



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

### March 2021

## Contents

1. Executive Summary .....	10
2. Planned Care .....	16
2.1 Referrals by Source .....	16
2.2 NHS e-Referral Service (e-RS) .....	17
2.3 Diagnostic Test Waiting Times .....	18
2.4 Referral to Treatment Performance (RTT).....	19
2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters .....	20
2.4.2 Provider assurance for long waiters .....	22
2.5 Cancelled Operations.....	24
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.....	24
2.6 Cancer Indicators Performance.....	25
2.6.1 104+ Day Breaches .....	26
2.6.2 Faster Diagnosis Standard (FDS) .....	26
2.7 Planned Care Activity & Finance, All Providers .....	27
2.7.1 Southport & Ormskirk Hospital NHS Trust.....	29
2.7.2 Isight.....	30
2.8 Smoking at time of delivery (SATOD).....	31
3. Unplanned Care .....	32
3.1 Accident & Emergency Performance.....	32
3.1.1 A&E 4 Hour Performance.....	32
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust .....	33
3.2 Urgent Care Dashboard.....	34
3.3 Ambulance Performance Indicators .....	36
3.4 Ambulance Handovers.....	37
3.5 Unplanned Care Quality Indicators.....	38
3.5.1 Stroke and TIA Performance.....	38
3.5.2 Healthcare associated infections (HCAI): MRSA.....	39
3.5.3 Healthcare associated infections (HCAI): C. Difficile .....	40
3.5.4 Healthcare associated infections (HCAI): E Coli.....	41
3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust.....	41
3.6 CCG Serious Incident (SI) Management – Quarter 4 .....	42
3.7 Unplanned Care Activity & Finance, All Providers .....	45
3.7.1 All Providers.....	45
3.7.2 Southport & Ormskirk Hospital NHS Trust.....	47
4. Mental Health.....	48
4.1.1 Eating Disorder Service (EDS).....	48
4.1.2 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool.....	49

4.1.3 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place .....	49
4.2 Cheshire & Wirral Partnership (Adult).....	50
4.2.1 Improving Access to Psychological Therapies: Access .....	50
4.2.2 Improving Access to Psychological Therapies: Recovery.....	51
4.3 Dementia .....	52
4.4 Serious Mental Illness (SMI) Health Checks.....	53
5. Community Health.....	53
5.1 Adult Community Services (Lancashire & South Cumbria NHS FT) .....	53
5.1.1 Quality.....	54
5.2 Any Qualified Provider (AQP).....	54
6. Children's Services .....	55
6.1 Alder Hey NHS FT Children's Mental Health Services .....	55
6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH) .....	55
6.1.2 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services.....	56
6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks	57
6.1.4 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks .....	58
6.2 Child and Adolescent Mental Health Services (CAMHS) .....	59
6.2.1 % Referral to Choice within 6 weeks .....	59
6.2.2 % Referral to Partnership within 18 weeks .....	60
6.3 Children's Community (Alder Hey) .....	61
6.3.1 Paediatric Speech & Language Therapies (SALT) .....	61
6.3.2 Paediatric Dietetics .....	62
6.3.3 Paediatric Occupational Therapy (OT) .....	62
6.3.4 Paediatric Children's Continence Promotion Service.....	63
7. Third Sector update – Q4 2020-21 .....	63
8. Appendices .....	70
8.1.1 Incomplete Pathway Waiting Times .....	70
8.1.2 Long Waiters analysis: Top Providers .....	70
8.1.3 Long waiters analysis: Top Provider split by Specialty .....	71

## 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	
<b>E-Referrals - NB reporting suspended on this metric this month</b>															
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> 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	R	R	R	R	
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%	57.6%	60.2%	59.2%	59.5%	58.4%	55.2%	58.01%	
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> 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	R	R	
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%	22.17%	16.74%	18.44%	21.10%	16.69%	15.07%	
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	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%	75.05%	73.14%	73.97%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> 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	R	R	
		Actual	6	10	17	36	62	85	71	99	112	226	401	519	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Cancelled Operations</b>															
<a href="#">Cancellations for non clinical reasons who are treated within 28 days</a> 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	G	R	R
		Actual	2	0	0	4	3	5	4	10	1	1	0	4	34
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">Urgent Operations cancelled for a 2nd time</a> 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	G	G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times																
<p><b><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></b></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	Southport & Formby CCG	RAG	G	G	G	G	G	R	R	R	R	R	R	R	R	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%	84.81%	78.5%	74.74%	84.67%	88.67%	90.95%	88.98%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></b></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	Southport & Formby CCG	RAG	G	R	R	R	R	G	G	R	R	R	R	G	R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%	93.10%	37.14%	47.27%	64.10%	77.42%	96.88%	75.00%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></b></p> <p>The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	Southport & Formby CCG	RAG	G	R	R	G	R	R	R	G	G	G	G	G	G	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%	93.33%	96.05%	98.21%	96.51%	97.14%	96.00%	96.18%	
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></b></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	Southport & Formby CCG	RAG	G	G	R	G	R	R	G	R	R	R	G	R	R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%	100%	88.89%	86.67%	88.89%	100%	92.31%	91.60%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></b></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	Southport & Formby CCG	RAG	G	G	R	G	G	R	G	G	G	G	G	G	G	
		Actual	100%	100%	87.50%	100%	100%	90.48%	100%	100%	100%	100%	100%	100%	98.36%	
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></b></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	G	G	G	G	G	
		Actual	95.24%	100%	100%	100%	93.75%	100%	96.00%	95.24%	100%	100%	100%	100%	98.29%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b></p> <p>% of patients receiving their first definitive treatment for cancer within 2 months (62 days) of GP or dentist urgent referral for suspected cancer</p>	Southport & Formby CCG	RAG	R	G	R	G	R	R	R	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%	70.59%	70.59%	71.15%	79.16%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b></p> <p>% of patients receiving 1st definitive treatment from an NHS Cancer Screening Service</p>	Southport & Formby CCG	RAG	G		R					G	R	G	G	R	R	
		Actual	100%	No pats	0%	No pats	No pats	No pats	No pats	No pats	100%	66.67%	100%	100%	66.67%	75.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b></p> <p>% of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	Southport & Formby CCG (local target 85%)	RAG			G	G		G	G	G	G		G		G	
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%	87.50%	100%	87.50%	58.82%	89.47%	82.14%	85.25%	
		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	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> % 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	R	R	
		Actual	92.74%	95.78%	95.62%	93.27%	89.02%	89.61%	80.47%	82.96%	81.74%	77.76%	83.14%	86.83%	87.27%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b>Mixed sex accommodation breaches - All Providers</b> 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	Not available	Not available	Not available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> 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	Not available	Not available	Not available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b>Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R	R	R	R	
		YTD	0	1	1	1	1	1	1	1	1	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R	R	R	R	
		YTD	3	7	12	12	17	19	20	24	27	30	33	34	34
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
<b>Number of E.Coli</b> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R	R	R	R	R	R	R	R	
		YTD	4	18	30	38	53	66	77	89	96	104	110	123	123
		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	
<b>Mental Health</b>															
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> 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			G
		Actual	97.3%			97.2%			100%			100%			98.20%
		Target	95%			95%			95%			95%			95%
<b>Episode of Psychosis</b>															
<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG	G			G			G			G			G
		Actual	77.6%			72.7%			90%			75%			78.8%
		Target	60%			60%			60%			60%			60%
<b>Eating Disorders</b>															
<b>Eating Disorders Service (EDS)</b> Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	56.96%	48.70%	33.75%	25.88%	31.61%	35.71%	30.77%	37.93%	40.74%	37.93%	30.30%	21.30%	34.95%
		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%
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<b>IAPT Recovery Rate (Improving Access to Psychological Therapies)</b> 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	R	R	R	G
		Actual	37.66%	56.25%	58.56%	55.36%	54.55%	49.11%	50.00%	50.00%	53.23%	39.10%	46.30%	42.10%	50.40%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>IAPT Access</b> 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	R	R	R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%	0.88%	0.64%	0.49%	0.25%	0.93%	0.52%	7.81%
		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%	
<b>IAPT Waiting Times - 6 Week Waiters</b> 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	G	G	G
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%	98.10%	91.96%	96.80%	98.50%	98.10%	96.00%	100%	98.61%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> 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	G	G	G
		Actual	100%	100%	100%	100%	100%	98.9%	99.1%	100%	100%	100%	100%	100%	100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Dementia</b>															
<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
Actual		65.20%	63.94%	63.68%	64.00%	63.97%	63.96%	63.50%	63.50%	63.72%	62.84%	62.00%	62.40%	63.66%	
Target		66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
<b>Learning Disability Health Checks</b>															
<b>No of people who have had their Annual LD Health Check</b>	Southport & Formby CCG	RAG	G			R			G			G			G
Actual		18.6%			26.4%			59.0%			79.2%			79.2%	
Target		17%			34%			50%			67%			67%	
<b>Severe Mental Illness - Physical Health Check</b>															
															<b>Rolling 12 month</b>
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a> 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			R
Actual		32.10%			28.00%			25.40%			22.4%			28.50%	
Target		50%			50%			50%			50%			50%	
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
															<b>Rolling 12 month</b>
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a> 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			R						G
Actual		17.80%			8%			6.10%			Q4 data due 13-6-21			37.80%	
Target		8.75%			8.75%			8.75%			8.75%			35% YTD	
<b>Children and Young People with Eating Disorders</b>															
<b>The number of completed CYP ED routine referrals within four weeks</b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	R			G			G			R			R
Actual		86.70%			96.00%			96.70%			89.7%			92.3%	
Target		95%			95%			95%			95%			95%	
<b>The number of completed CYP ED urgent referrals within one week</b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG	G			G			G			G			G
Actual		100%			100%			100%			100%			100%	
Target		95%			95%			95%			95%			95%	



## Wheelchairs

<b>Percentage of children waiting less than 18 weeks for a wheelchair</b> 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	G	G	G	G	R
		Actual	100%	100%	100%	100%	100%
		Target	92%	92%	92%	92%	92%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>SEND Measures</b>															
<a href="#">Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey</a>	Sefton	RAG	R	R	R	R	R	R	G	R	R	R	R	R	R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%	37.3%	50.9%	64.5%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<a href="#">Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey</a>	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%	41.20%	70.6%	54.1%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<a href="#">Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey</a>	Sefton	RAG	G	G	G	G	G	G	G	G	G	R	R	G	G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%	83%	91.0%	93.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<a href="#">Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey</a>	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%	91%	90%	97.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<a href="#">Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey</a>	Sefton	RAG	G	G	G	R	R	R	G	G	R	G	G	G	G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%	99%	97%	95.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<a href="#">Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey</a>	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%	91%	94%	98.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b>Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 to 25 years) - Mersey Care</b>	Sefton	RAG													
		Actual					85.2	89.4	89.2	66.2	23.1	10.5	10.7	10.7	
		Target													

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 12 (note: time periods of data are different for each source).

Constitutional Performance for March and Q4 2020/21	CCG	S&O
Diagnostics (National Target <1%)	15.07%	14.58%
Referral to Treatment (RTT) (92% Target)	73.97%	81.47%
No of incomplete pathways waiting over 52 weeks	519	331
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	71.15%	70.91%
A&E 4 Hour All Types (National Target 95%)	86.83%	87.04%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	22
Ambulance Handovers 60+ mins (Zero Tolerance)	-	1
Stroke (Target 80%) (February month in arrears)	-	29.20%
TIA Assess & Treat 24 Hrs (Target 60%) (February month in arrears)	-	28.60%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q4	100.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q4	75.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.52%	-
IAPT Recovery (Target 50%)	42.10%	-
IAPT 6 Weeks (75% Target)	100.0%	-
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.

### COVID Vaccination Update

The national COVID-19 vaccination programme continues to successfully provide dose one vaccinations for Southport & Formby residents. The two vaccination hub sites at Southport and Ainsdale Health & Well Being centres extended the cohorts eligible for vaccination to cover patient in cohorts 1-9 having successfully achieved the 85% target for cohorts 1-4 by the 15th February aspirational date. Dose 2 vaccinations have also started for patients in cohorts 1-4. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1. At the end of March 2021 there were 69,670 (65.3%) first dose vaccinations and 7,799 (7.3%) second dose vaccinations.

## 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. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21 but month 12 has seen peaks for both GP and consultant-to-consultant referral groups. At provider level, Southport Hospital has seen a -30.5% decrease in total referrals year to date at month 12. In terms of referral priority, all priority types have seen an increase at month 12 of 2020/21 when comparing to the previous month but remain well below historical levels. Although there remains a -37.3% 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 708 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 and a secondary peak in two week wait referrals has occurred in March-21.

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

The CCG failed the less than 1% target for Diagnostics in March, recording 15.07%, an improvement compared with February's performance (16.69%). Despite failing the target, the CCG is measuring well below the national level of 24.29%. Southport and Ormskirk reported 14.58% a small decline compared to last month when 13.54% was reported. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. Recovery trajectories are in place.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 73.97%, a small improvement from last month's performance (73.14%). But the CCG is reporting well above the national level of 64.38%. Southport & Ormskirk Hospital reported 81.47%, an improvement to last month's performance when 73.14% was recorded.

There were a total of 863 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 519 patients were waiting over 52 weeks, an increase on last month when 401 breaches were reported. This is over the plan of 104 patients submitted as part of the phase 3 response. Overall waiters for the CCG increased to 9,036 (February reported 8,601). Southport & Ormskirk had a total of 331, 52-week breaches in March, showing a further anticipated decline from 155 reported last month. The 519 52+ week CCG breaches reported represent 5.74% of the total waiting list, which is well below the national level of 8.81%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

The CCG is achieving 4 of the 9 cancer measures year to date and 4 measures in March. The Trust is achieving 3 measure year to date and 3 in month.

Performance in two week wait breast services has now been achieved after being under target for the previous 4 months due to breaches within LUHFT.

For Cancer 62 Day standard the CCG is now measuring just below the national level of 73.94% recording 71.15% in March.

The numbers of CCG patients waiting over 104 days is just 1 in March, 1 less than the number reported last month.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 12 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. Data had suggested that seasonal trends and the third national lockdown (initiated on 6th Jan-21) had resulted in a further decrease in planned care activity at lead providers for the CCG, however, March-21 has seen an increase in activity levels with this representing the highest monthly total of 2020/21. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£8.6m/-42% against plan. Across all providers, Southport & Formby CCG has underperformed by -£13.8m/-34.1%.

### **Unplanned Care**

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in March, reporting 86.83% and 87.04% respectively (this being around a 3.6% improvement on last month). The CCG and Trust are slightly above the nationally reported level of 86.14%. At Trust level the A&E 4-hour compliance continues to show failing assurance but there has been a notable improvement in March.

Southport & Ormskirk reported just 1, 12-hour breach in March, the same as reported last month and a significant decrease on January when 19 were reported. The avoidance of 12-hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The provider submits a 48-hour review form to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12-hour breach, resulting in no serious incidents being reported. The CCG continue to receive and review 48-hour reports from providers following the declaration of a 12-hour breach.

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 has continues throughout 2020/21. Whilst targets were not met in full, in March, they show improvements with close achievements of Category 1 targets. March also shows further improvements with the Category 2 mean waits decreasing from 25 minutes 31 seconds to 21 minutes 55 seconds, and the Category 3 90th percentile achieving the target of less than or equal to 120 minutes. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. Southport & Ormskirk reported a small decline in ambulance handover times in March compared to February. Handovers between 30 and 60 minutes increased to 22 from 13, and those above 60 minutes reported 1 the same as reported last month.

