



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report
December 2020

Contents

1. Executive Summary	9
2. Planned Care	14
2.1 Referrals by Source	14
2.2 NHS e-Referral Service (e-RS)	16
2.3 Diagnostic Test Waiting Times	17
2.4 Referral to Treatment Performance (RTT).....	18
2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters.....	19
2.4.2 Provider assurance for long waiters	21
2.5 Cancelled Operations.....	22
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.....	22
2.6 Cancer Indicators Performance.....	23
2.6.1 104+ Day Breaches	24
2.6.2 Faster Diagnosis Standard (FDS)	25
2.7 Planned Care Activity & Finance, All Providers	25
2.7.1 Southport & Ormskirk Hospital NHS Trust.....	28
2.7.2 Isight.....	29
2.8 Smoking at time of delivery (SATOD).....	30
3. Unplanned Care.....	31
3.1 Accident & Emergency Performance.....	31
3.1.1 A&E 4 Hour Performance.....	31
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	32
3.2 Urgent Care Dashboard.....	33
3.3 Ambulance Performance Indicators	35
3.4 Ambulance Handovers.....	36
3.5 Unplanned Care Quality Indicators.....	37
3.5.1 Stroke and TIA Performance	37
3.5.2 Healthcare associated infections (HCAI): MRSA	38
3.5.3 Healthcare associated infections (HCAI): C. Difficile	39
3.5.4 Healthcare associated infections (HCAI): E Coli.....	40
3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust.....	40
3.6 Unplanned Care Activity & Finance, All Providers	41
3.6.1 All Providers.....	41
3.6.2 Southport & Ormskirk Hospital NHS Trust.....	43
3.7 CCG Serious Incident (SI) Management – Quarter 3	43
4. Mental Health.....	47
4.1.1 Eating Disorder Service (EDS).....	47
4.1.2 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool.....	48

4.1.3 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place	48
4.2 Cheshire & Wirral Partnership (Adult).....	49
4.2.1 Improving Access to Psychological Therapies: Access	49
4.2.2 Improving Access to Psychological Therapies: Recovery	49
4.3 Dementia	50
4.4 Serious Mental Illness (SMI) Health Checks.....	51
5. Community Health.....	51
5.1 Adult Community Services (Lancashire & South Cumbria NHS FT)	51
Additional resource has been invested in the following schemes to support seasonal surge and COVID-19 recovery.	51
5.1.1 Quality.....	52
5.2 Any Qualified Provider (AQP).....	52
6. Children's Services	53
6.1 Alder Hey NHS FT Children's Mental Health Services	53
6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)	53
6.1.2 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services.....	54
6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks	55
6.1.4 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks	56
6.2 Child and Adolescent Mental Health Services (CAMHS)	57
6.2.1 % Referral to Choice within 6 weeks	57
6.2.2 % Referral to Partnership within 18 weeks	58
6.3 Children's Community (Alder Hey)	59
6.3.1 Paediatric Speech & Language Therapies (SALT)	59
6.3.2 Paediatric Dietetics	60
6.3.3 Paediatric Occupational Therapy (OT)	60
6.3.4 Paediatric Children's Contenance Promotion Service.....	61
7. Appendices	62
7.1.1 Incomplete Pathway Waiting Times	62
7.1.2 Long Waiters analysis: Top Providers	62
7.1.3 Long waiters analysis: Top Provider split by Specialty	63

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	R	R	Not available				R
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%	57.6%	60.2%	59.2%					58%
		Target	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	R	R				R
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%	22.17%	16.74%	18.44%				
		Target	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	R	R				R
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%	70.53%	77.73%	80.71%	80.69%				
		Target	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	R	R				R
		Actual	6	10	17	36	62	85	71	99	112				
		Target	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	R	R				R
		Actual	2	0	0	4	3	5	4	10	1				29
		Target	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	G	G				G
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G	G	G	R	R	R	R				R	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%	84.81%	78.5%	74.74%					89.15%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	G	R	R	R	R	G	G	R	R				R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%	93.10%	37.14%	47.27%					73.53%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	G	R	R	G	R	R	R	G	G				G	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%	93.33%	96.05%	98.21%					96.06%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G	G	R	G	R	R	G	R	R				R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%	100%	88.89%	86.67%					92.21%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	R	G	G	G				R	
		Actual	100%	100%	87.50%	100%	100%	90.48%	100%	100%	100%					97.62%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	G				G	
		Actual	95.24%	100%	100%	100%	93.75%	100%	96.00%	95.24%	100%					97.69%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	G	R	G	R	R	R	R	R				R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%	81.82%	84.09%	82.22%	84.91%					82.54%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	G		R					G	R				R	
		Actual	100%	No pats	0%	No pats	No pats	No pats	No pats	No pats	100%	66.67%				66.67%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG			G	G		G	G	G	G				G	
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%	87.50%	100%	87.50%					88.24%
		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	R	R				R
Actual		92.74%	95.78%	95.62%	93.27%	89.02%	89.61%	80.47%	82.96%	81.74%				88.69%	
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	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	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	R	R				R
YTD		0	1	1	1	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	R	R				R
YTD		3	7	12	12	17	19	20	24	27				27	
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	R	R				R
YTD		4	18	30	38	53	66	77	89	96				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						G
		Actual	97.3%			97.2%			100%						98.2%
		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						G
		Actual	77.55%			72.7%			90.0%						80.1%
		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	R	G	G	G				G
		Actual	37.33%	56.96%	58.56%	55.36%	55.56%	48.7%	50.0%	50.0%	53.2%				51.88%
		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	R	R				R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%	0.88%	0.64%	0.49%				6.11%
		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	G	G				G
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%	98.10%	92.0%	96.8%	98.5%				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	G	G				G
		Actual	100%	100%	100%	100%	98.86%	99.05%	98.0%	100%	100%				99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	65.20%	63.94%	63.68%	64.00%	64.00%	64.00%	63.5%	63.5%	63.7%				63.86%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
Learning Disability Health checks															
No of people who have had their Annual LD Health Check – local data (cumulative) National Target 67% by Q4	Southport & Formby CCG	RAG	G			G			G					G	
		Actual	18.6%			26.8%			59.0%					59.0%	
		Target	13.4%			26.9%			53.76%			67%			
Severe Mental Illness - Physical Health Check															
<u>People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</u> 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					R	
		Actual	32.1%			28.0%			25.4%					28.5%	
		Target	50%			50%			50%			50%		50%	
Children & Young People Mental Health Services (CYPMH)															
<u>Improve access rate to Children and Young People's Mental Health Services (CYPMH)</u> Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G			R			Data due 13-3-21					G	
		Actual	17.8%			8.0%								36.5%	
		Target	8.75%			8.75%			8.75%			8.75%		35% YTD	
Children and Young People with Eating Disorders															
<u>The number of completed CYP ED routine referrals within four weeks</u> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	R			G			G					R	
		Actual	86.7%			96.0%			96.7%					93.1%	
		Target	95.00%			95.00%			95.00%			95.00%		95.00%	
<u>The number of completed CYP ED urgent referrals within one week</u> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG	G			G			G					G	
		Actual	100%			100%			100%					100%	
		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 9 (note: time periods of data are different for each source).

Constitutional Performance for Dec and Q3 2020/21	CCG	S&O
Diagnostics (National Target <1%)	18.44%	13.43%
Referral to Treatment (RTT) (92% Target)	80.69%	84.36%
No of incomplete pathways waiting over 52 weeks	112	39
Cancelled Operations (Zero Tolerance)	-	1
Cancer 62 Day Standard (Nat Target 85%)	84.91%	82.76%
A&E 4 Hour All Types (National Target 95%)	81.74%	74.14%
A&E 12 Hour Breaches (Zero Tolerance)	-	23
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	26
Ambulance Handovers 60+ mins (Zero Tolerance)	-	5
Stroke (Target 80%)	-	56.30%
TIA Assess & Treat 24 Hrs (Target 60%)	-	No relevant patients
Mixed Sex Accommodation (Zero Tolerance)	Not Available	3
CPA 7 Day Follow Up (95% Target) 2020/21 - Q3	100.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q2	90.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.49%	-
IAPT Recovery (Target 50%)	53.2%	-
IAPT 6 Weeks (75% Target)	98.5%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

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

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. A greater proportion of Outpatient 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 over 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 return to pre-COVID-19 levels.

Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -46.5% compared to 2019/20. Southport Hospital has seen a -34.2% decrease in total referrals received when comparing year to date positions to the previous year. Ophthalmology was the highest referred to speciality for Southport & Formby CCG in 2019/20. Referrals to this specialty at December 2020 are -48.9% lower than the previous year. Decreases in referrals are also evident in other specialties, notably Gynaecology, ENT, Ophthalmology, Clinical Physiology, Gastroenterology, Urology and Trauma & Orthopaedics. All referral priorities have seen a reduction, the largest being routine referrals by -41.8%. However, analysis of two week wait referrals suggests a recovery to more expected levels in recent months.

In November 2020 (this being the latest available data), the CCG's performance for E-Referrals increased to 59.2%, but remains significantly below the 100% target.

The CCG failed the less than 1% target for Diagnostics in December, recording 18.44%, a decline compared with November's performance (16.74%). Southport and Ormskirk reported 13.43% compared with 11.97% in November.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in November was 80.69%, similar to last month's performance (80.71%). Southport & Ormskirk Hospital reported 84.36%, an improvement compared to last month (83.93%). There were a total of 595 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 112 patients were waiting over 52 weeks, an increase on last month when 99 breaches were reported. Overall waiters for the CCG increased slightly to 7,782 (Nov 7,646). Southport & Ormskirk had a total of 39, 52 week breaches in December, showing no improvement from 36 reported last month.

In December 2020, Southport & Ormskirk reported 1 patient having their planned operation cancelled on or the day after admission for non-clinical reasons, and not having another date offered within 28 days. This shows a decrease in breaches from the 10 reported in November 2020.

The CCG is achieving 3 of the 9 cancer measures year to date, whilst Southport & Ormskirk are achieving just 2 of the 9 measures. The numbers of Southport & Formby CCG patients waiting over 104 days has shown no improvement, remaining at 6 patients in December 2020, the same as in November 2020.

There are 3 faster cancer diagnosis measures with target of 75% expected to be implemented in 2021. In December 2020 and year to date, the CCG performed above the proposed target for the 2 week breast symptom indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 9 of the financial year 2020/21 continues to show 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. A further increase in elective capacity was 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. Data suggests that the second national lockdown (5th November – 2nd December 2020) and typical seasonal trends for December has resulted in a further decrease in planned care activity at lead providers for the CCG.

Unplanned Care

The CCGs performance against the 4-hour target for all types reached 81.74% in December (88.69% year to date), whilst for type 1 activity, a performance of 74.14% was reported (84.47% year to date). Southport & Ormskirk Hospital is also reporting under the 95% target with 81.71% (88.81% year to date) and for type 1 activity, a performance of 73.9% (84.09% year to date).

Southport & Ormskirk reported 23, 12-hour breaches in December 2020, an increase on last month when 17 were reported. All breaches are followed up by a detailed Root Cause Analysis (RCA).

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and then all the way through Q1 2020/21 and continuing into Q2 2020/21. There is no new update in December due to latest wave of COVID-19.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. Southport & Ormskirk reported an improvement in ambulance handover times in December 2020. Handovers between 30 and 60 minutes decreased from 45 to 26, and those above 60 minutes decreased from 7 to 5.

Southport & Ormskirk reported 56.3% of patients who had a stroke spending at least 90% of their time on a stroke unit in December 2020. This is significantly below the 80% target but shows an improvement on last month.

The CCG reported no new cases of MRSA in December 2020, but has failed the target for the year due to having 1 case in May. Southport & Ormskirk has also failed for the year due to 1 case in April.

For *C difficile*, the CCG reported 3 new cases in December 2020 (27 year to date) against a year to date plan of 22. National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG is measuring performance against last year's objectives. Southport & Ormskirk Trust is also failing with 5 new cases in December 2020 but 27 year to date against a threshold of 12.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in *E.coli* for 2020/21, therefore the CCG are reporting against last year's target of 109. In December there were 7 cases (96 YTD) against a target of 83. Southport & Formby CCG reported 15 new cases in December, bringing the YTD total to 1144. There are no targets set for Trusts at present.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 82.5 in December 2020, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 9 of the financial year 2020/21 continues to show 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 and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for 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.

Mental Health

The Eating Disorder service has reported 40.7% of patients commencing treatment within 18 weeks of referral in December 2020, compared to a 95% target. 11 patients out of 27 commenced treatment within 18 weeks. This shows an improvement on the previous three months.

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 0.49% in December and has therefore failed to achieve the 1.59% target. The percentage of people

who moved to recovery was 53.2% in December, which is above the 50% target. The CCG's year to date performance also remains above the target at 51.88%.

Southport & Formby CCG is recording a dementia diagnosis rate in November of 63.7%, which is under the national dementia diagnosis ambition of 66.7%. This shows little improvement on last month's performance (63.75%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed those aged 16-25 has resulted in waiting times reducing from 66.21 weeks in November to 23 weeks in December.

In quarter 2 2020/21 year to date, 26.4% of Southport & Formby CCG patients identified as having a learning disability received a physical health check. This is above the CCG's target of 16.4%.

