diagnostic pathways, diagnostic capacity constraints. Monthly numbers treated by LUHFT on 62 day pathways are approximately two thirds of pre-pandemic levels. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> Assurance on recovery of services at LUHFT through the Contract Quality Performance Group (CQPG) has been provided, the Trust have shared a clinical prioritisation framework for resetting of services where delays could have life-changing impact on patients. 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. Weekly sitrep data is now collected which provides the data by tumour site, waiting time bands, whether a decision to treat for cancer has been made and whether the patient is suspended for COVID-related reasons. The use of dedicated surgical hubs for cancer is ongoing and is successfully maintaining and reducing the size of waiting lists for surgery. Weekly clinical prioritisation meetings with the aim of ensuring equitable access to treatment based on clinical need. Capacity for imaging stands at approximately 65% of pre pandemic levels across the region with priority being given to cancer diagnostics. An Endoscopy Recovery Team has been established by the Cheshire and Merseyside Cancer Alliance in order to co-ordinate actions such as; mutual aid and common waiting lists, use of independent sector, use of mobile capacity and decision making on timing for the re-start of the national bowel cancer screening programme. 									
When is performance expected to recover:									
<ul style="list-style-type: none"> Recovery modelling is being undertaken by the Cheshire and Merseyside Cancer Alliance on behalf of all cancer providers and will be shared with commissioners. LUHFT has shared their clinical prioritisation protocol with commissioners. 									
Quality:									
Root cause analyses are undertaken on all cases where patients have waited longer than 62 days for treatment. Harm reviews are also undertaken leading to serious incident processes where there is a view taken that harm has occurred. In cancer pathways this is most likely to be that treatment intent has changed from curative to palliative as a result of the delay.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			

2.4.1 104+ Day Breaches

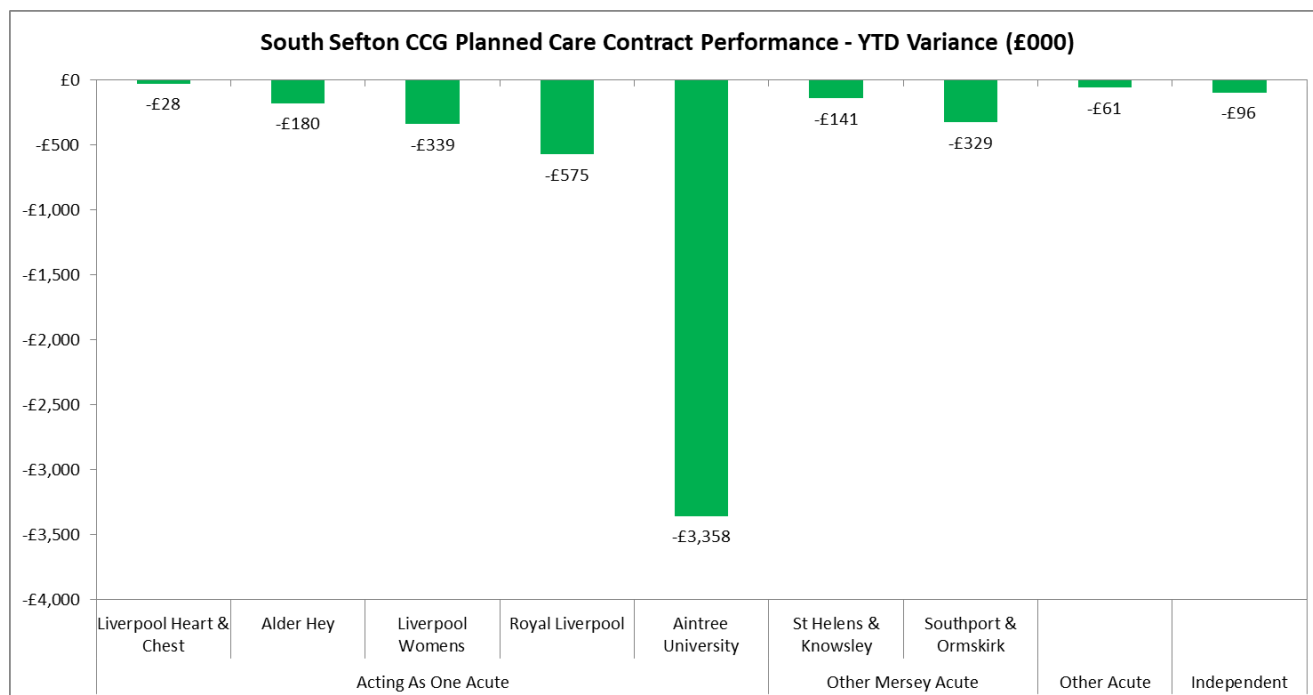
Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Aintree data reported up until March, from April LUHFT data provided	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		13	21	11	12		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Out of the 12 breaches in May, 4 were lower gastro, 4 lung, 2 urological, 1 haematological and 1 upper gastro. • 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 in May 2020 for LUHFT was 145 days, compared to 110 for Aintree in May 2019. • There also appears to be an increasing trend in the numbers of patients breaching 104 days in a given month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The focus since the start of the COVID pandemic has been on the backlog of long waiting patients still waiting for diagnosis and treatment. • Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. A decision is made as to whether each factor in the individual pathway was avoidable or not. 							
When is performance expected to recover:							
Recovery modelling is underway, led by Cheshire and Merseyside Cancer Alliance.							
Quality:							
Harm reviews are undertaken on all cases where patients have waited longer than 62 days. Where harm reviews have been undertaken to date, no harm has been declared.							
A serious incident process would be implemented where a view is taken that harm has resulted from the long wait for treatment. For cancer, this would normally mean that disease has progressed and that treatment intent has changed from curative to palliative as a result of the delay.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Debbie Harvey		Sarah McGrath			

2.4.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Feb-20	Mar-20	Apr-20	May-20	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	81.00%	79.60%	65.91%	89.96%	78.43%		
		Target	Target to start July 2020 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	91.11%	88.89%	92.00%	100%	96.88%		
		Target	Target to start July 2020 - 75%						
	28-Day FDS Screening Referral	CCG	60.00%	49.12%	40.00%	50.00%	43.75%		
		Target	Target to start July 2020 - 75%						
Performance Overview/Issues:									
<ul style="list-style-type: none"> Shadow reporting has taken place on these indicators from April 2019, this data shows that both 2 week measures would have achieved the new 75% target for last year. From July the target will be 75%. RAG is indicating what the measure would be achieving when the target comes in. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			

2.5 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care - All Providers



As in month 1, performance at month 2 of the financial year 2020/21 has shown significant reductions in contracted performance levels across all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system.

