



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report June 2021

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Summary Performance Dashboard

Metric	Reporting Level		2021-22											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG													
		Actual													
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R										
		Actual	15.1%	18.41%	18.43%										
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R										
		Actual	77.41%	79.17%	79.68%										
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%		
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R										
		Actual	412	355	335										
		Target	0	0	0	0	0	0	0	0	0	0	0		
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R	R									R	
		Actual	3	6	3									12	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G									G	
		Actual	0	0	0									0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times															
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></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	R	R	R									R	
		Actual	87.80%	85.52%	85.82%										86.40%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	Southport & Formby CCG	RAG	R	R	R									R	
		Actual	92.31%	83.33%	80.00%										84.31%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></p> <p>The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	Southport & Formby CCG	RAG	R	G	G									G	
		Actual	95.35%	97.89%	97.80%										97.06%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	Southport & Formby CCG	RAG	R	R	R									R	
		Actual	80%	85.71%	93.33%										86.36%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	Southport & Formby CCG	RAG	G	G	R									G	
		Actual	100%	100%	95.24%										98.31%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	Southport & Formby CCG	RAG	G	G	G									G	
		Actual	100.00%	100%	95.45%										98.46%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></p> <p>The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	Southport & Formby CCG	RAG	R	R	R									R	
		Actual	79.59%	76.60%	65.85%										74.45%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></p> <p>Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	Southport & Formby CCG	RAG	R	R	R									R	
		Actual	50%	60%	86.67%										75.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></p> <p>% of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	Southport & Formby CCG (local target 85%)	RAG	G	G	G									G	
		Actual	91.30%	100%	85.19%										92.11%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	R	R										R	
		Actual	84.02%	80.16%	80.33%											81.43%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI																
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G										G	
		YTD	0	0	0											-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R	R	R										R	
		YTD	8	13	17											17
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G										G	
		YTD	8	17	24											24
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109	

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G	G										G	
		Actual	100%	100%	100%											100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. 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	
		Actual	80%												80%	
		Target	60%			60%			60%			60%			60%	
Eating Disorders																
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R										R	
		Actual	25.00%	29.40%	30.30%											28.23%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)																
IAPT Access 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	
		Actual	0.48%	0.47%	0.57%											1.52%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) 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	R										R	
		Actual	42.40%	53.2%	40.9%											46.63%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G										G	
		Actual	98.00%	95.00%	88%											94.00%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G										G	
		Actual	100%	100%	100%											100%
		Target	95%	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		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R										R	
		Actual	64.54%	64.58%	65.23%											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%
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R												R	
		Actual	12.09%												12.09%	
		Target	18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R												R	
		Actual	26.5%												26.5%	
		Target	50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH) Rolling 12 month																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG														
		Actual	Q1 data due September													
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD	
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG														
		Actual	No new data, Trust to report monthly													
		Target	95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG														
		Actual	No new data, Trust to report monthly													
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	81.4%	62.5%	54.2%											66.0%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	57.1%	42.3%	72.2%											57.2%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	96%	98%	100%											98.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	85%	83%	77%											81.70%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	98%	99%	100%											99.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	98%	93%	91%											94.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	90.5	77.0												
		Target														

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 3 (note: time periods of data are different for each source).

