

Southport & Formby Clinical Commissioning Group

Integrated Performance Report September 2020

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG	R	R	R	R	R								R	
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%									57.6%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%								
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%	70.53%								
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	6	10	17	36	62	85								216
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	G	G	R	R	R							R	
		Actual	2	0	0	4	3	5								19
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0								0
		Target	0	0	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></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	Southport & Formby CCG	RAG	G	G	G	G	G	R							G	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%								95.01%
		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></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	Southport & Formby CCG	RAG	G	R	R	R	R	G							R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%								91.60%
		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></p> <p>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>	Southport & Formby CCG	RAG	G	R	R	G	R	R							R	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%								95.95%
		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></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	Southport & Formby CCG	RAG	G	G	R	G	R	R							R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%								90.38%
		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></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	Southport & Formby CCG	RAG	G	G	R	G	G	R							R	
		Actual	100%	100%	87.50%	100%	100%	90.48%								96.08%
		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></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	Southport & Formby CCG	RAG	G	G	G	G	R	G							G	
		Actual	95.24%	100%	100%	100%	93.75%	100%								98.26%
		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></p> <p>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>	Southport & Formby CCG	RAG	R	G	R	G	R	R							R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%	81.82%								81.63%
		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></p> <p>Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	Southport & Formby CCG	RAG	G		R										R	
		Actual	100%	No pats	0%	No pats	No pats	No pats								40%
		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></p> <p>% 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>	Southport & Formby CCG (local target 85%)	RAG			G	G		G								
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%								85.88%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2020-21													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R	R	R							R
Actual		92.74%	95.78%	95.62%	93.27%	89.02%	89.61%								92.38%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available								
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available								
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R							R
YTD		0	1	1	1	1	1								1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R							R
YTD		3	7	12	12	17	19								19
Target		3	5	7	9	11	14	16	19	22	25	28	30		30
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R	R							R
YTD		4	18	30	38	53	66								66
Target		9	18	27	39	48	57	66	75	83	91	100	109		109

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G		G										G
		Actual	97.3%		97.2%										97.2%
		Target	95%		95%				95%			95%			95.00%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	Southport & Formby CCG	RAG	G		G										G
		Actual	77.55%		82.5%										80%
		Target	60%		60%				60%			60%			60%
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G	G	G	G	G							G
		Actual	37.33%	56.96%	58.56%	55.36%	55.56%	52.94%							53.43%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R	R							R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%							4.10%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G	G	G	G							G
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%	98.10%							98.61%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G							G
		Actual	100%	100%	100%	100%	98.86%	99.05%							100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R							R
		Actual	65.20%	63.94%	63.68%	64.00%	64.00%	64.00%							64.16%
		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	
Learning Disability Health checks														
No of people who have had their Annual LD Health Check – local data <i>NB: Checking final targets with NHSE for 2020/21 further update in month 7 report</i>	Southport & Formby CCG	RAG	G			To be updated in month 7 report								G
		Actual	19.9%											19.9%
		Target	6.6%			16.4%			32.9%			58.1%		
Severe Mental Illness - Physical Health Check														
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R								R
		Actual	32.1%			28.0%								30.1%
		Target	50%			50%			50%			50%		50%
Children & Young People Mental Health Services (CYPMH)														
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G			To be updated month 7 data unavailable								G
		Actual	17.8%											
		Target	8.75%			8.75%			8.75%			8.75%		35% YTD
Children and Young People with Eating Disorders														
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	To be updated in month 7 report											
		Actual												
		Target	95.00%			95.00%			95.00%			95.00%		95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG	To be updated in month 7 report											
		Actual												
		Target	95%			95%			95%			95%		95%
Wheelchairs														
Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport & Formby CCG	RAG	Data submission paused due to COVID											
		Actual												
		Target	92.00%			92.00%			92.00%			92.00%		92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 6 (note: time periods of data are different for each source).

Constitutional Performance for Sept and Q2 2020/21	CCG	S&O
Diagnostics (National Target <1%)	22.43%	16.52%
Referral to Treatment (RTT) (92% Target)	70.53%	75.21%
No of incomplete pathways waiting over 52 weeks	85	53
Cancelled Operations (Zero Tolerance)	-	5
Cancer 62 Day Standard (Nat Target 85%)	81.82%	73.12%
A&E 4 Hour All Types (National Target 95%)	89.61%	84.93%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	20
Ambulance Handovers 60+ mins (Zero Tolerance)	-	2
Stroke (Target 80%)	-	89.30%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q2	98.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q2	85.50%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.89%	-
IAPT Recovery (Target 50%)	52.9%	-
IAPT 6 Weeks (75% Target)	98.1%	-
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), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

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

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken through utilising the nationally agreed independent sector contracts. These contracts will end on 31st December 2020, with no automatic or legal basis to extend. Therefore a new national framework has been developed called 'Increasing Capacity framework agreement' for the further procurement of elective activity until 31st March 2020.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed. Southport

and Ormskirk trust have continued to deliver routine elective activity throughout the pandemic. A greater proportion of activity is now being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. 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 secondary care referrals have increased by 30.9% from the previous month in September after a decrease in the previous month. However, they have remained below historical levels for a number of months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals. Overall, referrals to Southport Hospital have decreased by -38.8% year to date at month 6.

The CCG failed the less than 1% target for Diagnostics in September, recording 22.43%, an improvement on last month's performance (27.02%). Southport and Ormskirk have also shown an improvement in performance again this month reporting 16.52%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in September was 70.53% an improvement on last month's performance (61.68%). Southport & Ormskirk reported 75.21% this is also an improvement for the Trust.

In August, the CCG reported 85 patients waiting over 52 weeks for treatment an increase from 62 last month. Southport & Ormskirk reported 53 over 52 week waiters, after 38 were reported the previous month.

For month 6, Southport & Formby CCG are achieving 3 of the cancer indicators and Southport & Ormskirk Trust is achieving 4 of the 9 cancer measures. The numbers of patients waiting over 104 days has increased to 6 in September from 1 last month.

For unplanned care, month 6 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

Unplanned Care

The CCGs performance against the 4-hour target for September reached 89.61% (92.38% year to date). For type 1, a performance of 84.93% was reported (89.5% year to date). Southport & Ormskirk is also under the 95% target reporting 90.17% (92.53% year to date).

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

key impacts and lessons learned to inform the future service model. This work is ongoing with no further update provided at this time.

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

For C difficile, the CCG reported 2 new cases of C difficile cases in September (19 year to date) against a year to date plan of 14. National objectives have been delayed due to the COVID-19 pandemic and so the CCG is measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 and are reporting against last year's target of 109. In September there were 13 cases (66 YTD) against a target of 57. There are no targets set for Trusts at present.

Month 6 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.89% in September so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 52.9% in September, which for the fifth month has achieved the 50% target.

Early Intervention Psychosis (EIP) continues to achieve the threshold of 60%.

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Commissioners received an investment case in September detailing options for investment. This is currently being reviewed and Sefton CCGs have also requested a proposal for a waiting list initiative which potentially could be put in place prior to any agreed recurrent investment/new service model, this initiative will be given priority.

In September the dementia diagnostic measure continues to fall under the 66.7% plan reporting 64%, as per last month. To note this target was achieved for Southport & Formby CCG for the whole of 2019/20.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust. The Trust reported that the pandemic had impacted on performance. The Trust was asked to consider the level of clinical risk associated with the KPI and the expectation is that performance should improve. This may also contribute to dementia diagnosis underperformance. Due to the ongoing COVID situation the Trust are still facing challenges.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.6% in September compared to 6.4% in August.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) were been reinstated in June 2020 with a recommencement of the Information Sub Group in October 2020. Focus has remained on COVID-19 recovery but also winter 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. Trust colleagues have highlighted an increase in referrals and activity for a number of service lines and we will continue to monitor performance.

Children's Services

Since the move to phase three of the pandemic response, Alder Hey has been focusing on the restoration of community services and Child and Adolescent Mental Health Services (CAMHS),

increasing delivery capacity to achieve pre-COVID levels of activity where possible, focusing specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals, notably for SALT which received 46% more referrals compared to August. Services continue to carry out local risk assessments and prioritise Allied Health Professional (AHP) caseloads and new referrals in accordance with risk and needs of the child/young person. During September, therapists were able to deliver again in school settings, following robust environmental risk assessments.

Notably, in September all community therapy service waiting times achieved the SEND improvement plan targets.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG is closely monitoring the plan and the risks associated with the increasing demand for the service and the potential impact on waiting times. Currently, the actions are progressing in line with the improvement plan and the service is on track to achieve the agreed improvements in waiting times by December 2020, however, this is at risk from the ongoing impact of COVID on increasing referral numbers and staff sickness/absence.

Following the publication of the national Q1 Eating Disorders Service data, the Trust highlighted a number of anomalies which are being investigated. The matter is in the process of being resolved.

Whilst the SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are in line with the improvement plans and trajectories, the risks posed by a second wave of COVID-19 on the ability to achieve and sustain the targets have been flagged and are being closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For Southport & Formby these are Eastbourne, Hailsham & Seaford, Flyde & Wyre, Isle of Wight, Castle Point & Rochford, Wyre Forest, South Eastern Hampshire, Nottingham North & East, South Kent Coast, Nottingham and Fareham & Gosport CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2019/20 Actuals	+/-	%
April	2077	569	-1508	-72.6%	1980	888	-1092	-55.2%	4960	1877	-3083	-62.2%
May	2352	673	-1679	-71.4%	2169	1125	-1044	-48.1%	5505	2211	-3294	-59.8%
June	2041	1035	-1006	-49.3%	1897	1644	-253	-13.3%	4815	3137	-1678	-34.8%
July	2411	1339	-1072	-44.5%	2326	1778	-548	-23.6%	5711	3668	-2043	-35.8%
August	1886	1041	-845	-44.8%	2069	1663	-406	-19.6%	4780	3281	-1499	-31.4%
September	1940	1330	-610	-31.4%	2192	2164	-28	-1.3%	4977	4295	-682	-13.7%
October	2198				2215				5446			
November	2234				2079				5188			
December	1649				1805				4177			
January	2186				2242				5366			
February	1932				1983				4836			
March	1379				1622				3758			
Monthly Average	2024	998	-1026	-50.7%	2048	1544	-505	-24.6%	4960	3078	-1882	-37.9%
YTD Total Month 6	12707	5987	-6720	-52.9%	12633	9262	-3371	-26.7%	30748	18469	-12279	-39.9%
Annual/FOT	24285	11974	-12311	-50.7%	24579	18524	-6055	-24.6%	59519	36938	-22581	-37.9%



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





Month 6 Summary:

- Trends show that total secondary care referrals have increased by 30.9% (1,014) from the previous month in September 2020 after a decrease in the previous month. However, they have remained below historical levels for a number of months, which has resulted in a drop in the average number of total, GP and consultant to consultant referrals.
- It should also be noted that there were 2 extra working days during September-20 when comparing to the previous month and so this is likely to have had an impact on referral numbers reported.
- GP referrals are currently -52.9% down on the equivalent period in the previous year. Also, taking into account working days, further analysis has established there have been approximately 6 more GP referrals per day in September 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -38.8% (-8,811) year to date at month 6.
- Consultant-to-consultant referrals at Southport Hospital are -24.2% (-2,511) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted as a result of ambulatory care pathways implemented at the Trust.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2019/20. Year to date referrals to this speciality in 2020/21 are approximately -53.6% (-1,884) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 6 of 2020/21 when comparing to the previous month but remain well below historical levels. The largest year to date variance has occurred within routine referrals with a variance of -48.1% (10,396) to the previous year.
- Although there remains a -19.6% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 706 referrals reported in July-20 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery, Dermatology and ENT are responsible for this increase.
- Significant decreases have been evident within key (high volume) specialities such as Gynaecology, ENT, Ophthalmology, Clinical Physiology, Gastroenterology, Urology and Trauma & Orthopaedics.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards; however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in September-20, referrals to Alder Hey are -8.6% (-15) down when comparing to September-19 with Renacres referrals also showing a decrease of -90.2% (-321).