At individual providers, Aintree Hospital is showing the largest under performance at month 2 with a variance of -£3.3m/-70% against the previous year. Across all providers, South Sefton CCG has underperformed by -£5.1m/-64.9%.

Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres are within the nationally procured block contract for independent sector providers until 1st July 2020. The CCG are still unsure of the anticipated activity levels that independent sector providers will undertake following this date under the new operating framework and Infection Prevention Control (IPC) guidelines. This is something that will be explored via future contracting routes. The BI team are also conducting a piece of analysis to understand the local impact of COVID-19 on planned care activity and performance during the initial phase of the pandemic.

NB. Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2020/21 contract performance for the individual sites of Aintree and Royal Liverpool.

Due to the COVID-19 pandemic, a number of month 2 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 2 year to date actuals.

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

2.5.1 Aintree Hospital

Figure 5 - Planned Care – Aintree Hospital

Aintree University Hospitals 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	2,142	330	-1,812	-85%	£1,315	£176	£-1,140	-87%
Elective	221	41	-180	-81%	£800	£93	£-707	-88%
Elective Excess BedDays	135	23	-112	-83%	£36	£6	£-30	-84%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	40	3	-37	-93%	£8	£1	£-7	-92%
OPFANFTF - Outpatient first attendance non face to face	184	514	330	179%	£6	£71	£65	1122%
OPFASPCL - Outpatient first attendance single professional consultant led	5,116	2,113	-3,003	-59%	£824	£334	£-490	-59%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	116	10	-106	-91%	£12	£1	£-11	-92%
OPFUPNFTF - Outpatient follow up non face to face	962	1,808	846	88%	£24	£111	£86	359%
OPFUPSPCL - Outpatient follow up single professional consultant led	11,312	4,384	-6,928	-61%	£831	£345	£-486	-59%
Outpatient Procedure	3,858	540	-3,318	-86%	£532	£79	£-454	-85%
Unbundled Diagnostics	2,408	688	-1,720	-71%	£201	£63	£-138	-69%
Wet AMD	271	202	-69	-25%	£216	£169	£-47	-22%
Grand Total	26,765	10,656	-16,109	-60%	£4,805	£1,446	£-3,358	-70%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£3.3m/-70% for South Sefton CCG at month 2. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction in April and May 2020 when comparing to the previous year. Decreases of -69% and -61% have been recorded respectively (across all referral sources combined).

The two points of delivery to report an over performance at month 2 are for outpatient non face to face (first and follow up) activity, which 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 majority of the increased non face to face activity occurred within Urology, Gastroenterology, Renal Medicine and Upper Gastrointestinal Surgery.

Although consultant led first appointments remain well below plan overall, the Trauma & Orthopaedics service did see an increase in appointments during May-20 with activity in month representing the highest total reported since October 2019.

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions).



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

Despite the indicative underspend at this Trust; there will be no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