Following estates issues on the Mossley Hill site the Trust took the decision to transfer LD inpatient facility to the North West Boroughs NHS FT Byron Unit at Hollins Park, Winwick. The transfer took place in on 23rd December 2020. The facility will be managed by Mersey Care NHS FT in lieu of the acquisition of the North West Boroughs NHS FT with their staff being seconded into Mersey Care NHS FT North Mersey and Mid Mersey commissioners have been liaising with the Trust to ensure that patient safety and quality has not been compromised by the transfer.

Children's Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining pre-COVID levels of activity for community therapy services provision and Child and Adolescent Mental Health Services (CAMHS), formally agreeing that no therapy or CAMHS staff will be redeployed to other services in response to the third wave of the pandemic.

In respect of community therapy services provision, this 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, the recovery plan to reduce the longer 18+ waits to the 92% standard by December 2020 was narrowly missed but expected to be achieved in January 2021. There has been a steady increase in SALT referrals since the schools initially reopened in September, and this is being closely managed along with the impact of the current lockdown on delivery in school settings.

During 2020/21, the Trust and the Sefton and Liverpool CCGs has been working collaboratively to develop a revised contract statement to ensure consistency of reporting and which is now live. This new reporting framework is CCG specific and includes monthly reports on SALT, Occupational Therapy, Dietetics and the Continence Promotion Service. In December 2020, and for the fourth consecutive month, all these therapies were performing – or exceeding – the 92% RTT waiting time standard with the exception of SALT which narrowly missed the target.

Notably, all community therapy service waiting times also achieved and exceeded the SEND improvement plan average waiting time KPIs, for the fourth consecutive month.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases. The Trust estimates that there has been a 19% increase in referrals from April to December 2020 compared to the same period in 2019. Due to these challenges, the Trust has not been able to achieve and sustain the waiting time standards for assessment and treatment in the timeframes set out in the recovery plan.

In response, the CCGs have agreed some additional short term resilience investment and the service has additional staff starting in the first few months of 2021. It is anticipated that this will prevent any further deterioration in waiting times and support an improvement in the early months of 2021. In December, the Trust also mobilised its new "COVID support team" to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. In addition, and in response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the ongoing impact and system response.

The CAMHS waiting time position is being closely monitored by the Trust and the CCGs, and the response to any further deterioration in performance is being considered.

The Q3 eating disorder service performance was fully compliant with the national standard and over 95% of both urgent and routine cases were seen and treated within the target one week and four week timescales respectively. There were no urgent breaches in the waiting times for urgent referrals, which were all seen within one week.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remain on track. There were some minor decreases in compliance in December, but these were the result of the reduced number of working days in December and annual leave and are expected to be fully compliant next month.

With the exception of CAMHS, SEND performance and direction of travel for community therapies and ASD/ADHD continue to be in line with improvement plans and trajectories, however, the risks posed by the ongoing impact of the pandemic on the ability to achieve and sustain the targets is 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	2060	567	-1493	-72.5%	1980	886	-1094	-55.3%	4755	1860	-2895	-60.9%
May	2338	676	-1662	-71.1%	2169	1127	-1042	-48.0%	5319	2202	-3117	-58.6%
June	2018	1032	-986	-48.9%	1897	1642	-255	-13.4%	4610	3095	-1515	-32.9%
July	2391	1341	-1050	-43.9%	2326	1779	-547	-23.5%	5487	3584	-1903	-34.7%
August	1863	1034	-829	-44.5%	2069	1665	-404	-19.5%	4582	3169	-1413	-30.8%
September	1917	1330	-587	-30.6%	2192	1906	-286	-13.0%	4795	3815	-980	-20.4%
October	2187	1441	-746	-34.1%	2215	1710	-505	-22.8%	5275	3728	-1547	-29.3%
November	2205	1344	-861	-39.0%	2079	1800	-279	-13.4%	5051	3759	-1292	-25.6%
December	1644	1203	-441	-26.8%	1805	1783	-22	-1.2%	4066	3601	-465	-11.4%
January	2169				2242				5165			
February	1917				1983				4650			
March	1369				1622				3610			
Monthly Average	2007	1108	-899	-44.8%	2048	1589	-460	-22.4%	4780	3201	-1579	-33.0%
YTD Total Month 9	18623	9968	-8655	-46.5%	18732	14298	-4434	-23.7%	43940	28813	-15127	-34.4%
Annual/FOT	24078	13291	-10787	-44.8%	24579	19064	-5515	-22.4%	57365	38417	-18948	-33.0%



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





Month 9 Summary:

- Trends show that total secondary care referrals in December have decreased by -4.2% (-158) from the previous month. This follows a typical trend for December; however, referrals have remained below historical levels across all referral sources since the beginning of 2020/21.
- GP referrals are currently -46.5% down on the equivalent period in the previous year. Taking into account working days, further analysis has established there have been approximately -7 less GP referrals per day in December 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -34.2% (-11,484) year to date at month 9.
- Consultant-to-consultant referrals at Southport Hospital are -22.2% (-3,404) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted during 2019/20 as a result of ambulatory care pathways implemented at the Trust.
- Specialty code 822 (Chemical Pathology) has been excluded from April-20 onwards due to an issue found within Southport & Ormskirk data.
- Ophthalmology was the highest referred specialty for Southport & Formby CCG in 2019/20. Year to date month 9 referrals to this speciality in 2020/21 are approximately -48.9% (-1,647) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 9 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 -41.8% (-12,622) to the previous year.
- Although there remains a -16.8% 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 707 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.
- Two week wait referrals appear to have levelled off in the last three months but despite a slight decrease in December, two week wait referrals were 5% above the equivalent period in the previous year.
- Other significant decreases have been evident within key (high volume) specialities in 2020/21 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 December-20, referrals to Alder Hey are -23.9% (-37) down when comparing to December-19 with Renacres referrals also showing a decrease of -38.7% (-121).

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	Aug-20	Sep-20	Oct-20	Nov-20		
		47.3%	57.6%	60.2%	59.2%		
		Aug-19	Sep-19	Oct-19	Nov-19		
		83.9%	84.6%	82.1%	82.3%	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. November data shows an overall performance of 78.3% for Southport & Formby CCG, a significant decrease on the previous month's performance (90.5%). In November 2020, Southport and Ormskirk reported 1,236 Appointment Slot Issues (ASIs) out of a total 2,128 direct bookings; an ASI rate of 58.08%. This is a significant increase in ASIs compared to November 2019, when 415 ASIs of 4,034 direct bookings (10.29%) were reported. 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 the 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 elective recovery. 							
When is performance expected to recover:							
No dates for recovery 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		
Martin McDowell		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	Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	22.43%	22.17%	16.74%	18.44%	
		S&O	16.52%	17.36%	11.97%	13.43%	
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	
		CCG	3.49%	2.39%	1.89%	2.57%	
		S&O	2.57%	2.16%	0.87%	1.44%	
National Target: less than 1% Yellow denotes achieving 2019/20 improvement plan but not national standard							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG, out of 2,288 patients, 422 patients were waiting over 6 weeks, (of those 124 were waiting over 13 weeks) for their diagnostic test. In comparison, December last year had a total waiting list of 1,982 patients, with 51 waiting over 6 weeks (of those 8 were waiting over 13 weeks). The majority of long waiters were for gastroscopy (134), neurophysiology (57) and colonoscopy (51) this makes up 57% of the breaches. Measuring against the CCG Peers, Southport & Formby CCG lies 3rd in the rankings (1st being best performing). The CCG is reporting well below the national level of 29.2%. The Trust saw a small decline in performance in December compared to previous month. 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). Due to the prioritisation of the vaccination programme and hospital flow, the 'system management group' (operational sub-committee of SMB) has been stood down until February 2021, to enable the implementation and establishment of the vaccine programme and other associated workstreams. 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 9 are currently below the expected/planned 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. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
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			
Martin McDowell		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		Sep-20	Oct-20	Nov-20			Dec-20
		CCG	70.53%	77.73%	80.71%			80.69%
		S&O	75.21%	81.14%	83.93%			84.36%
		Previous year	Sep-19	Oct-19	Nov-19			Dec-19
		CCG	91.71%	91.93%	91.55%			91.48%
		S&O	93.43%	93.29%	93.34%			92.93%
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> For the CCG December is showing a similar performance from previous month, 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 74.6%, other failing specialties are ENT, Urology, Plastic Surgery and Ophthalmology. The number of waiters over 30 weeks is currently 690 which down from 856 reported last month. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). The CCG is reporting well above the national level of 67.80%. 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. Due to the prioritisation of the vaccination programme and hospital flow, the 'system management group' (operational sub-committee of SMB) has been stood down until February 2021, to enable the implementation and establishment of the vaccine programme and other associated workstreams. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. 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. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 								
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 specialties (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. Trust participating in national work to develop system modelling tool in Ophthalmology. 								
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				
Martin McDowell		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		Sep-20	Oct-20	Nov-20			Dec-20
		CCG	85	71	99			112
		S&O	53	35	36			39
		Previous year	Sep-19	Oct-19	Nov-19			Dec-19
		CCG	0	0	0			0
		S&O	0	0	0			0
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 112 breaches for the CCG, there were 17 at Southport & Ormskirk, 38 at LUHFT and 57 at 14 other Trusts. • Measuring against the plan the CCG are reporting 28 over plan. • Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). The 112 breaches reported also represent 1.4% of the total waiting list, which is below the national level of 5%. • Of the 39 breaches at Southport & Ormskirk (catchment), 16 were in Other, 12 in gynaecology, in 6 were in General surgery, 2 urology, 2 in ophthalmology and 1 in T&O. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. • Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
Actions to Address/Assurances:								
<p>CCG Actions:</p> <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. • Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised. <p>Trust Actions:</p> <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				
Martin McDowell		Rob Caudwell		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

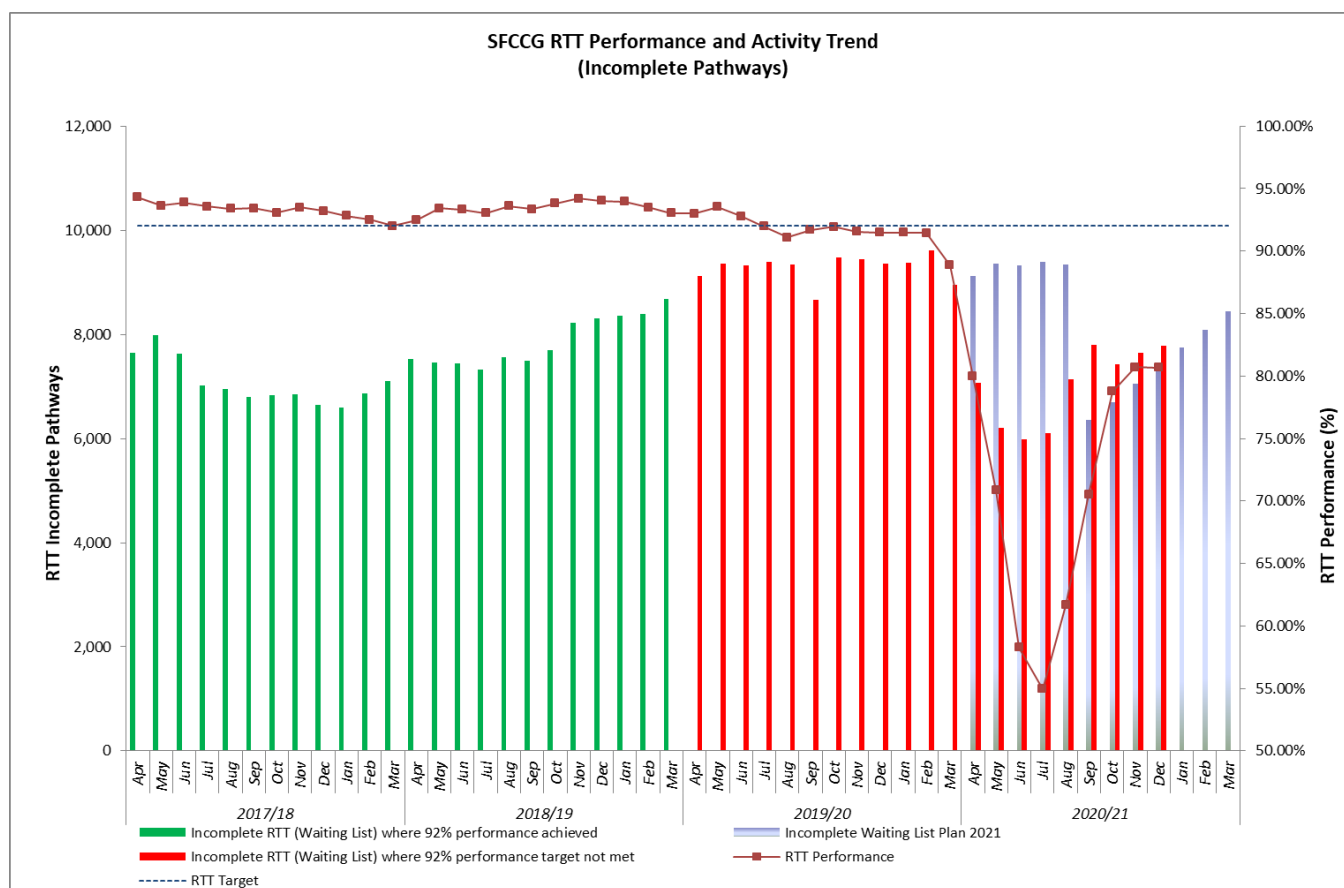


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

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	7,723	7,646	7,782				7,646
Difference	-2,054	-3,163	-3,348	-3,291	-2,202	1,444	1,025	600	388				-792
52 week waiters - Plan	0	0	0	0	0	52	64	74	84	90	97	104	
52 week waiters - Actual	6	10	17	36	62	85	71	99	112				
Difference	6	10	17	36	62	33	7	25	28				

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	9,903
2020/21	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800				6,558
Difference	-3,586	-4,757	-4,910	-4,708	-4,138	-3,322	-3,053	-4,333	-3,186				-3,345



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 December, the CCG is currently over the new plan by over 388 the CCG's main provider Southport & Ormskirk accounts for 51.3% (3,993) of all incomplete pathways in December.