Following an MIAA audit, the recommendation is to report the stroke indicator one month in arrears. February being latest data. Southport & Ormskirk reported 26.2% of patients who had a stroke spending at least 90% of their time on a stroke unit in February. This is significantly below the 80% target and shows a decline on previous month (63.6%). The Trust reported that performance against this metric continues to present challenges. In February TiA was reported at 28.6% against the 60% target with 5 patient breaches out of a total of 7 patients. Following an MIAA audit an action plan has been developed to review the reporting process for this indicator.

The CCG reported no news cases of MRSA in March (2 year to date) and has failed the target for the year. Southport & Ormskirk have also failed the target for the year (reporting 2 year to date). Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG now attend.

For C difficile, the CCG reported 1 new case in March (34 year to date) against a year to date plan of 30 so have failed the target for 2020-21. National objectives were 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 1 new case in March, 34 year to date against a threshold of 16 and have also failed their year to date target for the year, further assurance will be requested at the Trust appears to be an outlier in comparison across Cheshire and Merseyside.

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 March there were 13 cases (123 year to date) against a year-end target of 109, therefore the CCG have failed the target for 2020-21. Southport & Ormskirk reported 16 new cases in March, bringing the year to date total to 185. There are no targets set for Trusts at present.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 80.2 in March, 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 12 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 was apparent following the first phase of the NHS response, year to date levels remain below historical averages and recent months suggested a steady decrease in activity numbers leading to the lowest monthly total reported since April-20 in January-21. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic and activity was comparable during February-21. However, a notable increase in activity has then occurred in March-21 with this representing the highest monthly total throughout 2020/21. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.8m/-15% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.2m/-14.8%

### **Mental Health**

The Eating Disorder service has reported 21.2% of patients commencing treatment within 18 weeks of referral in March, compared to a 95% target. 7 patients out of 33 commenced treatment within 18 weeks. This shows a decline on the previous month (30.3%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3-year investment plan for Eating Disorders.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.52% in March and has therefore failed to achieve the 1.59% target. Year to date the CCG's performance recorded 7.81% which has failed the year-end target.

The percentage of people who moved to recovery was 42.1% in March, which is below the 50% target and a 5% decline on the previous month (47.2%). However, the CCG's year to date performance remains above the target at 50.4%. Long internal waits within IAPT are a major contributing factor to recovery rates.

Southport & Formby CCG is recording a dementia diagnosis rate in March of 62.4%, which is under the national dementia diagnosis ambition of 66.7%. This shows a small improvement on last month's performance (62%). The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. The CCG has approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 10.7 weeks in March with 135 on the list, which represents the same waiting time position as reported last month. The Trust is expecting to have all those identified with SEND on the waiting list to have their diagnostic assessment to be completed by the end of May 2021.

In quarter 4 2020/21 year to date, 79.2% of Southport & Formby CCG patients identified as having a learning disability received a physical health check. This is above the CCG's year to date target of 67% and has achieved for 2021/22.

### **Adult Community Health Services (Lancashire & South Cumbria NHS FT)**

Adult community services have been working hard restore community services via 2 weekly recover, restore and retain programme.

### **Children's Services**

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

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, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service along with the impact of the recent lockdown on delivery in school settings. For March, SALT and continence services continue to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Pre-COVID a preliminary service review of the continence service identified a high number of low-level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs.

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, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment have been challenged locally. Although there has been a general deterioration in performance since November 2020, there was an improvement in March 2021, in part due to the additional staff who commenced in post as a result of the CCGs' short-term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery. The CCGs are

awaiting further details of the financial settlement for Sefton to facilitate the 2021/22 planning of these services locally. It is anticipated that the investment will support an increase in CAMHS capacity and a reduction in waiting times. In addition, Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a high number of new and existing patients are presenting to the service at physical and mental health risk. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand: from June 2020 onwards, 100% of patients received urgent and routine treatment within the national waiting times standards, and this was sustained until January 2021. However, due to a further increase in referrals in February 2021, there have been a number of breaches in the routine treatment waiting time standards (28 days).

As with CAMHS, once the mental investment allocation is confirmed for Sefton, the CCGs will consider what additional investment is required to support recovery.

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 target. There continues to be an increasing number of referrals to both services which is placing pressure on service capacity, and whilst the trust has a number of mitigating actions in place to manage this, discussions with local partners are underway to understand the drivers for this increase.

Whilst SEND performance for the community therapies is on track, there are ongoing concerns in respect of CAMHS performance which continues to fall short of the SEND KPIs. As outlined above, local, regional and national plans are in progress to address this as the management and delivery of the service will continue to be 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	2203	-3116	-58.6%
June	2018	1030	-988	-49.0%	1897	1641	-256	-13.5%	4610	3092	-1518	-32.9%
July	2391	1342	-1049	-43.9%	2326	1780	-546	-23.5%	5487	3585	-1902	-34.7%
August	1863	1038	-825	-44.3%	2069	1669	-400	-19.3%	4582	3177	-1405	-30.7%
September	1917	1338	-579	-30.2%	2192	1904	-288	-13.1%	4795	3821	-974	-20.3%
October	2187	1443	-744	-34.0%	2215	1710	-505	-22.8%	5275	3730	-1545	-29.3%
November	2205	1347	-858	-38.9%	2079	1804	-275	-13.2%	5051	3765	-1286	-25.5%
December	1644	1223	-421	-25.6%	1805	1805	0	0.0%	4066	3644	-422	-10.4%
January	2169	1226	-943	-43.5%	2242	1644	-598	-26.7%	5165	3389	-1776	-34.4%
February	1917	1192	-725	-37.8%	1983	1747	-236	-11.9%	4650	3492	-1158	-24.9%
March	1369	1464	95	6.9%	1622	2217	595	36.7%	3610	4303	693	19.2%
Monthly Average	2007	1157	-849	-42.3%	2048	1661	-387	-18.9%	4780	3338	-1442	-30.2%
YTD Total Month 12	24078	13886	-10192	-42.3%	24579	19934	-4645	-18.9%	57365	40061	-17304	-30.2%
Annual/FOT	24078	13886	-10192	-42.3%	24579	19934	-4645	-18.9%	57365	40061	-17304	-30.2%

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







## Month 12 Summary:

- Secondary care referrals have remained below historical levels across all referral sources since the beginning of 2020/21. However, month 12 has seen a peak for referrals with the 4,303 reported representing a 19.2% increase when comparing to the previous year.
- This increase could potentially be linked to factors such as the national vaccination programme, easing of some national lockdown restrictions and the elective restoration programme.
- GP referrals are currently -42.3% down on the equivalent period in the previous year. However, month 12 has seen an increase in GP referrals and further analysis has established there have been approximately 4 additional GP referrals per day in March 2021 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -30.5% (-13,374) year to date at month 12.
- Consultant-to-consultant referrals at Southport Hospital are -18.6% (-3,753) 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. Referrals from A&E have increased in month 12 following a peak in A&E attendances.
- Ophthalmology was the highest referred specialty for Southport & Formby CCG in 2019/20. Year to date month 12 referrals to this speciality in 2020/21 are approximately -42.5% (-1,818) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 12 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 -37.3% (-14,623) to the previous year.
- Although there remains a -13.4% 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 708 referrals reported in July 2020 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. A secondary peak of 585 two week wait referrals has occurred in month 12.
- 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.
- Specialty code 822 (Chemical Pathology) has been excluded from April-20 onwards due to an issue found within Southport & Ormskirk data.
- 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 March 2021, referrals to Alder Hey are 78.2% (115) up when comparing to March 2020 with Renacres referrals also showing an increase of 6.5% (17).



## 2.2 NHS e-Referral Service (e-RS)

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.



## 2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>	Dec-20	Jan-21	Feb-21	Mar-21			
		CCG	18.44%	21.10%	16.69%			15.07%
		S&O	13.43%	17.04%	13.54%			14.58%
		Previous year	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	2.57%	2.70%	1.06%			15.65%
		S&O	1.44%	1.52%	0.35%	10.06%		
National Target: less than 1% Yellow denotes achieving 2019/20 improvement plan but not national standard								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>For the CCG, out of 2,833 patients, 427 patients were waiting over 6 weeks, (of those 165 were waiting over 13 weeks) for their diagnostic test. In comparison, March last year had a total waiting list of 1,473 patients, with 231 waiting over 6 weeks (of those 8 were waiting over 13 weeks).</li> <li>The majority of long waiters were for gastroscopy (145), colonoscopy (92) and CT (48) this makes up 66.74% of the breaches.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 3rd in the rankings (1st being best performing).</li> <li>The CCG is reporting well below the national level of 24.29%.</li> <li>The Trust saw a small decline in performance in March compared to previous month.</li> <li>New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity.</li> <li>Reduced throughput in theatres a result of new IPC guidance.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<u>CCG Actions:</u>								
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going.</li> <li>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.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate.</li> <li>The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system.</li> <li>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).</li> <li>Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.</li> <li>Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e.</li> </ul>								
<u>Endoscopy:</u>								
<ul style="list-style-type: none"> <li>Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance.</li> <li>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.</li> </ul>								
<u>Trust Actions:</u>								
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing in a positive way.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
No dates for recovery provided.								
<b>Quality:</b>								
No quality concerns raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Martin McDowell		Rob Caudwell		Terry Hill				

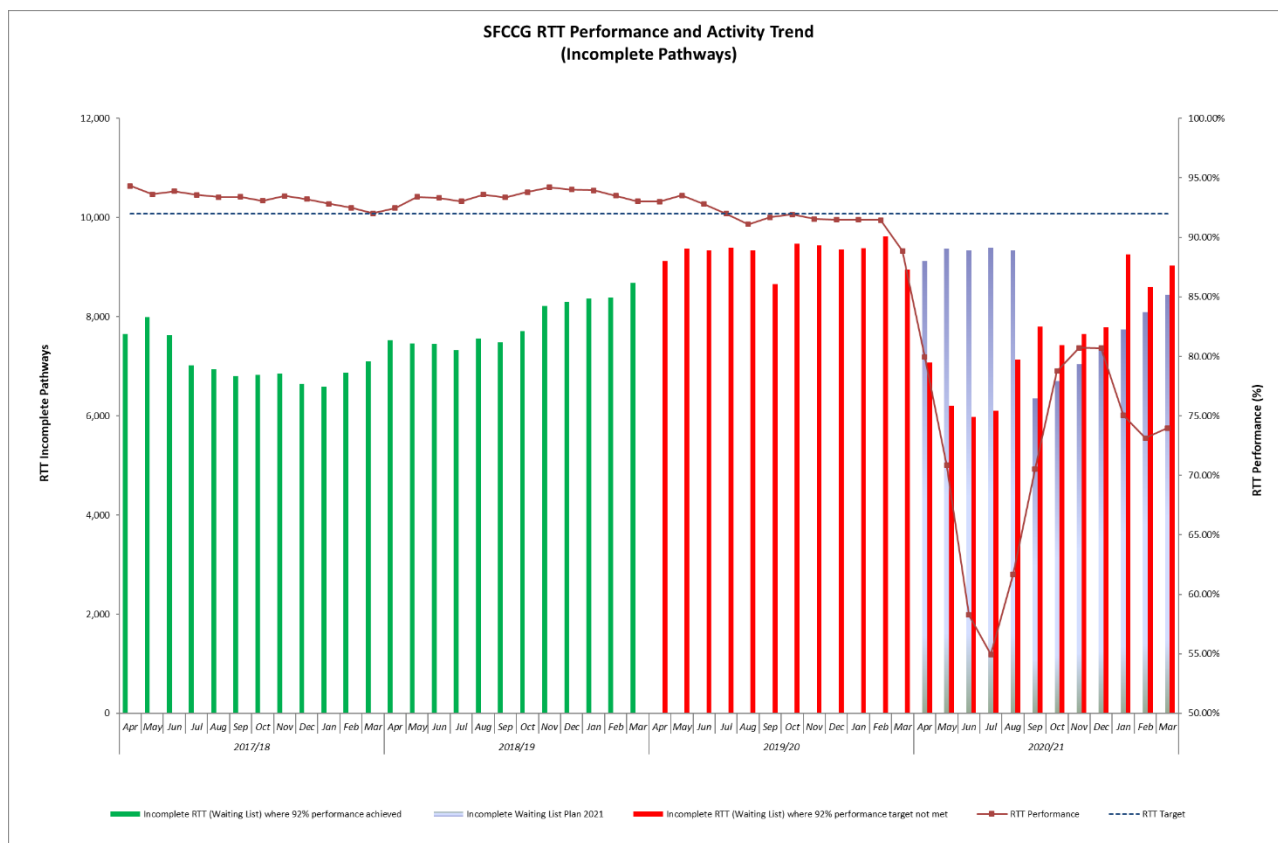
## 2.4 Referral to Treatment Performance (RTT)

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	Dec-20	Jan-21	Feb-21	Mar-21		
		CCG	80.69%	75.05%	73.14%	73.97%	
		S&O	84.36%	82.40%	81.45%	81.47%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	91.48%	91.48%	91.45%	88.86%	
S&O	92.93%	92.62%	92.60%	89.81%			
Plan: 92%							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>For the CCG March is showing a similar performance from previous month, after months of decline due to the COVID-19 pandemic.</li> <li>The challenged specialties include Gynaecology, Neurosurgery, Plastic Surgery and Gastroenterology.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 1st in the rankings (best performing).</li> <li>The CCG is reporting well above the national level of 64.38%.</li> <li>New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity.</li> <li>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.</li> <li>Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week)</li> <li>Staff vacancy impacting Trusts ability to maximise all theatres.</li> <li>Renacres has been under national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&amp;O with elective recovery.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<u>CCG Actions:</u>							
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system.</li> <li>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.</li> <li>Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.</li> <li>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/diagnostic activity..</li> <li>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.</li> <li>CCG attendance at ICS/OOH cell gold command meetings, to gain assurances regarding recovery trajectories.</li> <li>CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery.</li> </ul>							
<u>System:</u>							
<ul style="list-style-type: none"> <li>Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission in June 2021.</li> <li>System partners and National/regional leads 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/Green sites, digital risk stratification (A21) and system PTL/waiting lists.</li> </ul>							
<u>Trust Actions:</u>							
<ul style="list-style-type: none"> <li>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.</li> <li>Work is also ongoing with the clinical teams to improve throughput of elective theatres.</li> <li>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.</li> <li>Review agency staffing to understand opportunity to open up further theatre capacity.</li> <li>Review of performance trajectories, and improved productivity.</li> <li>Increase utilisation of video consultation in line with national expectations.</li> <li>Trust participating in national work to develop system modelling tool in Ophthalmology.</li> </ul>							
<b>When is performance expected to recover:</b>							
No dates for recovery provided.							
<b>Quality:</b>							
No quality issues raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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	Dec-20	Jan-21	Feb-21	Mar-21			
		CCG	112	226	401			519
		S&O	39	91	155			331
		Previous year	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	0	0	1			0
		S&O	0	0	1			0
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Of the 519 breaches for the CCG, there were 182 at Southport &amp; Ormskirk, 82 at LUHFT and 255 at 18 other Trusts.</li> <li>Measuring against the plan the CCG are reporting 415 over plan.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 1st in the rankings (best performing). The 519 breaches reported also represent 5.74% of the total waiting list, which is well below the national level of 8.81%.</li> <li>Of the 331 breaches at Southport &amp; Ormskirk (catchment), 70 were in Gastroenterology, 66 in gynaecology, in 54 were in General surgery and the remainder over spanned over the other specialities.</li> <li>Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches.</li> <li>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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<u>CCG Actions:</u>								
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised.</li> </ul>								
<u>System:</u>								
<ul style="list-style-type: none"> <li>Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission in June 2021</li> <li>System partners and National/regional leads 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/Green sites, digital risk stratification (A21) and system PTL/waiting lists.</li> </ul>								
<u>Trust Actions:</u>								
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters.</li> <li>Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
No quality concerns raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
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	9,254	8,601	9,036	9,036
<b>Difference</b>	<b>-2,054</b>	<b>-3,163</b>	<b>-3,348</b>	<b>-3,291</b>	<b>-2,202</b>	<b>1,444</b>	<b>1,025</b>	<b>600</b>	<b>388</b>	<b>1,512</b>	<b>511</b>	<b>598</b>	<b>598</b>
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	226	401	519	
<b>Difference</b>	<b>6</b>	<b>10</b>	<b>17</b>	<b>36</b>	<b>62</b>	<b>33</b>	<b>7</b>	<b>25</b>	<b>28</b>	<b>136</b>	<b>304</b>	<b>415</b>	

**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	8,078	8,615	9,896	9,896
<b>Difference</b>	<b>-3,586</b>	<b>-4,757</b>	<b>-4,910</b>	<b>-4,708</b>	<b>-4,138</b>	<b>-3,322</b>	<b>-3,053</b>	<b>-4,333</b>	<b>-3,186</b>	<b>-3,186</b>	<b>-2,917</b>	<b>-7</b>	<b>-7</b>

New plans for incomplete pathways and 52 week waiters 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 March, the CCG is currently over the new plan by over by 598. The CCG's main provider Southport & Ormskirk accounts for 55.52% (5,017) of all incomplete pathways in March.