2.2 NHS e-Referral Service (e-RS)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		74.1%	53.1%	44.7%	47.3%		
		May-19	Jun-19	Jul-19	Aug-19		
		81.9%	92.6%	89.2%	83.9%	The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19.	
		Plan: 100%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Due to the COVID-19 pandemic, providers have been receiving more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. • In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. August data shows an overall performance of 87.1% for Southport & Formby CCG, an improvement on the previous month (78.2%). • ASI number and percentage of ASIs per direct booking for Southport and Ormskirk in September 2020 was 1792 ASIs of 2080 direct bookings, equating to 86% of direct bookings being ASI's. Compared to September 2019, this is a significant increase from 447 ASIs of 3617 direct bookings, equating to 13% of direct bookings being ASI's. • This is fully expected during the COVID-19 pandemic, due to the Trust having to try to manage capacity to ensure clinically urgent and long waiter patients take priority. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter 2020/21, however recovery is dependent any second surge of COVID. • An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision. • This is based on an assumption that elective activity will resume back to near normal levels by winter 2020/21. • The System management Group are reviewing the phase 3 recovery, in line with COVID-19 and an expected second surge. • Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. Including a focus on use of advice and guidance via ERS. 							
When is performance expected to recover:							
No dates for recover provided.							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available. Additional assurance sort, to ensure all ASI patient recorded on trust 'Patient Tracking Lists' (PTLs).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20	
		CCG	51.17%	32.35%	27.02%	22.43%	
		S&O	49.84%	30.20%	22.06%	16.52%	
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19	
		CCG	5.20%	4.35%	4.51%	3.49%	
		S&O	5.30%	4.09%	3.72%	2.57%	
National Target: less than 1%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG, out of 2,559 patients, 574 patients were waiting over 6 weeks, (of those 188 were waiting over 13 weeks) for their diagnostic test. In comparison, September last year had a total waiting list of 2,146 patients, with 75 waiting over 6 weeks (of those 5 were waiting over 13 weeks). The majority of long waiters were for CT (92), echocardiography (87), neurophysiology (80), gastroscopy (76) and audiology (72) this makes up 71% of the breaches. Impact on performance due to COVID-19 pandemic but is showing further improvement. Measuring against the CCG Peers, Southport & Formby CCG lies 3rd in the rankings (1st being best performing). New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. Reduced throughput in theatres a result of new IPC guidance. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. Monthly updates on transformation programmes, aimed to improve performance, presented to SMB. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. Total diagnostic activity levels for Southport & Formby CCG in month 6 are currently meeting/exceeding the expected levels as set out in the NHS Phase 3 planning submission. The CCG will continue to monitor diagnostics on a monthly basis for the remainder of 2020/21. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing in a positive way. Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	58.28%	54.96%	61.68%	70.53%		
		S&O	60.15%	57.62%	66.04%	75.21%		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	92.79%	92.00%	91.10%	91.71%		
S&O	93.57%	92.72%	92.57%	93.43%				
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> September is showing a further improvement in performance after months of decline due to the COVID-19 pandemic. An issue remains with Gynaecology which has been severely compromised with shortage of the medical workforce reporting 67.9% with 308 breaches, other failing specialities are ENT, Urology, Rheumatology and Ophthalmology. The number of waiters over 30 weeks is currently 1450 and continues to increase. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). Performance significantly affected due to the pandemic with national directive to defer all non-urgent clinical activity in April 2020. New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity. Reduced throughput in theatres a result of new IPC guidance, however Trust endeavouring to maximise its current capacity within current staffing resource, utilising bank staff were available/necessary. Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week) Staff vacancy impacting Trusts ability to maximise all theatres. S&O part of an NHSE staff COVID swabbing initiative for front line staff. Trust will be implementing lateral flow COVID-19 swab tests for all front line staff on a twice weekly basis, from November 2020. It is anticipated that swabbing all front line staff, the resulting positive cases and staff isolating, may impact on the Trusts sickness/absence rates and ability to deliver its elective activity. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. Monthly updates on transformation programmes, aimed to improve performance, presented to SMB. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs and system PTL/waiting lists. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity. 								
Trust Actions:								
<ul style="list-style-type: none"> Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Currently over-performing on current contract. Further work will be undertaken to understand the new 'Increasing capacity framework' (contracting model for IS providers until 31st March 2021), and how the system will utilise independent sector providers to ensure capacity is being fully utilised. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialities (increase capacity as part of the Outpatients programme area). Rheumatology identified as a pilot service, with initial scoping of the project jointly progressing with CCG colleagues. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. 								
When is performance expected to recover:								
No dates for recovery provided.								
Quality:								
No quality issues raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Rob Caudwell			Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Jun-20	Jul-20	Aug-20			Sep-20
		CCG	17	36	62			85
		S&O	7	12	38			53
		Previous year	Jun-19	Jul-19	Aug-19			Sep-19
		CCG	0	0	0			1
		S&O	0	0	0			0
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 85 breaches for the CCG, there were 30 at Southport & Ormskirk, 14 at LUHFT and 41 at 10 other Trusts. Measuring against the plan the CCG are reporting 33 over plan. • Of the 53 breaches at Southport & Ormskirk (catchment), 25 were in Other, 22 were in 5 were in General surgery and 1 in Gynaecology. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. • Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). • Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. 								
Trust Actions:								
<ul style="list-style-type: none"> • The Trust executive lead has escalated to the Hospital cell, the need for a regional approach to sharing of waiting lists to ensure equity of access and to mitigate risk of harm. HCP have proposed, as part of the national waiting list validation exercise to prioritise a system PTL for endo due to the significant backlogs regionally. • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. • Trust to continue to prioritise clinically urgent patients and focus on long waiters. • Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. • National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Cameron Ward		Rob Caudwell		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

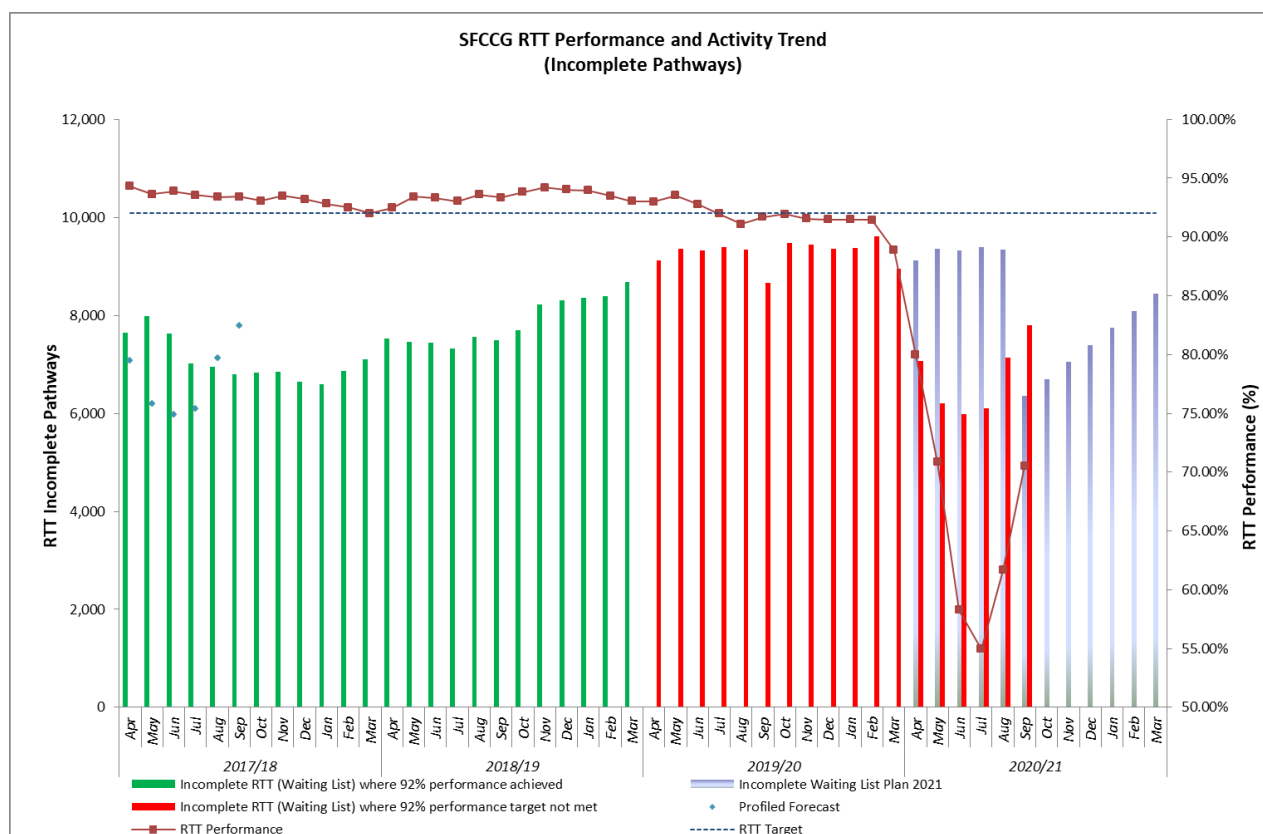


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG - new plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	9,126	9,367	9,331	9,392	9,337	6,350	6,698	7,046	7,394	7,742	8,090	8,438	8,438
2020/21	7,072	6,204	5,983	6,101	7,135	7,794							7,794
Difference	-2,054	-3,163	-3,348	-3,291	-2,202	1,444							-644
52 week waiters - Plan	0	0	0	0	0	52	64	74	84	90	97	104	565
52 week waiters - Actual	6	10	17	36	62	85							85
Difference	6	10	17	36	62	33							

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	11,264
2020/21	7,603	6,485	6,140	6,463	6,903	7,796							7,796
Difference	-3,586	-4,757	-4,910	-4,708	-4,138	-3,322							-3,468

New plans for incomplete pathways and 52 week waiters have started from September as part of the NHSE phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In September, the CCG is currently over the new plan by over by 1,444 the CCG's main provider Southport & Ormskirk accounts for 51.2% (3994) of all incomplete pathways in September.

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	240	30	See comments below re long waiters week waiters.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	120	14	See comments below re long waiters week waiters.
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	104	20	See comments below re long waiters.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	48	5	Awaiting Trust update
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	37	1	Listed at week 1 of 18 week pathway. TCI booked for 17/04 (30 weeks) hospital cancelled due to COVID-19. TCI rebooked for 15/05/2020 (34 weeks). Hospital cancelled for urgent patient.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	20	4	Awaiting Trust Update
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	19	1	The Trust have commenced scheduling more in line with pre-COVID-19 processes chronologically. All patient have incurred a delay due to COVID-19. Patient that have not been offered a date for treatment have a diagnostic or outpatient appointment booked. A couple of patients have been sent letters to contact the Trust.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	8	3	As part of our previous recovery programme the Trust do not routinely provide patient level information on 52 week waiters/long waiters.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	5	2	The patients are awaiting their TCI dates, unable to date due to COVID-19, Bone Anchored Hearing Aid (BAHA).
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	4	1	Had TCI date of 22/10/2020 but cancelled due to COVID-19 contingency.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	1	As per instruction from NHS England, we have categorised our patients in accordance with the RCS guidance. As a result of COVID-19 existing theatre capacity has reduced and so only have scope to list category 2 and category 3 patients. This patient is deemed category 4 and so there is no capacity at present to commence the surgery and this will likely be the case for the foreseeable future.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	3	The patients were sent a letter in early July advising that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment. As of 4th November 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
Other Trusts	32	0	No Trust Information
	638	85	

Southport & Ormskirk comments:

There are a number of specialities with workforce challenges e.g. Ophthalmology and Gastroenterology which have impacted on the ability to recover. These specialities have recovery plans that are actively managed and overseen at weekly Southport & Ormskirk Leadership Team (SOLT) meetings, and monthly at Clinical Business Units (CBU) PIDA Boards. The Trust is offering face to face, telephone and virtual clinics. Theatre sessions have increased and operating at Renacres continues. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.