2.4.2 Provider assurance for long waiters










Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	116	38	Throughout the pandemic it has been recognised that the increased operational pressures have led to delays in some pathways and waiting times for routine treatments are in excess of 52 weeks for a high number of patients. At the end of December at Trust level there were 2,327 patients waiting over 52 weeks for routine treatment. A regional programme of work was initiated in October 2021 to ensure the safety of patients. The implementation of this involved establishing a process whereby validation of all waiting lists was undertaken and involving clinical prioritisation (using national guidelines) of every patient followed by making contact with each patient to establish if they still wanted to attend. The benefits have been that any patients whose condition may have changed have been offered a clinical review (where possible and appropriate virtually); all patients have received written correspondence or been verbally contacted so they do not feel they have been forgotten about and all waiting lists are now validated. This progress is on-going to ensure all patients continue to be reviewed and monitored as they are added to the waiting list.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	159	17	The Trust's RTT performance reported in December, is the best in the Cheshire and Merseyside region. S&O were the only Trust to outperform its 52 week waiter target and have the lowest number of 52 week waiters as a percentage of total waiting lists, which stands at 0.6%. This, again, is the lowest in the region. The priorities remain as; improve utilisation of OP, improve utilisation of Trust Theatres, continue to utilise Renacres Theatre capacity and increase utilisation in Endoscopy now we have return of Treatment Centre estate to deliver increased activity. Recovery plans are in place across all specialities as part of Phase II. These recovery plans are monitored through PIDA.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	17	13	A Recovery plan had been developed across the Integrated Care System (ICS). Clinical harm reviews are being undertaken by all teams and deep dive reviews of specialities with long waits are being reported to the Safety and Quality Committee. The Trust continues to use the independent sector where appropriate.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RFF)	63	9	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres will be coming back on line in February which should help to treat patients that have been waiting a long time for treatment.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	8	8	As part of the national recovery phase three response to the pandemic MFT has recently completed a national return setting out our recovery trajectory for 52 week waits and waiting list size. This exercise was undertaken collectively across the organisation to inform a trajectory which is predicated on core capacity and a range of improvement initiatives e.g. use of the independent sector. The Strategic Group have built in support of ringfencing specialist hospital capacity into the MFT escalation plans in order to maximise and maintain as much elective capacity as possible. In addition to this, a weekly group performance meeting has been stood up to provide oversight of achievement. Teams across MFT are now utilising this information in order to support stratification of our waiting lists in line with access policy principles of treating those with the greatest clinical need first, followed by those with the longest wait.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	2	6	There is the challenge of the referral to treatment backlog, and patients are being treated in order of clinical priority. Work is also underway with NHSE/J on 40 week waits in relation to validation of the list and moving those patients forward, and there are weekly supportive meetings on this subject.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	55	6	The COVID-19 crisis has had a significant impact on RTT and diagnostic performance, as all routine operating outpatient and diagnostic activity had to be cancelled. RTT continues to be monitored and long waiters are tracked and discussed in depth at weekly PTL meetings. Activity has recommenced but at a reduced rate due to social distancing requirements, PPE and patient willingness to attend. Urgent patients and long waiters remain the priority patients for surgery.
SPIRE LIVERPOOL HOSPITAL : (NT337)	7	3	National Framework contract commenced 31st December. Hospital has discussed displaced elective cases with the CCG and restarted its elective programme based on the Clinical prioritisation programme mandated by NHSE. It is expected that Spire Liverpool will continue to support LUHFT with long wait NHS cases as its own elective capacity has been severely impaired. Outpatient appointments cancelled due to the pandemic have now all been rebooked in ERS providing an accurate outlook of wait times for patients wishing to access the hospital's services.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	3	This patient was 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. There is still no Bariatric Surgery going ahead due to COVID-19.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	10	2	Due to the stepping down of anything other than P1 and P2 activity unfortunately routine inpatients are waiting longer and the Trust's recovery trajectory for 52 week waiters will be revised due to the recent surge.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	1	2	The Trust has introduced a new Theatre Scheduling System and work on the system had been progressed throughout the COVID-19 pandemic. Increased theatre throughput will benefit RTT performance overall. The implementation of the system had enabled the Trust to book out theatres six weeks in advance for the first time.
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST : (RC9)	0	1	18 week performance including 52 week breaches has seen the greatest deterioration and recovery is likely to be extremely challenging given post-COVID operational constraints. A Harm Review process has been established for all patients waiting more than 40 weeks. Due to the hugely reduced theatre capacity for these procedures (the capacity is being prioritised for the cancer and urgent pathways in line with the Royal Colleges guidance on surgical prioritisation during COVID-19).
ISIGHT : (NCR)	7	1	Patient had cataract surgery on 06/01/2021
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST : (R1K)	1	1	The 18 weeks referral to treatment is showing a continued month on month improvement. Some services are operating at levels of activity exceeding those prior to the pandemic. The Trust is working with a potential provider to provide activity at weekends and evenings for services such as Gynaecology, ENT and General Surgery.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	2	1	Salford Royal continues to review all in-patient waiting lists in line with Royal College of Surgeons guidance so that capacity is utilised for the highest priority of patients. The Trust continues to increase on-site theatre capacity. There is continued use of off-site NHS and Independent Sector theatre capacity. The longer term planning continues to further increase theatre capacity, including consideration of 7 day working. Mobile air ventilator units are being installed to increase capacity for aerosol generating procedures. The majority of out-patient services will remain unaffected by the recently announced pause in GM. The focus on virtual consultation continues where possible, with out-patient services seeing an increasing number of routine patients. Day case infusion/procedure capacity is increasing. Local service developments currently being implemented at pace for non-admitted patients are Advice & Guidance (A&G) and Patient Initiated Follow-Up (PIFU).
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	1	1	The Trust continue to treat patients in order of clinical priority, followed by the longest waiters. The Trust has undertaken a review of our clinical priority definitions, to enable us to understand high priority pathways across services, to ensure best allocation of resources through the second wave of COVID-19.
Other Trusts	34	0	No Trust Information
	483	112	

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	Sep-20	Oct-20	Nov-20	Dec-20		
		5	4	10	1		
		Sep-19	Oct-19	Nov-19	Dec-19		
		4	8	5	8		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Trust information show there was a decline in cancelled operations in December falling to just 1 in December no further information given. Elective recovery performance had dropped a little due to increased COVID pressures 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. 							
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. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. 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			
Martin McDowell		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	Sep-20	Oct-20	Nov-20	Dec-20			YTD
	2 Week Wait (Target 93%)	CCG	89.22%	84.81%	78.50%	77.74%			89.15%
		S&O	88.75%	86.50%	85.34%	89.47%	92.01%		
	2 Week breast (Target 93%)	CCG	94.44%	93.10%	37.14%	47.27%	73.53%		
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	93.15%	93.33%	96.05%	98.21%	96.06%		
		S&O	94.55%	96.92%	96.70%	96.70%	96.12%		
	31 day subsequent - drug (Target 98%)	CCG	90.48%	100%	100%	100%	97.62%		
		S&O	0%	100%	0 Pats	0 Pats	50.00%		
	31 day subsequent - surgery (Target 94%)	CCG	85.71%	100%	88.89%	86.67%	91.21%		
		S&O	100%	100%	0 Pats	0 Pats	100%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	96%	95.24%	100%	97.69%		
		S&O	0 Pats	0 Pats	0 Pats	0 Pats	0 Pats		
	62 day standard (Target 85%)	CCG	81.82%	84.09%	82.22%	84.91%	82.54%		
		S&O	73.12%	84.76%	74.64%	82.76%	79.53%		
	62 Day Screening (Target 90%)	CCG	0 Pats	0 Pats	100%	66.67%	66.67%		
		S&O	100%	0 Pats	100%	0%	78.57%		
	62 Day Upgrade (Local Target 85%)	CCG	89.47%	87.50%	100%	87.50%	88.24%		
		S&O	80.00%	84.21%	100%	88.73%	83.05%		

Performance Overview/Issues:

- The CCG is achieving 3 of the 9 cancer measures year to date.
- The Trust is achieving 2 of the 9 cancer measures year to date.
- 2 week wait referrals have increased on 2019/20 levels with breast surgery showing the largest contribution to the increase.
- 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.

Key points to note:

- Urgent suspected cancer referrals remain high at around 6% above pre-pandemic levels.
- Breast services at LUHFT which serves the Southport and Formby population are experiencing high demand. This is impacting on performance for both the breast symptomatic pathway and contributing to a decline in performance for the suspected cancer pathway. The median wait for Southport and Formby breast patients in December was 22 days. Analysis of referral trends has been requested to better understand demand.
- Monthly accountable pathway numbers treated by Southport & Ormskirk on 62 day pathways for December are the highest since the standard was introduced at 72.5 with 60 of those patients treated within target.
- 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.

Actions to Address/Assurances:

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:

- 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.

A Cancer Alliance level live daily PTL from all providers is being implemented in early 2021. This will facilitate:

- 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.

In relation to breast services, Southport and Formby CCG has installed protocols for breast pain onto practice systems with the aim of supporting primary care to manage this group of patients without the need for referral in cases where there are no other symptoms.

When is performance expected to recover:		
<p>The 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. <p>However these trajectories were prepared in September 2020 and did not plan for the impact of subsequent waves of COVID-19. Numbers of patients currently waiting 63 days or longer exceed the trajectory plans.</p>		
Quality:		
The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Graeme Allan	Sarah McGrath

2.6.1 104+ Day Breaches



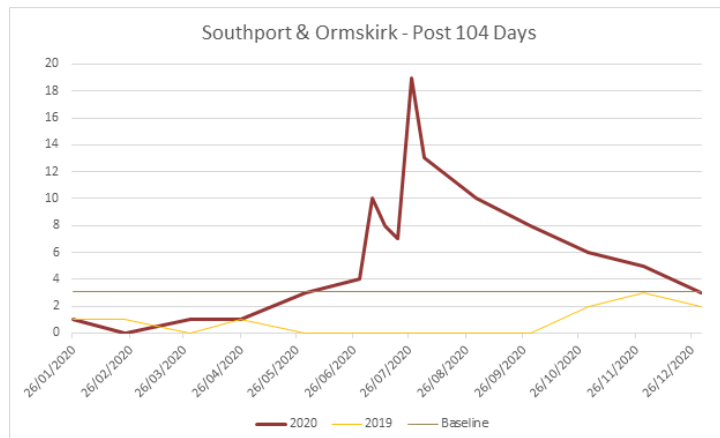



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		6	6	6	6	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Out of the 6 breaches in December there were 3 for urological, 2 head and neck and 1 gynaecological. • Local root cause analyses of breaching pathways have identified issues relating to patients' COVID status and preference to defer hospital treatment because of COVID-related anxieties. • 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. • The average total days waited in December 2020 for patients who had breached 104 days at S&O was 121 days, compared to 167 in November. 						
Actions to Address/Assurances:						
• 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) currently the Trust is just over the plan of 3 reporting 6 patients waiting over 104 days.						
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. Southport and Formby CCG is working with the provider to strengthen the assurance process around harm reviews for very long waiting patients and feed thematic reviews into the CCQRM.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