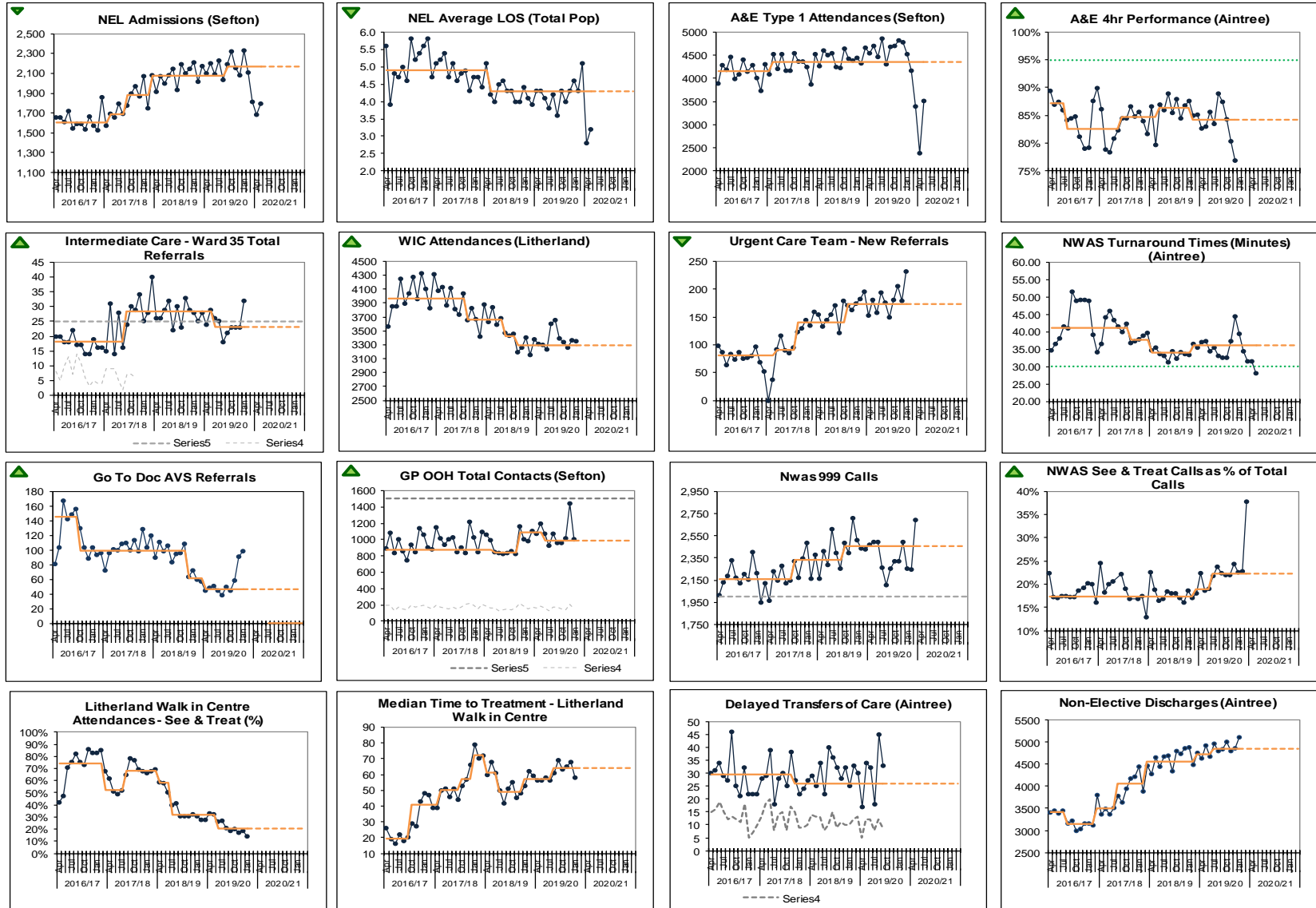
3. Unplanned Care

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
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20	YTD		
		CCG All Types	82.42%	86.03%	93.19%	96.37%	95.02%	
		National Target	95%	95%	95%	95%	-	
		LUHFT All Types	82.41%	85.73%	91.94%	95.92%	94.23%	
		LUHFT Type 1	69.01%	77.11%	90.01%	94.89%	92.81%	
National Standard: 95% No improvement plans available for 2020/21 Yellow denotes achieving improvement plan but not National Standard								
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Due to COVID-19 there has been a marked reduction in the numbers of patients attending A&E in the last few months. Whilst this has improved waiting times, this should be seen as a temporary situation. However, this is against incremental improvements throughout Q4 of 19/20. Recovery will see increased attendances and also different ways to see patients who may not require emergency treatment as the impact of social distancing will need to be managed effectively. • In May 2020, the total number of A&E attendances reported for South Sefton CCG patients was 3,691. Whilst, this shows an increase from the 2,730 attendances reported in April; it represents a 26% decrease on South Sefton A&E attendances in May 2019. • Increased volumes of attendances compared to April of around 37% and relatively low bed occupancy during April and May have facilitated further improvements in the non-elective pathway. Attendances in May now around 85% of pre-COVID activity. 								
Actions to Address / Assurances								
<ul style="list-style-type: none"> • Estates review to support patient flow - work continues as activity increases to ensure segregated clinical areas in line with IPC guidance. On the Aintree Site the reconfiguration has included relocation of Frailty Assessment Unit (FAU) to support redesign of the Ambulatory Emergency Care (AEC), medical assessment area and an extension of the majors cubicles. • Ambulance handover improvements - performance shows continued improvements in May 2020 with 2 cubicles ringfenced within ambulance drop off bay. • Patient flow - admission and discharge - Ongoing implementation of COVID D2A pathway and daily RFD list circulated for operational system call. • NHS111 First - Shadow Implementation Group to be established. This will support national work looking at the introduction of telephone triage and signposting of patients to appropriate services according to need. Aim of reducing attendances at A&E. 								
When is performance expected to recover:								
National target is 95%, achieved in May.								
Quality:								
No specific issues have been raised through other review processes. There have been no 12 hour breaches in sustained time period throughout 19/20.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Janet Spallen			



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 South Sefton 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 South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	South Sefton 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 % Aintree - 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 Aintree University 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.
Walk-in Centre Attendances	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.		Commissioners aim to see an increase in referrals to the AVS service.
Go to Doc Out of Hours Activity	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - 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.
Walk-in Centre See and Treat %	The percentage of attendances to Litherland Walk-in centre which were treated and discharged in the WIC with no onward referral.		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.
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.		Commissioners aim to see lower average time taken to treat patients.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.

3.3 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	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	Target	Mar-20	Apr-20	May-20		
		(a) <=15-30mins	133	143	73	Plan: Zero	
		(b) <=15-60mins	20	5	1		
Performance Overview/Issues:							
<ul style="list-style-type: none"> NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreasing from 143 to 73 and 60 minute delays decreasing from 5 to 1. Improvement has been seen with a need to maintain this and seek to decrease times further and eliminate delays over 60 minutes. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. A contract notice is being stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. 							
When is performance expected to recover:							
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. Positively the percentage of handovers outside of the 30 minute target have continued to reduce in May but we are now seeing an increase in ambulance conveyances in June to levels pre-COVID and will need to monitor impact on ongoing performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		

3.4 Unplanned Care Quality Indicators



3.4.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
LUHFT Stroke & TIA		Latest and previous 3 months				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20		
		87.00%	Not Avail	87.20%	85.00%		
		Stroke Plan: 80% TIA 60% (previously achieving, unavailable in March/April/May)					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust achieved the 80% target of patients spending 90% of their time on a stroke unit in May reporting 85%. 							
Actions to Address/Assurances:							
Following are ongoing Trust Actions: -							
Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies							
<ul style="list-style-type: none"> Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke 							
Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)							
<ul style="list-style-type: none"> Evaluate pilot of working hours to create evening capacity Evaluate pilot of weekend working 							
Work with ED and Radiology to improve time to CT scan to improve SSNAP score							
<ul style="list-style-type: none"> Monthly review of all patients who didn't meet the standard Attend ED Governance meeting to discuss Stroke 							
Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)							
<ul style="list-style-type: none"> Attend Acute Medical Unit (AMU) meeting to discuss timely transfers DATIX all patients 							
Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)							
<ul style="list-style-type: none"> Attend AMU meeting to discuss timely transfers DATIX all patients 							
When is performance expected to recover:							
Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. The 80% target has been met now since February 2020. Ongoing work is focussed on patient flow and a emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations. There is a need to see maintenance of the target as bed occupancy arises following low admissions during main period of COVID.							
Quality:							
No quality aspect reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		