LUHFT comments:



The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. There are weekly scheduling meetings to ensure efficient use of available capacity and to allocate residual capacity to specialities with the longest waiting times to reduce the number of 52 week breaches and prevent further breaches of this standard. All patients waiting 45 weeks or more are being monitored in detail. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Ops and Performance Exec Lead Group (OPELD).

DMC Community Outpatient Services:

Confirmation from the Trust that the 20 patients reported above in the published data were in fact reported due to data quality issues and have now been removed from the incomplete pathway, they were actually all seen much earlier. Due to extensive staff turnaround along with the data quality issues the Trust had difficulties in producing accurate monthly RTT returns. To mitigate these issues from occurring again they have procured services from a consultancy firm to introduce robust processes for business continuity in the future and support their data strategy.

2.5 Cancelled Operations

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

Indicator		Performance Summary				Potential organisational or patient risk factors	
Cancelled Operations		Previous 3 months and latest					
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		0	4	3	5		
		Jun-19	Jul-19	Aug-19	Sep-19		
		7	7	2	4		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Information provided by the Trust suggests theatre lists running over are the cause for 2 of the cancelled operations, a further cancelled operation was in emergency trauma, another one was due was equipment failure and a further cancellation happened due to a problem in theatre. Elective recovery performance had dropped a little due to increased COVID pressures, school half term and staff sickness. Bed occupancy has seen an increase as a result of increased pressures from Phase 2 of COVID-19 which is a contrary to what took place during Phase 1. Occupancy is causing a concern when also combined with staff sickness and winter pressures. The current average wait for a rebooked cancelled ops is 32 days. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported. 							
Trust Actions:							
<ul style="list-style-type: none"> As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Additionally the CCG have been informed that the Trust reviewed opportunities to insourced anaesthetist activity subject to demands/staffing issues resulting from a second surge of COVID-19. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity. Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres. Additional opportunities regarding cessation of acute pain management services to be reviewed to release consultant anaesthetist capacity in conjunction with CCG colleagues. 							
When is performance expected to recover:							
Recovery anticipated next month, however, this is dependent on COVID pressures.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure	CCG	Jun-20	Jul-20	Aug-20	Sep-20		
	2 Week Wait (Target 93%)	CCG	99.30%	98.04%	93.17%	89.22%	95.01%	
		S&O	99.28%	98.64%	92.82%	88.75%	95.17%	
	2 Week breast (Target 93%)	CCG	90.00%	90.32%	91.18%	94.44%	91.60%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	95.24%	98.41%	94.55%	93.15%	95.95%	
		S&O	97.92%	94.12%	92.68%	94.55%	95.63%	
	31 day subsequent - drug (Target 98%)	CCG	87.50%	100%	100%	90.48%	96.05%	
		S&O	0 Pats	100%	0 Pats	0%	33.33%	
	31 day subsequent - surgery (Target 94%)	CCG	70.00%	100%	91.67%	85.71%	90.38%	
		S&O	0 Pats	100%	100%	100%	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	93.75%	100%	98.26%	
		S&O	0 Pats	0 Pats	0 Pats	0 Pats	0 Pats	
	62 day standard (Target 85%)	CCG	76.47%	89.74%	83.33%	81.82%	81.63%	
		S&O	74.63%	85.71%	79.63%	73.12%	78.81%	
	62 Day Screening (Target 90%)	CCG	0%	0 Pats	0 Pats	0 Pats	40.00%	
		S&O	0 Pats	0%	0 Pats	100%	77.78%	
	62 Day Upgrade (Local Target 85%)	CCG	88.24%	100%	83.33%	89.47%	85.88%	
		S&O	96.97%	96.77%	91.43%	80.00%	91.08%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date. The Trust is achieving 3 of the 9 cancer measures year to date. Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as 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. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays. <p><u>Key points to note:</u></p> <ul style="list-style-type: none"> Week commencing 9th November showed the highest level of 2 week referrals across the Cheshire and Merseyside Cancer Alliance system since the start of the pandemic Monthly numbers treated by Southport & Ormskirk in the given month are at the highest since the pandemic began (46.5 accountable pathways). 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. Cancer Alliance level reporting shows that phase 3 recovery trajectories are currently being met. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. Latest data (week commencing 9th November 2020) evidences the highest level of 2 week referrals since the start of the pandemic <p>A Cancer Alliance level live daily PTL from all providers is being implemented in January 2021. This will facilitate:</p> <ul style="list-style-type: none"> - Direct visibility of patient tracking list (PTL) data for live reporting. - Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level. - Predicted performance information. - Proactive rather than reactive management. - Brings together like for like data for Alliances across the North West. - Support to cancer management teams on activity volumes / growth. - Tracking of key issues – such as 104 day breaches. 								
When is performance expected to recover:								
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral. Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. These trajectories are being met at a Cancer Alliance level. 								
Quality:								
<p>The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Dr Graeme Allan			Sarah McGrath			

2.6.1 104+ Day Breaches



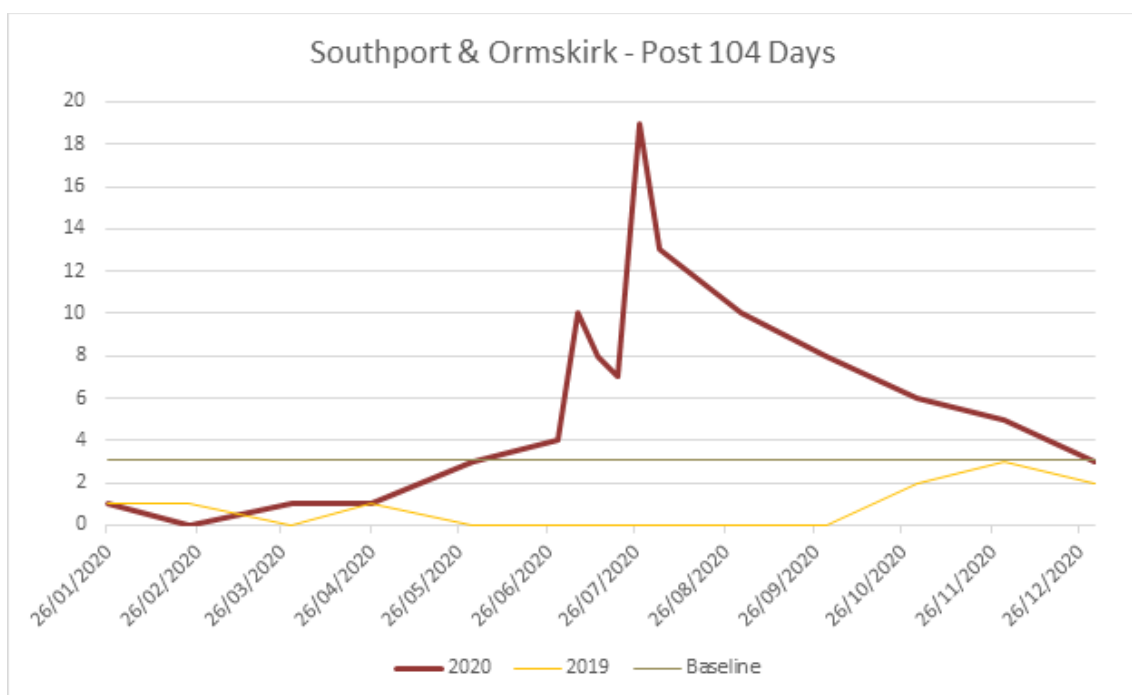



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		6	2	1	6	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Out of the 6 breaches in September there were 3 for urological, 1 lower gastro, 1 lung and 1 skin. 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) when re-established. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
S&O has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is under the trajectory at 6 and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include:						
<ul style="list-style-type: none"> Cancer no longer operable. More radical surgery required. Reduced treatment options. Loss of functionality. Prolonged psychological harm. 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Dr Graeme Allan		Sarah McGrath		

Figure 4 – Southport & Ormskirk Trust 104 Days Trajectory

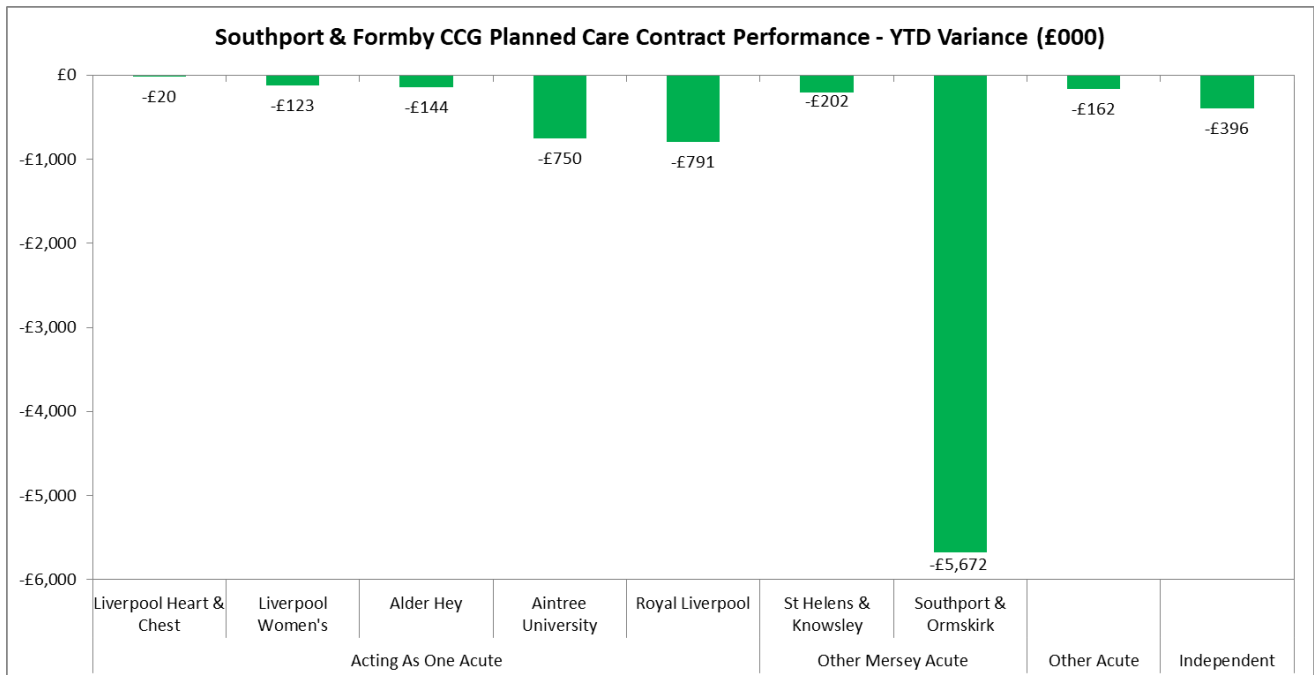


2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-20	Jul-20	Aug-20	Sep-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	79.59%	82.21%	74.46%	70.79%	75.13%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	95.24%	85.19%	90.91%	77.27%	87.39%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS Screening Referral	CCG	0.00%	0.00%	50.00%	28.57%	37.50%	
		Target	Target due to start 2021 - 75%					
Performance Overview/Issues:								
<ul style="list-style-type: none"> The 28 day FDS standard is still being shadow monitored. The standard is expected to be 75%. RAG is indicating what the measure would be achieving when the target becomes live. 28 Day FDS overall is reporting 70.53% for September, 75.11% year to date so achieving the proposed target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Dr Debbie Harvey			Sarah McGrath			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