Constitutional Performance for June 2021/22 and Q1 2021/22	CCG	S&O
Diagnostics (National Target <1%)	18.43%	19.25%
Referral to Treatment (RTT) (92% Target)	79.68%	83.61%
No of incomplete pathways waiting over 52 weeks	335	128
Cancelled Operations (Zero Tolerance)	-	3
Cancer 62 Day Standard (Nat Target 85%)	65.85%	70.65%
A&E 4 Hour All Types (National Target 95%)	80.33%	81.46%
A&E 12 Hour Breaches (Zero Tolerance)	-	7
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	43
Ambulance Handovers 60+ mins (Zero Tolerance)	-	3
Stroke (Target 80%) (May a month in arrears)	-	68.3%
TIA Assess & Treat 24 Hrs (Target 60%) (May a month in arrears)	-	35.5%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	6
CPA 7 Day Follow Up (95% Target) 2021/22 - Q1	100.00%	-
EIP 2 Weeks (60% Target) 2021/22 - Q1	80.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.57%	-
IAPT Recovery (Target 50%)	40.9%	-
IAPT 6 Weeks (75% Target)	88%	-
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 Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, 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 Southport & Formby COVID-19 vaccination programme continues to offer dose 1 and dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Southport and Ainsdale Health & Well Being centres are now well into phase 2 of the programme and are successfully administering dose 2 vaccinations for patients in cohorts 1-9. 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 have also engaged with the local homeless population to offer dose 1 vaccinations and the dose 2 catch up for care home patients, staff and nursing home residents has also happened. At the end of June 2021 there have been 85,766 (or 80.0%) first dose vaccinations and 70,635 (65.9%) 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 surgical patients (P2), long waiters (52 week plus) with work commencing on the prioritisation of diagnostic waits. Outpatient validation is another expected area of focus to support Elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral in the first quarter of 2021/22 are significantly higher than in the equivalent period of the previous year. At provider level, trends show that total secondary care referrals in June have increased by 4.9% when compared to the previous month Southport Hospital and are the highest number of referrals reported since February-20. GP referrals are reporting a 6.9% increase when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 3 when comparing to the equivalent period in the previous year. When reviewing referral priority groups, analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2020/21 from June-20 onwards.

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG failed the less than 1% target for Diagnostics in June, recording 18.43%, similar to May's performance (18.41%). Despite failing the target, the CCG is measuring below the national level of 22.38%. Southport and Ormskirk reported 19.25% another small decline compared to last month when 17.53% 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 June was 79.68%, similar to last month's performance (79.17%). The CCG is also reporting well above the national level of 68.76%. Southport & Ormskirk Hospital reported 83.51%, also similar last month's performance when 83.74% was recorded.

There were a total of 854 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 335 patients were waiting over 52 weeks, a decrease on last month when 355 breaches were reported. Southport & Ormskirk had a total of 128, 52-week breaches in June, showing an improvement from 154 reported last month. The 335 52+ week CCG breaches represent 2.73% of the total waiting list, which is well below the national level of 5.59%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG increased to 12,290 (May reported 11,474).

The Trust has reported 3 cancelled operations in June, an improvement in cancelled operations after reporting 6 in May. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice. The Trust indicated the reasons for the cancelled operations were due to the lists over running.

The CCG and Trust are achieving 4 of the 9 cancer measures year to date and 3 in June. The Trust are achieving 5 measures year to date and 3 in June.

Southport and Ormskirk Hospital continues to fail the 2-week standard. Referral numbers remain high and planning trajectories have factored in 120% of pre-pandemic activity for this standard. Workforce pressures in radiology and endoscopy continue to impact on the straight to test diagnostic pathways under 2-week services. Failing specialties are lower gastro, upper gastro and lung.

For two week wait breast services, performance again in June has decreased to 80% and is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust, which is the main provider for breast services, achieved the target reporting 93.41%. Access to breast services varies by hospital site for LUHFT and plans are in place to assign patients to the site with the shorter wait and equalise waiting times unless patient expresses a preference for given site.

For Cancer 62 Day standard the CCG is measuring below the national level of 73.27% recording 65.85% in June and failing the 85% target. Failing specialties are gynaecology, head & neck, upper and lower gastro, urology and lung.

For patients waiting over 104 days, the CCG reported 1 patient. This head & next patient's delay was due to patient choice, first seen Trust was Southport & Ormskirk, first treatment Trust LUHFT. Southport & Ormskirk reported 4 over 104 days waits, 3 less than the number reported last month. The longest waiter reportedly to have waited 291 days (head & neck), the primary delay reason given was patient initiated delay to diagnostic test/treatment, advance notice given. The CCG receives root cause analysis (RCAs) and harm reviews for long waiting patients which are discussed at the Performance, Quality & Incident Review Panel (PQIRP) meeting.