## 2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVV)	121	182	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. Currently meeting targeted restoration activity levels as per national guidance. Five all day theatre sessions per day have been in place at Ormskirk District General Hospital since 4th May 2021 due to the return of the Theatre Teams and staff members that had been shielding or redeployed. Risk stratification is performed for all appropriate patients and weekly PTL meetings are taking place to track patients and escalate issues and OSM daily monitoring continues. The Trust has been providing virtual appointments where possible. There has been a review of job plans to maximise capacity and Service reviews underway. Based on the current restoration plan, it is forecasted that 52-week waiters would be resolved by early 2022. A new regional patient treatment list is being implemented on a system level in a bid to restore RTT to pre-Covid levels.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	50	82	The Trust's elective programme was restricted in January and February to manage the latest COVID surge. Theatre staff were redeployed to critical care, and outpatient staff were redeployed to wards. As a result, elective activity was prioritised for cancer patients and clinically urgent patients. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where clinically appropriate. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD).
RENACRES HOSPITAL : (NVC16)	69	79	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	25	65	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres came back on line in February which has helped to treat patients that have been waiting a long time for treatment.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	34	36	Patient Tracking List meetings are held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. STHK expect a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent patients and long waiters remain the priority patients for surgery. All theatres were fully re-opened from April 2021 as shielding staff were able to return.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	9	22	Work continues in line with the national clinical prioritisation programme for prioritising patients and communicating with patients who are delayed where their procedures are not deemed to be urgent. Harm reviews of 52+ week waits and deep dive reviews of specialities with long waits are reported to Safety and Quality Committee. There is mutual aid from ICS as required and an ICS elective recovery programme is in place with work on shared PTL being developed. Capital bids supports more day case theatres in Q1 2021/22. The Trust will continue to utilise IS capacity.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	3	9	Manchester University has continued with the ongoing performance management of Hospital delivery and clinical validation, and priority work to ensure that the number of long waiters is minimised where possible. The Group MESH (Manchester Emergency & Elective Surgical Hub) has been mobilised to ensure oversight and effective use of resources across the Trust sites, including Independent Sector capacity. Outputs from the site-based meetings prioritise access to theatre capacity, to ensure that the patients with the highest clinical priority are operated on first and that there is equity of access across specialities and sites. Further focus has been undertaken to convert face to face appointments to telephone and virtual.
SPIRE LIVERPOOL HOSPITAL : (NT337)	7	8	The National Framework contract commenced on 31st December 2020. The hospital has discussed displaced elective cases with Liverpool CCG as lead commissioner and restarted its elective programme based on the clinical prioritisation programme mandated by NHSEI. 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 providing an accurate outlook of wait times for patients wishing to access the hospital's services.
EUXTON HALL HOSPITAL : (NVC05)	6	7	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	0	6	There will be a specific focus on these patients. The Trust has sourced capacity and utilised commissioned capacity at the Independent Sector. All new referrals continue to be clinically triaged. Patients continue to exercise their personal choice to delay appointments and treatments. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSEI regarding the challenges the Trust in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from ECIST in order to gain support and insight on increasing productivity. Due to the prolonged Covid surge a large proportion of elective activity required suspension to release space and workforce for COVID-19 management. This has set back the recovery programme which will be reinstated to maximum potential as soon as Critical Care numbers subside to a level where increased space and workforce provision is required. The Trust has requested earliest possible consideration of Mutual aid from the Region as it has been regionally recognised that the Countess has been one of the 3 hospitals who have been hit 'hardest and longest' by the pandemic.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	9	5	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The Trust has met required recovery trajectories for outpatients and elective activity to date, however, anticipates future challenges with long waiting (52 week) patients. At the end of March 2021, the Trust began to restore the elective programme. The Trust now regularly delivers over 2,000 non face to face appointments per month which assists greatly with recovery. Following successful recruitment in theatre services the Trust will be able to maximise a 38-session week from mid-May which allows the service to address the long wait backlog.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	3	Clinical validation and prioritisation is in place. 'Buddies' contact patients and give information when validated as high P value. Phone and Virtual appointments are still in place as a large number of face to face clinics have been cancelled or replaced with phone consultations. Divisional CAS co-ordinators have been employed.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	3	3	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. All patients undergo a harm review by the consultant responsible for the patients care. Elective restoration remains hampered by the high levels of Covid positive inpatients occupying beds and the need to provide clean pathways and capacity. Phased plans to increase elective capacity will be allocated in accordance with the greatest clinical need. The Trust remains on track to deliver normal levels of day case capacity.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	0	3	P1 and P2 categories of patients (those requiring immediate treatment or treatment within 4 weeks) has continued with the independent sector being engaged to reduce the backlog. A small number of P3 patients are being treated at Clatterbridge or being outsourced to the independent sector. There are plans to use insourcing at weekends through 18 week support from May. All patients who breach 52 weeks have a harm review undertaken.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	2	2	The Greater Manchester Mobile Endoscopy Unit will add capacity in support of reducing times to diagnosis for urgent cancer & routine pathways over the coming months. Support for other complex diagnostics is being sought from across Greater Manchester. Independent Sector volumes of activity are being agreed to support capacity constraints in the Acute Sector. The Northern Care Alliance Surgical Prioritisation Group continues to embed with strong clinical engagement and a focus on dating all priority 1 and 2 patients. Teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	0	2	The Trust submitted plans on 6th May 2021 for the highest possible levels of activity across elective services, which maximise physical and workforce capacity and prioritise the most urgent patients. Also incorporating clinically led reviews and validation of the waiting list, maintain effective communication with patients, and address the longest waiters and health inequalities. Also need to safeguard the health and wellbeing of staff. The Trust hopes to rapidly implement Phase 2 of the restore plan – to reallocate waiting lists according to capacity, split percentage wise per speciality, pending full restore of Job Plan. For all over 52 week waiters the Trust continues to work on validating patients and assessing any potential for patient harm.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	2	The Trust is working closely with other providers on clinical prioritisation. COVID-19 admissions have reduced significantly and the Trust is rapidly decommissioning COVID-19 wards and reinstating their original functions. The Trust is working closely with other North Central London providers and is at the forefront of developing innovative approaches to clearing the backlog, for example by introducing colon capsules and cyto-sponges removing the need to perform a colonoscopy or screening gastroscopy.
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST : (RQM)	0	1	Focus is on clinical prioritisation of 52 week waiters, monitoring and supporting any patient cohorts that are not getting surgery due to capacity constraints.
ISIGHT : (NCR)	0	1	TCI 26/05/2021
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST : (RTX)	0	1	Working with the elective care recovery group (ECRG) for the ICS the Trust has mutually agreed a number of local aspirations. Moving to developing and managing our elective plan at an ICS level wherever possible, working together as a system to maximise efficiencies and commit to optimising equity of access to elective care for patients across the ICS. A number of schemes have been developed which if funded would accelerate restoration and recovery. The majority of this cost is directed at additional Inpatient Elective and Day Case capacity to improve the restoration rates and reduce 52 week waits and cancer treatment times.
Other Trusts	6	0	No Trust Information.
	<b>344</b>	<b>519</b>	










## 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	Dec-20	Jan-21	Feb-21	Mar-21	
		1	1	0	4	
		Dec-19	Jan-20	Feb-20	Mar-20	
		8	2	8	8	
Plan: Zero						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Trust information show there was a decline in cancelled operations in March after reporting none in February. The Trust indicated the reasons for the cancelled operations as 2 ward beds being unavailable, 1 needs SDGH and 1 Inpatient at SDGH had transfer problems.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<u>CCG Actions:</u>						
<ul style="list-style-type: none"> <li>Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported.</li> </ul>						
<u>System:</u>						
<ul style="list-style-type: none"> <li>ICS/HCP partners developing a programme of work called 'Theatre lite/Theatre smart', to develop principles that will support more effective use of theatre capacity, potentially increasing available capacity and reducing theatre cancellations.</li> </ul>						
<u>Trust Actions:</u>						
<ul style="list-style-type: none"> <li>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.</li> <li>Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.</li> <li>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.</li> <li>Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres.</li> </ul>						
<b>When is performance expected to recover:</b>						
Recovery anticipated next month.						
<b>Quality:</b>						
No quality concerns raised.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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		Dec-20	Jan-21	Feb-21	Mar-21			YTD
	2 Week Wait (Target 93%)	CCG	77.74%	84.67%	88.67%	90.95%			88.98%
		S&O	89.47%	88.27%	88.86%	90.60%			91.32%
	2 Week breast (Target 93%)	CCG	47.27%	64.10%	77.42%	96.88%			75.00%
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	98.21%	96.51%	97.14%	96.00%			96.18%
		S&O	100%	98.46%	98.48%	98.75%			96.81%
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%			98.36%
		S&O	No Pats	No Pats	No Pats	No Pats			No Pats
	31 day subsequent - surgery (Target 94%)	CCG	86.67%	88.89%	100%	92.31%	91.60%		
		S&O	No Pats	100%	100%	100%	100%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.29%		
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats		
	62 day standard (Target 85%)	CCG	84.91%	70.59%	70.59%	71.15%	79.16%		
		S&O	82.76%	66.37%	72.83%	70.91%	76.90%		
	62 Day Screening (Target 90%)	CCG	66.67%	100%	100%	66.67%	75.00%		
		S&O	0%	No Pats	100%	No Pats	80.00%		
	62 Day Upgrade (Local Target 85%)	CCG	87.50%	58.82%	89.47%	82.14%	85.25%		
		S&O	88.73%	65.31%	85.92%	89.53%	88.01%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>The CCG is achieving 4 of the 9 cancer measures year to date and 4 measures in month 12.</li> <li>The Trust is achieving 3 of the 9 cancer measures year to date and 3 measures in month 12.</li> <li>The 2 week standard for breast symptoms has recovered in month 12.</li> <li>For Cancer 62 Day standard the CCG is now measuring just below the national level of 73.94% recording 71.15% in March.</li> <li>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.</li> </ul>									
<b>Key points to note:</b>									
<ul style="list-style-type: none"> <li>Urgent suspected cancer referrals remain high with latest reported period at 20% above pre-pandemic levels.</li> <li>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. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> <li>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;</li> <li>To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints;</li> <li>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.</li> </ul> <p>A Cancer Alliance level live daily PTL from all providers is being implemented from early 2021. This will facilitate:</p> <ul style="list-style-type: none"> <li>Direct visibility of patient tracking list (PTL) data for live reporting.</li> <li>Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.</li> <li>Predicted performance information.</li> <li>Proactive rather than reactive management.</li> <li>Brings together like for like data for Alliances across the North West.</li> <li>Support to cancer management teams on activity volumes / growth.</li> <li>Tracking of key issues – such as 104 day breaches.</li> </ul>									
<b>When is performance expected to recover:</b>									
<p>The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:</p> <ul style="list-style-type: none"> <li>Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.</li> <li>Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral.</li> <li>Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.</li> </ul> <p>Providers have submitted their cancer restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.</p>									
<b>Quality:</b>									
<p>The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.</p>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Martin McDowell		Dr Graeme Allan			Sarah McGrath				

## 2.6.1 104+ Day Breaches

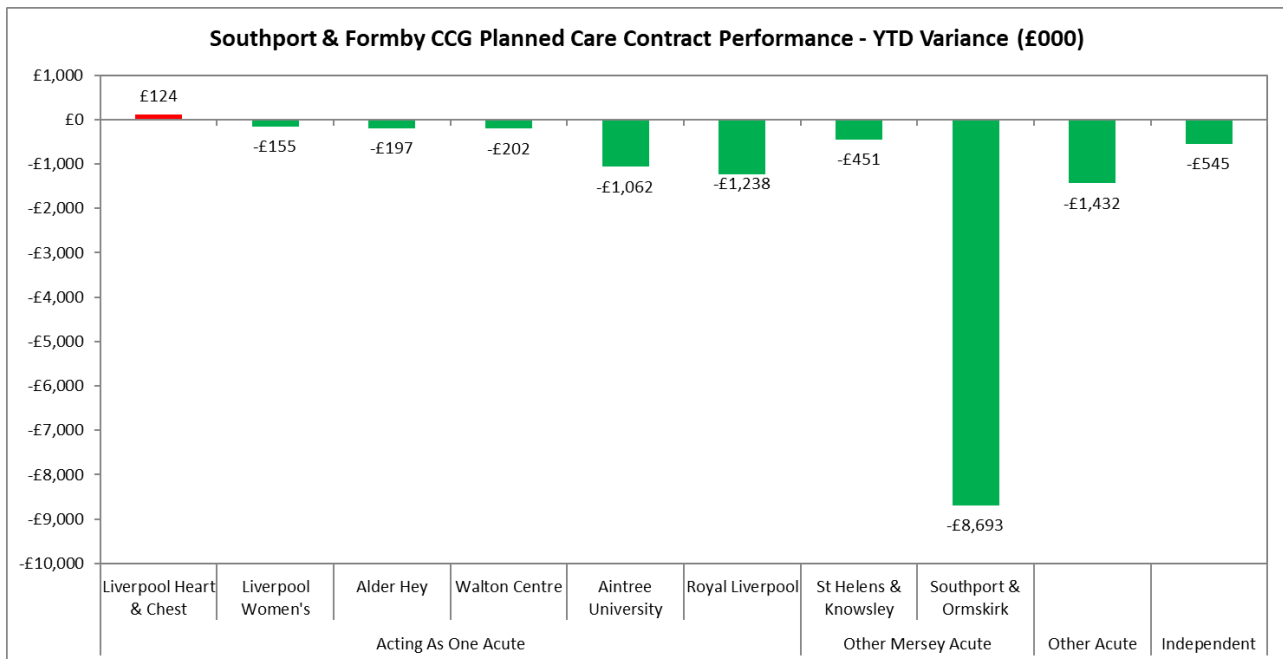
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		6	4	2	1	
Plan: Zero						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>The single 104 day breach in March was a complex diagnostic pathway for a urological patient who was waiting 177 days.</li> <li>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.</li> <li>There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP) when re-established.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Providers have submitted trajectories for months 1-6 to reduce all over 62 day waits to pre pandemic levels.						
<b>Quality:</b>						
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. Harm reviews and Root Cause Analyses of pathway breaches are reviewed by the CCG's PQIRP Group.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