Figure 4 – Southport & Ormskirk Trust 104 Days Trajectory

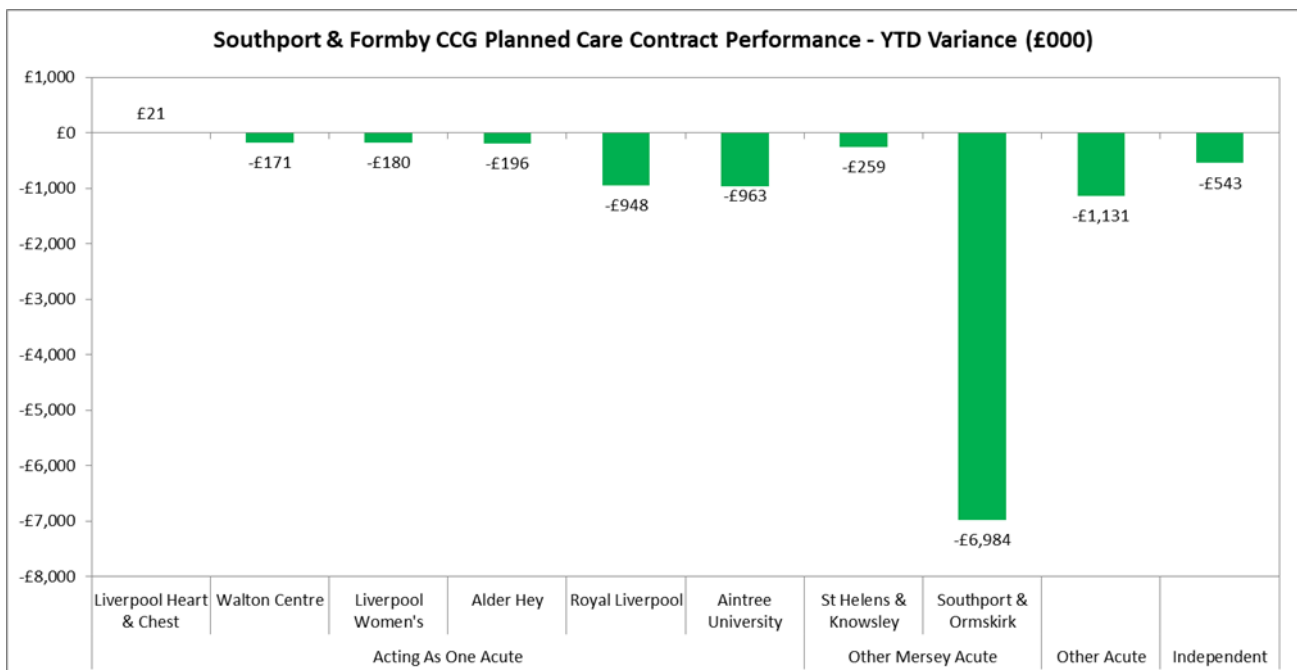


2.6.2 Faster Diagnosis Standard (FDS)

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		Sep-20	Oct-20	Nov-20	Dec-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	70.79%	75.98%	71.20%	74.02%	74.56%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	77.27%	93.10%	96.67%	80.00%	87.89%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS Screening Referral	CCG	28.57%	61.54%	72.73%	63.64%	55.56%	
		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 73.89% for December and 74.79% year to date, just under the proposed 95% 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			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



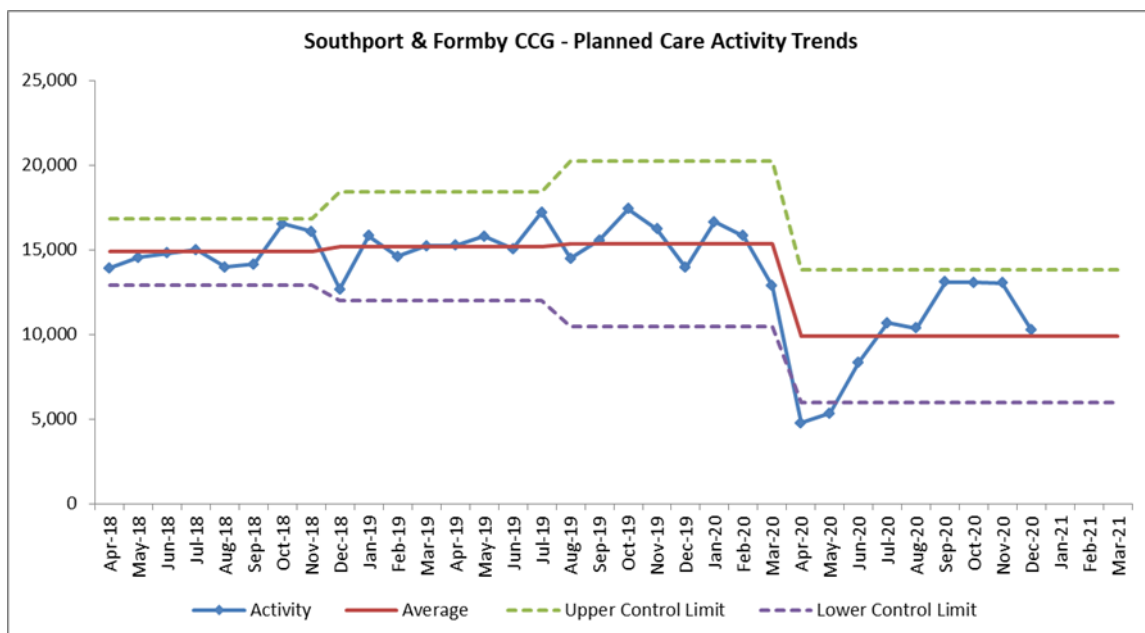
Month 9 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective 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. A further increase in elective capacity was 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. Data suggests that the second national lockdown (5th November – 2nd December 2020) and typical seasonal trends for December has resulted in a further decrease in planned care activity at lead providers for the CCG.

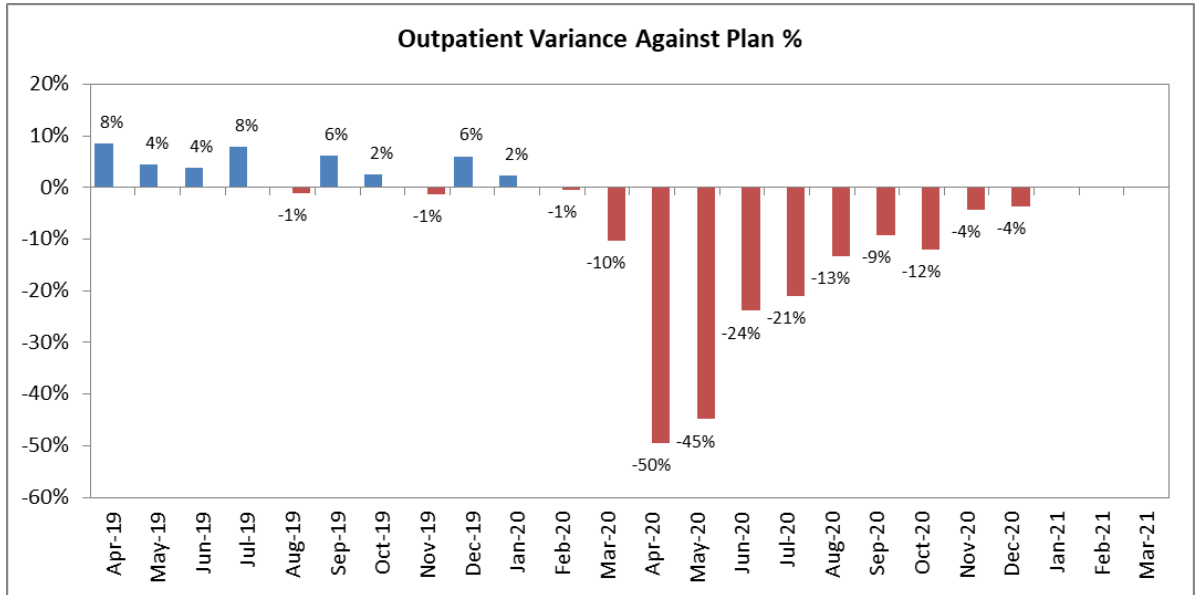
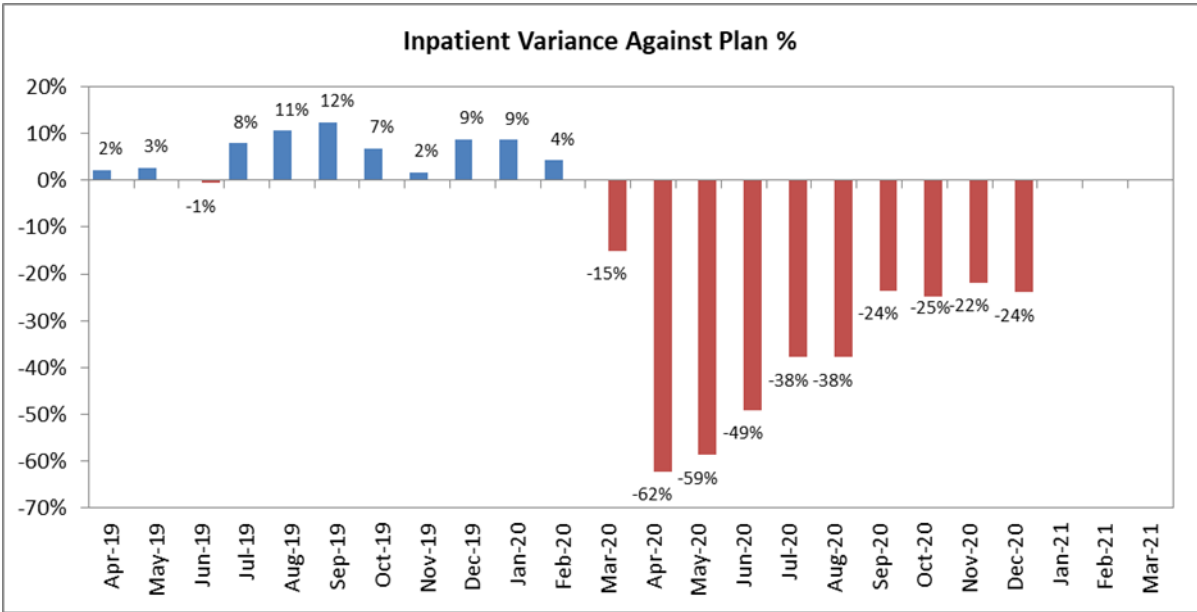
At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.9m/-44% against plan. Across all providers, Southport & Formby CCG has underperformed by -£11.3m/-36.8%.

NB. Due to the COVID-19 pandemic, a number of month 9 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not 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 9 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, Inpatient and Outpatient Variance against Plan





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	8,362	4,584	-3,778	-45%	£4,407	£2,423	£-1,984	-45%
Elective	827	482	-345	-42%	£2,507	£1,281	£-1,226	-49%
Elective Excess Bed Days	178	45	-133	-75%	£47	£12	£-35	-74%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	621	318	-303	-49%	£126	£65	£-61	-48%
OPFASPCL - Outpatient first attendance single professional consultant led	11,901	7,441	-4,460	-37%	£2,091	£1,304	£-787	-38%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	686	666	-20	-3%	£77	£78	£1	1%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,391	16,714	-16,677	-50%	£2,936	£1,442	£-1,494	-51%
Outpatient Procedure	20,144	10,410	-9,734	-48%	£2,752	£1,560	£-1,192	-43%
Unbundled Diagnostics	8,981	6,531	-2,450	-27%	£855	£649	£-206	-24%
Grand Total	85,091	47,191	-37,900	-45%	£15,798	£8,815	£-6,984	-44%

*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 -£6.9m/-44% for Southport & Formby CCG at month 9. 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 -34.2% across all referral sources combined.

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 reflects 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, IPC guidelines 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. The majority of these scopes are recorded as a day case procedure for 'Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over'.

NB. 2020/21 plans were not formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 9 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	1,249	836	-413	-33%	£692	£375	-£316	-46%
OPFASPCL - Outpatient first attendance single professional consultant led	1,222	623	-599	-49%	£168	£83	-£86	-51%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,985	1,109	-1,876	-63%	£179	£67	-£113	-63%
Outpatient Procedure	1,388	1,122	-266	-19%	£95	£76	-£19	-20%
Grand Total	6,847	3,690	-3,157	-46%	£1,134	£601	-£534	-47%



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 -£534k/-47%. There has been some recovery of activity (including outpatient first appointments and cataract procedures) with activity during month 9 comparable to that seen in the previous year.