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 June, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator along with the 2 week wait FDS indicator (in month). However, the screening referral indicator performed below target.

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 19.6% in June 2021 at 23.1%. The percentage of patients who would recommend the service has decreased to 89%, which is below the England average of 95% and the percentage who would not recommend has increased to 7% but still above the England average of 3%.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent 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. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. This has resulted in a considerable increase in planned care activity of 110% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during June-21 is also 6% above June-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 80% of 2019/20 activity levels being completed during June-21 and available contracting data suggests this has been achieved.

Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in June, reporting 80.33% and 81.46% respectively (this being similar to last month). The CCG is slightly below the nationally reported level of 81.31% and the Trust slightly above. The Trust also reported 7, 12-hour breaches in June a significant decrease from May when 29 were reported. The CCG didn't identify any harm to the reported 12-hour breaches that were reviewed. At Trust level the A&E 4-hour compliance continues to show failing assurance despite this there is clear evidence of improvement in patient flow within the emergency department. There has been an 85% compliance trajectory target set for July 2021 with NHS England.

For ambulance handovers, Southport & Ormskirk reported a decrease in ambulance handover times in June for handovers of 30 and 60 minutes from 55 to 43, along with those above 60 minutes decreased from 4 to 3. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets.

The Trust have reported 6 mixed accommodation breaches locally to the CCG in June. The Trust report that all delays relate to transferring patients from Critical Care to ward beds due to bed capacity issues, which is escalated at the daily bed meetings.

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 continued. The latest available data is for June 2021, when improvements were seen with close achievements of Category 1 targets. June performance also showed small decline with the Category 2 mean waits increasing from 32 minutes 28 seconds to 39 minutes 14 seconds, and the Category 3 90th percentile has also shown a decline the target of less than or equal to 120 minutes reporting just over 4 hours the biggest decline being for Cat 4 90th percentile recording 14 hours 11 minutes. This is within the context of significant pressures on NWS in regard to activity in the past month. 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 stroke indicator one month in arrears. Currently, May 2021 is the latest data. Southport & Ormskirk reported 68.2% of patients who had a stroke spending at least 90% of their time on a stroke unit in May an improvement of 9.6% from previous month. This is below the 80% target. At the end of April, the stroke ward moved this has provided 3 additional cubicles. The Stroke Team have continued their vigorous monitoring of the target and anticipate further improvement in the following months. In May, TIA was reported at 35.5% against the 60% target with 11 out of a total of 31 patients treated within 24 hours, and improvement of 8.6% from last month.

The CCG and Trust reported no new cases of MRSA in June against a zero-tolerance plan. Any incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For c.difficile, the CCG reported 4 new cases (17 year to date) against a year-to-date plan of 7. The CCG do not have the new objectives/plans for c.difficile for 2021/22 as these have not been released nationally as yet. The decision has been made to measure against last year's objectives in the interim. Southport & Ormskirk Trust is also failing with 6 new cases in June (17 year to date), against a year-to-date target of 6. To support this twice weekly meetings have been held with CCG attendance and a specific action plan monitored. It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2021/22, therefore in the interim the CCG are reporting against last year's target of 109. In June there were 7 cases (24 year to date) against a year-to-date target of 27 and achieving in month. Southport & Ormskirk reported 5 new cases in June (9 year to date). There are no targets set for Trusts at present. The spinal unit continues to remain an outlier within the Trust due to the specialist level of care and the number of patients requiring catheter care required within the unit.