3.4.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.	
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20			
		CCG	1	1	0			0
		LUHFT	4	4	1			2
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • RAG rating and trend is on CCG cases. • The latest case was reported on Critical Care at the Aintree site. A post infection review has been undertaken. 								
Actions to Address/Assurances:								
In June, Liverpool University Hospital Foundation Trust held its inaugural Infection Prevention Control Governance meeting and this was attended by Kerry Lloyd (Assistant Chief Nurse), on behalf of Liverpool and Sefton CCGs.								
Improvements noted regarding:								
<ul style="list-style-type: none"> • MRSA admission screening • Personal protective equipment; during COVID, the practice of double gloving and sessional use of aprons were being applied. This has now ceased and PHE guidance is being followed 								
When is performance expected to recover:								
This is a zero tolerance indicator so for Aintree site no recovery plans required.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Gina Halstead			Jennifer Piet			

3.4.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
GREEN	TREND	Feb-20	Mar-20	Apr-20	May-20		
		CCG	59	63	4		6
		LUHFT	239	254	9		21
		2020/21 Plans Awaiting National Objectives to measure actuals against Measuring against last year's objectives for the CCG					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Previously, Trusts were able to appeal cases in agreement with the CCG if there had been no lapses in care. National guidance suggests this process is now not required. The reasoning for this is so that efforts can be focussed on improvement actions as opposed to challenging good practice. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> National surveillance requirements have been maintained during the COVID period and the formal post infection review for c difficile cases will resume in quarter 2. 							
Trust Actions:							
<ul style="list-style-type: none"> An integrated CDI Working Group has been established, this group was postponed during COVID, however plans are in place to re-establish this. The forum provides an opportunity to share lessons learned, best practice and to engage with community colleagues to reduce the cases of Community Onset Healthcare Associated (COHA) infections. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19 Trust wide C Difficile Infection action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene all remain a priority. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of Sefton CCG							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.4.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)				Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		CCG	147	156	9		23
		LUHFT	629	658	29		80
		2020/21 Interim Plan: <=128 YTD There are no Trust plans at present numbers for information					
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram-negative bloodstream infections (GNBSI) Programme Board Meetings are yet to reconvene due to the COVID-19 incident. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract and Clinical Quality Review Meetings (CCQRM's). 							
When is performance expected to recover:							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
Quality:							
An overarching Cheshire & Merseyside delivery plan has been put on hold due to the COVID-19 Pandemic, this will continue to be developed and will be included within the local recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.4.5 Hospital Mortality (LUHFT)

Figure 6 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - May	100	85.00	↓

HSMR is lower than reported last month at 85 (with last month being 87.5). Position remains better than expected. 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.

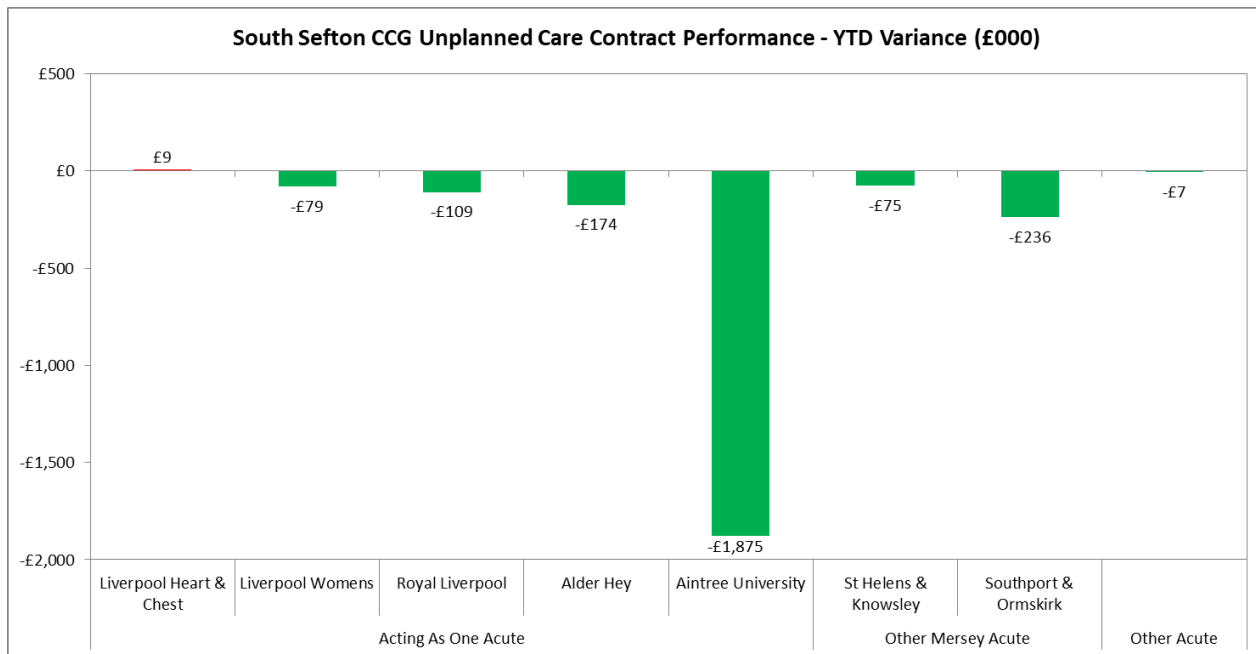
SHMI is at 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

As of the July 2020 publication, COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. Activity that is being coded as COVID-19, and therefore excluded, is monitored in a new contextual indicator 'Percentage of provider spells with COVID-19 coding' which is part of this publication.