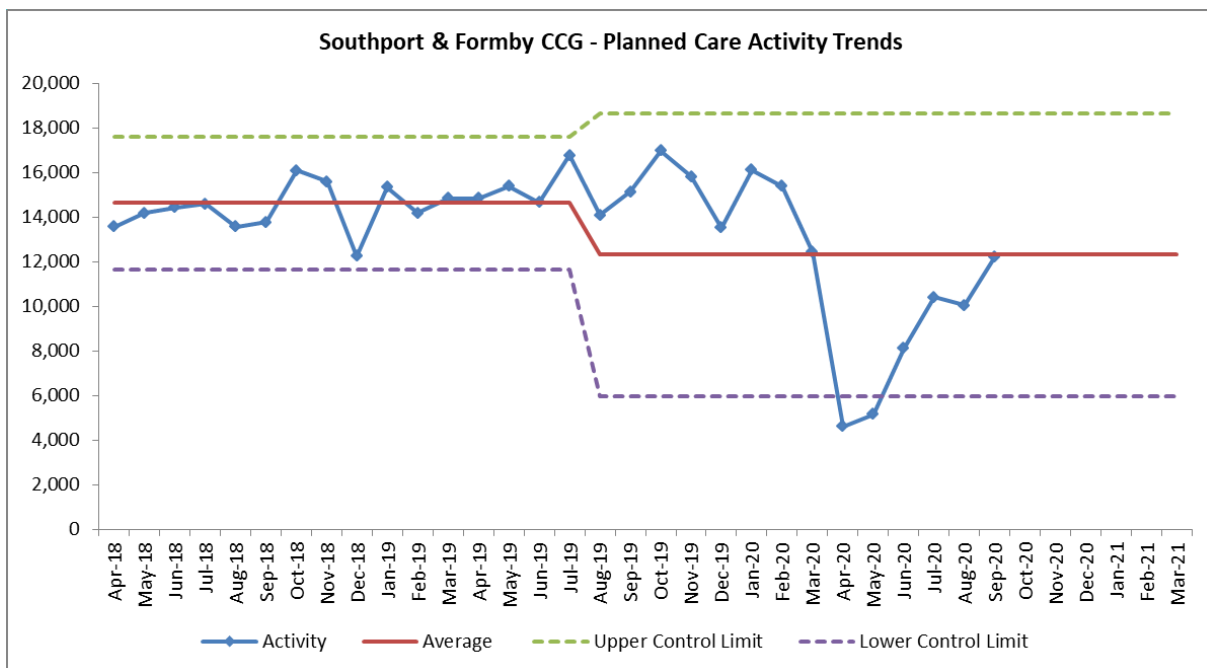
Month 6 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£5.6m/-54% against plan. Across all providers, Southport & Formby CCG has underperformed by -£8.2m/-43.3%.

NB. Due to the COVID-19 pandemic, a number of month 6 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 6 year to date actuals.

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

Figure 6 - Planned Care Activity Trends



2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 7 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,580	2,545	-3,035	-54%	£2,922	£1,305	-£1,617	-55%
Elective	542	226	-316	-58%	£1,588	£587	-£1,002	-63%
Elective Excess Bed Days	166	39	-127	-77%	£44	£10	-£34	-76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	467	189	-278	-60%	£95	£40	-£55	-58%
OPFASPCL - Outpatient first attendance single professional consultant led	7,933	4,021	-3,912	-49%	£1,384	£696	-£689	-50%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	427	357	-70	-16%	£48	£42	-£6	-12%
OPFUPSPCL - Outpatient follow up single professional consultant led	22,237	9,249	-12,988	-58%	£1,960	£813	-£1,147	-59%
Outpatient Procedure	13,421	5,873	-7,548	-56%	£1,836	£897	-£939	-51%
Unbundled Diagnostics	5,977	3,878	-2,099	-35%	£566	£381	-£185	-33%
Grand Total	56,750	26,377	-30,373	-54%	£10,443	£4,771	-£5,672	-54%

*PbR only

Underperformance at Southport & Ormskirk Hospital is evident against all of the (PbR - national tariff) planned care points of delivery with a total variance of -£5.6m/-54% for Southport & Formby CCG at month 6. This is a continuation of the NHS first phase response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -39% across all referral sources combined. Referrals in September-20 represent the highest monthly total since February-20 and an increase of 21% when comparing to the previous month (taking into account working days). However, year to date referrals remain below historical levels across a number of specialities.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, a number of diagnostic scopes have also taken place from June-20 onwards, which suggests some recovery of activity within the Gastroenterology Service.

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 6 year to date actuals (PbR only).

2.7.2 Isight

Figure 8 - Planned Care – Isight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	830	523	-307	-37%	£461	£212	£-249	-54%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	820	395	-425	-52%	£113	£51	£-62	-55%
OPFUPMPC - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	2	0	-2	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,833	638	-1,195	-65%	£110	£38	£-72	-65%
Outpatient Procedure	880	782	-98	-11%	£59	£53	£-6	-11%
Grand Total	4,365	2,338	-2,027	-46%	£743	£354	£-389	-52%



As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. The total cost variance when comparing to the previous year is currently -£389/-52%. There has been some recovery of activity (including outpatient first appointments and cataract procedures) up to month 6, however, activity during this month remains below 2019/20 averages.

In 2019/20, Isight over performance had previously been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1.

Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes for the 2020/21 contract. This would result in a proportion of activity currently recorded as a day case procedure being recorded as an outpatient procedure at a locally determined tariff (to be agreed as part of contract negotiations).

NB. 2020/21 plans have yet to be formally agreed with Isight. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 6 year to date actuals.



2.8 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		7.73%	11.30%	14.01%	9.38%		
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		12.20%	12.70%	5.88%	9.69%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 2, the number of Maternities were 191, of which 18 were reported as Smoking at time of Delivery, this is a decrease of 4.63% on previous quarter showing significant improvement in performance. SATOD data needs to be looked at over a 12 month period as well as quarterly because small numbers of women can have a significant impact on the data: The rate for Qtr 2 is less than the same time last year, and lower than 6 of the last 8 quarters. COVID has caused heightened anxiety especially for pregnant women, when face to face antenatal appointments with a midwife or obstetrician have been reduced. This has seen more reluctance to stop smoking at this time, indeed recent ex-smokers are being reported as starting again mid pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Qtr 2 meeting between Public Health and trusts not yet been held. The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health. To combat the specific impact of COVID the Trusts have sought to increase referral rates to the specialist smoking cessation teams; Increase awareness and knowledge amongst Midwives who have the first contact with pregnant women. Increase face to face contact with the smoking cessation midwife by encompassing ex smokers into the target list. Telephone support to the women when needed. Serial scans have remained in place for pregnant smokers throughout, in which they will be reviewed by the smoking cessation Midwife in most cases following each scan. A pregnant smoker will continue to have at least 6 scans during their pregnancy and in the majority of cases these women will be seen by the specialist midwife after each scan. 							
When is performance expected to recover:							
Further improvement is hoped to be seen next quarter.							
Quality:							
The resource of a dedicated Stop Smoking nurse provided by Public Health is still in post.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

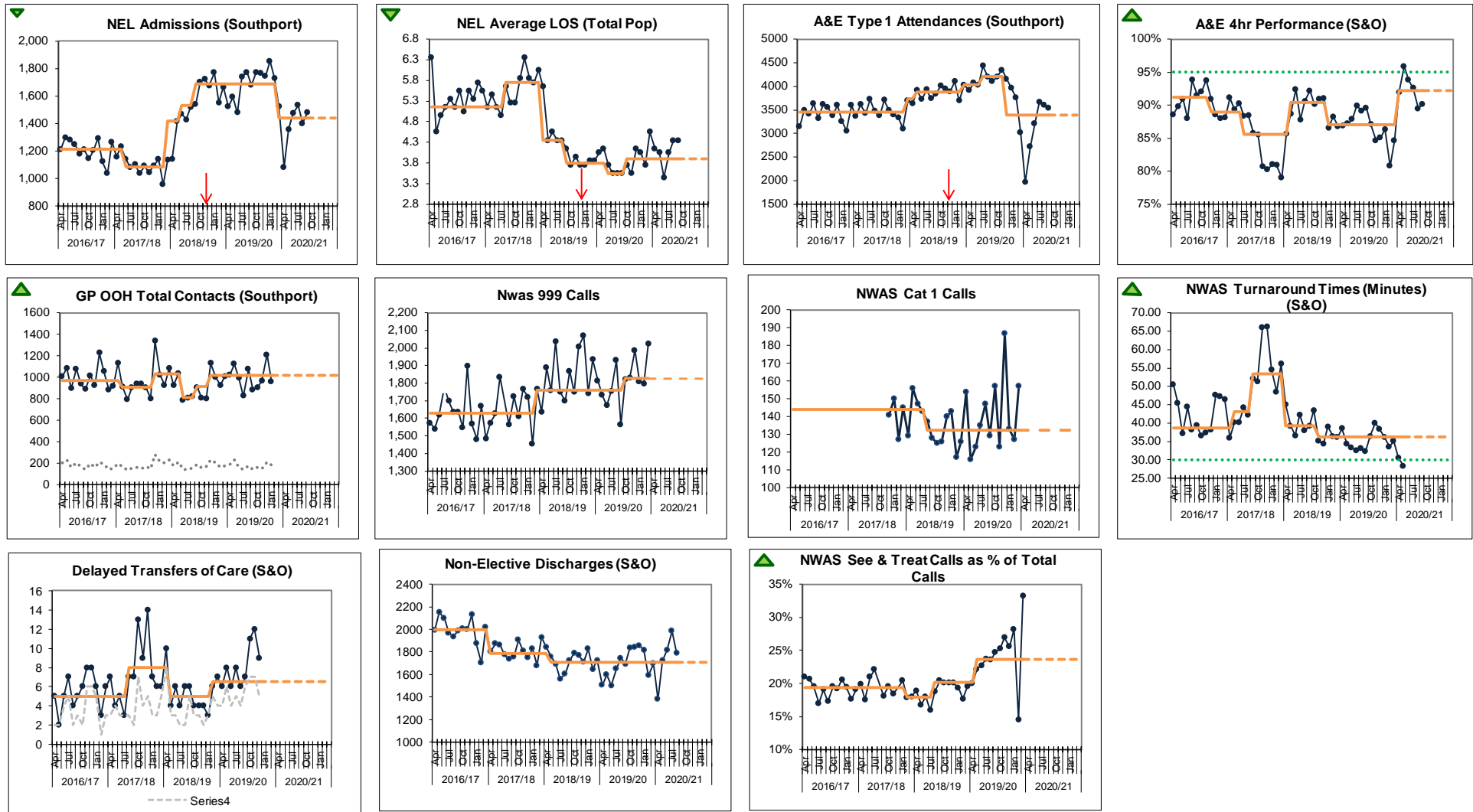
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	YTD		
		CCG All Types	95.62%	93.27%	89.02%	89.61%	92.38%	
		CCG Type 1	93.79%	90.26%	83.76%	84.93%	89.50%	
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19	YTD	
		CCG All Types	85.73%	88.32%	87.51%	88.46%	86.59%	
			Jun-20	Jul-20	Aug-20	Sep-20	YTD	
		S&O All Types	95.78%	93.35%	88.95%	90.17%	92.53%	
		S&O Type 1	94.00%	90.23%	83.59%	85.69%	89.40%	
Performance Overview/Issues: <ul style="list-style-type: none"> September data shows the CCG and Trust remain under the 95% target. In September 2020, the total number of A&E attendances reported for the Trust was 8,692. This shows a small decrease from the 8,861 attendances reported in August; it also represents a decrease on the attendances in September 2019 which was 12,371. 								
Actions to Address/Assurances: <p>CCG Actions:</p> <ul style="list-style-type: none"> Supporting the trust with the implementation of direct booking from primary care into ED. Early implementer for NHS 111 first programme and communications tool kit utilised and implemented. GP streaming solutions being explored in collaboration with West Lancashire CCG and the Trust. Frailty at the front door improvement programme commenced to implement frailty pathway from ED into primary care between LSCFT and S&O. Enhanced care home programme expedited. Frailty services have been redirected to support care home staff with proactive management. Smart phones and virtual consultations rolled out across all care homes. Integrated discharge team in place and daily huddles to facilitate timely discharges remain in place. Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly. <p>Trust Actions:</p> <ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
When is performance expected to recover: Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.								
Quality: There has been a marked improvement in the time to treatment times and marked reduction in the time patients have needed to wait in the department.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Annette Metzmacher			Sharon Forrester			

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












Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		1	0	1	0		
		Jun-19	Jul-19	Aug-19	Sep-19		
		4	4	0	5		
Plan: Zero							
Performance Overview/Issues:							
• Southport & Ormskirk had no patients breaching the 12 hour target in September.							
Actions to Address/Assurances:							
• The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be treated with a never event whenever feasibly possible.							
When is performance expected to recover:							
Performance has recovered in September.							
Quality:							
No quality issues reported on review with the Trust's Deputy Directory of Nursing.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Annette Metzmacher		Sharon Forrester			

3.2 Urgent Care Dashboard





Please note: There is data is missing for some months (due to COVID) this will be investigated further.