## 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	Dec-20	Jan-21	Feb-21	Mar-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	74.02%	67.53%	71.63%	73.65%		73.69%
		Target	75% Target from Q3 2021-22					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	80.00%	78.95%	77.42%	87.50%		85.80%
		Target	75% Target from Q3 2021-22					
	28-Day FDS Screening Referral	CCG	63.64%	61.11%	44.83%	41.38%	52.17%	
		Target	75% Target from Q3 2021-22					
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services.</li> <li>Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%.</li> <li>In March and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.</li> <li>RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22.</li> <li>28 Day FDS overall is reporting 72.87% for March and 73.68% year to date, just under the proposed 75% target.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>Actions to achieve the 28 days standard are consistent with actions aimed at shortening the referral to diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section.</li> <li>The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance.</li> </ul>								
<b>When is performance expected to recover:</b>								
Not applicable.								
<b>Quality:</b>								
Not applicable.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Martin McDowell		Dr Debbie Harvey		Sarah McGrath				

## 2.7 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care - All Providers



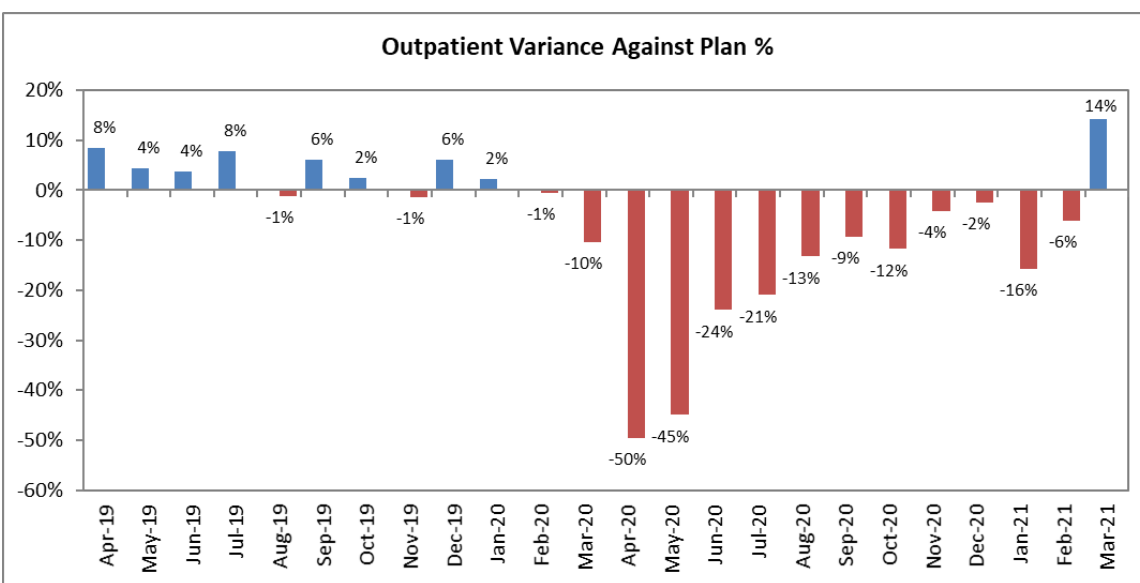
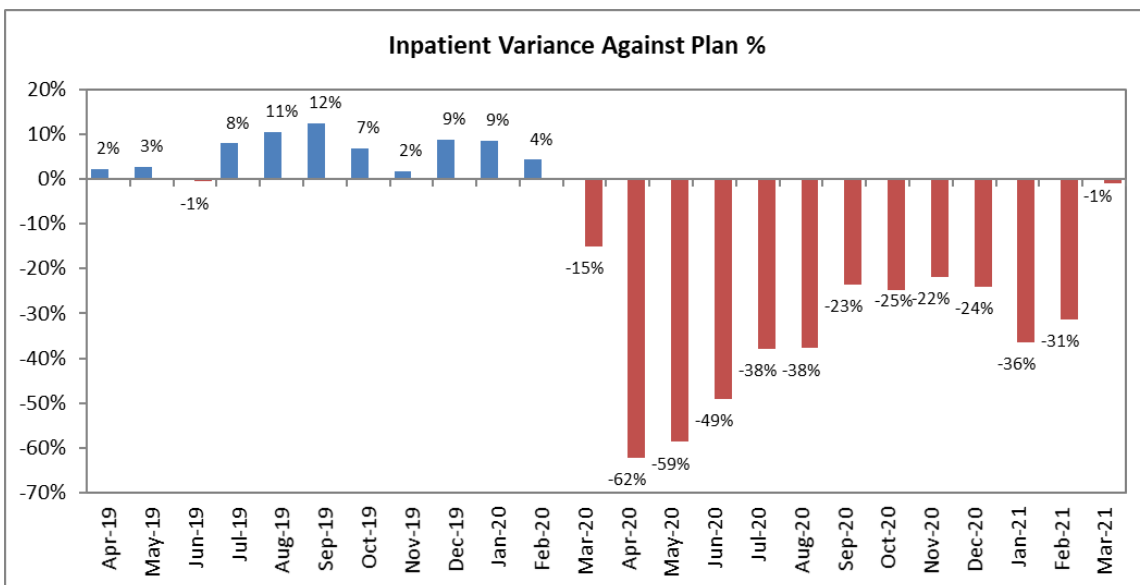
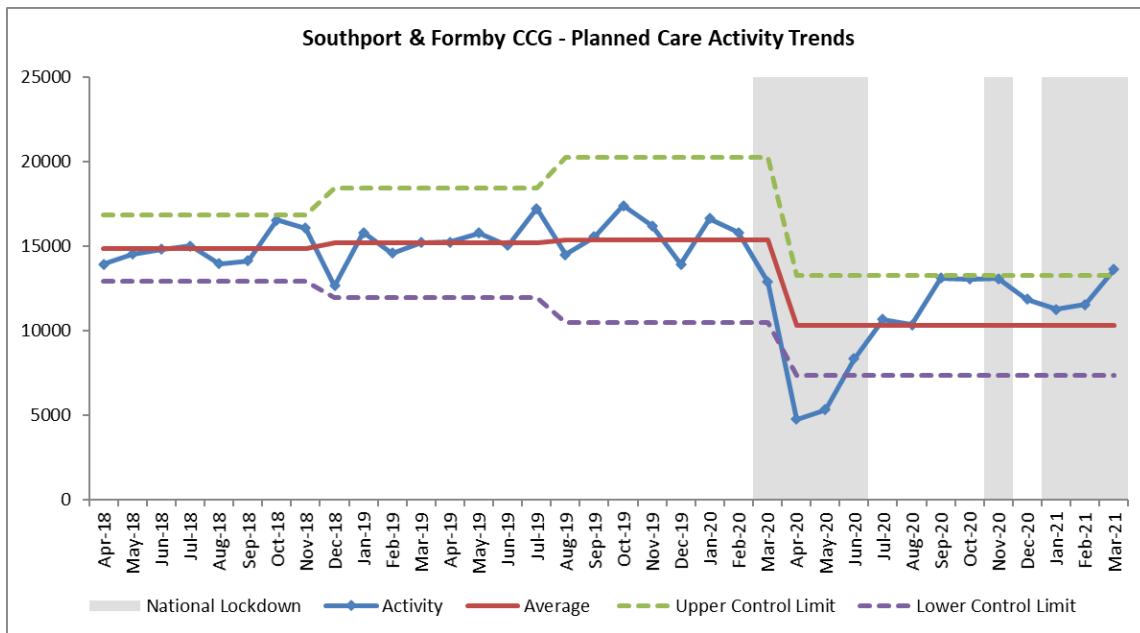
For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all 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. Data had suggested that seasonal trends and the third national lockdown (initiated on 6th Jan-21) had resulted in a further decrease in planned care activity at lead providers for the CCG, however, March-21 has seen an increase in activity levels with this representing the highest monthly total of 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£8.6m/-42% against plan. Across all providers, Southport & Formby CCG has underperformed by -£13.8m/-34.1%.

**NB.** Due to the COVID-19 pandemic, a number of month 12 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 12 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 5 - Planned Care Activity Trends, Inpatient and Outpatient Variance against Plan**



## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,907	6,232	-4,675	-43%	£5,729	£3,203	£-2,526	-44%
Elective	1,113	626	-487	-44%	£3,344	£1,610	£-1,734	-52%
Elective Excess Bed Days	292	77	-215	-74%	£77	£21	£-56	-73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	743	459	-284	-38%	£150	£96	£-54	-36%
OPFASPCL - Outpatient first attendance single professional consultant led	15,383	10,511	-4,872	-32%	£2,706	£1,839	£-868	-32%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	928	948	20	2%	£105	£110	£5	5%
OPFUPSPCL - Outpatient follow up single professional consultant led	43,990	23,406	-20,584	-47%	£3,881	£2,008	£-1,873	-48%
Outpatient Procedure	26,432	14,979	-11,453	-43%	£3,616	£2,224	£-1,392	-38%
Unbundled Diagnostics	11,785	9,477	-2,308	-20%	£1,144	£950	£-195	-17%
<b>Grand Total</b>	<b>111,573</b>	<b>66,715</b>	<b>-44,858</b>	<b>-40%</b>	<b>£20,753</b>	<b>£12,060</b>	<b>£-8,693</b>	<b>-42%</b>

\*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 -£8.6m/-42% for Southport & Formby CCG at month 12. This is a continuation of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -30.5% 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 General Surgery/Medicine service at the lead provider. 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'. There were 104 of these procedures undertaken in March-21 for Southport & Formby patients which is the highest monthly total since February-20.

**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 12 year to date actuals (PbR only).

## 2.7.2 Isight

Figure 7 - Planned Care – Isight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,728	1,279	-449	-26%	£961	£614	£-347	-36%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,516	1,133	-383	-25%	£209	£153	£-56	-27%
OPFUPMPL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	4,194	2,283	-1,911	-46%	£254	£137	£-116	-46%
Outpatient Procedure	1,874	1,822	-52	-3%	£128	£120	£-9	-7%
<b>Grand Total</b>	<b>9,315</b>	<b>6,517</b>	<b>-2,798</b>	<b>-30%</b>	<b>£1,552</b>	<b>£1,024</b>	<b>£-528</b>	<b>-34%</b>



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 -£528k/-34%. There has been some recovery of activity (including outpatient first appointments and cataract procedures) with activity during February-21 and March-21 comparable to a monthly average from 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 12 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
<b>Smoking at Time of Delivery (SATOD)</b>		<b>Previous 3 quarters and latest</b>				125d	<b>Risk to CCG</b> 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. <b>Risk to Patients</b> 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.
<b>RED</b>	<b>TREND</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		14.01%	9.38%	8.76%	6.47%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		5.88%	9.69%	7.73%	11.30%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>During Quarter 4 Southport and Ormskirk have achieved 6.47%, against the National ambition of 6%; with 201 maternities, of which just 13 were smokers at the time of delivery. This is a 2.29% improvement in performance since the last quarter, and we have seen a sustained improvement at each reporting point throughout 2020/21.</li> <li>As an overall year end figure, Southport and Formby achieved 9.67% with 79 mothers reported as smoking at the time of delivery out of 817 pregnancies.</li> <li>The impact of COVID should not be underestimated in terms of the stress brought on by loss of jobs, earnings and relationship struggles thus explaining the reported increase in ex-smokers as starting up again mid-pregnancy.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>To combat the specific impact of COVID the Trust has maintained 100% referral rate to the specialist smoking cessation teams, awareness and knowledge amongst Midwives who have the first contact with pregnant women and they have given telephone support to the women at every available opportunity. Serial scans have remained in place for pregnant smokers throughout, and wherever possible are seen by the specialist midwife after each scan.</li> <li>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.</li> <li>The Cheshire and Merseyside Local Maternity Service (LMS) meetings are the forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQuA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area.</li> <li>Following our Qtr3 report in February 2021, Public Health Sefton have since been able to confirm that they are continuing to fund the dedicated Smoking in Pregnancy midwife based at Southport and Ormskirk due to the positive impact that she has had. There is commitment for the next 3 years with the option to extend for a further two.</li> </ul> <p>Given that many pregnant women from Sefton are also seen at the Liverpool Women's Hospital Trust and it is an ambition of the CCG in this coming year, to explore the potential for joint funding in partnership with Public Health for a similar Smoking in Pregnancy midwife for the Sefton population who attend the LWH Trust .</p>							
<b>When is performance expected to recover:</b>							
Continuous performance improvement is anticipated and evidence should be reflected in the next quarter reporting .							
<b>Quality:</b>							
<ul style="list-style-type: none"> <li>No specific quality issues reported.</li> <li>The dedicated Smoking in Pregnancy/stop smoking midwife will continue in post for the next 3 years with an opportunity to extend for a further two.</li> <li>As services are able to re-open face to face meetings, it is expected that this will strengthen the support offered by the Stop smoking service.</li> <li>The Cheshire and Merseyside Local Maternity Service (LMS) meetings are the forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQuA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area.</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Fiona Taylor		Wendy Hewit		Tina Ewart			