Southport & Ormskirk Trust Friends and Family Inpatient test response rate is above the England average of 19.6% in May 2021 at 23.1% (May being the latest data reported). The percentage of patients who would recommend the service dropped to 89% and therefore remains below the England average of 95%. The percentage who would not recommend increased to 7%, also below the England average of 3%.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 79.5 in June, 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 finance and activity, 2020/21 saw 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 national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Year to date activity at month 3 of 2021/22 represents an increase of 49% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

Mental Health

The Eating Disorder service has reported 30.3% of patients commencing treatment within 18 weeks of referral in June, compared to a 95% target. 10 patients out of 33 commenced treatment within 18 weeks. This shows a very small increase on the previous month (29.4%).

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.57% in June and has therefore failed to achieve the 1.59% target.

The percentage of people who moved to recovery was 40.9% in June, which is now below the 50% target a decline to 53.2% reported last month.

Southport & Formby CCG is recording a dementia diagnosis rate in June of 65.2%, which is under the national dementia diagnosis ambition of 66.7%, similar compared to last month's performance of 64.6%.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The Trust has undertaken a revalidation exercise of waiting times as figures reported prior to April 2021 were waiting times to initial assessment and not to diagnosis. The Trust is expecting to have all those identified with SEND (37 people) on the waiting list to have their diagnostic assessment to be completed by the end of July 2021. Once the 37 SEND assessments are completed the waiting list initiative will continue to operate targeting all age long waiters but with any new SEND referrals being prioritised. The CCG has approved of £53k (£100k) of recurring investment within the ASD service as part of its overall Mental Health Long Term Plan 2021/22 investment plan. This investment will ensure that the service is more sustainable by increasing assessment capacity going forward.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 78 weeks in June 2021. The waiting list cleanse has been completed and list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust originally planned to recruit two agency staff but this was not possible so instead the Trust is planning to second a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff.

Adult Community Health Services

The community services continue to work under pressure and are prioritising service provision where possible.

The focus remains on supporting discharge and staffing intermediate care to support patients to return home as soon as possible.

Crisis response services remain in place for hospital avoidance.

Treatment rooms are now taking referrals directly from NHS 111 and ED to support the redirection of activity from the acute Trust.

The service provision remains flexible with the main focus being on a safe landing following procurement, health and wellbeing of the community workforce and staff retention.

Children's Services

In its ongoing response to the impact of 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 and all referrals are clinically triaged at the point of receipt and prioritised according to need. For June, whilst SALT continues to fall below the 92% target, dietetics and occupational therapies continue to be maintained. The trust has just commenced reporting monthly physiotherapy performance which is also within the 92% waiting time target.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in June. Notably SALT stood at 18 weeks against the 18-week KPI.

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 continue to be challenged locally. Whilst there has been an overall deterioration in performance since December 2020, there have been some improvements in referral to partnership waiting times, 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 and Sefton has been allocated an additional mental health investment of circa £800k in 2021/22. There has been significant system wide and local progress in relation to the allocation of the additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. These plans have now been finalised and providers have been allocated additional funding, including the third sector. Alder Hey has commenced the recruitment process for the additional posts. Over the coming weeks, providers will develop revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.

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 number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. 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.

The 2020/21 year end mental health access rate was 37%. This exceeded the access plan target of 35% and is an improvement on the previous year when the rate was 33.7%). The improvement is in part due to third sector provider, Venus, and the online counselling service, Kooth, commencing reporting of their activity through the national data set. In response to COVID-19, there has also been an increase in Kooth, CAMHS and third sector mental health service capacity, which is reflected in the activity data.

Referral rates for ASD/ADHD services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within agreed timescales. Whilst ADHD waiting times are increasing, they remain within target currently, but due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in June and fell to 77%. The Trust has a number of mitigating actions in place to manage this and a paper has been shared by the CCGs outlining the current position, mitigations and options for consideration.