3.5 Unplanned Care Activity & Finance, All Providers

3.5.1 All Providers

Figure 7 - Unplanned Care – All Providers



Performance at month 2 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’.

At individual providers, Aintree Hospital is showing the largest under performance in month 2 with a variance of -£1.8m/-24% against the previous year. Across all providers, South Sefton CCG has underperformed by -£2.5m/-25.1%.

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

NB. Due to the COVID-19 pandemic, a number of month 2 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 2 year to date actuals.

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

3.5.2 Aintree Hospital

Figure 8 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent 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
A&E WiC Litherland	6,619	4,584	-2,035	-31%	£168	£171	£2	1%
A&E - Accident & Emergency	6,198	4,368	-1,830	-30%	£1,013	£726	£-287	-28%
NEL - Non Elective	2,942	2,592	-350	-12%	£5,770	£4,343	£-1,427	-25%
NELNE - Non Elective Non-Emergency	8	13	5	63%	£36	£49	£13	36%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	35	35	-	£0	£8	£8	-
NELST - Non Elective Short Stay	607	503	-104	-17%	£418	£344	£-74	-18%
NELXBD - Non Elective Excess Bed Day	1,708	1,315	-393	-23%	£441	£330	£-111	-25%
Grand Total	18,082	13,410	-4,672	-26%	£7,847	£5,971	£-1,875	-24%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£1.8mk/-24% for South Sefton CCG at month 2. The largest activity reductions have occurred within A&E type 1 (largely minors) and Litherland A&E walk-in centre with variances of -31% and -30% respectively. This can be attributed to the COVID-19 national response and public advice to ‘stay at home’, which was enacted from 23rd March 2020.



Local analysis suggests that A&E attendance levels have increased in May-20 but remain below levels seen in the previous year. Non-elective admission levels increased towards the end of April-20 following an increasing conversion rate from A&E attendance to admission. The proportion of zero length of stay admissions has also increased and from the week ending 19th April-20 onwards, zero length of stay admissions have consistently represented the majority of non-elective activity at Aintree Hospital.

NB. Despite the indicative over spend at this Trust; there is no financial impact to South Sefton CCG due to the Acting as One block contract arrangement.

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



4. Mental Health

4.1.1 Eating Disorder Service Waiting Times



Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patients safety risk. Reputation.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		71.43%	45.83%	46.15%	48.70%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenges remain in place. • Out of a potential 154 Service Users, 75 started treatment within the 18 week target (48.70%), which shows a slight improvement 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"> • A business case will be developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service and ensure that the service is NICE compliant however the Trust have sent their proposal to commissioners who have fed back that the proposal lacks physical intervention and is therefore not NICE compliant. Meeting to discuss with Trust and clinical leads arranged for 12th August 2020. 							
When is performance expected to recover:							
Aiming for significant improvement by Quarter 1 20/21. However COVID-19 may have a significant impact on activity.							
Quality:							
The service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			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		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		0.74%	0.68%	0.74%	0.46%		
		Access Plan: 19.0% May 2020/21 reported 0.46% and failed 1.59% target					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. • The service is making efforts to recruit to vacancies. The service has reported that internal waits for Step 2, CBT and counselling have significantly reduced – however these waits may increase if demand increases. More details on internal waits will be provided for M3. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19 and modelling is being done for a 5%,10% and 15% increase in demand scenarios. • The service is currently making its premises COVID-19 secure so as to enable face to face (FTF) working to resume and they are awaiting a decision from Cheshire and Wirral Partnership (CWP) COVID-19 tactical command as to when FTF working can resume. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll/Karl McCluskey		Sue Gough		Geraldine O'Carroll			

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		49.4%	45.5%	42.6%	36.8%		
		Recovery Plan: 50% - May 2020/21 36.8% and failed					
Performance Overview/Issues:							
It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.							
Actions to Address/Assurances:							
• The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
When is performance expected to recover:							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		64.5%	64.0%	60.4%	59.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. 							
Actions to Address/Assurances:							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I. Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place.							
Recovery plan received from NHS MCFT:							
<ul style="list-style-type: none"> Understand the current demand/waits/performance across identified services. Review current waiting lists (potentially re-categorise based on need). Identify services that will potentially be impacted by increased demand. Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period). 							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

5. Community Health



5.1 Adult Community (Mersey Care FT)

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July 2020. 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.



5.1.1 Quality

For Mersey Care NHS Trust (MCFT) the original plan pre COVID-19 had been to align Quality Schedules and KPIs to enable the trust to provide one relevant report for both Liverpool and Sefton CCGs with information and action plans to address any key issues. Work was planned to recommence following COVID-19 to merge the CQPGs from the Community and Mental Health to one to reduce duplication and support consistency of reporting. Both of these will be resumed post COVID-19 with initial discussions planned for the 18th June to progressed the actions.