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 in any future contracts. 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 activity plans were not formally agreed with Isight. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 9 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	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		11.30%	14.01%	9.38%	8.76%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		12.70%	5.88%	9.69%	7.70%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 3 Southport and Ormskirk have achieved 8.8% Of 217 maternities in Qtr 3, just 19 were smokers at the time of delivery and 198 were not smokers at the time of delivery. This is a small dip in performance since the last report of 9.38%, however, compared to the same quarter last year, the CCG have still improved by 1.06%. • It has been one of the most difficult periods of time to endure with the worries brought about by COVID-19 and the confinement of extended lockdown. It is reported that there has been an increase in ex-smokers re commencing mid pregnancy which has taken its toll on performance. • The dedicated stop smoking midwife post was due to come to an end in January 2021 after 2 years of funding, although we are awaiting confirmation of this from the Trust and Public Health. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 post is due to come to the end in January 2021.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

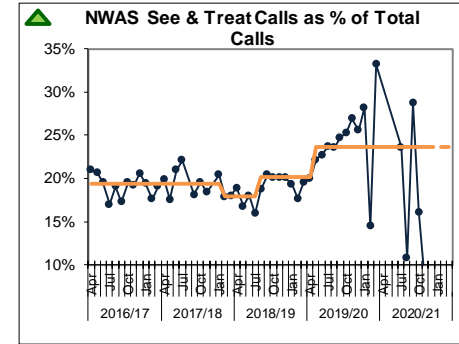
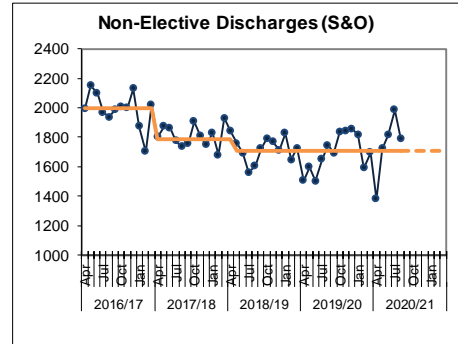
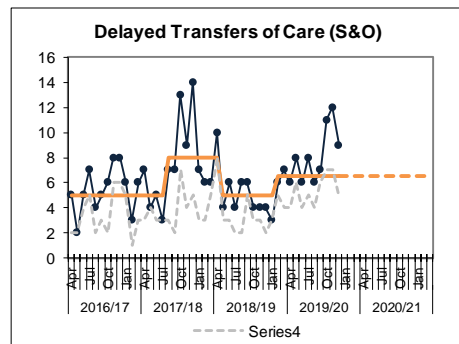
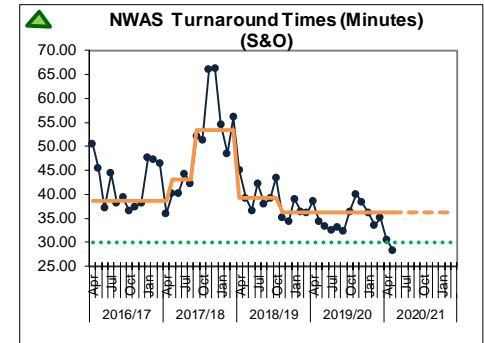
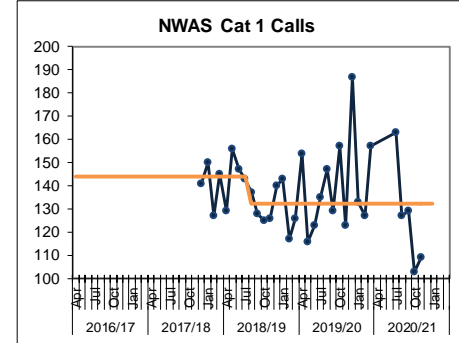
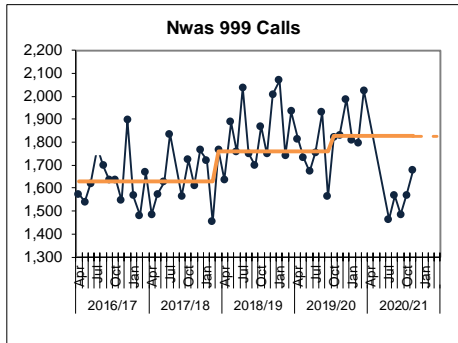
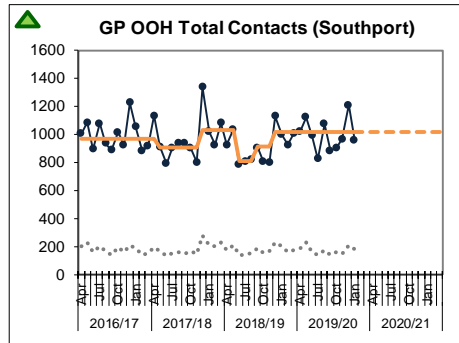
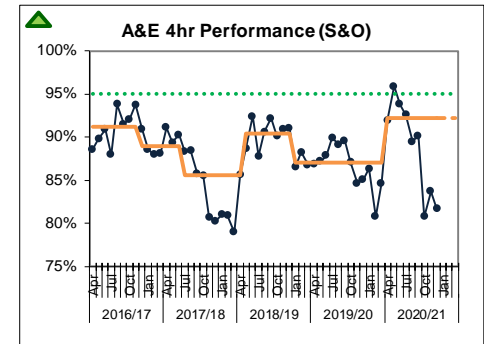
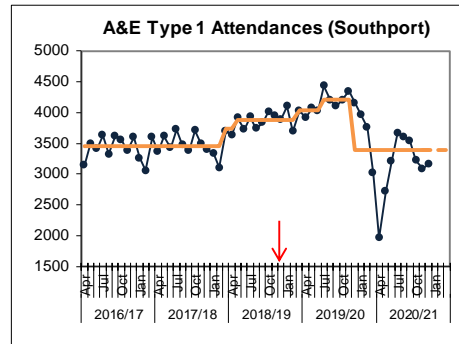
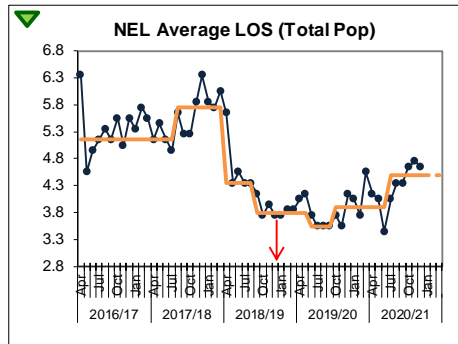
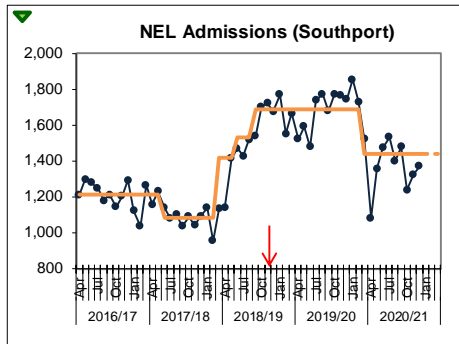
3.1.1 A&E 4 Hour Performance

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	Sep-20	Oct-20	Nov-20	Dec-20	YTD							
		CCG All Types	89.61%	80.47%	82.96%	81.74%	88.69%						
		CCG Type 1	84.93%	71.97%	75.87%	74.14%	84.47%						
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	YTD						
		CCG All Types	88.46%	87.52%	82.98%	83.08%	85.91%						
			Sep-20	Oct-20	Nov-20	Dec-20	YTD						
		S&O All Types	90.17%	80.79%	82.77%	81.71%	88.81%						
	S&O Type 1	85.69%	72.48%	75.58%	73.90%	84.09%							
<p>Performance Overview/Issues:</p> <ul style="list-style-type: none"> December data shows the CCG and Trust remain under the 95% target. However, each are slightly above the national level of 80.3%. In December 2020, the total number of A&E attendances reported for the Trust was 7,525, a small decrease from the 7,631 attendances reported in November. This also represents a big decrease on the attendances in December 2019 which was 12,844. CCG A&E performance in December is slightly higher to the national level of 78.5% <p>Actions to Address/Assurances:</p> <p>The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department. There has been a step change improvement in average time to triage which has been less than 10 minutes since throughout December and average time to treatment is less than 60 minutes.</p> <p>There has been a significant improvement in ambulance handover times with greater than 80% of ambulance arrivals <30 mins throughout December. The trust has not reported any cases of patients needing to be treated on the corridor since March 2020 which is a significant improvement.</p> <p>CCG Actions:</p> <p>Winter schemes now fully implemented to support seasonal pressures and minimise the impact of the pandemic COVID-19 surge. Schemes include</p> <ul style="list-style-type: none"> NHS 111 first and direct booking into emergency department (ED). GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding. UTC – Urgent Treatment Centre on the Ormskirk site of the trust has ring fenced 2 appointment slots daily to redirect activity away from ED. Widening access to treatment rooms – additional investment given to Lancashire Care Foundation Trust (LSCFT) to open evening and weekend appointment slots to increase access for primary care and reduce minors attendances. Additional therapy provision – additional investment given the LSCFT to increase therapy provision for additional community bed and home first capacity, to assist the Trust with rapid discharge. Mental Health alternative transport to transfer patients from ED following decision to admit when there is no capacity within NWAS to assist with early transfer, ED overcrowding and prevention of 12 hour breaches. Intermediate care – additional capacity commissioned for surge management in bed based ICB, reablement and homefirst. Also designated COVID-19 +ve provision commissioned to assist with rapid discharge. <p>All the above schemes are being monitored on a weekly basis via the winter scheme dashboard and reporting into the Local Southport & Ormskirk AED Delivery Board.</p> <p>Executive gold command meetings continue 3 times weekly to support escalation.</p> <p>Trust Actions:</p> <ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. <p>When is performance expected to recover:</p> <p>Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.</p> <p>Quality:</p> <p>No quality issues reported.</p> <p>Indicator responsibility:</p> <table border="1"> <thead> <tr> <th>Leadership Team Lead</th> <th>Clinical Lead</th> <th>Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Martin McDowell</td> <td>Annette Metzmacher</td> <td>Sharon Forrester</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Martin McDowell	Annette Metzmacher	Sharon Forrester
Leadership Team Lead	Clinical Lead	Managerial Lead											
Martin McDowell	Annette Metzmacher	Sharon Forrester											












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

Indicator		Performance Summary				Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked. Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		0	8	17	23	
		Sep-19	Oct-19	Nov-19	Dec-19	
		5	27	15	22	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Performance has again breached and mitigation is affected by a number of factors: <ol style="list-style-type: none"> Estate management at AED in order to flow at risk COVID patients in the department. Holding of patients to be admitted to promote one move to a ward being the right move dependent on COVID status of patient and area classification. The delays were all attributed to bed pressures caused by unprecedented pressures on the system due to COVID-19. There was 1 mental health breach caused by a delay in obtaining a MH bed. On review the Quality Team found none of the patients came to any harm and no Serious Incidents have been declared. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> 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. 48 hour reviews continue to be completed and the CCG Deputy Chief Nurse has written to the Trust's Chief Operating Officer to ensure CCG are sighted. 						
CCG actions						
<ul style="list-style-type: none"> The Trust are encouraged to escalate the possibility of 12 hour breaches to executive level at 8 hrs. The CCG and key partners then work collaboratively towards 12 breach avoidance. All breaches are reported to a CCG generic mailbox to the Nursing and Quality team. The Quality Team then liaises with NHSI and review the 48 hr timelines. All 60 day RCA's are reviewed jointly with NHSI nursing and quality team to ensure that no harm occurred as result of the breach and patient dignity and safety have been maintained. 						
When is performance expected to recover:						
Performance recovery is hard to predict due to the second wave of COVID-19.						
Quality:						
<p>No quality issues reported on review with the Trust's Deputy Director of Nursing. Last met November 2020 and Trust managing to avoid corridor care and commence and maintain treatment plans within the department.</p> <p>Despite the recorded 12 hour breaches there is clear evidence that the trust have introduced measures that have resulted in improvement. They have recorded no incidents of corridor care and there are no long delays in ambulance turnover indicating that overall flow in the department has improved.</p>						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Annette Metzmacher		Sharon Forrester		



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Oct	Nov	Dec		
		Cat 1 mean	<=7 mins	00:08:13	00:08:55	Reporting suspended due to COVID Pandemic		
		Cat 1 90th Percentile	<=15 mins	00:15:32	00:17:37			
		Cat 2 mean	<=18 mins	00:41:33	00:23:40			
		Cat 2 90th Percentile	<=40 mins	01:31:06	00:49:55			
		Cat 3 90th Percentile	<=120 mins	04:18:18	01:47:57			
		Cat 4 90th Percentile	<=180 mins	07:07:08	05:25:39			
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1 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 were not met in full they show improvements with close achievements of Category 1 targets. November 2020 shows further improvements with the Category 2 mean waits decreasing from 41 minutes 33 seconds to 23 minutes 40 seconds, and the Category 3 90th percentile achieving the target of less than or equal to 120 minutes. The Category 4 performance has also shown a significant improvement compared to October 2020. 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. Local Sefton data is not available for December however following update received on current picture. The mean response times for category 1-4 for YTD are failing against target for the NW and C&M. Wave 3 has had a greater negative affect on C&M compared to wave 1 and 2, NWAS have experienced a higher acuity of patients across C&M compared to other North West ICS's and ambulance turnaround delays at Warrington, Whiston and Arrow Park have put further pressure on NWAS response times. However, since the MOD (Ministry of Defence) have started supporting NWAS with Category 3-4 calls, performance has significantly improved in Cat 2-4 times enabling emergent ambulances to respond to higher acuity calls as well as pressure due to COVID easing slightly into February. 								
Actions to Address/Assurances:								
<p>The following actions are part of an ongoing work programme:</p> <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. NHS 111 First and direct booking into ED: GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding. 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. Latest data shows around 74% of incidents have avoided A&E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes. 								
When is performance expected to recover:								
<p>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.</p>								
Quality:								
<p>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.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		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	Indicator	Oct-20	Nov-20	Dec-20	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.
		(a) 30-60 mins	74	45	26		
		(b) 60+ mins	13	7	5		
		Indicator	Oct-19	Nov-19	Dec-19		
		(a) 30-60 mins	168	175	201		
		(b) 60+ mins	37	42	55		
		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 have shown a further improvement in December 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 had shown improvements in recent months but continued recovery is hard to predict due to the second wave of COVID-19.							
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. There has been no reports through to the CCG of any serious untoward incidents.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
 	a)	89.3%	27.8%	42.9%	56.3%		
	b)	60.0%	No relevant patients	No relevant patients	No relevant patients		
	Previous year	Sep-19	Oct-19	Nov-19	Dec-19		
	a)	75.0%	94.1%	64.5%	70.4%		
	b)	6.3%	5.6%	4.5%	11.8%		
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. Despite this, the Trust has reported an improvement in December 2020. 18 out of the 32 patients spent more than 90% of their hospital stay on a stroke unit in December. The Trust have reported that performance against this metric continues to present challenges. Stroke patients presenting with COVID cannot always be accommodated on the stroke unit and are admitted to ward 15A/15B, additionally ward 7b continues to be impacted by bed closures due to COVID reducing available capacity and creating outliers. Further analysis of delays continue by the directorate manager and the stroke team to identify any future quick wins. 							
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, however, the second surge of COVID-19 has had a significant impact on ability to manage patients in acute stroke beds and at one point the ward was closed due to COVID, reopening on 4.11.20. 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. The lead CNS for Stroke and Head of Patient Flow have been asked to review the identification and escalation process again for the identification and movement of acute stroke to 7B. 							
CCG Actions:							
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board is currently stood down following the second surge of COVID. Pre-Consultation Business Case will come to stakeholders for sign off although the clinical senate which had been rearranged for October has been cancelled again. 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 and 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 Early Supported Discharge (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. Issues around the funding for the Early Supported Discharge (ESD) Service going forward have been highlighted to the system management board. Failure to meet targets for stroke and the lack of identified TIA patients for last 3 months have been escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DON) at Southport & Ormskirk. 							
When is performance expected to recover:							
Unknown due to COVID impact above.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		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)					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.
RED	TREND		Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	1	1	1	1		
		S&O	1	1	1	1		
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	2	2	2	2		
		S&O	1	1	1	1		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG and Trust have failed the target for 2020/21. No new cases reported in December. 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. As with all the Infection Prevention Control (IPC) indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus. 								
When is performance expected to recover:								
As a zero tolerance target, the performance will not recover for 2020/21.								
Quality:								
Any further cases will be reviewed by exception.								
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)					2020/21 Plans No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 30 YTD Trust: <= 16 YTD	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		Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	19	20	24	27		
		S&O	15	16	22	27		
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	16	22	22	26		
		S&O	14	20	22	39		
CCG - Actual 27 YTD - Target 22 YTD S&O - Actual 27 YTD - Target 12 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:								
<ul style="list-style-type: none"> 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 in recent months.								
Quality:								
Risk assessments within the trust in all areas with reviews in place via the monthly reports submitted internally.								
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		Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	66	77	89	96		
		S&O	100	116	129	144		
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	78	98	107	117		
		S&O	129	156	169	189		
CCG - Actual 96 YTD - Target 83 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. 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 reconvened, but to reduce duplication NHSE/I have had further discussions and this group will now merge with the Antimicrobial resistance group to provide a more joined up approach. 								
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)	Dec 2020	100	82.5	↑
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	104.1	↑