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			
	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%
April	567	1506	939	165.6%	886	1945	1059	119.5%	1860	4126	2266	121.8%
May	676	1474	798	118.0%	1127	1984	857	76.0%	2203	4203	2000	90.8%
June	1030	1575	545	52.9%	1641	2266	625	38.1%	3092	4547	1455	47.1%
July	1342				1780				3585			
August	1038				1669				3177			
September	1338				1904				3821			
October	1443				1710				3730			
November	1347				1804				3765			
December	1223				1805				3644			
January	1226				1644				3389			
February	1192				1747				3492			
March	1464				2217				4303			
Monthly Average	1157	1518	361	31.2%	1661	2065	404	24.3%	3338	4292	954	28.6%
YTD Total Month 3	2273	4555	2282	100.4%	3654	6195	2541	69.5%	7155	12876	5721	80.0%
Annual/FOT	13886	18220	4334	31.2%	19934	24780	4846	24.3%	40061	51504	11443	28.6%

Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 & 2021/22





Month 3 Summary:

- A focus on elective restoration has ensured that Southport & Formby CCG referrals in the first quarter of 2021/22 are 80% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -12.3% lower as at month 3.
- At the lead provider, trends show that total secondary care referrals in June-21 have increased by 154/4.9% when compared to the previous month for Southport Hospital and are the highest number of referrals reported since February-20.
- Referrals to Southport Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -16.6% below pre-pandemic (i.e. 2019/20) levels.
- GP referrals are reporting a 101/6.9% increase when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 6 less GP referrals per day in June-21 when comparing to the previous month although there were 3 more working days.
- Clinical Physiology was the highest referred to specialty for Southport & Formby CCG in 2020/21. Referrals to this speciality in month 3 are approximately 14.8% (65) higher than in May 2021, however it is 131.5% (794) up when comparing to the same period in 2020/21 and is also up by 3.3% (45) when comparing to the same period pre-pandemic (19/20).
- In terms of referral priority, all priority types have seen an increase at month 3 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with an increase of 104.4% (4,208).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2020/21 from June-20 onwards. The 633 two week wait referrals reported in Jun-21 represent the highest monthly total since May-19. Referrals to the Breast Surgery speciality make up much of this increase with Gastroenterology also contributing significantly.
- Data for June 2021 is significantly higher than in June 2020 across the board, the majority of this is due to the effects of COVID-19 on 2020 data at the start of the pandemic. Much of this data is now being reconciled for 2021/22 which explains the high variances within the data.
- Specialty code 822 (Chemical Pathology) has been excluded from April-20 onwards due to an issue found within Southport & Ormskirk data.