5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Feb-20	Mar-20	Apr-20	May-20		
		21 wks	25 wks	21 wks	24 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • May's incomplete pathways reported above the 18 week standard with 24 weeks, showing a deterioration on last month and remaining above the 18 week standard. It is important to note that the completed pathways also continues to exceed the 18 week target at 24 weeks in May, an increase in average waiting times from April. • Workforce issues remain a challenge and impacting on waiting time position. 							
Actions to Address/Assurances:							
<p>The CCG has not received updated improvement plans since March due to COVID-19 but feedback previously provided is still being progressed with the greatest challenge being workforce recruitment and retention:</p> <ul style="list-style-type: none"> • Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). • The Trust is presently reviewing all clinical services to identify action required to return to business as usual as part of recovery plan. The SALT service will be reviewed against a backdrop of longstanding workforce issues along with inability to see as many patients due to COVID-19 IPC restrictions. The CCG has met with the Trust Service Leads to be appraised of proposed telephone/video consultation work underway and to gain assurance on which cohorts of patients this will be suitable for in providing a first definitive treatment outside of a direct face to face intervention. Feedback was positive and the Trust have been asked to prepare a briefing on service delivery model to be reviewed through CCQRM. 							
When is performance expected to recover:							
<p>The CCG has asked the Trust to review and advise on their long term strategy for SALT and other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Progress has been curtailed due to COVID-19. Recovery trajectory to be developed as part of this work which will be based on recruitment actions</p>							
Quality impact assessment:							
<p>The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Sunil Sapre		Janet Spallen			

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest					
GREEN	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Feb-20	Mar-20	Apr-20	May-20		
		15 wks	16 wks	20 wks	18 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> May's incomplete pathways reported at 18 weeks so achieved the target and showed an improvement from the 20 weeks in April. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). During COVID-19 the service has continued to review all new referrals and those on waiting list to ensure that those with high priority needs receive support. They have identified support has been through telephone consultation, advice, issuing of equipment and visits where able. There has been a reticence of the general public to receive visits so this has curtailed some interventions that could have been provided. 							
When is performance expected to recover:							
Performance has improved in May but this now needs to be sustained in coming months.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patient's presentation and be retriaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Sunil Sapre			Janet Spallen		

5.2 Any Qualified Provider – Audiology

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



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance.

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



6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 3 quarters and latest				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
RED	TREND	Q2 19/20	Q3 19/20	Q4 19/20	YTD	
		5.4%	4.8%	7.4%	29.9%	
		YTD Access Plan: 34% - YTD reported performance: 29.9% and failed				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Although additional activity was commissioned and mainstreamed from the voluntary sector in 2019/20, the target of 34% was missed. • 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 in Q4. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The start of the Kooth data flow had a significant positive impact on performance in Q4, which is anticipated to continue into 2020/21 financial year. There has also been an increase in Kooth capacity in response to COVID-19, and possibility of further increases in Quarter 3 and 4. • CAMHS was affected by significant capacity issues during the year affecting numbers and access times. The Trust initiated improvement plans which initially increased activity in quarter 4, but which are being revised as part of AHFT's COVID-19 recovery plans. • In response to COVID-19, 24/7 crisis support has been implemented which should result in an increase in access rates in 2020/21. 						
When is performance expected to recover:						
As part of national recovery planning AHFT is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 2020/21.						
Quality impact assessment:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that digital poverty may prevent some CYP from access to digitally delivered services.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only. Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		Access Plan: 100% National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> As the service has relatively small numbers breaches have a large impact on performance. There were just 2 breaches out of 24 routine referrals in Q4. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments has been confirmed and the CCG is currently in negotiations with AHCH about the additional capacity to be provided and is agreeing a trajectory for planned increase in activity for 2020/21. The Trust has flagged that there are early indications of an increase in demand for the service and escalation of risk with existing cases. This is being monitored and addressed in recovery plans. 						
When is performance expected to recover:						
Despite COVID-19 challenges, the Trust is continuing with recruitment and is in the process of developing its COVID-19 recovery plans.						
Quality impact assessment:						
The CCG is seeking confirmation on quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
		50.0%	66.7%	100.0%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
• Achieved the target.						
Actions to Address/Assurances:						
• Not required due to achievement of the target.						
When is performance expected to recover:						
Performance on target.						
Quality 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 Child and Adolescent Mental Health Services (CAMHS)

6.2.2 % Referral to Choice within 6 weeks



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

6.2.3 % Referral to Partnership within 18 weeks

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

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19).
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Feb-20	Mar-20	Apr-20	May-20		
		20 wks	23 wks	23 wks	26 wks	<=18 weeks: Green > 18 weeks: Red	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.
		Target <= 18 weeks					Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
Performance Overview/Issues:							
<ul style="list-style-type: none"> As the backlog of referrals has increased since the outbreak of the pandemic, the number of patients waiting over 18 weeks for an initial assessment increased from 117 in April to 190 in May. As a result of COVID, it took several months to develop and embed the new ways of working, including the development of a digital assessment model and a bank of therapy resources to support digital intervention. There were also issues with access to digital working and a number of patients' appointments had to be cancelled and rescheduled. The Trust has also highlighted the continuing issue of recruitment to speech and language therapy vacancies which is impacting on the number of patients that can be assessed and treated. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Now that the new ways of working are taking effect, the service is now able to assess and treat more patients and was able to offer 25 new appointments in May, compared to 9 in April. Referrals are starting to return to pre-COVID levels and 37 were received in May. The Trust has provided a detailed recovery plan outlining details for reducing the waiting time to the target of 18 weeks by December 2020. This plan also covers measures to address therapist recruitment issues. A detailed trajectory plan to illustrate impact of the plan on waiting times throughout the remainder of 2020/21 is being developed and will be shared with the CCG imminently. The plan and trajectory also takes account of the anticipated surge in referrals following the return of children and young people to school. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by the end of September 2020 and maximum waiting times by December 2020.							
Quality impact assessment:							
The CCG is reviewing patient feedback and case studies on the effectiveness of digital/telephone consultations and also monitoring the impact of digital poverty on accessibility.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Wendy Hewitt		Peter Wong			