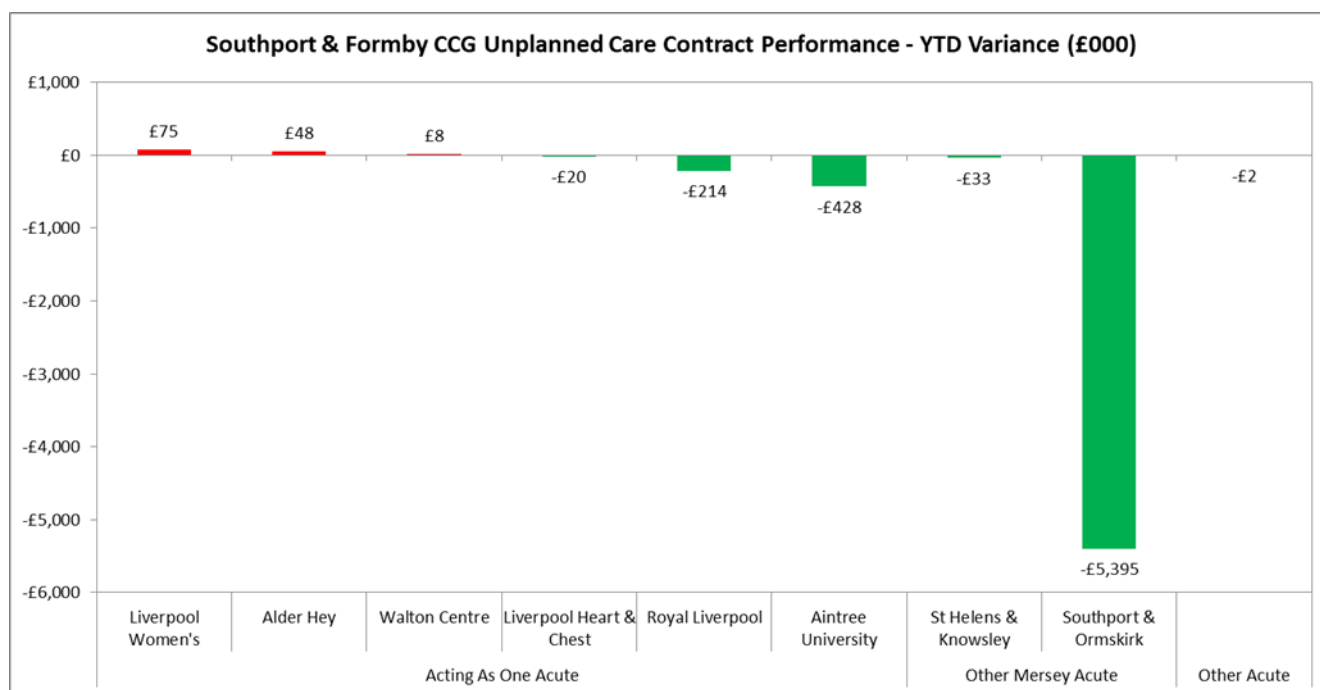
HSMR is higher than reported last month at 82.5 (with last month reporting 81.5) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains 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 104.1. 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



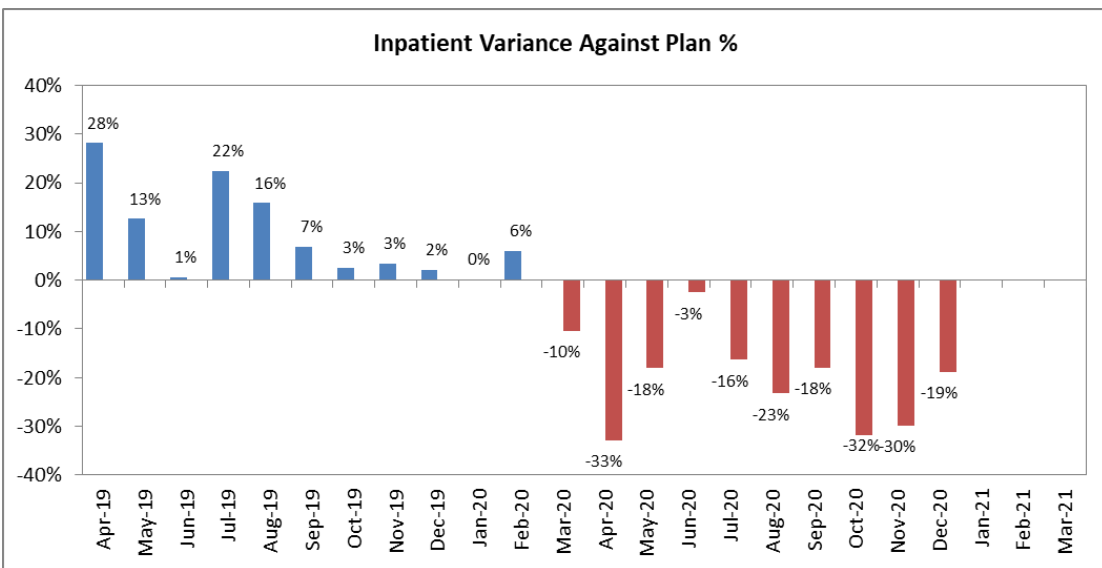
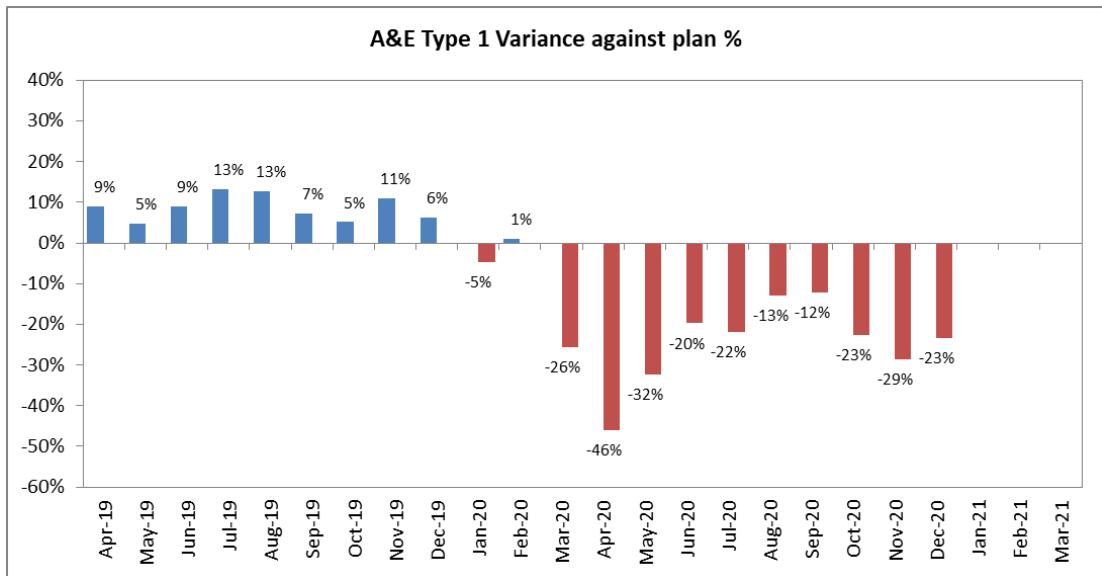
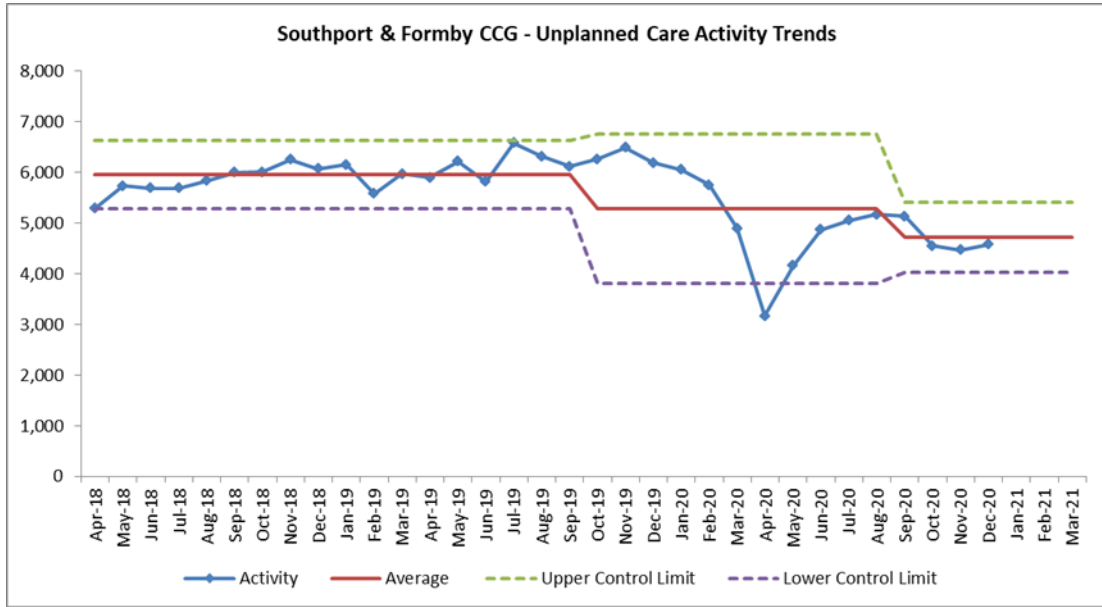
Month 9 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for 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 -£5.3m/-16% against plan. Across all providers, Southport & Formby CCG has underperformed by -£5.9m/-16%.

NB. Due to the COVID-19 pandemic, a number of month 9 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have not been 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 9 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, A&E Type 1 and Inpatient Variance against Plan



3.6.2 Southport & Ormskirk Hospital NHS Trust

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

S&O Hospital Unplanned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	33,886	25,332	-8,554	-25%	£5,601	£4,391	£-1,209	-22%
NEL - Non Elective	10,902	8,598	-2,304	-21%	£23,407	£20,254	£-3,152	-13%
NELNE - Non Elective Non-Emergency	777	690	-87	-11%	£1,742	£1,735	£-7	0%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	46	30	-16	-35%	£14	£2	£-12	-86%
NELST - Non Elective Short Stay	2,554	1,490	-1,064	-42%	£1,811	£1,100	£-712	-39%
NELXBD - Non Elective Excess Bed Day	2,219	994	-1,225	-55%	£569	£267	£-302	-53%
Grand Total	50,384	37,134	-13,250	-26%	£33,144	£27,749	£-5,395	-16%

*exclude ambulatory emergency care POD

Underperformance at Southport & Ormskirk Hospital is evident against the majority of unplanned care points of delivery at month 9. The largest activity reductions have occurred within A&E type 1 with a variance of -25% for Southport & Formby CCG. This can be attributed in large to the COVID-19 national response and the 'stay at home' guidance issued to the public from 23rd March 2020. Attendances increased for four consecutive months up to August-20 followed by decreases in the months following with attendances now levelling off and remaining below historical levels. Non-elective admissions also decreased during October 2020 to the second lowest monthly total of the last two years for Southport & Formby CCG at Southport Hospital but this was followed by increases during November and December. Despite this, admissions remain below historical levels of activity.