2.2 NHS e-Referral Service (e-RS)

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. Current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	
		RED	TREND	Mar-21	Apr-21		
		CCG	15.07%	15.10%	18.41%	18.43%	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.
		S&O	14.58%	15.43%	17.53%	19.25%	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	15.65%	62.68%	63.67%	51.17%	
		S&O	10.06%	50.57%	57.60%	49.84%	
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG, out of 3,343 patients, 616 patients were waiting over 6 weeks, (of those 229 were waiting over 13 weeks) for their diagnostic test. In comparison, June last year had a total waiting list of 2,316 patients, with 1,185 waiting over 6 weeks (of those 870 were waiting over 13 weeks). The majority of long waiters were for gastroscopy (217), colonoscopy (123) and Non-obstetric Ultrasound (87) makes up 69.32% of the breaches. The CCG is reporting well below the national level of 22.4%. The Trust saw a decline in performance in June compared to previous month. The IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. 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. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy, in addition to prioritisation of diagnostics with the implementation of 'D' codes to indicate patients to be prioritised. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing In a positive way. Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	73.97%	77.41%	79.17%	79.68%	
		S&O	81.47%	82.13%	83.74%	83.51%	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	88.86%	80.00%	70.90%	58.28%	
		S&O	89.81%	82.10%	73.10%	60.15%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG June is showing similar performance to the previous month. The challenged specialties include Gynaecology (67.8), Plastic Surgery (54.2%) and Cardiothoracic surgery (48.6%). The CCG and Trust are reporting well above the national level of 68.76%. IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity, including reduced throughput in theatre, however, the Trust are endeavouring to maximise capacity with current staff and utilising bank staff as necessary. Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week) 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 although RTT the Trust reported 84% in June and is also supporting S&O with elective recovery to improve the overall RTT within the CCG. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. 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. 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, working to support providers on area's identified as 'fragile'. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. CCG attendance at ICS/OOH cell gold command meetings, to gain assurances regarding recovery trajectories. CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery. The CCG is working with providers to ensure assurance on clinical prioritisation and understanding of the waiting lists and key actions to mitigate patient harm. 							
System:							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, CCGs submitted final expected activity/financial assumptions in June 2021. 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. 							
Trust Actions:							
<ul style="list-style-type: none"> Renacres have provided details/assurance related to 18 week breaches and are prioritising the waiting list. Breach reasons vary and include COVID impact, patient choice, patient not contactable and theatre delays due to patient undergoing other treatments at the same time. Support to S&O continues with T&O long waiters. Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Rheumatology identified as a pilot service, with initial scoping of the project jointly progressing with CCG colleagues. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. Trust participating in national work to develop system modelling tool in Ophthalmology. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality issues raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Mar-21	Apr-21	May-21			Jun-21
		CCG	519	412	355			335
		S&O	331	242	154			128
		Previous year	Mar-20	Apr-20	May-20			Jun-20
		CCG	0	6	10			17
		S&O	0	0	0			7
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 335 breaches for the CCG, there were 68 at Southport & Ormskirk, 84 at LUHFT and 183 at 16 other Trusts. • The 335 breaches reported also represent 2.73% of the total waiting list, which is well below the national level of 5.59%. • Of the 128 breaches at Southport & Ormskirk (catchment), 30 were in General Surgery, 23 in T&O, 23 were in Gynaecology and the remainder over spanned over the other specialities. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. • Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised. 								
System:								
<ul style="list-style-type: none"> • See RTT section. 								
Trust Actions:								
<ul style="list-style-type: none"> • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. • Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters. • Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. • National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		Rob Caudwell		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