### 3. Unplanned Care



#### 3.1 Accident & Emergency Performance

##### 3.1.1 A&E 4 Hour Performance

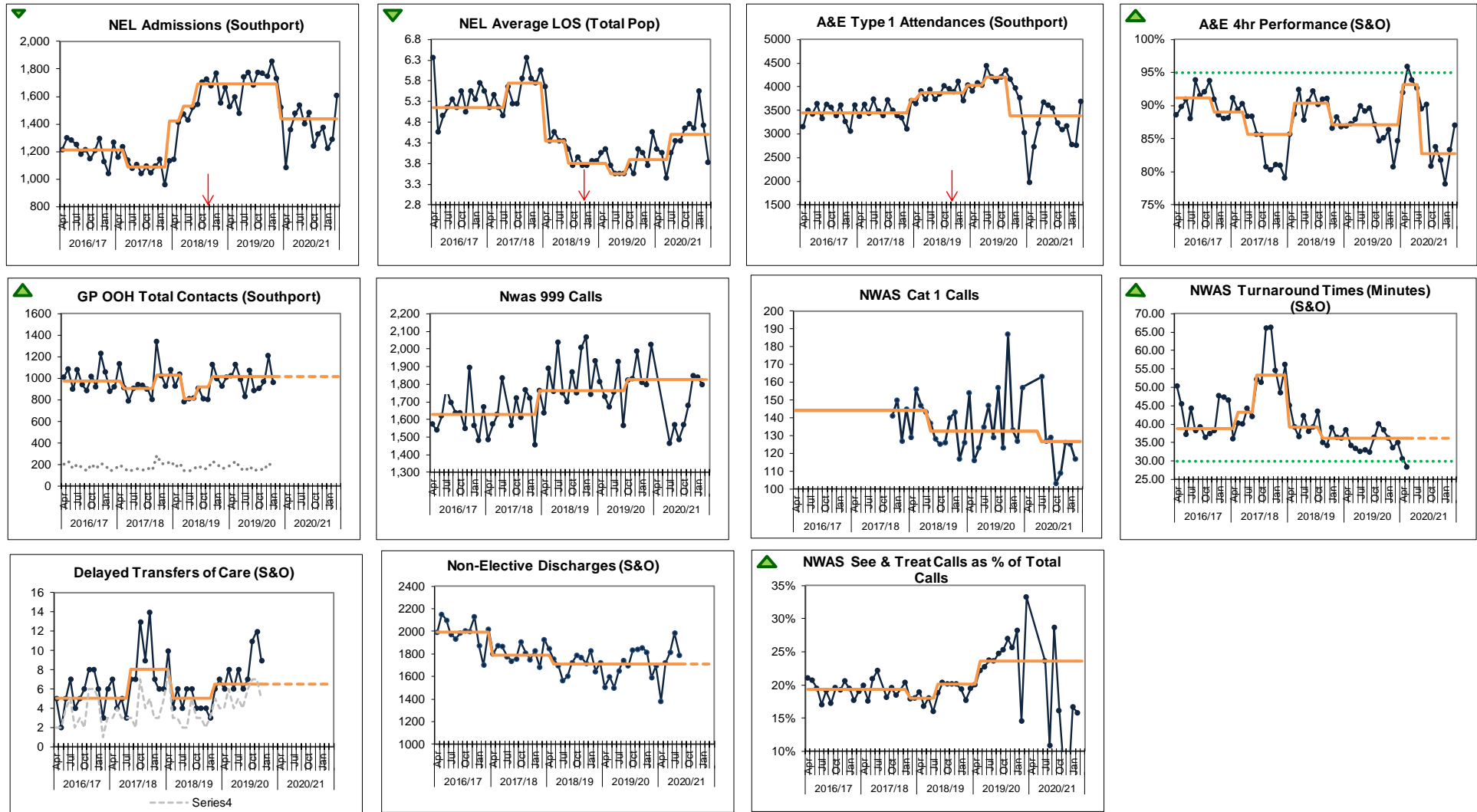
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with 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	Dec-20	Jan-21	Feb-21	Mar-21	YTD		
		CCG All Types	81.74%	77.76%	83.14%	86.83%	87.27%	
		CCG Type 1	74.14%	68.03%	78.45%	81.93%	82.06%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG All Types	83.08%	84.40%	83.23%	86.56%	85.61%	
			Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		S&O All Types	81.71%	78.15%	83.28%	87.04%	87.43%	
	S&O Type 1	73.90%	68.53%	75.94%	82.37%	82.18%		
National Standard: 95% No improvement plans available for 2020/21								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>March data shows the CCG and Trust remain under the 95% target.</li> <li>In March 2021, the total number of A&amp;E attendances reported for the Trust was 8,662, an increase from the 6,381 attendances reported in February. This also represents an increase on the attendances in March 2020 which was 7,502.</li> <li>CCG A&amp;E performance in March is slightly higher to the national level of 86.14%.</li> <li>Admissions vs Discharges is in a negative balance – deficit widens at weekends due to dip in weekend discharges               <ul style="list-style-type: none"> <li>Improvement plan - discharge ambition set against predicted admission data the aim of which to achieve more discharges v's admissions and reduce bed occupancy levels. Work towards 7 day service provision to support internal flow and discharge.</li> </ul> </li> <li>ED trajectory set to achieve above 85% by 30th June 2021.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department.								
<b>CCG Actions:</b>								
There are a series of actions at system level to drive improvement against the standard:								
<ul style="list-style-type: none"> <li>Development of 111 1st care navigators at front door in collaboration with CCGs and Merseycare to deflect patients to the most appropriate setting.</li> <li>Enhance Directory of Service for 111 1st for local community and primary care provisions</li> <li>Review opportunity to co-locate PC24 GP offer within ED at SDGH</li> <li>Review access to admission avoidance services with all partners including Mental Health</li> <li>Review of check and challenge governance processes (RFD) with System Urgent Care.</li> <li>Enhance home first function in ED integrating with community teams to facilitate admission avoidance for over 65s</li> <li>Continued focus on daily discharge trajectory across the system</li> <li>Escalation pathways across the system</li> <li>Re-establishment of frailty pathway modelling - extended the support provided by Frailty Network to reinstate the pathway work across system now including NAWAS with view of alternate to transfers pathways.</li> <li>Short Stay Therapy Beds in place in community setting to provide 14 intense therapy for patient that meet the criteria – a review of the criteria and possible additional beds is underway.</li> </ul>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
Southport & Ormskirk ED trajectory is set to achieve above 85% by 30th June 2021.								
<b>Quality:</b>								
No quality issues reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Dec-20	Jan-21	Feb-21	Mar-21		
		27	19	1	1		
		Dec-19	Jan-20	Feb-20	Mar-20		
		22	13	9	10		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Southport &amp; Ormskirk reported just 1, 12-hour breach in March, the same as last month and a significant decrease on January when 19 were reported. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I.</li> <li>The provider submits a 48-hour review form to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt.</li> <li>No harms have been identified for the latest 12 hour breach, resulting in no serious incidents being reported. The CCG continue to receive and review 48 hour reports from providers following the declaration of a 12-hour breach.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<u>CCG actions:</u> <ul style="list-style-type: none"> <li>All 48 hr timelines are reviewed within nursing and quality governance arrangements and a 60 day RCA requested should there be any evidence of harm incurred as a result of the breach.</li> <li>The trust to escalate early to the CCG if any mitigating actions are identified to avoid the breach.</li> <li>Breaches are reported in clusters and have recently been due to occupancy issues within the Trust and on transfer to mental health facilities.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance recovery in coming months.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - 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.
<b>RED</b>	<b>TREND</b>	Category	Target	Jan	Feb	Mar		
		Cat 1 mean	<=7 mins	00:09:00	00:07:45	00:07:12		
		Cat 1 90th Percentile	<=15 mins	00:17:06	00:14:55	00:13:03		
		Cat 2 mean	<=18 mins	00:42:15	00:25:31	00:21:55		
		Cat 2 90th Percentile	<=40 mins	01:34:57	00:56:33	00:45:27		
		Cat 3 90th Percentile	<=120 mins	03:24:28	01:46:41	01:40:50		
Cat 4 90th Percentile	<=180 mins	12:44:32	03:56:27	06:27:47				
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>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 has continued throughout 2020/21.</li> <li>Whilst targets were not met in full they show improvements with close achievements of Category 1 targets.</li> <li>March shows further improvements with the Category 2 mean waits decreasing from 25 minutes 31 seconds to 21 minutes 55 seconds, and the Category 3 90th percentile achieving the target of less than or equal to 120 minutes.</li> <li>The Category 4 performance has deteriorated again having shown positive improvement in February.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> <li><b>NWAS recovery plan:</b> 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.</li> <li><b>Integrated UEC:</b> 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.</li> <li><b>Patient Transport Service (PTS) redesign:</b> 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.</li> <li><b>NHS 111 First and direct booking into ED:</b> GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding.</li> <li>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 cumulative data shows around 73% of incidents have avoided A&amp;E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes.</li> </ul>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
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.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	Jan-21	Feb-21	Mar-21	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	28	13	22		
		(b) 60+ mins	5	1	1		
		Indicator	Jan-20	Feb-20	Mar-20		
		(a) 30-60 mins	240	135	94		
		(b) 60+ mins	62	23	16		
Plan: Zero							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The A&amp;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.</li> <li>Ambulance handovers have shown a small decline for 30-60 minutes in March.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<p>A&amp;E attendances are increasing making it difficult to maintain social distancing measures and prevent ED overcrowding. This presents challenges for NWSAS crews to offload vehicles and maintain handover performance.</p> <p>Non elective demand management meetings continue within the trust and is clinical led by the ED team. Improvement schemes are focused around</p> <ul style="list-style-type: none"> <li>ED streaming tool and Care navigator role.</li> <li>Majority of costs of the tool covered by NHSD and planning on a shared financial risk for the navigator role between SFCCG and S&amp;O.</li> <li>Plan to update the NHS 111 First SOP with inclusion of ED tool and set out clear clinical governance between all partners.</li> <li>Back pain pathway. The aim is to have a redirect from ED pathway and from NHS 111 (possibly via the CAS) through a back pain pathway into therapies.</li> </ul> <p>ERS referrals into ED and ACU in place and GP referrals into ACU have been steadily increasing, demonstrating improvements in monitoring referrals coming into ACU and GP's feeling assured using the pathway.</p> <p>Reducing occupancy levels and improving flow in ED is pivotal to maintaining handover performance, this is the work that the system is focusing on collectively. Engagement from primary care improving although remains challenged due to conflicting work priorities due to the role out of the vaccination programme.</p>							
<b>When is performance expected to recover:</b>							
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.							
<b>Quality:</b>							
Performance has improved due to redirection of resource within NWSAS 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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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	Dec-20	Jan-21	Feb-21	Mar-21			
 	a)	56.3%	63.6%	29.2%	Not available			
	b)	No relevant patients	0.0%	28.6%	Not available			
	Previous year	Dec-19	Jan-20	Feb-20	Mar-20			
	a)	70.4%	87.9%	78.8%	76.9%			
	b)	11.8%	70.0%	No data	No data			
Stroke Plan: 80% TIA Plan: 60%								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Following an MIAA audit, the recommendation is to report this indicator 1 month in arrears. Refer to February for latest data.</li> <li>The recommendations from the MIAA audit included the change to reporting from the time the patient arrives at A&amp;E. This has impacted compliance in February.</li> <li>7 out of the 24 patients spent more than 90% of their hospital stay on a stroke unit in March.</li> <li>TiA reported 28.6% the 5 patient breaches out of a total of 7 patients. Following an MIAA audit, an action plan has been developed to review the reporting processes for this indicator.</li> <li>The Trust have reported that performance against this metric continues to present challenges.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>Trust Actions:</b>								
A stroke Improvement Group has been established with membership from clinical and operational teams; there are a number of underpinning workstreams including a dedicated team to review patient flow processes. Following the MIAA audit it was recognised that a full review of the pathway is required including benchmarking with other trusts to understand how they are working to achieve this very stringent target.								
Key actions for delivery include: <ol style="list-style-type: none"> <li>Timely and accurate identification of patients who have suffered a stroke in ED and on the wards to assist admission to the ASU.</li> <li>Enhancements to Medway to include a Stroke Alert.</li> <li>AMU ensuring speciality patients are escalated timely to ensure admission to speciality beds including ASU.</li> <li>Expansion of Early Supported Discharge for West Lancs residents and continuation of the Southport and Formby service to ensure effective flow in and out of the ASU – awaiting CCG funding.</li> <li>Recruitment to Stroke Nurse vacancies.</li> </ol>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>The extensive work of the Merseyside Stroke Board has been reinstated and is working on the finalisation of the pre-consultation business case which will come to stakeholders for sign off. The Clinical senate has performed a remote review on 26th April, the outcome of which is expected imminently.</li> <li>The Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both CCG areas subject to finalising funding.</li> <li>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.</li> <li>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 &amp; Ormskirk.</li> </ul>								
<b>When is performance expected to recover:</b>								
Unknown due to COVID impact above.								
<b>Quality:</b>								
No quality issues reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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.
<b>RED</b>	<b>TREND</b>		Dec-20	Jan-21	Feb-21	Mar-21		
 	CCG	1	2	2	2			
	S&O	1	2	2	2			
	Previous year	Dec-19	Jan-20	Feb-20	Mar-20			
	CCG	2	2	2	2			
	S&O	1	1	1	1			
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The CCG and Trust have failed the target for 2020/21 reporting 2 cases against the zero tolerance target.</li> <li>Measuring against the CCG Peers, Southport &amp; Formby CCG lies 2nd in the rankings (1st being best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
As a zero tolerance target, the performance will not recover for 2020/21.								
<b>Quality:</b>								
Any further cases will be reviewed by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Chrissie Cooke		Doug Callow			Jennifer Piet			

### 3.5.3 Healthcare associated infections (HCA): C. Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)				<p><b>2020/21 Plans</b> No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: &lt;= 30 YTD Trust: &lt;= 16 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust</p>	
<b>RED</b>	<b>TREND</b>		Dec-20	Jan-21	Feb-21		Mar-21
		CCG	27	30	33		34
		S&O	27	31	33		34
		Previous year	Dec-19	Jan-20	Feb-20		Mar-20
		CCG	26	30	34		38
		S&O	24	26	29		33
CCG - Actual 34 YTD - Target 30 YTD S&O - Actual 34 YTD - Target 16 YTD							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>The CCG and Trust have both failed their plan for 2020/21.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2020/21 and will provide further assurance.</li> </ul>							
<b>When is performance expected to recover:</b>							
Further assurance has been requested and a trajectory for recovery although this is an issue facing a number of trusts due to the increased antibiotic prescribing due to COVID.							
<b>Quality:</b>							
<ul style="list-style-type: none"> <li>An action plan has been developed which includes, senior oversight of junior doctors prescribing/ceasing of treatment; reviewing the usage of prebiotic and probiotic treatment pathways that other trusts have initiated; antimicrobial resistance (AMR) usage has increased due to COVID in both acute and primary care settings including care homes; review of cleaning pathways in line with revised national guidance.</li> <li>Oversight of the action plan will continue from the CCG to ensure assurance and all risks are mitigated, reducing any harm.</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Chrissie Cooke		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)					<b>2020/21 Interim Plan:</b> <= 109 YTD <i>There are no Trust plans at present numbers for information</i>	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21		
		CCG	96	104	110	123		
		S&O	144	157	169	185		
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	117	128	141	150		
S&O	189	202	226	242				
		CCG - Actual 123 YTD - Target 109 YTD						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>The CCG has failed the plan for 2020/21.</li> <li>The spinal unit continues to remain an outlier within the Trust due to the level of care required within the unit.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>The Trust have rolled out plans which include a trial of catheter passport, monitoring of catheter care and its appropriateness of use, the spinal unit continues to remain an outlier within the Trust, as above.</li> </ul>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
This is being monitored through the BI Monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.								
<b>Indicator responsibility:</b>								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Chrissie Cooke		Doug Callow			Jennifer Piet			

### 3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 8 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Mar	100	80.2	↓

HSMR is lower than reported last month at 80.2 (with last month reporting 81.6) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.06 and within expected parameters, for reporting period November 2019 - October 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

### 3.6 CCG Serious Incident (SI) Management – Quarter 4

#### Number of Serious Incidents Open for Southport and Formby CCG

As of Q4 2020/21, there are a total of 26 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Provider and Current SI status	Total
<b>SOUTHPORT &amp; ORMSKIRK HOSPITAL NHS TRUST</b>	<b>19</b>
Awaiting RCA – overdue (stop the clock applied)*	1
Awaiting RCA – on target	2
RCA report received further assurances requested	5
RCA report received to be reviewed at SIRG	1
RCA reviewed, closure agreed, awaiting Patient CCG closure	5
Si to be downgraded – awaiting formal rationale from provider	1
RCA reviewed (closed at the time of writing report)	4
<b>SOUTHPORT AND FORMBY CCG</b>	<b>5</b>
RCA to be reviewed at SIRG and since been closed (ISight legacy SI)	1
RCA report received and reviewed at SIRG – awaiting further assurances (Mental Health Matters previously Insight)	1
RCA report received further assurances requested (Chapel Lane Surgery)	1
Awaiting RCA – on target (Mental Health Matters)	1
<b>LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST</b>	<b>1</b>
RCA received and reviewed awaiting further assurances	1
<b>CHESHIRE WIRRAL PARTNERSHIP</b>	<b>1</b>
Awaiting RCA – on target	1
<b>TOTAL</b>	<b>26</b>

\* This SI was reported following the review of multiple patients who have had knee / Hip revisions. A report has been completed by the Royal College of Surgeons. This is currently being reviewed by the provider and will be taken through internal governance in May 2021. Once the report has been agreed, the Stop the Clock will be lifted and the SI investigation commenced.