Definitions

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

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	July	August	Sept		
		Cat 1 mean	<=7 mins	00:07:46	00:08:20	00:07:54		
		Cat 1 90th Percentile	<=15 mins	00:13:56	00:18:03	00:15:01		
		Cat 2 mean	<=18 mins	00:22:34	00:32:25	00:34:47		
		Cat 2 90th Percentile	<=40 mins	00:50:14	01:15:34	01:21:13		
		Cat 3 90th Percentile	<=120 mins	02:35:42	02:52:58	03:14:48		
Cat 4 90th Percentile	<=180 mins	03:11:56	03:46:10	04:10:20				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q 20/21. This has not been met due to COVID impact which began to hit service delivery in Q4 19/20 and then all the way through Q1 20/21 and continuing into Q2 20/21. Whilst targets not met in full it shows improvement with close to achievement of Category 1 target. There is deterioration on C2 and 3 response times but with more significant worsening against target of C4 response time. NWAS performance has been affected by workforce issues related to track and trace and required contact isolation within has reduced number of vehicles available to respond to calls. 								
Actions to Address/Assurances:								
The following actions are part of an ongoing programme of work: <ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right all at the right time. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					
RED	TREND					a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
		Indicator	Jul-20	Aug-20	Sep-20		
		(a) 30-60 mins	10	37	20		
		(b) 60+ mins	0	16	2		
		Indicator	Jul-19	Aug-19	Sep-19		
		(a) 30-60 mins	123	111	88		
		(b) 60+ mins	20	15	21		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times. Ambulance handovers continue to show a vast improvement recently although not enough to get close to the challenging zero target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Clinically led non elective demand management meetings commenced on weekly basis. Trust have introduced direct access for NWS to ambulatory care and same day emergency care. Early implementation of the NHS 111 first programme to reduce attendances and reduce overcrowding in ED. Patients streamed at triage to ensure flow within the ED department. Nurse led ambulance holding bay in situ to enable clearance of NWS crew. As part of NWS Command and Control staff services have been redeployed to focus on urgent response, which has resulted in capacity being increased with their vehicles and staff. Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly 							
When is performance expected to recover:							
Recovery has shown steady improvement in recent months.							
Quality:							
Performance has improved due to redirection of resource within NWS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary					Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest					a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20			
		a)	86.4%	65.8%	78.0%	89.3%		
		b)	66.7%	100.0%	No patients	60.0%		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		a)	52.9%	88.0%	73.3%	75.0%		
		b)	27.3%	12.5%	14.3%	6.3%		
Stroke Plan: 80% TIA Plan: 60%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> COVID has had an impact on ability to care for patients for more than 90% of their stay on a stroke unit, but September shows an improvement on both measures. 								
Actions to Address/Assurances:								
Trust Actions:								
<ul style="list-style-type: none"> Through COVID-19 and recovery, the Trust continues to do its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The Emergency Department (ED) and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement. 								
CCG Actions:								
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board is currently being reinvigorated following COVID. Pre-Consultation Business Case will come to stakeholders for sign off and the clinical sensate has been rearranged for October, although with current escalated pressures there may be a further delay. Further work is being done to consider the use of the Walton centre for stroke case during COVID in assessing benefits and whether there is a role for the centre in a different manner than originally perceived. The Early Supported Discharge (ESD) service is now staffed and the CCG are working with WLCCG to assess the viability of commissioning a joint service to support the gaps in provision Lancashire. The CCG will be discussing with LSCFT the outcomes during the COVID period to consider any alternatives in future. This will need to be picked up as part of the community bed provision work. SFCCG is working with the trust to develop a business case for continuation of ESD services based on reduction in bed days and potential additionality to support transfers with 2 which have been occurring during the COVID period. The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme. 								
When is performance expected to recover:								
Performance has recovered this month.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Vacant			Billie Dodd			



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)						
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	1	1	1	1	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.
		S&O	1	1	1	1		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	0	0	2	2		
		S&O	0	0	1	1		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG and Trust have failed the target for 2020/21. No new cases reported in September. Measuring against the CCG Peers, Southport & Formby CCG lies joint 2nd in the rankings (1st being best performing). 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> A full root cause analysis (RCA) was completed and lessons learnt and outcomes will be reported through the Infection Control Assurance Committee at the Trust. 								
When is performance expected to recover:								
As a zero tolerance target, the performance will not recover for 2020/21.								
Quality:								
The October Contract and Clinical Quality Review Meeting (CCQRM) Infection Prevention Control (IPC) was due to be discussed in detail but due to National scrutiny this will be delayed until November.								
Indicator responsibility:								
Leadership Team Lead			Clinical Lead			Managerial Lead		
Brendan Prescott			Doug Callow			Jennifer Piet		

3.5.3 Healthcare associated infections (HCA): C. Difficile

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					<p>2020/21 Plans No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 30 YTD Trust: <= 16 YTD</p>	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	12	12	17	19		
		S&O	10	12	15	15		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	8	10	13	16		
		S&O	8	10	13	14		
CCG - Actual 19 YTD - Target 14 YTD S&O - Actual 15 YTD - Target 9 YTD								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). 								
Actions to Address/Assurances:								
Infection control panels meet monthly and are chaired by the Director of Infection Prevention Control will be critical in 2020/21 and will provide further assurance.								
When is performance expected to recover:								
Recovery of the numbers has started to occur and noted in month 6.								
Quality:								
The October Contract and Clinical Quality Review Meeting (CCQRM) Infection Prevention Control (IPC) was due to be discussed in detail but due to National scrutiny this will be delayed until November.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Doug Callow			Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					2020/21 Interim Plan: <= 109 YTD There are no Trust plans at present numbers for information	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		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	30	38	53	66		
		S&O	40	55	79	100		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	39	55	70	78		
		S&O	4	6	11	129		
CCG - Actual 66 YTD - Target 57 YTD								
Performance Overview/Issues:								
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 109. Two cases were actually the same patient but the bacteraemias occurred in excess of 14 days apart and required a readmission. The infection was initially treated with antibiotics as agreed by the clinicians and the Consultant Microbiologist, however the source of the infection wasn't clearly identified even though the patient responded initially to treatment. Measuring against the CCG Peers, Southport & Formby CCG lies 3rd in the rankings (1st being best performing). 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident. Further work with any Structured Judgement Reviews (SJR) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learnt on a Cheshire and Merseyside basis. 								
When is performance expected to recover:								
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.								
Quality:								
The first North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Doug Callow			Jennifer Piet			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 9 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Sept 2020	100	79.60	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	103.9	↑

HSMR is lower than reported last month at 79.6 (with last month reporting 81.2) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

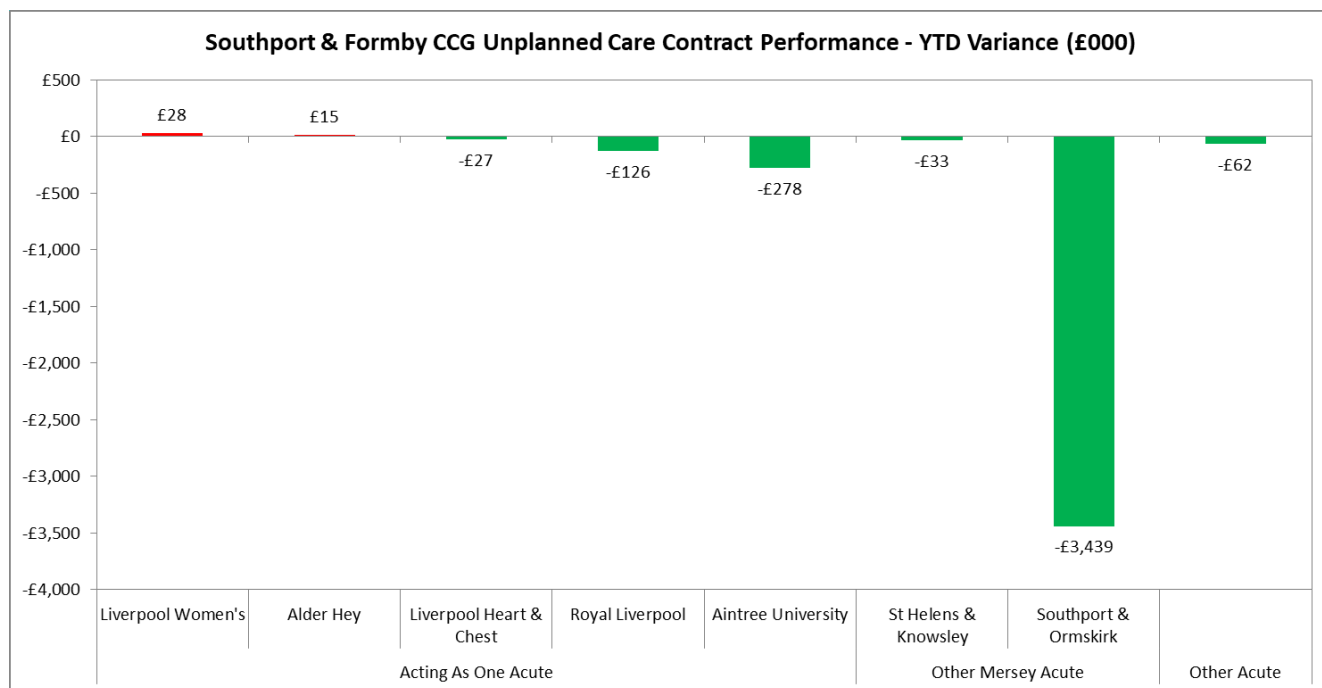
SHMI performance is within tolerance and statistical norms at 103.9. SHMI is risk adjusted mortality ratio based on number of expected deaths. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the 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.

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 10 - Unplanned Care – All Providers



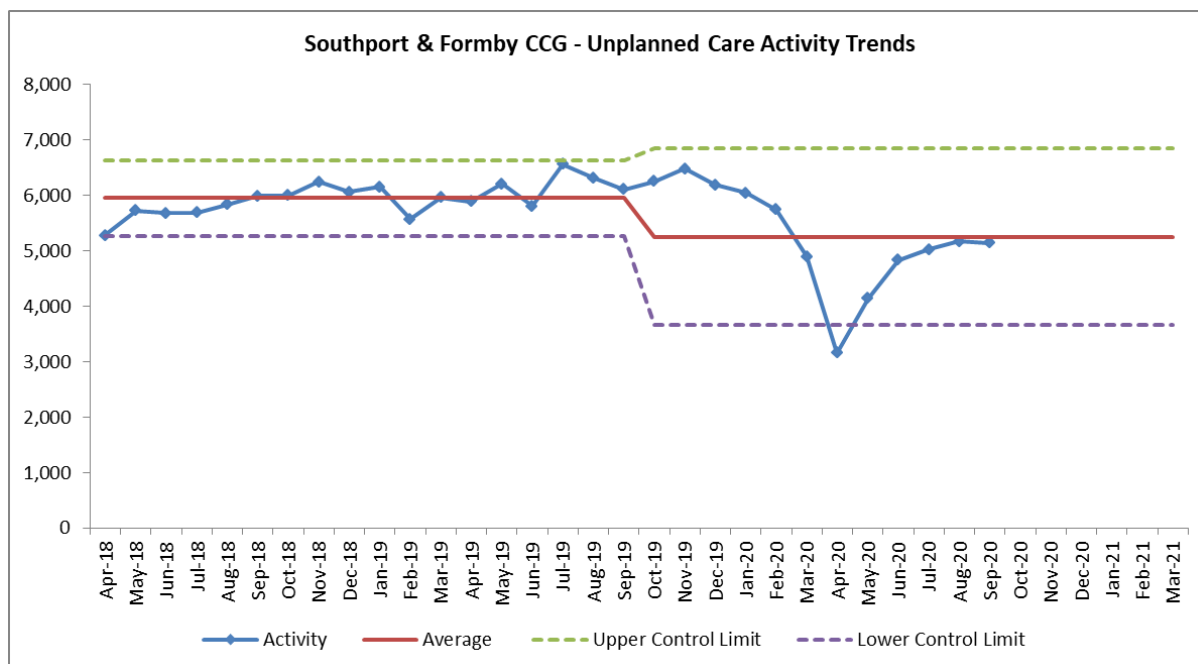
Month 6 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£3.4m/-16% against plan. Across all providers, Southport & Formby CCG has underperformed by -£3.9m/-16.2%.