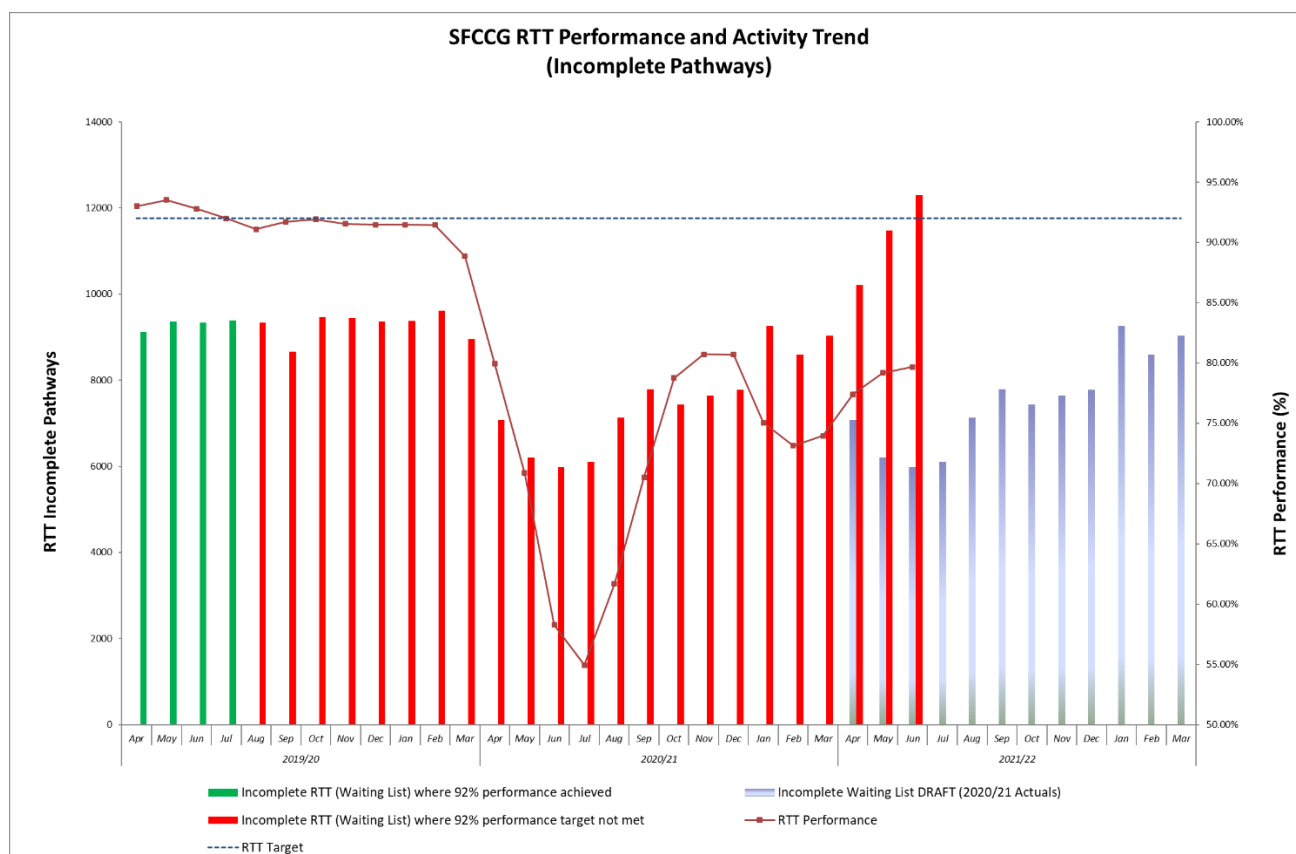


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	5,983
2021/22	10,203	11,474	12,290										12,290
Difference	3,131	5,270	6,307										6,307
52 week waiters - Plan (last year's actuals)*	6	10	17	36	62	85	71	99	112	226	401	519	
52 week waiters - Actual	412	355	335										
Difference	406	345	318										

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)	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078	8,615	9,896	6,140
2021/22	10,351	11,104	11,636										11,636
Difference	2,748	4,619	5,496										5,496

*NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.

There were a total of 854 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 335 patients were waiting over 52 weeks, a decrease on last month when 355 breaches were reported. Southport & Ormskirk had a total of 128, 52-week breaches in June, showing an improvement from 154 reported last month. The 335 52+ week CCG breaches represent 2.73% of the total waiting list, which is well below the national level of 5.59%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG increased to 12,290 (May reported 11,474).