#### Number of SIs Closed during Q4 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 Q4 2020/21, the SIRG panel closed 9 SIs.

#### 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 Q4 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 7 SIs reported in Q4 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.

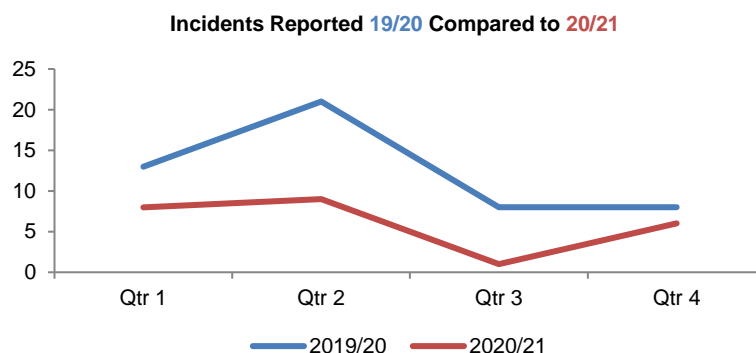
Provider and SI Type	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
<b>SOUTHPORT &amp; ORMSKIRK HOSPITAL NHS TRUST</b>	<b>8</b>	<b>9</b>	<b>3</b>	<b>6</b>
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	0	2	1	1
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	0	1	1	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1	1	0
Slips/trips/falls meeting SI criteria	1	2	0	1
Maternity/Obstetric incident meeting SI criteria: baby only	2	1	0	0
Pressure ulcer meeting SI criteria	2	1	0	0
Treatment delay meeting SI criteria	1	1	0	3
HCAI/infection control incident meeting SI criteria	1	0	0	0
<b>SOUTHPORT AND FORMBY CCG*</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>
Pending Review (Parklands – reported at request of NHSE/I)	0	0	0	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	0	0	1	0
Slips/trips/falls meeting SI criteria (Renacres)	0	0	1	0
<b>LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	1	0
<b>CHESHIRE WIRRAL PARTNERSHIP</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Apparent/actual/suspected self-inflicted harm meeting SI criteria	0	0	1	0
<b>TOTAL</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>7</b>

\*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

#### Total SIs reported for 2020/21 and 2019/20

The following graph shows the number of SIs reported in 2020/21 compared with 2019/20.



The above graph indicates an increased in the reporting of SIs from Q3 to Q4 2020/21. This figure is more comparable with the previous year's performance.

#### 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 6 SIs reported in Q4 2020/21, all 72-hour reports were submitted.

## RCAs due during Q4 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

### *Serious Incident Management*

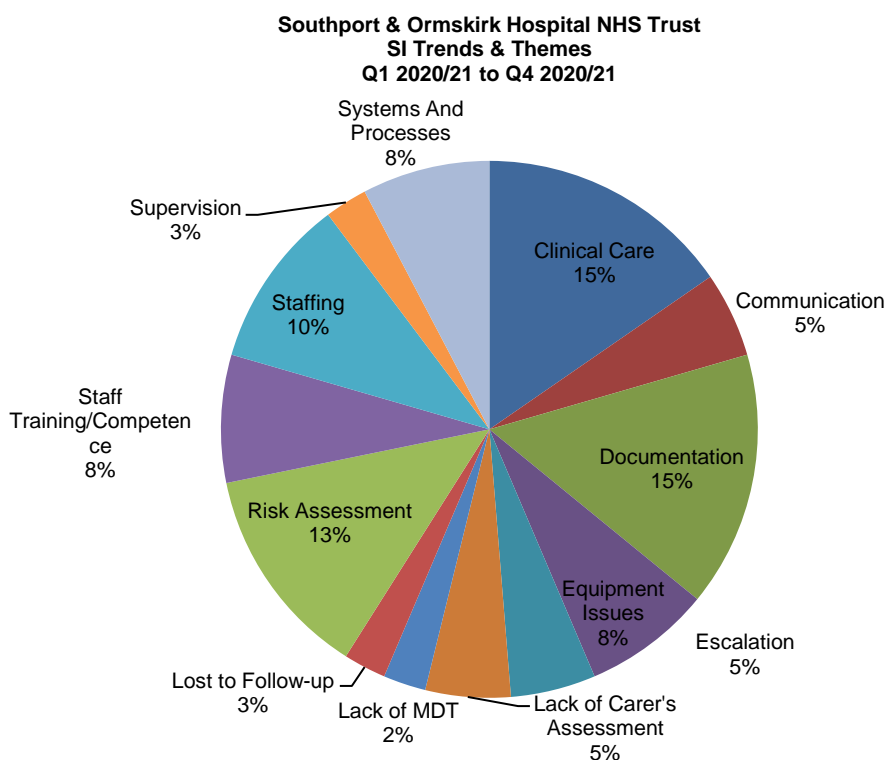
The provider continues to provide assurance in relation to adherence to the SI framework and process timescales. However, the CCG has noted and raised some concerns regarding the length of time it is taking to receive a response in relation to feedback following review of RCAs at the CCG SIRG panels.

This has been discussed with the Provider and the CCG have been assured that all outstanding responses will be submitted for May 2021. The provider was informed that any potential delays would need to be communicated to the CCG with the appropriate rationale provided.

## 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.

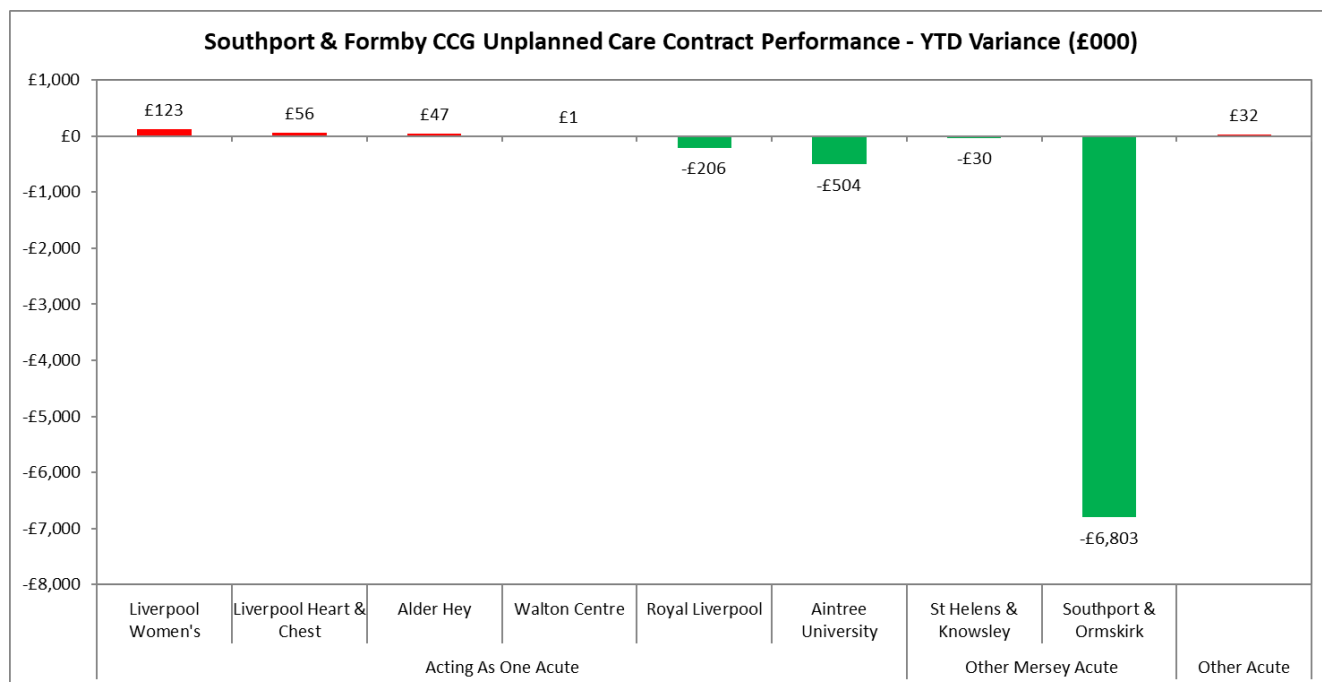
N.B. In some cases reviewed multiple trends and themes may have been identified.



### 3.7 Unplanned Care Activity & Finance, All Providers

#### 3.7.1 All Providers

Figure 9 - Unplanned Care – All Providers



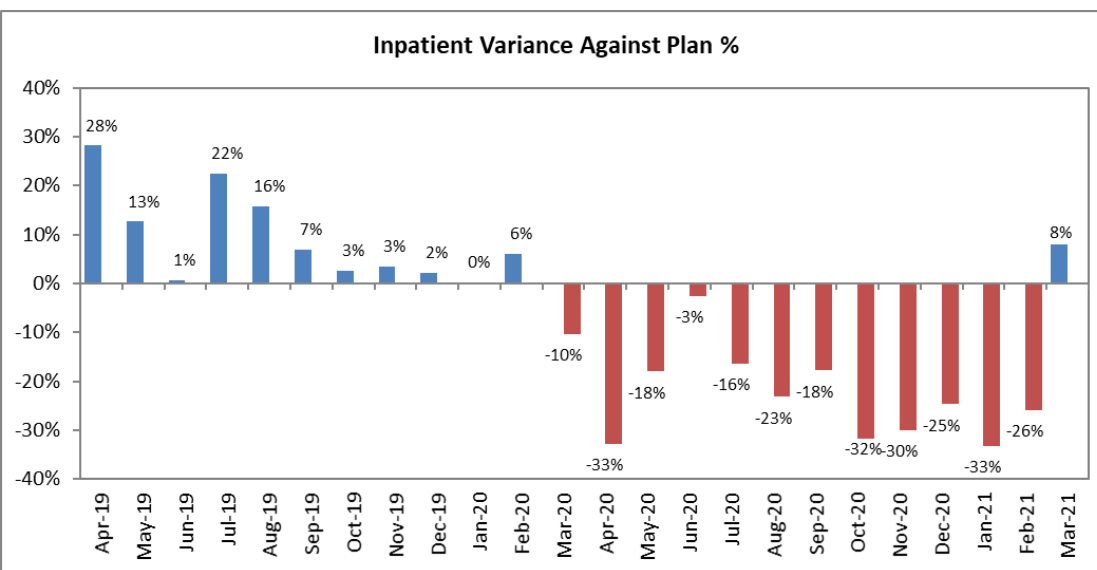
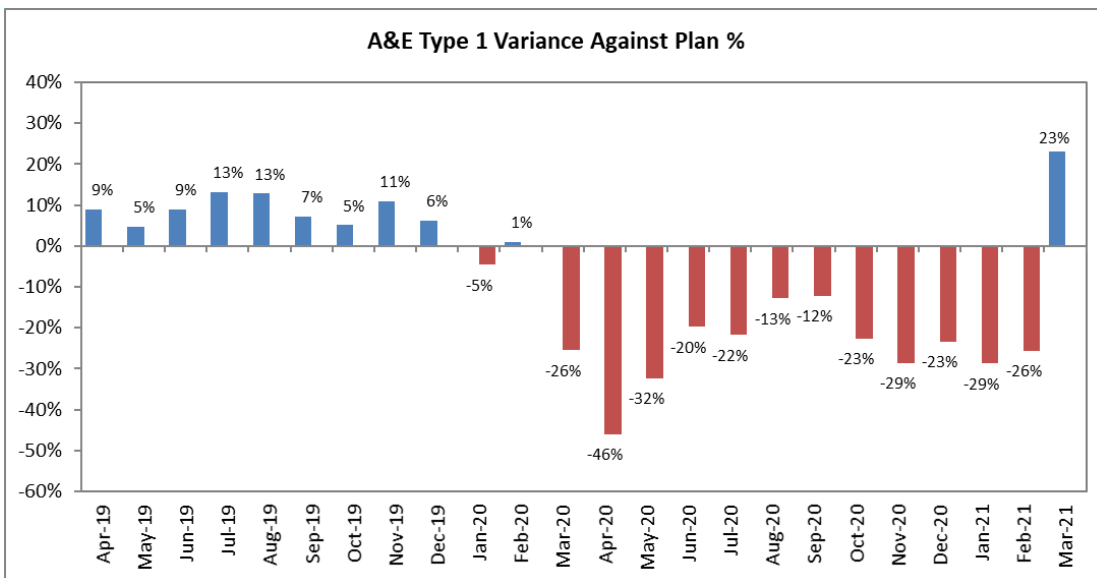
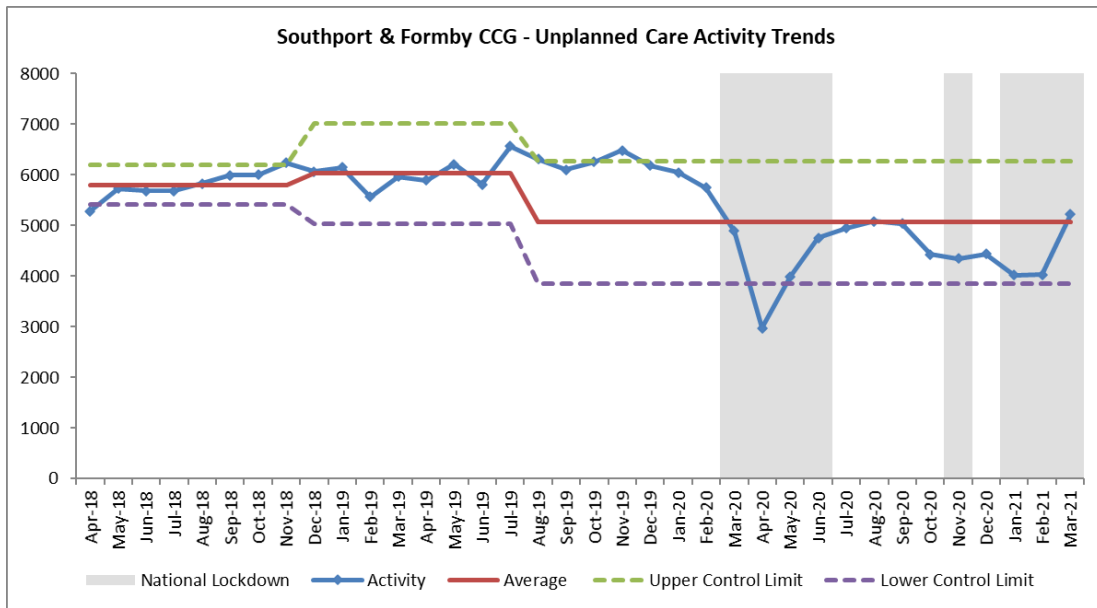
For unplanned care, month 12 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity was apparent following the first phase of the NHS response, year to date levels remain below historical averages and recent months suggested a steady decrease in activity numbers leading to the lowest monthly total reported since April-20 in January-21. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic and activity was comparable during February-21. However, a notable increase in activity has then occurred in March-21 with this representing the highest monthly total throughout 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.8m/-15% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.2m/-14.8%