On the 5th November 2020 the national lockdown was implemented. The Southport site has suffered multiple COVID outbreaks resulting in bed closures and ward closure which severely hampered flow through the hospital. Additionally, the impact of multiple IPC cleans and fogs which last up to 3 hours per bay along with nurse staffing and skill mix in the SDGH ED continues to impact the flow throughout the department. The conversion rate at SDGH is up 27% against last year signalling a significant shift in the acuity of presentations at SDGH which has also contributed towards the overall decline in performance.

NB. 2020/21 activity plans have not been formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 9 year to date actuals.

3.7 CCG Serious Incident (SI) Management – Quarter 3

Number of Serious Incidents Open for Southport and Formby CCG

As of Q3 2020/21, there are a total of 30 serious incidents (SIs) open on StEIS were Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	22
Awaiting RCA – overdue (2 x stop the clock applied and 1 extension agreed)	3
Awaiting RCA – on target	3
RCA report received further assurances requested	6
RCA report received to be reviewed at SIRG	3
RCA reviewed, closure agreed, awaiting Patient CCG closure	3
RCA reviewed (closed at the time of writing report)	4

SOUTHPORT AND FORMBY CCG	5
Awaiting RCA – Extension agreed (Renacres)	1
Awaiting RCA – Overdue (ISight legacy SI)	1
RCA report received to be reviewed at SIRG (Insight)	1
RCA report received further assurances requested (Chapel Lane Surgery and DMC)	2
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	1
Awaiting RCA – on target	1
CHESHIRE WIRRAL PARTNERSHIP (NOW MENTAL HEALTH MATTERS)	1
Awaiting RCA – on target	1
NORTH WEST AMBULANCE SERVICE	1
RCA report received to be reviewed at SIRG	1
TOTAL	30

Number of SIs Closed during Q3 2020/21

The Southport and Formby Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all Southport and Formby CCG commissioned providers.

During Q3 2020/21, the SIRG panel closed 11 SIs, all relating to Southport and Ormskirk Hospitals NHS Trust.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q3 2020/21 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported In Quarter 3 2020/21

There have been a total of 6 SIs reported in Q3 2020/21 where 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	Q3 20/21
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST (S&O)	8	9	3
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	0	2	1
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	0	1	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1	1
Slips/trips/falls meeting SI criteria	1	2	0
Maternity/Obstetric incident meeting SI criteria: baby only	2	1	0
Pressure ulcer meeting SI criteria	2	1	0
Treatment delay meeting SI criteria	1	1	0
HCAI/infection control incident meeting SI criteria	1	0	0
SOUTHPORT AND FORMBY CCG*	0	0	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	0	0	1
Slips/trips/falls meeting SI criteria (Renacres)	0	0	1
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	0	0	1
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	1
TOTAL	8	9	6

*N.B. Southport and Formby CCG will report any SIs for Providers that do not have access to the StEIS database.

Southport and Ormskirk Hospitals NHS Trust

The table shown above indicates a notable decrease in the reporting of SIs during Q3 2020/21 for S&O. The reason for this decrease is not yet known however is consistent with other local providers. However, this has been noted by the CCG and will be highlighted at the next Commissioning Collaborative Forum (CCF) and discussed with the Director of Nursing of the Trust in January 2021.

Number of Never Events reported

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

SIs reported within 48 Hour Timescale

The provider has also maintained 100% target of reporting all SIs within 48 hours YTD.

72 Hour report submitted

The SI framework requires the submission of a 72 hour report following the reporting of an SI. This should be submitted to the CCG by the reporting organisation within 72 hours. Of the 3 SIs reported in Q3 2020/21, all 72 hour reports were submitted.

RCAs due during Q3 2020/21

For Southport and Ormskirk, there were 6 RCAs due for Q3 2020/21. Of these, 3 were received within the 60 day timescale and are awaiting review by SIRG, 1 was closed, 1 extension has been granted and 1 was downgraded.

Provider Quality Improvement/Patient Safety update

Falls Strategy Update

The Trust provided an update on the falls strategy at CCQRM in September 2020 following the relaunch of the Falls programme. Positive improvement was noted during Q1 and Q2 2020/21 with a recent, slight increase in relation to falls following a sustained decline through June 2020.

As such ongoing reviews and monitoring of the increase will be undertaken to ascertain the reason for this. It was highlighted that the level of patient harm sustained was at 0 or 1 for the last 5 month period and no falls meeting SI criteria were reported during Q3 2020/21. There is also a substantial amount of work still to be undertaken in relation to embedding processes and education. However, early indicators were very positive with the use of flow jack devices at both hospital sites proving to be beneficial for patients with severe injury.

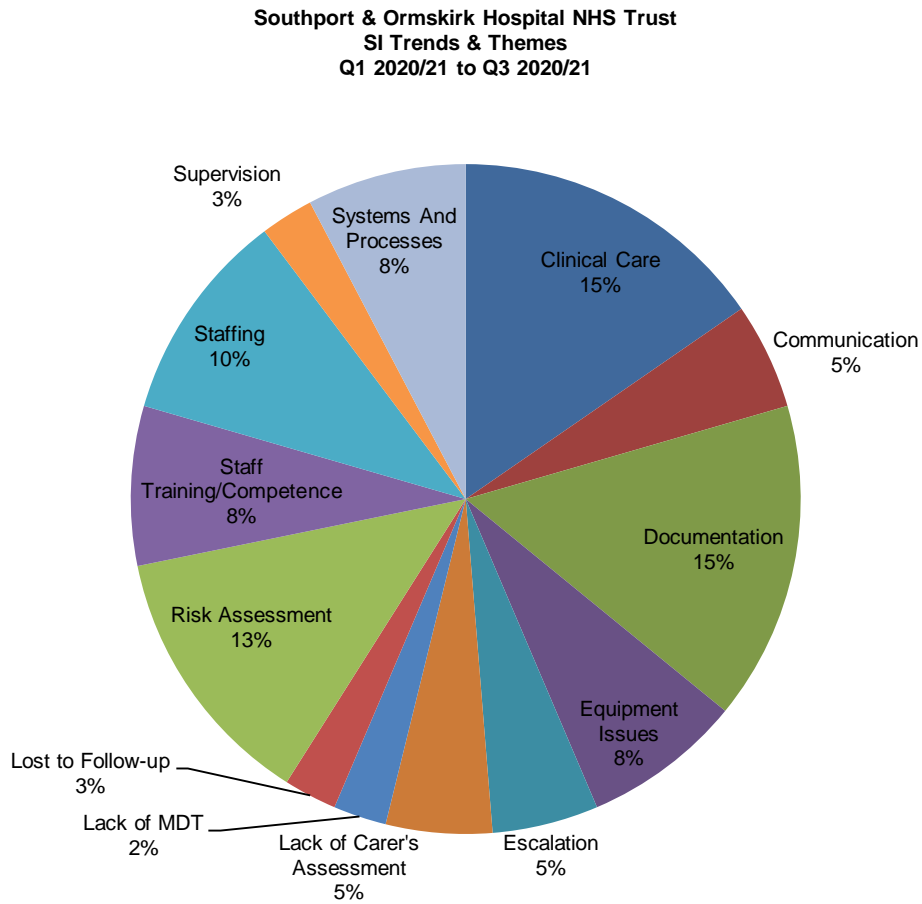
Serious Incident Management during COVID pandemic

As a result of COVID-19 and in anticipation of increased pressures on services within the provider, the CCG, with agreement from NHSE/I and in line with other CCGs, agreed to relax the requirements around the SI framework. However, the provider opted to adhere to the requirements of the framework and maintain the SI process throughout the pandemic. This has continued despite the provider entering into business continuity and experiencing extreme system pressures. The CCG would like to note their appreciation to the provider for continuing to adhere to this process with a clear focus strongly maintained on patient safety and subsequently lessons learnt.

Trends and Themes



For the RCAs that have been reviewed and closed, the trends and themes identified have been collected and are illustrated in the chart below.

N.B. In some cases reviewed multiple trends and themes may have been identified.





4. Mental Health



4.1.1 Eating Disorder Service (EDS)

Indicator		Performance Summary				KPI 123b	Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					 
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		35.71%	30.77%	37.90%	40.70%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		50.00%	77.78%	77.78%	62.50%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenges remain in place (see Quality section below). Out of a potential 27 Service Users, 11 started treatment within the 18 week target (40.7%), 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 21.8 percentage points. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> Due to COVID-19 the service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. Group therapy using ZOOM has been established. A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. A second post has been advertised in addition to 2 fixed term CBT therapy posts (1 recruited to). The purchase of SHARoN, a digital tool is being explored by the MCFT. SHARoN will expand the digital offer and enable the service to provide on-line peer support to patients on the waiting list. Two assistant psychologist posts have been recruited to (6-month fixed term) unfortunately one candidate has withdrawn their application. The Trust and CCGs recognise that considerable investment is required for the Eating Disorder service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. 							
When is performance expected to recover:							
Quarter 4.							
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. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.							
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	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		87.5%	98.4%	100.0%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 16 inpatients risk assessed using an appropriate tool in quarter 3. 							
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 be maintained.							
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	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		88.89%	100%	100%	100%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		75.00%	92.31%	90.00%	62.50%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust had 16 inpatients who had their care plan in place in quarter 3. Comparing to last year there has been an improvement of 37.5%. 							
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. The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance continues to exceed target in quarter 3.							
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. Demand for the service continues to increase and exceed capacity.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		0.89%	0.88%	0.64%	0.49%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		0.89%	1.29%	0.93%	0.62%		
		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 and current performance is significantly under this threshold. Numbers accessing the service have decreased in December. 							
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. The incoming provider, Mental Health Matters is mobilising in preparation for delivering the new service from 1st January 2021. The new provider will be working to ensure that is sufficient capacity in the service to meet the access KPI. 							
When is performance expected to recover:							
In Q4 there is an expectation that there will be an increase in numbers accessing the service.							
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 53.2% in December, which for the third month has achieved the 50% target. The clinical lead for the service continues to review non recovered cases and work with practitioners to continue to improve recovery rates.

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		64.0%	63.5%	63.5%	63.7%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		68.4%	66.6%	67.9%	67.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 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. The commissioned voluntary sector in Sefton are providing telephone support to all know clients which includes people with dementia, cognitive impairment and their carers. Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments. 							
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. However this could be April / May depending on the impact of vaccinations.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

4.4 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.
RED	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
		38.1%	32.1%	28.0%	25.4%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		25.7%	26.4%	25.5%	34.2%		
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 3 of 20/21, 25.4% of the 1,474 of people on the GP SMI register in Southport & Formby CCG (375) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Communication in February GP bulletin highlighting the need for SMI Health check to continue. Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes, but COVID vaccine programme may impact on progress. Mersey Care have been requested to utilise Health Care Partnership (HCP) monies aimed at increasing health check/COVID vaccine uptake. 							
When is performance expected to recover:							
Performance should improve in Quarter 4 2020/21 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

5. Community Health

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

Additional resource has been invested in the following schemes to support seasonal surge and COVID-19 recovery.

- Widening access to treatment rooms – additional investment given to LSCFT to open evening and weekend apt slots to increase access for primary care and reduce minors attendances.
- Additional therapy provision – additional investment given the LSCFT to increase therapy provision for additional community bed and home first capacity, to assist the trust with rapid discharge.
- Intermediate care – additional capacity commissioned for surge management in bed based ICB, reablement and homefirst. Also designated COVID-19 positive provision commissioned to assist with rapid discharge.

All the above schemes are being monitored on a weekly basis via the winter scheme dashboard and reporting into the Local S&O AED delivery board.

It has been reported via the AED delivery board and contract meetings the ongoing pressures experienced by the community services due to reduced appointment availability and face to face reviews in primary care and an increase in rapid end of life caseloads.

The CCG have supported the prioritisation of services and temporary cessation for an initial period of 4 weeks to assist with surge management.

This is inclusive of:

- Face to face referral activity to bridge the gap where other services have stood down, including outreach services from the trust based on clinical triage.
- Requests for pre-op and GP swabbing
- Requests for routine domiciliary phlebotomy – urgent bloods only.
- Administration of eye drops based on clinical triage
- Suspend routine community rehabilitation
- Stop all ear irrigation
- Stop routine Doppler reviews
- Stop all routine low level foot care

The CCG's expectation is that the step down is managed as safely as possible, and data collection and reporting as normal, in respect of any incidents, complaints or performance relating to these services. The step down of services will be reviewed in four weeks, at which point the CCG will expect a risk impact assessment so that we can agree a time frame for when service provision should be resumed.

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)

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider engagement exercise on an updated Adult Hearing Loss specification.

In January 2021 South Sefton and S&F CCG Leadership Team approved the Merseyside CCG recommendation to continue the existing commissioning and contract arrangements with local AQP Audiology providers in 2021/22, pending a Liverpool led engagement exercise on the service model and specification and wider collaboration across a Cheshire & Merseyside footprint.