NB. Due to the COVID-19 pandemic, a number of month 6 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 6 year to date actuals.

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

Figure 11 - Unplanned Care Activity Trends



3.6.2 Southport & Ormskirk Hospital NHS Trust

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

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care*								
A and E	22,295	16,714	-5,581	-25%	£3,689	£2,860	£-829	-22%
NEL - Non Elective	6,992	5,837	-1,155	-17%	£15,084	£13,195	£-1,889	-13%
NELNE - Non Elective Non-Emergency	539	447	-92	-17%	£1,194	£1,118	£-76	-6%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	38	24	-14	-37%	£12	£1	£-11	-92%
NELST - Non Elective Short Stay	1,679	1,051	-628	-37%	£1,189	£766	£-423	-36%
NELXBD - Non Elective Excess Bed Day	1,620	754	-866	-53%	£413	£202	£-211	-51%
Grand Total	33,163	24,827	-8,336	-25%	£21,581	£18,142	£-3,439	-16%

*exclude ambulatory emergency care POD

Underperformance at Southport & Ormskirk Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.4m/-16% for Southport & Formby CCG at month 6. The largest activity reductions have occurred within A&E type 1 with a variance of 5,581/-25%. This can be attributed in large to the COVID-19 national response and public advice to ‘stay at home’, which was enacted from 23rd March 2020. Attendances increased for four consecutive months up to August-20 followed by a slight decrease in September-20 with attendances remaining below historical levels. Non-elective admissions appeared to be following a similar trend until a decrease in admissions during August-20 followed by an increase in September-20.

Southport & Formby CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Southport Hospital during the first peak in cases reported. This analysis has established that A&E activity has since returned to expected levels, with an increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in stranded (7 day) patients and an increase in bed occupancy levels. However, the Ormskirk paediatric

department is now open at reduced hours from 8am-10pm and therefore the attendances are still likely to show a lower level than those in 2019/20. Opening hours at the Paediatric Department will extend from 8am-12pm as of Monday 20th September. If Paediatric A&E activity is excluded, activity for patients aged 65 and over at A&E is now comparable to the same period of last year. Consequently, this has caused an increase in over 65 non-elective admissions. When grouping activity into ACS conditions, cardiac conditions have seen the biggest increase in activity since the end of the national COVID-19 lockdown.

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 6 year to date actuals.

3.7 CCG Serious Incident (SI) Management – Quarter 2

Number of Serious Incidents Open for Southport and Formby CCG

As of Q2 2020/21, there are a total of 24 serious incidents (SIs) open on StEIS were Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	21
Lancashire and South Cumbria NHS Foundation Trust.	1
Southport and Formby CCG	2
Total	24

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

Following a review of the process by Southport and Formby CCG and Liverpool CCG, it was agreed that Southport and Formby CCG would resume management of the SI process for Southport and Formby CCG commissioned providers as of 7th August 2020. This would include Southport and Ormskirk Hospitals and Lancashire and South Cumbria NHS Foundation Trust. It also includes SIs reported by the CCG on behalf of smaller providers and general practices commissioned by the CCG.

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

There have been a total of 10 SIs reported in Q2 2020/21 were Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and SI Type	Q1 20/21	Q2 20/21
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	8	9
Slips/trips/falls meeting SI criteria	1	2
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	0	2
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	0	1
Maternity/Obstetric incident meeting SI criteria: baby only	2	1
Pressure ulcer meeting SI criteria	2	1

Provider and SI Type	Q1 20/21	Q2 20/21
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1
Treatment delay meeting SI criteria	1	1
HCAI/infection control incident meeting SI criteria	1	0
Southport and Formby CCG	0	1
Treatment delay meeting SI criteria (Cumberland Surgery)	0	1
PC24	1	0
Commissioning Incident Meeting SI criteria	1	0
Renacres	1	0
Pending review (a category must be selected before incident is closed)	1	0
Total	10	10

Number of Never Events reported

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

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

SIs reported during last 12 months

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

- Slips, Trips, Falls
- Pressure Ulcers
- Maternity/Obstetric incident meeting SI criteria: baby only
- Diagnostic incident including delay meeting SI criteria (including failure to act on test results)

Root Cause Analyses (RCAs) due during Q2 2020/21

For Southport and Ormskirk, there were 8 RCAs due for Q2 20/21. Of these, 7 were received within the 60 day timescale, 1 was overdue but has since been received. The 8 RCAs have been reviewed by the SIRG panel and further assurances have been requested for 4 and 4 were closed.

Serious Incidents Ongoing

There are 24 SIs which remain open on StEIS for Southport and Formby CCG:

Provider and current status	Total
Southport & Ormskirk NHS Trust	21
Awaiting RCA – overdue (2 x stop the clock applied)	3
Awaiting RCA – on target	3
RCA Report Received further assurances requested	8
RCA Report Received to be reviewed at SIRG	7

Provider and current status	Total
Lancashire and South Cumbria NHS Foundation Trust	1
RCA received and further assurance requested	1
Southport and Formby CCG	2
Awaiting RCA – on target (Cumberland House)	1
Ongoing SAR – not subject to SI timescales	1
TOTAL	24



Closed SIs

4 SIs have been closed during Q2 2020/21. All attributed to Southport and Ormskirk Hospitals NHS Trust (S&O).



During Q2 2020/21, Providers have resumed attending Serious Incident Review Group (SIRG) panels virtually. This is having a positive impact on the closure rates which will be reflected in the statistics for Q3 2020/21.

4. Mental Health



4.1.1 Eating Disorder Service (EDS)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	Patient safety. Reputation.	
		33.75%	25.88%	31.61%	33.86%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		41.46%	52.00%	64.52%	54.26%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 189 Service Users, 64 started treatment within the 18 week target (33.86%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Comparing to last year there has been a decline of 20.4%. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> Group therapy using ZOOM has recently commenced. Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal in October. 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 2020. Eating Disorders is also being considered as part of the overall Strategic Plan around the Community Transformation Programme with the STP. 							
When is performance expected to recover:							
Quarter 2 onwards.							
Quality:							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.2 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 months and latest				KPI 6a	Patient safety
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		100%	87.5%	98.4%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 49 inpatients risk assessed using an appropriate tool in quarter 2. This indicator is a catchment position. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance has again improved in quarter 2.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.3 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place

Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients assessed and identified at risk of falling should have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient safety.
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		62.5%	88.89%	100%	100%		
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		50.0%	75.00%	100%	80.00%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 49 inpatients who had their care plan in place in quarter 2. This indicator is a catchment position. Comparing to last year there has been an improvement of 20%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance continues to exceed target in quarter 2.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		0.70%	0.73%	0.72%	0.89%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		1.01%	0.97%	0.91%	0.89%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. DNA have reduced for the CCG and online Silver Cloud option may have contributed to this factor. The provider has confirmed that it's Gordon House premises in Southport have been made COVID secure and they have resumed face to face activity. Commissioners are working with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues have been reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2.2 Improving Access to Psychological Therapies: Recovery

The percentage of people moved to recovery was 52.9% in September, which for the fifth month has achieved the 50% target. The clinical lead for the service continues to review non recovered cases and work with practitioners to continue to improve recovery rates.

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		63.7%	64.0%	64.0%	64.0%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		68.3%	68.3%	68.3%	68.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 4.4%. Measuring against the CCG Peer CCGs, Southport & Formby CCG lies 2nd in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I. Referrals of patients showing signs of dementia or cognitive impairment are likely to be severely reduced due to limited face to face contact within GP surgeries. GPs are also less likely to refer on to a temporarily suspended memory service. 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. MCFT have been offering telephone support to patients but this does not include dementia assessments. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

5. Community Health

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

Focus remains on COVID-19 recovery planning, reinstating service provision and understanding service specific issues e.g. staffing, resources, waiting times.

Assurance on service delivery is sought via the community services operational meetings which report into the contract and clinical quality review meetings. Trust colleagues have highlighted an increase in referrals and activity for a number of service lines and the CCG will continue to monitor performance, namely ICRAS and discharge planning service and the community district nursing teams for end of life provision. Additional resource to support service delivery has been requested and approved via the CCG.

Workforce challenges continue due to staff needing to isolate and receiving shielding letters. LSCFT are aspiring to keep all service up and running during the second surge in the pandemic.

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

Additional work, demobilisation meetings and preparing to exit the contract during this time of increased pressure also needs to be acknowledged within the update. LSCFT have had a series of staff engagement and communications meetings to ensure staff wellbeing, morale and retention rates are maintained during the procurement process.

5.1.1 Quality

Lancashire and South Cumbria NHS Foundation Trust have begun the process of providing documented with further assurance obtained through the monthly operational meeting and also the Contract and Clinical Quality Review Meeting (CCQRM).

5.2 Any Qualified Provider (AQP)

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

Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is below the levels from last year.



The current contracts with Merseyside AQP providers for Audiology are due to expire on 31st March 2021. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification this at the present time. Knowsley CCG as Co-ordinating Commissioner for Specsavers has recommended a contract extension until the 31st March 2022.

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)

Will be updated next report data due 12th December.



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



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

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



A full update will be available as part of the month 7 report.



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		97.5%	95.0%	95.0%	96.0%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. This information will be reported on a quarterly basis; quarter 2 data will be available in October's report following a validation exercise by the Trust. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. Progress against this trajectory will be reported in the next report. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	100%	100%	100%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The longest wait in September was 27 weeks which increased from that of an 21 weeks wait in August. • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Impact of the second wave of COVID-19. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	88%	81%	89%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis; quarter 2 data will be available in October's report following a validation exercise by the Trust. • Due to impact of COVID, some delays in schools returning the information required to commence the assessments which in turn delayed the start of the assessment process for some CYP: 13 CYP did not start the assessment process within 12 weeks in August. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. Progress against this trajectory will be reported in the next report. • Timescales for the return of this information have been temporarily extended to September to provide more time for schools. • It is anticipated the new referral forms and ongoing engagement with schools will support improvements in the timeliness of the return of this information. 						
When is performance expected to recover:						
Performance is expected to be compliant again in October						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Impact of the second wave of COVID-19.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The longest wait in September was 27 weeks which increased from 21 weeks in August. • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		58.9%	75.5%	72.4%	86.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard and missed the 92% target. The service continues to provide additional choice appointments and the number of children & young people waiting for a choice assessment has reduced. The number of referrals has increased from 93 in August to 136 in September, which provides an additional challenge to the service, however, this will continue to be monitored to ensure the achievement of the choice waiting time standard. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard - the target was due to be achieved by September 2020, but this was narrowly missed; the plan also highlights a second scenario: if referrals increase by 15% then recovery will be delayed till January 2021. The CCG is closely monitoring the plan and associated risks. The service continues to monitor referral rates and manage urgent vs routine demand. 						
When is performance expected to recover:						
Although the 92% target was missed, currently actions are progressing in line with the improvement plan and agreed waiting times for choice appointments are expected to be achieved by the end of October. This assumes no further significant impact of COVID in terms of an increase in referral numbers and /or an increase in staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		56.3%	40.0%	36.0%	63.6%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has improved considerably in September as the number of children & young people waiting over 18 weeks for their first partnership appointment continues to decrease. Service capacity was increased in September as all staff redeployed to the 24/7 crisis service were returned to the service; additional capacity was also continued through agency staff and staff from the existing workforce. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is monitoring the plan and reviewing associated risks. An additional forum is also being provided by a funded fixed term "COVID support team" which will provide individual and group support for CYP presenting with deteriorating mental health owing to the pandemic. 						
When is performance expected to recover:						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19).</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or impact of a second</p>
RED	TREND	Incomplete Pathways (92nd Percentile)				<p><= 18 weeks: Green</p> <p>> 18 weeks: Red</p>	
		Jun-20	Jul-20	Aug-20	Sep-20		
		30 wks	27 wks	27 wks	27 wks		
		Jun-19	Jul-19	Aug-19	Sep-19		
37 wks	36 wks	35 wks	34 wks	Target <= 18 weeks			
Performance Overview/Issues:							
<ul style="list-style-type: none"> The number of patients waiting over 18 weeks for an initial assessment decreased further from 142 in August to 65 in September. There was an increase in the number of referrals in September: 132 compared to 71 in August. Average waits reduced to 17 weeks in September, compared to 20.4 weeks in August – this achieved the average waiting time target as set out in the Trust's recovery plan. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Since the service moved into phase 3 of the pandemic response, there has been an increase in face to face activity in clinic and therapists have been delivering activity in schools where possible, regularly reviewing risk and Infection Prevention Control (IPR) requirements. The improvement plan has been adjusted to take account of increases in referrals during June, July and August and the projected impact on waiting times have been modelled; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020. 							
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 September 2020 and maximum waiting times by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and /or the impact of school closures on activity plans.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		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