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

6.3.2 Paediatric Dietetics

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

Figure 9 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

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

RAG Rating

<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

Figure 10 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

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

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

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

RAG Ratings & Targets 20/21

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

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

6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr-20	May-20	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	154	154	61	-60.39	61	60	121
		Total Contacts (Domicillary)	1,710	1,710	1,890	10.53	162	153	315
		Total New Referrals	175	175	126	-28.00	9	12	21
	Paediatric Dietetics	Caseload at Month End	224	224	231	3.12	236	225	461
		Referral to 1st Contact (Weeks Average)	7.7	7.7	5.7	-25.97	5.3	6.1	11
		Total Contacts	772	772	1,152	49.22	83	109	192
		Total Contacts (Domicillary)	205	205	750	265.85	33	92	125
		Total Contacts (Outpatients)	528	528	1,068	102.27	76	102	178
		Total New Referrals	326	326	180	-44.79	14	16	30
	Paediatric Occupational Therapy	Caseload at Month End	116	116	110	-5.17	106	113	219
		Total Contacts (Domicillary)	4,461	4,461	3,870	-13.25	448	197	645
		Total New Referrals	519	519	156	-69.94	12	14	26
	Paediatric Speech and Language Therapy	Referral to 1st Contact (Weeks Average)	26.5	26.5	16.4	-38.11	13.1	19.6	33
		Total Contacts (Domicillary)	15,438	15,438	10,176	-34.08	843	853	1,696
		Total Contacts Complex Cochlear (N&S Sefton)	247	247	402	62.75	36	31	67
		Total New Referrals	1,170	1,170	480	-58.97	40	40	80
			Total New Referrals Complex Cochlear (N&S Sefton)	0	0	0	0	0	0

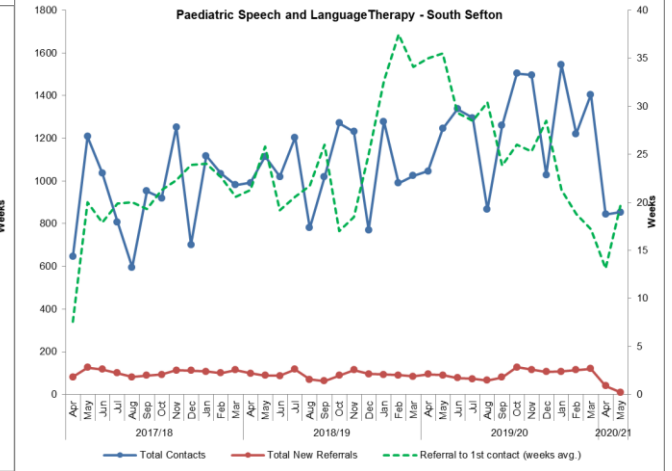
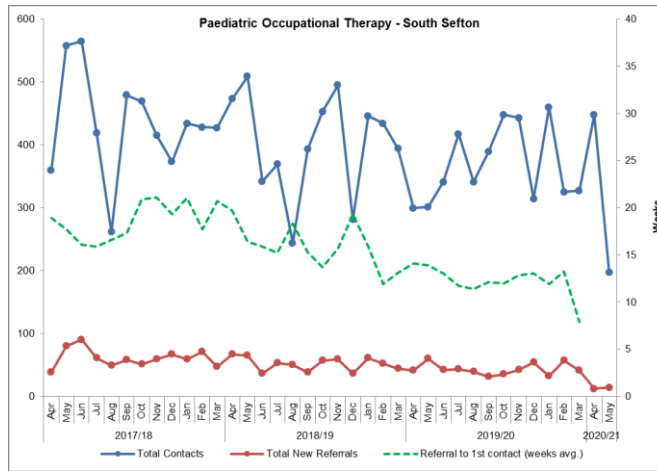
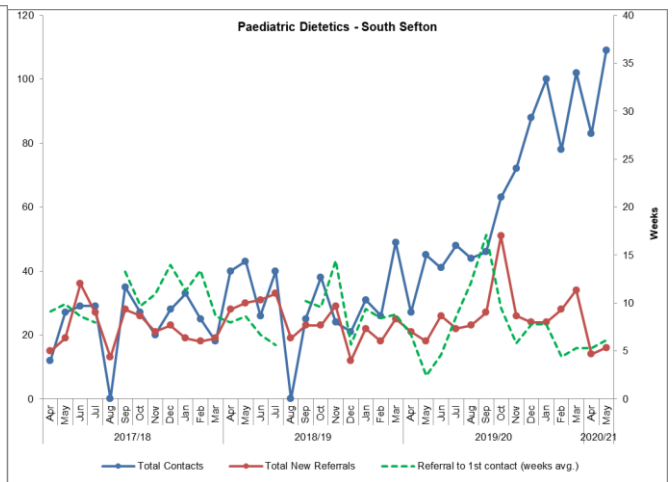
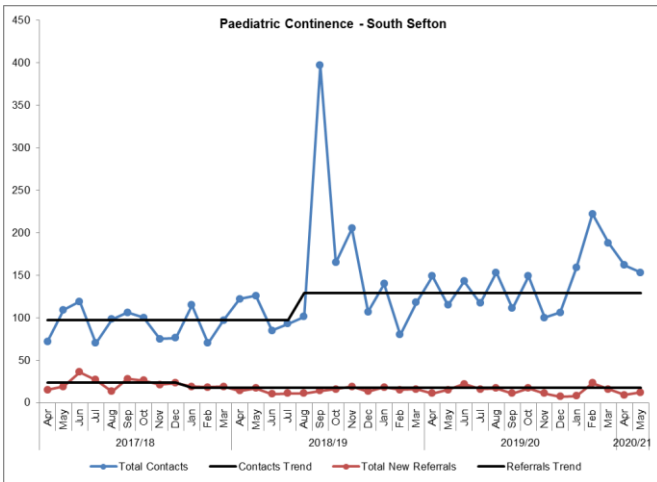
If Plan is <10000