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.

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 13th March.



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				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		5.9%	17.8%	8.0%	36.5%	
		Q4 18/19	Q1 19/20	Q2 19/20	Rolling 12 Mth Rate	
		6.1%	17.0%	5.6%	34.0%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 data shows a deterioration on Quarter 1 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment. The start of the Venus and Kooth data flows have continued to have a 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. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		89.3%	86.7%	96.0%	96.7%	
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		84.0%	95.2%	84.6%	82.6%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> As the service has relatively small numbers breaches have a large impact on performance. There was just 1 breach out of 24 routine referrals in Q3 and is achieving against the national standard of 95%. The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments has been confirmed and the CCG is planning negotiations with AHCH about the additional capacity to be provided and to agree a trajectory for planned increase in activity. This work has been delayed due to covid. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitored and addressed in recovery plans. The service has made adaptations in response to covid and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 						
When is performance expected to recover:						
Performance is on target.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



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. Ongoing impact of COVID-19 and future waves. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		96.0%	93.0%	93.0%	90.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> In December 90% of ASD assessments started within 12 weeks of referral, which has seen a decline compared to previous months and but remaining within the planned target There were 350 open pathways in December and 32 patients who have not yet started their treatment but are within the 12 weeks target still. 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 December (Q3) stood at 538 against the trajectory of 503 so not achieving the plan. This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction in referrals was not achieved in Q3 it is expected to be back on track in Q4. 						
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. Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		100%	99%	98%	97%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 97% of ASD assessments were completed within the 30 week target, which exceeds the planned target of 90%. The longest wait in December was 39 weeks which increased from that of 34 weeks in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There are 12 CYP waiting over 30 weeks for conclusion of their assessment, the longest is at 39 weeks. Additional MDTs are scheduled during January and February. 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. Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
No quality issues reported.						
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. • Ongoing impact of COVID-19 and future waves. • 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	Sep-20	Oct-20	Nov-20	Dec-20	
		89%	100%	100%	85%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 85% of ADHD assessments started within 12 weeks of referral, this is a decline in compliance compared to previous months. • There was a slight decrease in referrals in November: 32 referrals were received compared to 34 in November • 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 December (Q3) was reported as 166, which is ahead of the waiting list management plan (239 planned for). This information is reported on a quarterly basis. 						
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, which is on track and currently ahead of trajectory. • The slight decrease in compliance was due to the reduced number of working days in December and annual leave. 						
When is performance expected to recover:						
Performance is expected to be back on track in January 2021.						
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. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		100%	98%	96%	96%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 96% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% • There are 4 young people waiting over 30 weeks, additional assessment appointments are planned for January for the CYP. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • It is anticipated that new referral forms and ongoing engagement with parents and schools will support improvements in the timeliness of the return of information required for assessments. • For all CYP accepted onto the pathway, the process of information gathering to support the assessment has commenced. 						
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 ongoing impact of COVID, 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 a result of the ongoing impact of the pandemic.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		86.9%	93.2%	87.3%	85.0%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a slight deterioration in compliance with the agreed 6 week standard. This is due to a significantly higher number of children & young people requiring urgent choice assessments, which the service aims to provide within 2 weeks. This impacts on routine referrals which have to wait longer than the 6 week target. Although the number of referrals decreased in December from 67 compared to 91 in November, overall referral numbers have continued to increase . The Trust estimates a 19% increase in referrals from April to December 2020 compared to the same period in 2019. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Given the increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. To improve this position the service has two new staff commencing in February who will take the longest waiting children and young people from the waiting list, The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. There have been some challenges recruiting suitably qualified therapists so there has been a delay in implementing the additional resource, but it is expected to be in place by March 2021. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for Kooth - the online counselling platform - the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which will start a phased roll out in April 2021. The Trust has introduced a new "COVID support team" which commenced in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. In response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the impact and the system response. 						
When is performance expected to recover:						
The 92% target was achieved in October, however, due to ongoing impact of the pandemic this has not been sustainable and is being closely monitored.						
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 ongoing impact of COVID, 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 a result of the ongoing impact of the pandemic.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		63.6%	62.5%	51.9%	50.0%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a further deterioration in performance in December due to the ongoing increase in demand for the service and an increase in the number of high risk and complex cases. • The service has experienced an estimated 19% increase in referrals April to December 2020 compared to the same period in 2019 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Given the increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. • To improve this position the service has two new staff commencing in February who will take the longest waiting children and young people from the waiting list, • The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. There have been some challenges recruiting suitably qualified therapists so there has been a delay in implementing the additional resource, but it is expected to be in place by March 2021. • This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. • Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for Kooth - the online counselling platform - the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which will start a phased roll out in April 2021. • The Trust has introduced a new "COVID support team" which commenced in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. • The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. • In response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the impact and advise on the system response. 						
When is performance expected to recover:						
Due to the ongoing challenges of the pandemic, the Trust's improvement plan and agreed waiting times for partnership appointments has not been achieved by the end of December 2020. With the introduction of additional staff and resource it is anticipated that the waiting times will improve over the coming months and this will be closely monitored by the Trust and CCGs.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID.
		RTT: Open Pathways: % Waiting within 18 wks				<=92%: Green > 92%: Red	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
		Sep-20	Oct-20	Nov-20	Dec-20		
		75.00%	84.50%	87.60%	90.40%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
124	148	161	166				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 15.4 weeks. For open pathways, the longest waiter was 36 weeks in December compared to 32 weeks in November. Overall there has been a steady increase in referrals since September when the schools reopened, the service received 73 in November, although there was a decrease in December to 43 likely due to seasonal variation. 							
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 activity with the majority of appointments being held virtually. Referrals continue to be risk assessed and face to face appointments offered when required and clinically safe to do so. The waiting time work has been ongoing, focusing on reducing the waiting times for those CYP who have waited the longest and there has been a month on month improvement in compliance. The service narrowly missed the improvement plan target to reduce the longer 18+ waits to the 92% standard by December 2020, but it is anticipated that this will be achieved in January 2021. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. The longest waiting patient at 36 weeks is already open and being seen by the speech therapists in the Hearing Impairment network so there is no delay to care. There have been ongoing staffing issues, however, the service is now almost at full complement of staff and the remaining recruitment will be 							
When is performance expected to recover:							
The Trust's recovery plan to achieve the maximum waiting time standard by December 2020 was narrowly missed, but this is expected to be achieved in January 2021. 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:							
There are no identified quality issues.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				<p><=92%: Green > 92%: Red</p>	
		Sep-20	Oct-20	Nov-20	Dec-20		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
12	23	38	39				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 4.4 weeks. For open pathways, the longest waiter was 14 weeks in December compared to 9 weeks in November. Referrals to the service remain steady, 30 were received in November and 30 in December. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the fourth consecutive month. 							
When is performance expected to recover:							
Performance on target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				<p><=92%: Green > 92%: Red</p>	
		Sep-20	Oct-20	Nov-20	Dec-20		
		100.0%	100.0%	98.0%	97.9%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
16	25	50	47				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 3.9 weeks. For open pathways, the longest waiter was 23 weeks in December compared to 18 weeks in November. Overall there has been a steady increase in referrals since August, the service received 43 in November, and 49 in December 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the fourth consecutive month. There was some staff sickness which impacted on the numbers waiting and length of wait, but this has now resolved. The longest waiter at 23 weeks has now been seen and it is anticipated that the longest waits will reduce as the service moves into 2021. 							
When is performance expected to recover:							
Performance is achieving the target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

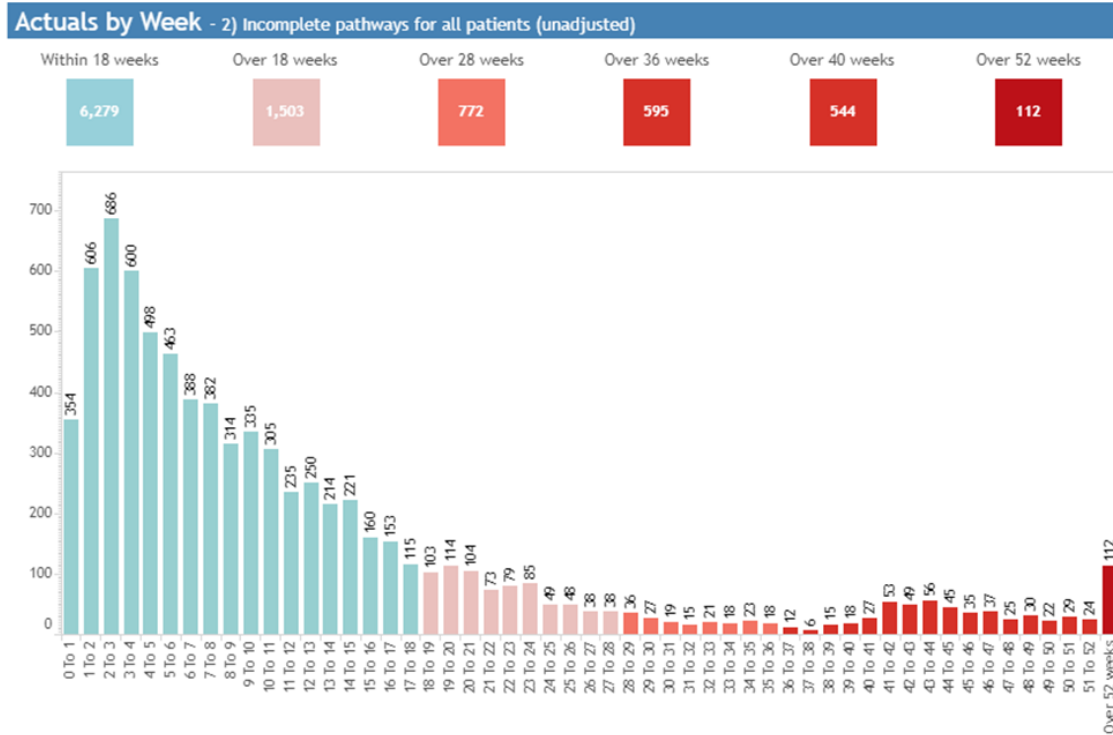
6.3.4 Paediatric Children's Continence Promotion Service

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continence Promotion Service		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				<=92%: Green > 92%: Red	
		Sep-20	Oct-20	Nov-20	Dec-20		
		80.0%	78.6%	100.0%	100.0%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
		15	14	11	13		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7 weeks. For open pathways, the longest waiter was 13 weeks in December compared to 9 weeks in November. Referrals to the service remain steady, 8 were received in December and 8 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is exceeding target for the fourth consecutive month. The numbers of CYP waiting in December increased slightly, which is due to fewer working days in December and annual leave over the Christmas break. This is being monitored, particularly in light of the lockdown in January. 							
When is performance expected to recover:							
Performance is on target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

7. Appendices

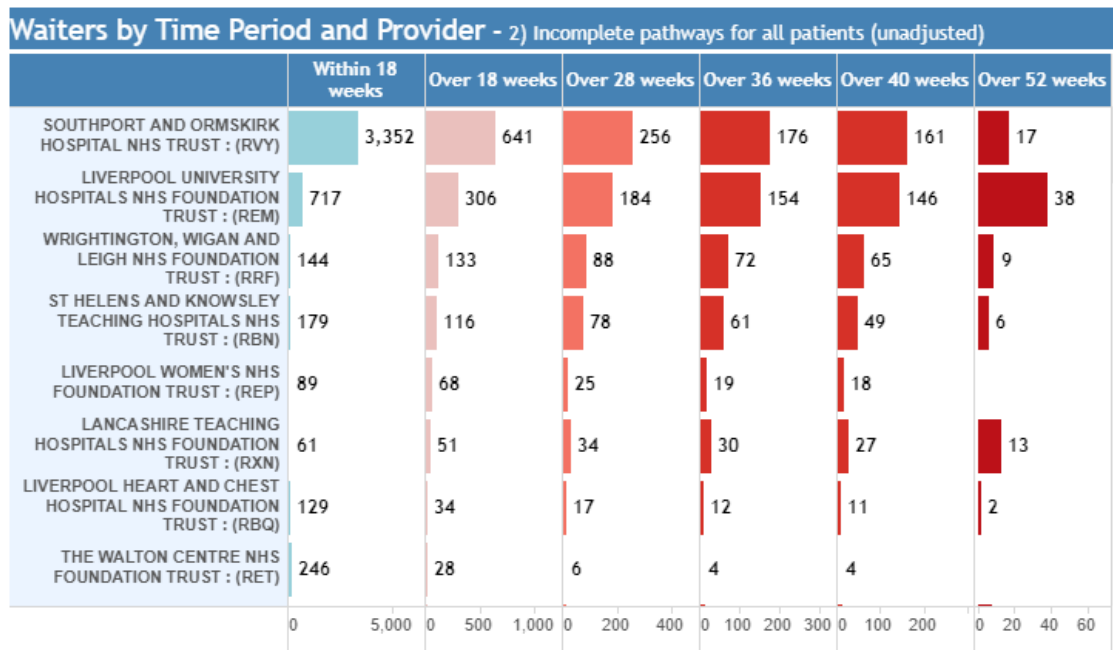
7.1.1 Incomplete Pathway Waiting Times

Figure 13 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



7.1.2 Long Waiters analysis: Top Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 15 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