Following the initial outbreak of the pandemic, the Trust expressed concerns regarding the validity of the DNA and cancellation data. This was because a significant number of appointments were cancelled and rescheduled, which is not representative of service activity and performance alone.

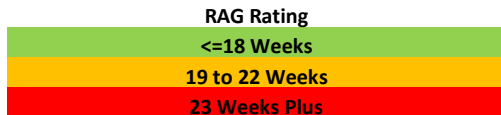
As this reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. However, due to the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

In the interim, it has been agreed that dietetic activity from the contract statement and SEND performance dashboard will be reported.

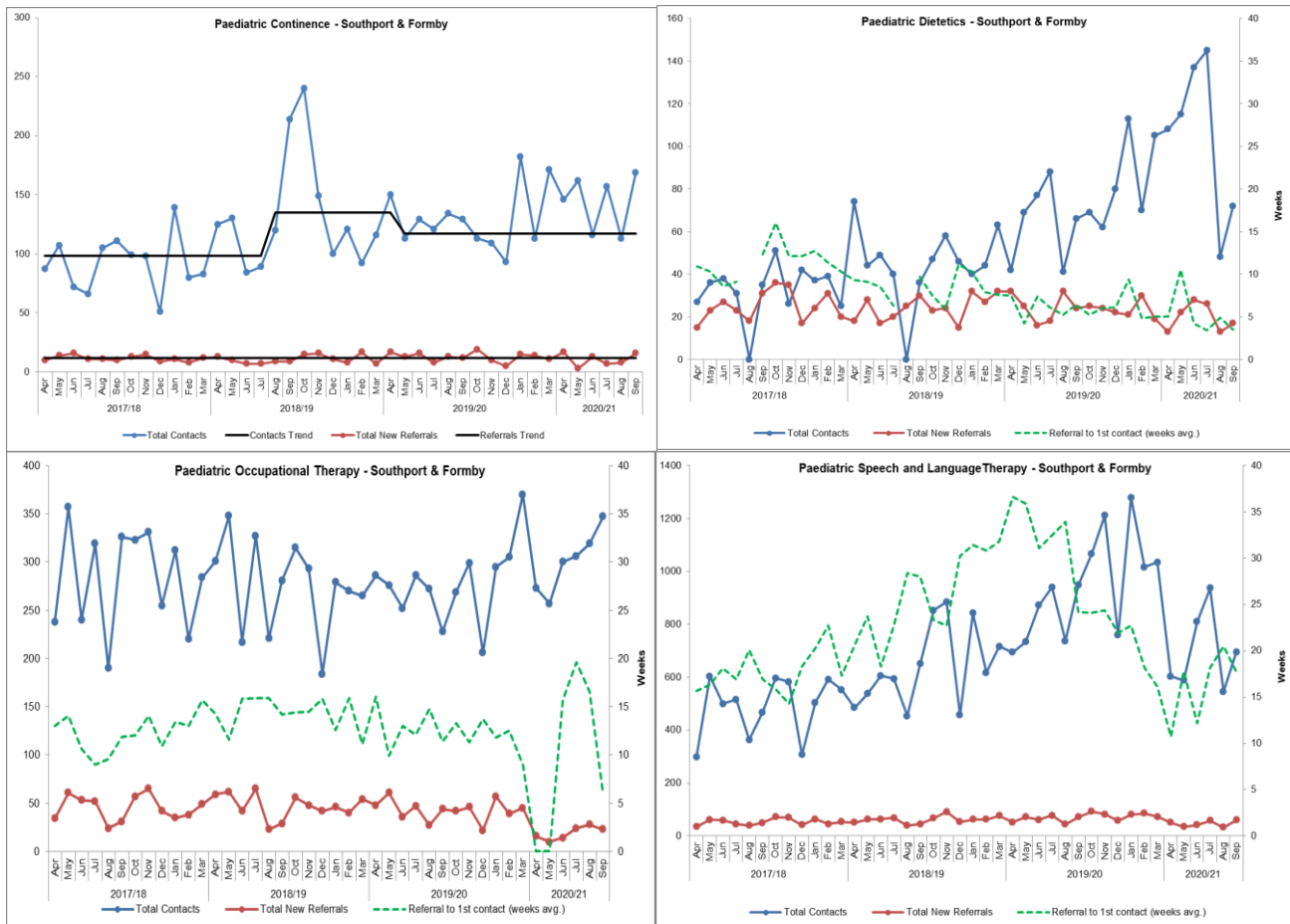
The activity reported in the September contract statement is very positive and shows that there were a total of 72 dietetic appointments, and that the average waiting time was 3.6 weeks with no patients waiting over 18 weeks.

Figure 13 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Number of Referrals	13	22	28	26	13	17
Incomplete Pathways - 92nd Percentile	14.28	13.52	5.20	5.52	7.52	9.56
Incomplete Pathways RTT Within 18 Weeks	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Number Waiting	23	26	28	29	21	17
Number Waiting Over 18 Weeks	0	0	0	0	0	0



6.4 Alder Hey Activity & Performance Charts



7. Third Sector Overview Q1 & 2 2020-21

Introduction

Quarterly reports from CCG funded Voluntary, Community and Faith (VCF) Sector providers detailing activity during the COVID-19 pandemic have been delayed by most services. This report details activity and outcomes for each of the organisations detailed below for Q1 & Q2. Each of the following organisations has successfully adapted to new ways of working, most have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions. The CCGs agreed to reimburse reasonable costs for those organisations who had suffered hardship as a result of the pandemic. Reimbursements were approved for service adaptations as a result of COVID-19 to enable home working for staff, making safe reception areas, PPE costs, hand sanitisers and purchases of software licences to enable service user engagement.

Age Concern – Liverpool & Sefton

During Q1 the team of Befriending and Reablement Officers (BRO's), volunteers and the Volunteering Officer have called as many past and current clients as possible, to ascertain what support they had in place whilst at the same time offering companionship. Where support was needed the team have been signposting on to those able to offer frontline support. Clients were receiving at least one phone call per week to check on their wellbeing whilst having a friendly chat. Staff and volunteers were set up to work from home and during this time managed to conduct 1,594 welfare calls. During quarter 2 the service returned to a mix of face to face befriending and telephone calls, support has been given to 175 clients.

The recruitment of volunteer befrienders has increased during Q2 (up 360% on Q1). Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer.

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- Suicide concerns, both of which were referred to their GP
- An explanation of lockdown rules.
- Arranging a regular shopping delivery
- Reassurance for those missing their families
- Reassurance for clients concerned about having the confidence to go out and mix with people again
- Arranging an OT assessment.
- Arranging a bin collection
- Finding an electrician
- Support with the loss of a pet
- Hate Crime
- Arrangement of a dog walker

Alzheimer's Society

All face to face activities provided by Alzheimer's Society ceased on the 23rd March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During Q1 402 welfare calls were made to 130 service users, the service also dealt with 20 referrals mainly from internal sources and self-referral. The service development of Dementia Connect which aims to ensure that all people living with or affected by dementia have access to information and advice via one point of contact is currently underway. The service has reported the following; Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not being able to see loved ones which has caused a significant decline in mental health. During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals. The closure of the Southport office went smoothly; all staff are now able to work in agile mainly home working environments.

The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised.

Citizens Advice Sefton

Advice sessions are currently delivered via telephone or online meetings to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with specialist knowledge of mental health issues.

During Q1 19 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £235,304 in new or backdated awards as a result of the work carried out by the advisor. During Q2 there were 29 further new referrals, most of the service users requiring assistance with benefit claims as in Q1. There were a number of successful claims totalling £239,103 for residents of Sefton.

Crosby Housing and Reablement Team (CHART)

CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions.

During Q1 services provided were extremely limited, only emergency repairs to properties were permitted and no new letting of property was allowed in accordance with government guidelines. The service offered telephone support for its 65+ service users, wellbeing calls were made on a weekly basis.

The service encountered a number of difficulties during Q1; the main issues were looking after service users in crisis. A number of service users are known by support workers at CHART but there was not enough availability of PPE to be able to initiate face to face interventions safely and within the guidelines. Some issues had to be resolved via telephone calls but prevention of service user admission to MH Services during this period was proving difficult. Increases in Universal Credit applications and support for people with additional anxiety and needs took longer to resolve because of the issue of not being able to support with a face to face appointment. The service has also had charitable donations significantly decrease due to the charity shop being closed. Referrals to the service during Q1 & Q2 had dipped slightly compared to Q4 in 2019-20 but not significantly. Chart prevented 5 people during Q1 and a further 27 in Q2 becoming homeless.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 the service received 16 new referrals. There are 100 existing service users who remained actively engaged within the service up until the closure of the centre. During Q2 the centre remained closed to service users; telephone support and text messaging services were introduced and the use of virtual IT to support individual service users. The centre re-opened in June following government guidelines introducing shorter sessions and rules around the number of service users attending the centre at any one time. A booking system for attendance at the centre was put in place. A new timetable for activities was introduced; these include a walking group, painting with Bob Ross and Mental Health Group. The Bowersdale centre are also allowing people to turn up on the day if all of the spaces are not booked but service users are advised this is on a first come first served basis as the centre cannot exceed a capacity of 10 service users per session. The sessions have been made shorter to enable all to attend at different times during the day.

Imagine independence

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catch-ups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social

isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as CMHT's concentrated on Essential Care. Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

The need for IPS services, including employment retention is vital due to the high volume of clients being furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Staff & Volunteers at the centre are coping well and adjusting to change in service provided. Most are working from home using personal mobile phones and laptops; 2 are currently shielding and 1 has been furloughed.

A shopping service has been provided this has been particularly popular but is now starting to tail off due to the lockdown ease of restrictions. Letters from local schoolchildren to the elderly and vulnerable have been included within food parcels helping to keep morale up amongst the vulnerable and isolated. The befriending service continues to be extremely busy, demand for this service has been overwhelming at times but staff have adjusted well.

A number of issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Issues have also been identified amongst some service users who have been shielded who did not have agoraphobic symptoms prior to lockdown now feel they have and are worried about leaving the home. Increased support has been given for families where children would have received a meal at school not receive packed lunch from the centre.

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance to government guidelines

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Some children have stopped counselling sessions during the lockdown as they were no longer attending school, most access this service to help with issues around bullying.