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

If Plan is >10000

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

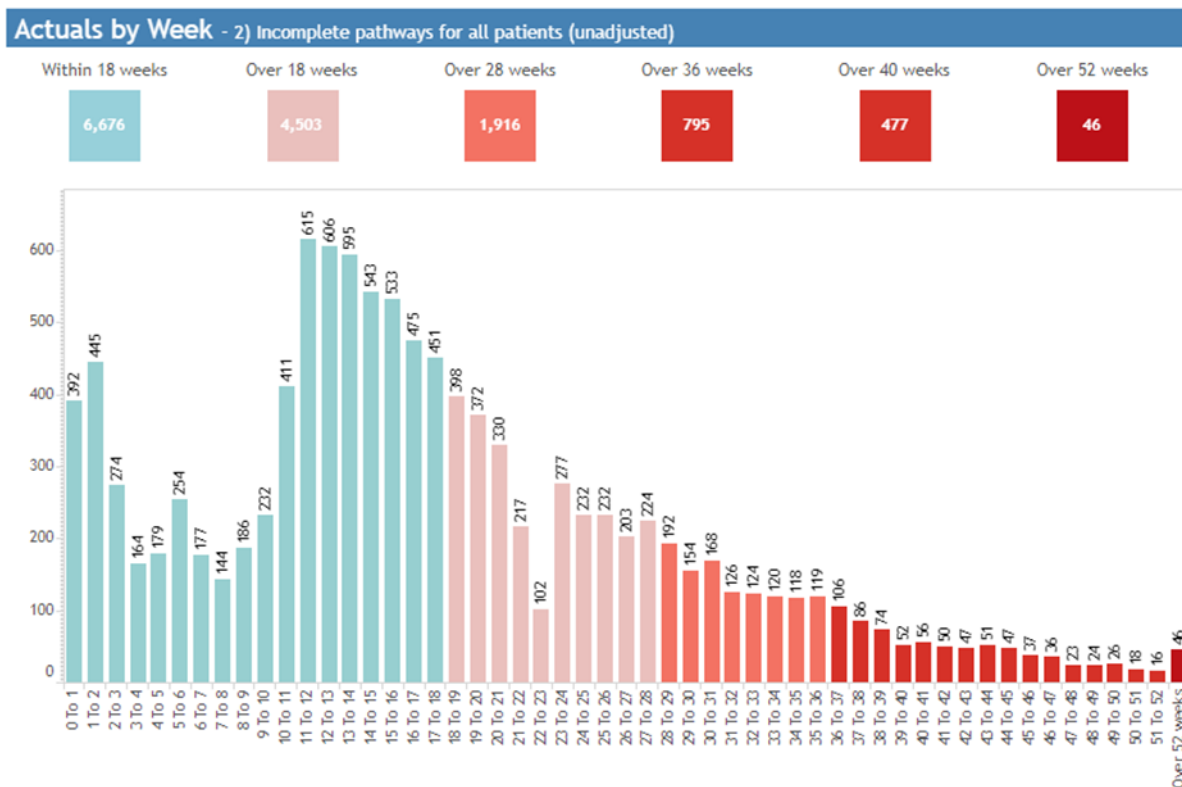
6.5 Alder Hey Activity & Performance Charts



7. Appendices

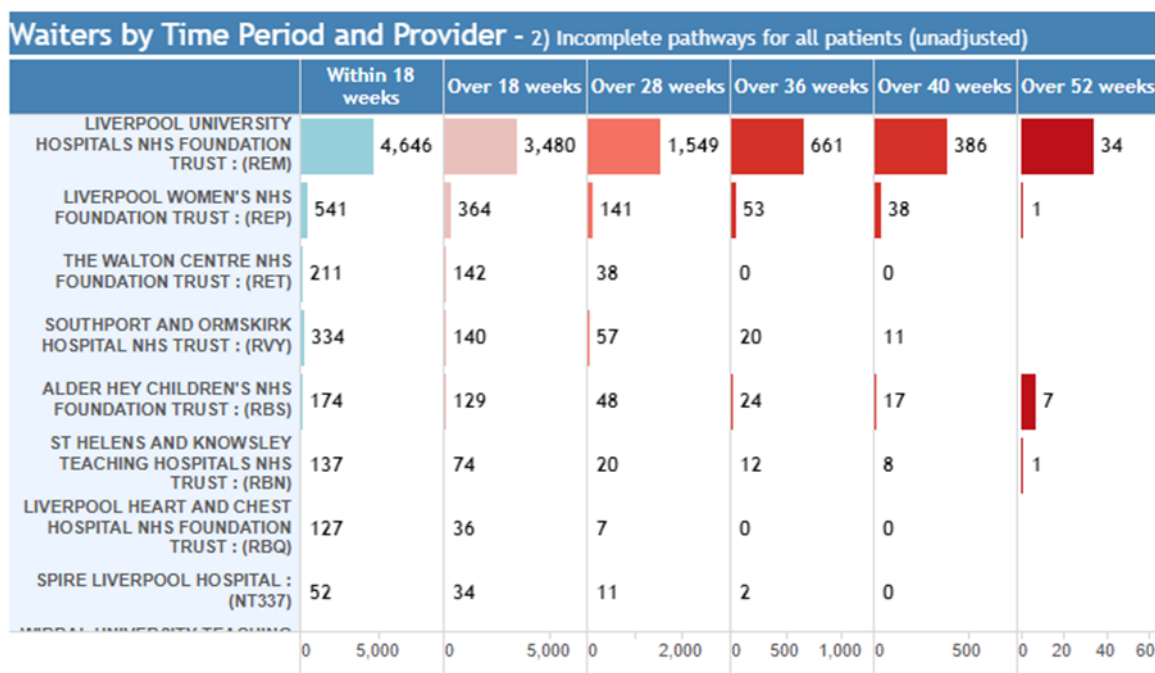
7.1.1 Incomplete Pathway Waiting Times

Figure 11 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



7.1.2 Long Waiters analysis: Top Providers

Figure 12 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 13 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