**NB.** Due to the COVID-19 pandemic, a number of month 12 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 12 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 10 - Unplanned Care Activity Trends, A&E Type 1 and Inpatient Variance against Plan**



### 3.7.2 Southport & Ormskirk Hospital NHS Trust

Figure 11 - 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	43,647	33,704	-9,943	-23%	£7,252	£5,887	£-1,365	-19%
NEL - Non Elective	14,487	11,449	-3,038	-21%	£31,323	£27,138	£-4,185	-13%
NELNE - Non Elective Non-Emergency	1,180	919	-261	-22%	£2,400	£2,324	£-75	-3%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	56	37	-19	-34%	£16	£3	£-13	-82%
NELST - Non Elective Short Stay	3,301	1,988	-1,313	-40%	£2,342	£1,466	£-876	-37%
NELXBD - Non Elective Excess Bed Day	2,799	1,594	-1,205	-43%	£720	£432	£-288	-40%
<b>Grand Total</b>	<b>65,470</b>	<b>49,691</b>	<b>-15,779</b>	<b>-24%</b>	<b>£44,053</b>	<b>£37,249</b>	<b>£-6,803</b>	<b>-15%</b>

\*exclude ambulatory emergency care POD



Underperformance at Southport & Ormskirk Hospital is evident against all unplanned care points of delivery at month 12. The largest activity reductions have occurred within A&E type 1 with a variance of -23% 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 23<sup>rd</sup> March 2020. Attendances increased for four consecutive months up to August-20 followed by decreases in the months following which resulted in a low of 2,485 attendances during February-21. However, this has been immediately followed by 3,355 attendances – the highest monthly total throughout 2020/21. Both A&E sites are back to pre-covid levels and A&E has seen a surge in minors for 0-30 year olds. A&E paediatrics is back to pre-COVID levels and a correlation between A&E and Walk-in Centre attendances is taking place via the Information Sub-Group.

S&O are now admitting more Non-electives than they have for over a year. Non-elective admissions followed a similar trend with increases during the summer months of 2020 followed by a general decrease. However, as with A&E attendances, admissions have peaked in March-21 with the 1,145 reported being the highest monthly total of 2020/21. Further analysis suggests that these were non-COVID related admissions and that COVID admissions have decreased significantly during month 12 (currently 2 patients receiving COVID treatment)

**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 12 year to date actuals.



## 4. Mental Health

### 4.1.1 Eating Disorder Service (EDS)



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				KPI 123b  Patient safety. Reputation.
<b>RED</b>	<b>TREND</b>	Dec-20	Jan-21	Feb-21	Mar-21	
		40.70%	37.90%	30.30%	21.20%	
		Dec-19	Jan-20	Feb-20	Mar-20	
		62.50%	33.33%	50.00%	73.68%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place (see Quality section below).</li> <li>• Out of a potential 33 Service Users, 7 started treatment within the 18 week target (21.2%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> <li>• Comparing to last year there has been a decline of 52.5 percentage points.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
<ul style="list-style-type: none"> <li>• The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere.</li> <li>• Group therapy using ZOOM has been established.</li> <li>• 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.</li> <li>• Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere.</li> <li>• Recruitment has begun to fill vacancy for a clinical psychologist. Interviews were held on 30th March 2021.</li> <li>• One assistant psychologist post have been recruited to (6-month fixed term)</li> <li>• 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 and £106k for has been agreed as an initial investment in the service.</li> </ul>						
<b>When is performance expected to recover:</b>						
Expectation is that performance will begin to improve in Q1 2021/22 but achievement of the target is not guaranteed.						
<b>Quality:</b>						
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.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		98.4%	100.0%	100.0%	100.0%		
		Plan: 98% - 2020/21					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Trust overall had 6 inpatients risk assessed using an appropriate tool in quarter 4.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance continues to be maintained.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		100%	100%	100%	100%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		92.31%	90.00%	62.50%	88.90%		
		Plan: 98% - 2020/21					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>For Southport &amp; Formby CCG the Trust had 5 inpatients who had their care plan in place in quarter 4.</li> <li>Comparing to last year there has been an improvement of 11.1 percentage points</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.</li> <li>The Clinical Quality Performance Group (CQPG) pick up and review care plans.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance continues to exceed target in quarter 4							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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	Dec-20	Jan-21	Feb-21	Mar-21		
		0.49%	0.25%	0.93%	0.52%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		0.62%	0.92%	0.73%	0.78%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>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.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
To address underperformance the following actions are being undertaken:							
<b>Recruitment</b> <ul style="list-style-type: none"> <li>1 x Clinical lead recruited and commenced on 6th April 2021.</li> <li>3 x Psychological Wellbeing Practitioner (PWP) trainees commenced on 24th March 2021.</li> <li>4 x High Intensity Therapists have been recruited and are expected to commence duties in April/May 2021.</li> <li>4 x PWP posts are currently vacant and are advertised.</li> </ul>							
<b>Assessment Weeks</b> Further assessment weeks are being planned to take place in 2021/22.							
<b>Marketing</b> Ongoing marketing of the service.							
<b>When is performance expected to recover:</b>							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
<b>Quality:</b>							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		53.2%	39.1%	46.3%	42.1%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		62.8%	42.6%	58.8%	44.1%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Recovery rate saw a decline of 4.2 percentage points in March from previous month and is failing the target.</li> <li>The new provider Mental Health Matters took over the contract in January 2021.</li> <li>Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The provider has been asked to submit an options paper detailing the actions/costs/trajectories required to improve internal waits and corresponding recovery rates.</li> <li>The newly recruited clinical lead for the service will review non recovered cases and work with practitioners to improve recovery rates.</li> <li>Lengthy internal waiters will be prioritised and will be offered an appointment as soon as possible, but in the meantime will also receive fortnightly risk management calls.</li> <li>Group work is planned to start at the end of April. This will reduce the number of clients added to the Step 2 waiting list each month, but not sufficiently to prevent a continued upward trend.</li> <li>3 x PWP trainees have started in the service and will begin to contribute to treatment capacity in September 2021.</li> <li>4 x newly recruited High Intensity Therapists will impact on the Step 3 internal waits from the end of June 2021.</li> </ul>							
<u>Service users waiting over 52 weeks:</u>							
<ul style="list-style-type: none"> <li>Are being contacted and risk assessed.</li> <li>Anyone who discloses anything other than low risk will either: <ul style="list-style-type: none"> <li>Be referred to a more appropriate service e.g. Secondary Care or;</li> <li>Contacted every two weeks to review until in treatment.</li> </ul> </li> </ul>							
<u>Service users waiting over 18 weeks:</u>							
<ul style="list-style-type: none"> <li>Are being contacted and risk assessed.</li> <li>Dependent on level of risk disclosed, action will be taken as above</li> <li>Alternative options are being explored with clients e.g. Silvercloud (digital), telephone, group work</li> </ul>							
<b>When is performance expected to recover:</b>							
Expectation is for recovery to improve from Quarter 2 onwards.							
<b>Quality:</b>							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		63.7%	62.8%	62.0%	62.4%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		67.7%	67.7%	68.0%	67.9%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>Compared to last year the measure has declined by 5.5%.</li> <li>Measuring against the CCG Peer CCGs, Southport &amp; Formby CCG lies 2nd in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:               <ol style="list-style-type: none"> <li>Identify a practice lead for dementia (not necessarily clinical).</li> <li>Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia.</li> <li>Support identification of carers for people with dementia.</li> </ol>               The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.             </li> <li>As the Pandemic restrictions are gradually lifted over the coming weeks the CCG would expect to see the resumption of face to face sessions within the memory service across Sefton. NHS MCFT should be issuing information about recovery actions very soon. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates.</li> <li>The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume with no date identified. It is possible the CCG would see an increased trend in referrals and diagnosis rates from June / July 2021 onwards.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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.
<b>RED</b>	<b>TREND</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		32.1%	28.0%	25.4%	22.4%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		26.4%	25.5%	34.2%	38.2%		
		Plan: 50%					
<b>Performance Overview/Issues:</b> <ul style="list-style-type: none"> <li>In Quarter 4 of 20/21, 22.4% of the 1,437 of people on the GP SMI register in Southport &amp; Formby CCG (322) received a comprehensive health check.</li> <li>COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods).</li> </ul>							
<b>Actions to Address/Assurances:</b> <ul style="list-style-type: none"> <li>For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance should improve in Quarter 1 2021/22 onwards.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

## 5. Community Health

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

Adult community services have been working hard restore community services via 2 weekly recover, restore and retain programme.

The following services remain in surge; District nursing services due to an increase in end of life care, rehabilitation and therapy services.

There has been an increase in the level of acuity of patients on caseloads due to deep deconditioning and long COVID. Data shows a step change increase in the community of use of specialist equipment such as lifting aids, standing aids, hospital beds and air-filled mattresses. They have reported a short fall in training in the use of this equipment which has impacted on single handed care and an increase in the need of staff to double up on domiciliary visits which is impacting on capacity.

There has been an improvement in treatment room services due to the direct referral from NHS 111 first and closer working with minors in ED. The extension of service provision to a 7-day service has ensured that the service has increased capacity to clear outstanding back logs and the ability to provide a wider range of general treatments.

The community services have continued to deliver despite the demobilisation of Lancashire South Cumbria Foundation Trust contract and the mobilisation of Mersey Care as the incoming provider from 1<sup>st</sup> May 2021.

The main focus has been on a safe landing, health and wellbeing of the community workforce and staff retention.

### 5.1.1 Quality

Since the 1<sup>st</sup> May 2021 Mersey care NHS Foundation Trust became the commissioned provider for Community Services for Southport and Formby. Meetings will be held separately from the South Sefton meeting to ensure enhanced surveillance whilst the service becomes embedded within the area. Service users should not notice any difference in the service they receive and the organisation is working to ensure all staff are supported throughout this period.

### 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 Liverpool led engagement exercise on an updated Adult Hearing Loss specification and wider collaboration across a Cheshire & Merseyside footprint.

The summary table below for Southport & Formby CCG shows how activity has changed in 2020-21 due to the COVID pandemic with activity levels recovering in the last few months. The vast majority of activity for the CCG is undertaken by their respective local NHS provider and Specsavers. Note that activity for the CCG across all providers has been significantly lower than in 2019/20.

Costs for the NHS trusts are indicative only as these are on a block contract basis, but Specsavers and Scrivens are cost per case as per national guidance.



<b>Total Activity &amp; Cost for Southport &amp; Formby CCG By Provider</b>				
<b>Provider Name</b>	<b>2019/20</b>		<b>2020/21</b>	
	<b>Activity</b>	<b>Cost</b>	<b>Activity</b>	<b>Cost</b>
Specsavers	937	£258,472	532	£149,516
Liverpool University Hospitals	11	£2,352	11	£1,441
Southport & Ormskirk	1,218	£364,412	596	£147,498
<b>Grand Total</b>	<b>2,166</b>	<b>£625,236</b>	<b>1,139</b>	<b>£298,455</b>

## 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)

Quarter 4 will be updated next report, data due 13<sup>th</sup> June 2021.



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>
<b>GREEN</b>	<b>TREND</b>	Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		17.8%	8.0%	6.1%	37.8%	
		Q1 19/20	Q2 19/20	Q3 19/20	Rolling 12 Mth Rate	
		17.0%	5.6%	4.8%	34.0%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Quarter 3 data shows a deterioration on Quarter 2 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.</li> <li>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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years.</li> <li>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.</li> <li>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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on track to exceed the 35% access plan.						
<b>Quality:</b>						
There are no identified quality issues.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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				Performance in this category is calculated against completed pathways only.  Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required  Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.  May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		86.7%	96.0%	96.7%	89.7%	
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		National standard 95%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>For Q4 the Trust reported 89.7% against the 95% National Standard.</li> <li>As the service has relatively small numbers breaches have a large impact on performance.</li> <li>For quarter 4, of the 29 completed pathways, 5 patients started treatment within 1 week and 21 patients in weeks 1 to 4, leaving 3 patients starting their treatment between 4 and 12 weeks.</li> <li>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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).</li> <li>Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) 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.</li> <li>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.</li> <li>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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Any required recovery plans will be confirmed alongside any agreed increases in funding/capacity.						
<b>Quality:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>Proportion of CYP new ASD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<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"> <li>• Decreased capacity within additional providers.</li> <li>• Ongoing impact of COVID-19 and future waves.</li> <li>• For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Dec-20	Jan-21	Feb-21	Mar-21	
		90.0%	87.0%	83.0%	91.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• In March 91% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and now above the planned target.</li> <li>• Referrals to the service continue to increase, with referrals in March 21% higher than the previous month and averaging 85 per month since November 2020</li> <li>• At the end of March there was a backlog of open referrals for the ASD pathway of 485 referrals against the trajectory of 252 so behind plan (Q4). This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support assessments for new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible.</li> <li>• To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners.</li> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction was not achieved in Q4, most available assessment slots in May and June will focus on the backlog which will provide sufficient capacity to clear this by the end of June as planned.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ASD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<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"> <li>• Decreased capacity within additional providers.</li> <li>• Ongoing impact of COVID-19 and future waves.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Dec-20	Jan-21	Feb-21	Mar-21	
		97%	93%	91%	90%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 90% of ASD assessments were completed within the 30 week target, which is the planned target, but has declined over the last couple of months.</li> <li>• Performance has declined since December due to the impact of increasing referrals on service capacity.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• To mitigate the risk of increasing demand, the service is making greater use of independent sector providers - Axia and Healios - to support the assessment process.</li> <li>• 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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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"> <li>Decreased capacity within additional providers.</li> <li>Ongoing impact of COVID-19 and future waves.</li> <li>Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.</li> <li>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85%	100%	99%	97%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>In March, 97% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets.</li> <li>There has been a sustained month on month increase in referrals to the service: 52 were received in March compared to 33 in February.</li> <li>The backlog of open referrals continues to reduce and is ahead of the waiting list management plan: at the end of March the number waiting was 68 against the planned level of 119 (Q4). This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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"> <li>Decreased capacity within additional providers.</li> <li>Ongoing impact of COVID-19 and future waves.</li> </ul>
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		96%	95%	91%	94%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>94% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows an improvement from last month.</li> <li>There are currently 179 young people who are in the process of being assessed by the service, compared to 131 in February.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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	Dec-20	Jan-21	Feb-21	Mar-21	
		85.0%	54.7%	37.3%	50.9%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard in March.</li> <li>Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020.</li> <li>The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019.</li> <li>There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year.</li> <li>This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.</li> <li>Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times.</li> <li>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.</li> <li>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 the online counselling platform Kooth, 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 began a phased roll out in April 2021.</li> <li>The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> <li>In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times.</li> <li>Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target.</li> </ul>						
<b>When is performance expected to recover:</b>						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	Dec-20	Jan-21	Feb-21	Mar-21	
		50.0%	52.2%	41.2%	70.6%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• There has been a significant improvement in waiting times in March as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people.</li> <li>• Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020.</li> <li>• The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019.</li> <li>• There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year.</li> <li>• This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated.</li> <li>• Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times.</li> <li>• 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.</li> <li>• 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 the online counselling platform Kooth, 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 began a phased roll out in April 2021.</li> <li>• The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> <li>• In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times.</li> <li>• Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target.</li> </ul>						
<b>When is performance expected to recover:</b>						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.3 Children's Community (Alder Hey)