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high. As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisation is seeking extra funding from charitable sources to help with the shortfall.

The service envisage issues for those experiencing lifestyle changes particularly for some children who had been privately educated and parents may not be able to continue to pay for this following COVID-19. Family debt is also an issue; Furloughed parents spending during lockdown then are made redundant with no means of paying off debts.

Sefton Advocacy

Sefton Advocacy has still received a high volume of referrals during Q1 & Q2. Staff are working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. There were no Personal Health Budget assessments carried out during the lockdown, these have now recommenced and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

The service has had greater success with a number of DWP claims appealed against, then granted. Concerns have been raised around people suffering with cancer and not attending appointments, this continues to be an issue and the increased waiting times for some treatments are posing potential for risk to lives.

The service anticipates the increased needs for people requiring social care needs, suffering poor mental health and experiencing unemployment, physical and mental well-being are likely to suffer as further economic hardship takes hold. There has also been an increase of emotional and physical abuse taking place in the home during the lockdown period.

The base for Sefton Advocacy has also been reviewed during Q1 & Q2, premises have now been secured in the Houghton Street area of Southport making the venue accessible to all and reducing rent charges during these unprecedented times.

Sefton Carers Centre

Performance against the targets set out at the centre remain challenging due to the limitations placed on services during the pandemic. There has been an 86% increase in the number of new carers registered with the Centre since Q1. An increase of 51% has also been seen for carers visiting the centre's website for advice and tips. The number of telephone contacts during the period remains high, in total there have been 2,306 telephone contacts made to carers in the community. All Carers Training courses, therapies and Counselling sessions have remained closed for the full duration of this quarter. A total of 181 appointments for benefits advice took place, securing £447K of benefits for Carers. At the moment, volunteers are not working most due to age risk and needing to isolate. The sitting service has also ceased for the moment and carer's breaks have significantly reduced. Support is offered to carer's by phone and video face- time where possible.

There has been a significant impact on carers who used day care centres to enable them to shop or have time for respite centres. During Q2 alone, an additional 240 young carers across Sefton have registered with the centre.

Sefton Council for Voluntary Service

BAME Service update

Sefton CVS are working closely with the CCGs and St Marks regarding asylum seekers, the service are also working with Merseyside Police in regard to hate crime. Work is on-going in supporting the needs of migrant groups of parents and children at Holy Trinity School. The service has seen a degree of reluctance within some BME families to challenge poor employment practice for fear of losing their position. An increased of emotional and physical abuse has also been seen.

High Intensity Users

The team of 5 staff running this service are currently working from home. The service are receiving referrals for Sefton residents requiring support with shopping and deliveries, prescription collections, support to get online and support with loneliness and isolation. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

The most frequent requests from residents have been seeking support with supermarket delivery slots, staff have assisted with registration for online supermarket shopping and the government vulnerable list. CVS have raised many safeguarding concerns, liaised with social workers regularly and have linked in with the contact centre regularly for urgent requests.

A worrying gap in provision has been identified for those families who usually work but have had to reduce hours. Coping with balance of home schooling and working from home, furlough or made redundant as a result of businesses going into liquidation. Debt is starting to pose a problem to many household across Sefton.

Although lockdown is beginning to lift, a number of residents have anxieties over going out; many haven't left their home for some time, the team are helping to deal with anxiety and uncertainty.

Reablement Service

All home visits stopped towards the end of March and the service commenced remote telephone support only. This proved difficult because staff rely heavily on how a persons' home environment and body language to determine best interests and support for their needs. Not being able to observe a patient in this way has proven difficult, more intensive questioning has been key to ensuring needs are met. A few patients were admitted to hospital, some for covid-19. The HWBT have been undertaken some very intensive and emotional phone calls with patients. This has proven extremely difficult for some staff who usually rely on colleagues for support.

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team.

Social Prescribing

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing link workers.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community based provision was able to respond, these included shopping; prescriptions; emergency food parcel deliver, etc.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed or faced redundancy. A number of families have put off or have been afraid to access support available e.g. A&E and GP due to fear of catching COVID.

Sefton Women's And Children's Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online. Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant

organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly. SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Stroke Association were successful in securing an additional commissioned service on behalf of the CCGs offering post stroke reviews to patients across Sefton. This is for 9 months initially and is to be reviewed towards the end of the project, this service started on 1st July 2020. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available but this is only a short term arrangement (end of May).

Face to face services with stroke survivors have ceased completely, staff and volunteers are providing online assessment of needs and on line support is offered via telephone. Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown and re-opened, the centre has since closed again since the most recent The service are currently delivering the following services remotely; counselling, online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now BACP approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

The issues identified include the following; women having a safe/quiet space at home to access counselling. Some women have opted to wait until the centre opens before accessing counselling. This is due to the above as well or perhaps they are not comfortable with this technology or they simply prefer face to face support.

Macmillan Cancer Support Centre – Southport

After a period of closure, the centre re-opened during July, initially for the counselling service and then to offer face to face appointments. There has not been much uptake for face to face appointments. The number of new service users has continued to fall during Q2; the expectation was for new referrals to increase as NHS services began to open up again.

The number of recorded contacts is far higher than in any quarter previously recorded and the difference between new contacts and existing service users is far bigger than anticipated. The Macmillan centre expects this trend to continue. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

During Q2 the centre has supported 112 individuals with nearly 800 telephone calls between the beginning of July and end of September. The calls range between 1 and 43 with some more vulnerable service users receiving two calls a week. One particular service user received almost daily calls for a short period of time following bereavement; this individual also has mental health problems therefore a much more intense programme of care was delivered.

RBY Service and sustainability

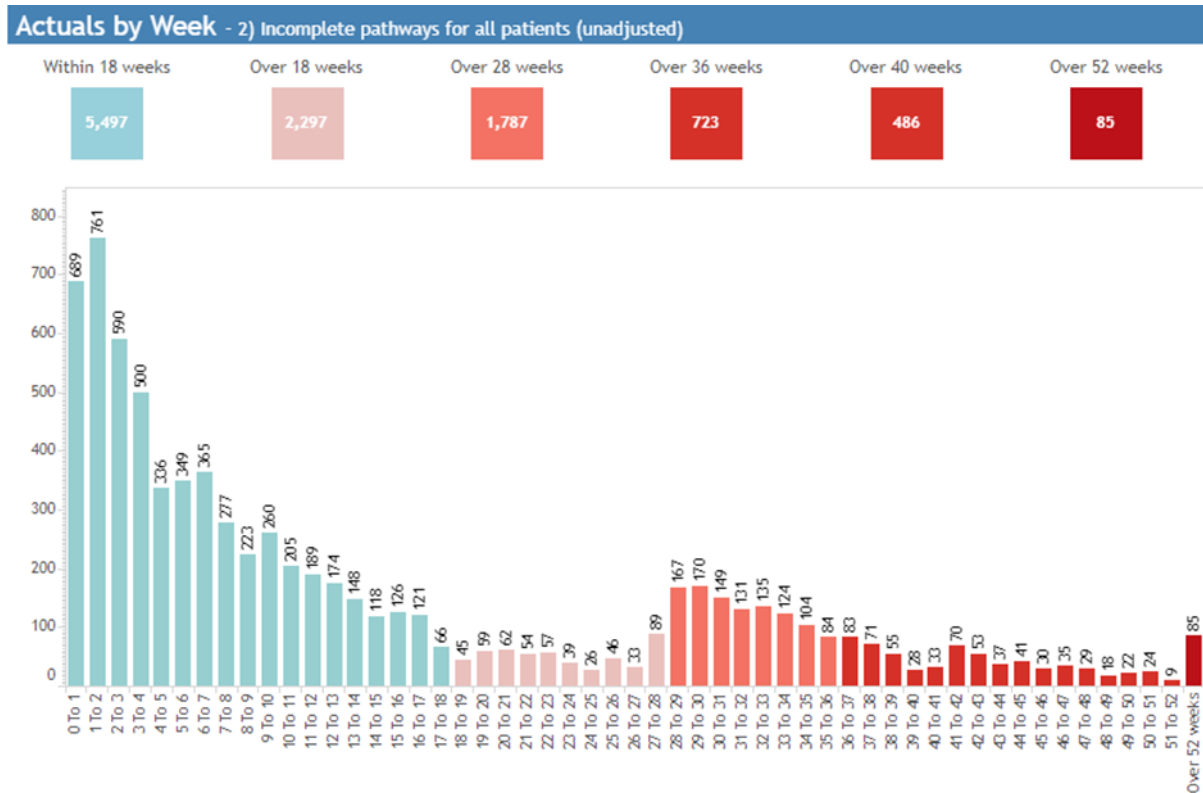
The centre have been successful in securing funding working with 2 Primary Care Networks in Sefton; Formby and Ainsdale & Birkdale for Social Prescribing Link Workers – Cancer Specialists. The roles will be similar to the RBY Navigator but with some additions to the role to include data audit, improving uptake for screening and helping develop the Cancer Champion role in practices. The recruitment process was finalised in September. The Centre team will pick up referrals from North and Central localities whilst they have capacity.

Covid-19 Pandemic - The impact of the pandemic continues to be felt by all. Although things have been better in Q2 with more services opening up we haven't seen much of an increase in referrals. Secondary care referrals have remained at similar levels, slightly lower. The Primary Care RBY referrals also remain low. Some practices have said that they have not been able to send packs out due to pressure of work during the pandemic; others report that they are making less 2 week referrals and therefore less people are being diagnosed.

8. Appendices

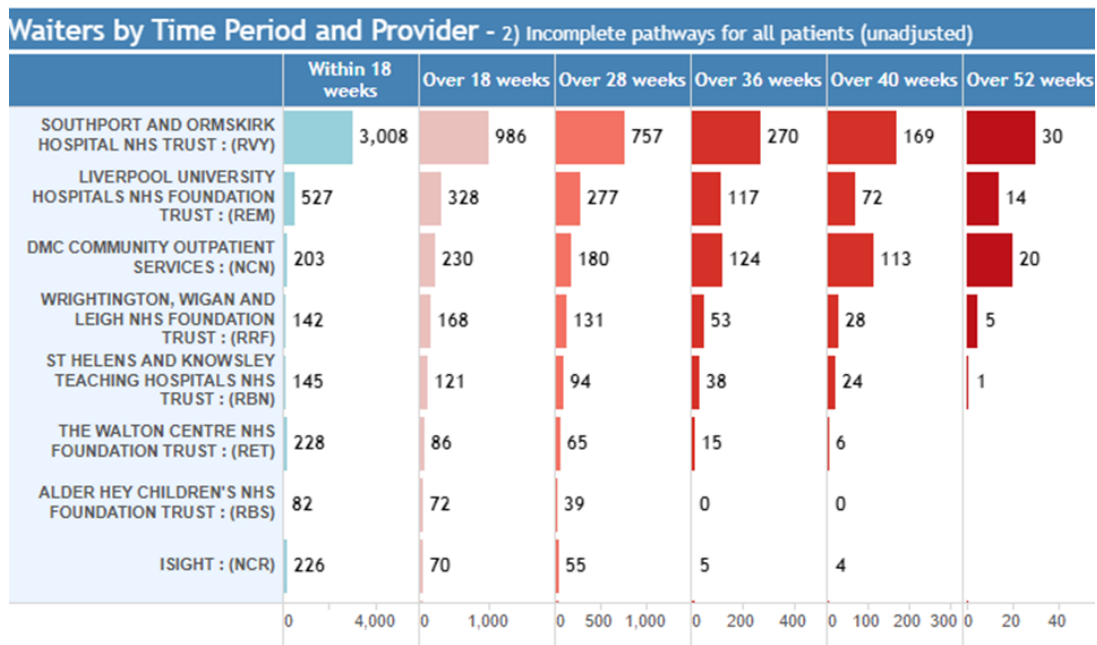
8.1.1 Incomplete Pathway Waiting Times

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



8.1.2 Long Waiters analysis: Top Providers

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



8.1.3 Long waiters analysis: Top Provider split by Specialty

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