### 6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					<p>The CCG may not 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.</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				≤92%: <b>Green</b> > 92%: <b>Red</b>	
		Dec-20	Jan-21	Feb-21	Mar-21		
		90.40%	86.30%	82.80%	72.90%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		186	187	186	210		
		Target 92%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The average number of weeks waiting referral to 1st contact in March is 14.7 weeks.</li> <li>For open pathways, the longest waiter was 35 weeks in March compared to 31.3 weeks in February.</li> <li>Overall there has been a steady increase in new referrals since September when the schools reopened, the service received 59 in March from 48 in February.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased.</li> <li>All referrals are clinically triaged at the point of receipt and prioritised in accordance with need ie; urgent or routine</li> <li>Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page.</li> <li>Waiting times have increased over the past month as the trust has reduced the number of new initial assessment appointments offered in order to allocate cases waiting for follow up appointments. The objective is to reduce the risk for those patients waiting for follow-up, improve throughput and discharge rates.</li> <li>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.</li> <li>Work continues with the early years services to support early intervention and reduce need for specialist support.</li> <li>The SEND average waiting time target continues to be achieved.</li> </ul>							
<b>When is performance expected to recover:</b>							
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.							
<b>Quality:</b>							
There are no identified quality issues.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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>
<b>GREEN</b>	<b>TREND</b>	RTT: Open Pathways: % Waiting within 18 wks				<p>&lt;=92%: <b>Green</b> &gt; 92%: <b>Red</b></p>	
		Dec-20	Jan-21	Feb-21	Mar-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
39	29	31	46				
Target 92%							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The average number of weeks waiting referral to 1st contact in March is 5.3 weeks.</li> <li>For open pathways, the longest waiter was 14 weeks in March compared to 12 in February.</li> <li>New referrals to the service remain steady, 40 were received in March and 22 in February.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
None specifically, as performance is exceeding target for the seventh consecutive month.							
<b>When is performance expected to recover:</b>							
Performance on target.							
<b>Quality:</b>							
No quality issues to report.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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>
<b>GREEN</b>	<b>TREND</b>	RTT: Open Pathways: % Waiting within 18 wks				<p>&lt;=92%: <b>Green</b> &gt; 92%: <b>Red</b></p>	
		Dec-20	Jan-21	Feb-21	Mar-21		
		97.9%	97.1%	97.4%	100.0%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
53	34	38	51				
Target 92%							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The average number of weeks waiting referral to 1st contact in March is 5.3 weeks.</li> <li>For open pathways, the longest waiter was 8 weeks in March compared to 12.7 weeks in February.</li> <li>Overall there has been a steady increase in referrals since August, the service received 52 in March and 26 in February.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
None specifically, as performance is exceeding target for the sixth consecutive month.							
<b>When is performance expected to recover:</b>							
Performance is achieving the target.							
<b>Quality:</b>							
No quality issues to report.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-20	Jan-21	Feb-21	Mar-21	
		60.0%	75.0%	69.2%	87.0%	
Total Number Waiting						
		Dec-20	Jan-21	Feb-21	Mar-21	
		30	36	26	23	
Target 92%						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>The average number of weeks waiting referral to 1st contact in March is 22.6 weeks a big decrease from 11.6 weeks in February.</li> <li>For open pathways, the longest waiter was 32.3 weeks in March compared to 35.5 weeks in February.</li> <li>Referrals to the service remain steady, 13 were received in March and 11 in February.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Referrals to the service are triaged and risk assessed to ensure those children and young people requiring urgent support/treatment are prioritised.</li> <li>Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions thus reducing demand for specialist support.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance will fluctuate dependent on number of referrals and capacity; target performance will be consistently achieved once the new service model is developed and implemented.						
<b>Quality:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Rob Caudwell		Peter Wong		

## 7. Third Sector update – Q4 2020-21

### Introduction

This report details activity and outcomes for each of the organisations detailed below for Q4 2020-21. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

### Age Concern – Liverpool & Sefton

During Q4 clients have received at least one phone call per week from the Befriending and reablement service; the team made a total of 2,512 calls to clients. The team have also supported 208 clients via a mix of ongoing welfare calls and more traditional befriending support.

The recruitment of volunteer befrienders has dropped during Q4. Between lockdowns volunteer recruitment increased significantly but has now started to slow to a more usual rate for this time of year. During year a total of 45 volunteers were recruited. Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer. During Q4 37% of clients were allocated a volunteer befriender after the initial 6 weeks.

Referrals have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly.

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- An explanation of new lockdown rules.
- Support in arranging a care package
- Reassurance for those missing their families
- Referrals for benefit advice
- Anxiety support
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a gardener
- Occupational Therapist assessment referral

### **Alzheimer's Society**

All face to face activities provided by Alzheimer's Society ceased on the 23<sup>rd</sup> March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During this quarter the service have made 265 Welfare Calls to 98 service users and dealt with 41 new referrals.

Over the year over 1169 Welfare Calls were achieved; there were 137 referrals recorded the service has reported the following;

Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not been able to see loved ones which has caused a significant decline in mental health.

During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals.

The service continue to work with Southport Memory Clinic, negotiations are underway for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised. Although from May 2020 the services launched 2 virtual cafes and Singing for the Brain programmes via Zoom these have proven popular and have seen 16-20 attendances weekly.

### **Citizens Advice Sefton**

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

During Q3 22 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £224,308 in new or backdated awards as a result of the work carried out by the advisor. The total so far of successful backdated benefit claims is £698,715.

### **Crosby Housing and Reablement Team (CHART)**

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

CHART are continuing with a mixture of working from home and office. Face to face appointments have been carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 59 new referrals during Q4.

One member of staff left at the end of March, CHART are recruiting a Tenancy Support Worker and interviews are to be held shortly.



The office, although open, is closed to the public, the majority of assessments have been carried out via telephone, however, face to face is starting to slowly increase.

### **Expect Limited**

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 and average of 85 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. Telephone support and text messaging services have continued and the use of virtual IT to support has proven to be popular. The centre is following government guidelines and will slowly start to re-introduce face to face group sessions shortly. A booking system for attendance at the centre will be put in place. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

### **Imagine independence - IPS**

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

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

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

### **Netherton Feelgood Factory**

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

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

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

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the

isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance to government guidelines

### **Parenting 2000**

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

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high.

As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisation are seeking extra funding from charitable sources to help with the shortfall.

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

### **Sefton Advocacy**

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

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

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

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

### **Sefton Carers Centre**

Performance against targets remains challenging due to the limitations placed on services due to the Covid pandemic, there has been an increase by 166% in the number of new carers registered with the Centre compared to Quarter 1; there were 268 new carers and 43 parent carers registered during the quarter. The centre made 1,501 telephone calls to carers during Q4 alone, this is been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 44 remote Counselling sessions delivered and a further 288 calls made by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £220K of benefits for Carers. There are currently 252 registered tier 2 young carers receiving support from the centre. Face to face support is to be re-introduced gradually as per government guidelines.

## **Sefton Council for Voluntary Service**

### ***BAME Service update***

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

### ***High Intensity Users***

The team of 5 staff running this service are currently working from home.

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

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

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

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

### ***Reablement Service***

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

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

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

### ***Social Prescribing***

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

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community-based provision was able to respond, these included shopping; prescriptions; emergency food parcel deliver, etc. The service has also dealt with a number of complex people awaiting counselling from IAPT services, a meeting took place between the Social Prescribing team and IAPT; both will work together to ensure long waiting patients are seen by the most appropriate service asap.

### ***ECM Co-ordinator –Children and Families Development Officer***

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

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online.

Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly.

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

### **Stroke Association**

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

The post stroke service is currently under review, the contract comes to an end on 30<sup>th</sup> June 2021, commissioning intentions are to be communicated shortly. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available, but this is only a short-term arrangement (end of May).

Face to face services with stroke survivors have ceased, staff and volunteers are providing online assessment of needs and online support is offered via telephone.

Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone, but this is not as helpful when supporting stroke survivors and carers.

### **Swan Women's Centre**

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

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

### **Macmillan Cancer Support Centre – Southport**

During Q4 there were a total of 72 new referrals to the service, significantly more than Q3. This is as a direct result of the Social Prescribing Link Worker - Cancer Specialists (SPLW CC) in the Formby and Ainsdale & Birkdale Primary Care Networks. Nearly half of all referrals seen this quarter were via the SPLW CCs. The service plans to engage further with practices not referring patients once restrictions are relaxed. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

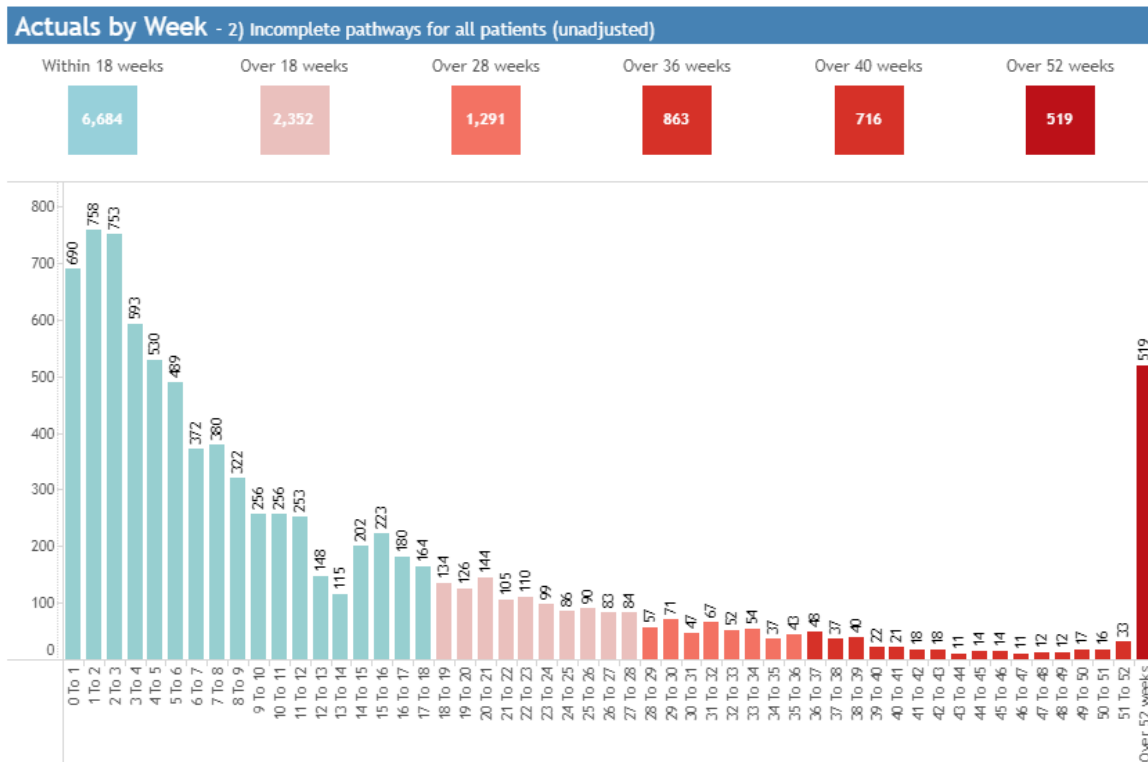
The Macmillan RBY funding for the Community Navigator posts ended in November 2020, the CCGs provided some additional funding for the non PCN practices in Southport and Formby.

The centre reviewed the decision taken at the beginning of the year to suspend face to face appointments and made the decision to resume offering face to face appointments in the Centre including counselling and the prosthesis service. Initially this will be an appointment only basis and service users will only be seen if they can prove that they have had a negative test result the same day. This is explained to the patient when making the appointment. Government advice is followed stringently at the centre and safety for staff and patients is paramount. The service aims to resume the drop-in service as soon as is safe to do so. During Q3 the service observed that more patients were now under the Palliative Care Team and needing additional support from the centre. A number of newly referred patients are presenting at a more advanced stage of disease, it is anticipated that this trend will continue for at least 6 months as service users have experienced delayed diagnostics, treatment and breaks in treatment.

## 8. Appendices

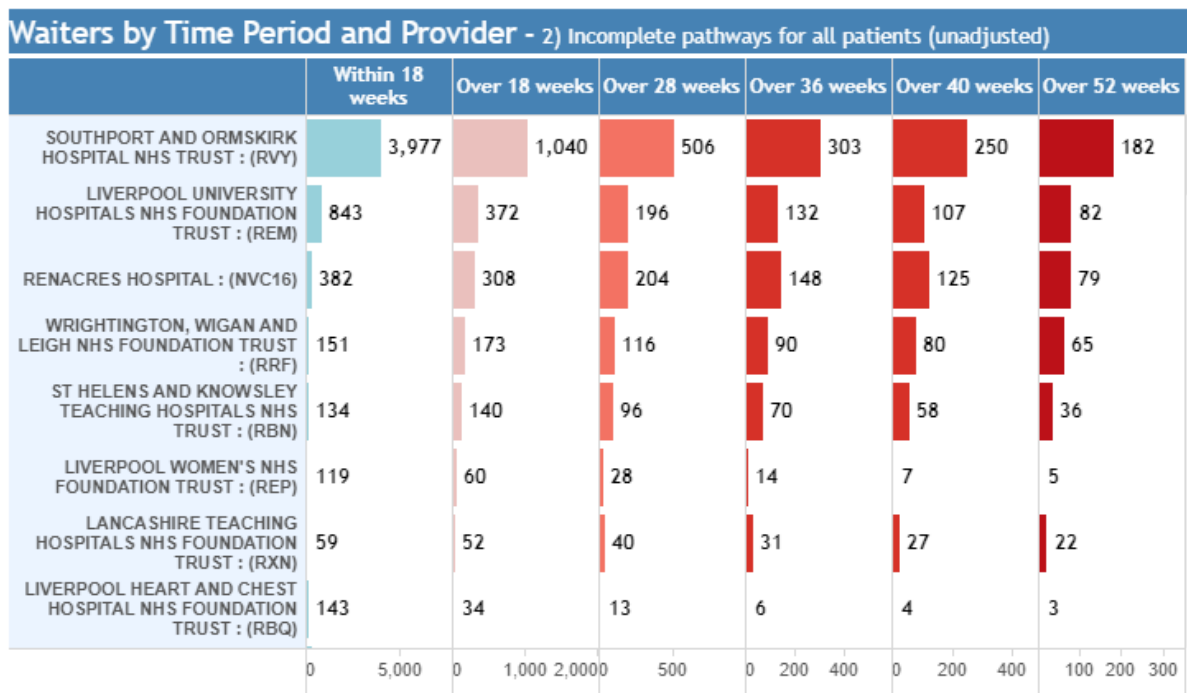
### 8.1.1 Incomplete Pathway Waiting Times

Figure 12 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 8.1.2 Long Waiters analysis: Top Providers

Figure 13 - Patients waiting (in bands) on incomplete pathway for the top Providers



### 8.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 14 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