2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	103	84	Where clinically appropriate, virtual clinics have occurred across all specialities and action has been taken to reintroduce referrals via ERS. Across the organisation specialities have completed a comprehensive validation of waiting lists to ensure appropriateness and priority of patients. As the organisation enters into the reset phase there has been an introduction of new patient clinics for urgent referrals. There has been a phased increase in the number of operating sessions for cancer and urgent patients on both the Royal and Aintree sites. Local Liverpool Specialist Trusts continue to work collaboratively with LUHFT to provide additional theatre capacity. Theatre sessions are being provided at Spire Liverpool (Breast, Urology and Ambulatory Orthopaedic Trauma Services). Plans were in place to schedule clinically appropriate routine General Surgery patients at Spire Liverpool from July. Priority will be given to patients who have waited in excess of 40 weeks for treatment. The Walton Centre continue to support spinal services and Liverpool Heart and Chest vascular and upper GI services.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	225	68	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. The Trust is currently meeting targeted restoration activity levels as per national guidance. The Trust continues to Clinically Prioritise surgical waiting lists as per the Federation of Surgical Specialty Association (FSSA)/ NHSE Clinical Guide to Surgical Prioritisation. Weekly PTL meetings to track patients and escalate issues continue with OSM daily monitoring. Ongoing validation of lists to ensure duplications are removed. Use of virtual appointments where possible. Gynaecology has pre-Covid theatres back to capacity and the Trust is looking to provide extra weekend sessions for Ophthalmology, Urology and T&O. A sub-contract with Renacres to deliver activity as part of the Trust recovery plan is in place and the Trust is the second best performer in Cheshire and Merseyside at dating P2.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	43	53	The Overall 18 Weeks Waiting List continues to grow. Despite this increase, the Trust has seen the number of patients waiting over 52 weeks for treatment drop for the third consecutive month, reducing by 24% since the start of the financial year. This, combined with a 7% financial year-to-date decrease in the amount of Priority 2 patients waiting for treatment, shows that the Trust's current elective strategy is working and that the growth of the waiting list is due to an increase in new RTT. The Greater Manchester Elective Recovery Reform Group is now in place. The Trust continue to access independent provider capacity.
RENACRES HOSPITAL	55	42	Ramsay Health has played a key role in providing healthcare services to local communities since March 2020 in partnership with the NHS and continues to support the NHS in tackling the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	38	35	Recovery plans are in place and all theatres are now fully re-opened. Patient Tracking List meetings continue to be 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. The Trust expects a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent Care, Cancers and long waiters remain the priority patients for surgery at Whiston with application of P-codes being effectively implemented. Application of D-codes is on target for delivery.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	10	18	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 supported more day case theatres in Q1 2021/22. The Trust will continue to utilise the independent sector capacity.
SPIRE LIVERPOOL HOSPITAL	12	10	The Trust is now operating almost back to normal capacity and is recruiting aggressively in outpatients, physiotherapy, diagnostics and theatre. The Trust is continuing to drive down the waiting lists over 52 weeks as well as ensuring increased access to diagnostics within 6 weeks.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	3	7	The Manchester Emergency & Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated, and maintain oversight and effective use of resources across Manchester University sites. The potential to utilise private sector capacity, Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue and there is ongoing outpatient Improvement work as part of the Recovery Programme to develop transformation opportunities. The Trust ensures that there is a consistent, safe approach to the development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes.










Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	4	There has been a 40% reduction in patients waiting over 52 weeks over the last two months. Development of actions has progressed well to address the longest waiters. The Trust is aiming to increase theatre productivity (by Oct 2021) and has increased outpatient productivity focus. The validation and education programme has commenced.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	0	3	Patients who have a rating priority P1 or P2 are being prioritised and will be treated immediately or within the next 4 weeks. Patients who are worried that they are on a lower priority list than they should be and have a risk of deterioration, with an impact on their outcome or independence, have been added to the priority list following agreement with clinical colleagues through the Clinical Reference Group.
EUXTON HALL HOSPITAL	0	2	Ramsay Health has played a key role in providing healthcare services to local communities since March 2020 in partnership with the NHS and continues to support the NHS in tackling the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	8	2	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 service intends to keep in regular contact with those long waiting patients as was done during the national clinical validation programme. The Trust has met required recovery trajectories for outpatients and elective activity to date and RTT performance continues to improve. Following successful recruitment in theatre services the Trust is now able to maximise a 38-session week which allows the service to address the long wait backlog.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	4	2	Actions in place are monitored through the Restart, Recovery & Renewal subcommittee. Planning assumptions are now in place and the Trust will be following good planning methodology to continually check performance against those assumptions, ensuring capacity is well utilised. The Trust continues to balance capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. The Trust continues to review the clinical priority of patients and update harms assessments as appropriate. The Trust is progressing plans to date the longest waiting patients and expects to see the outcomes of this towards the end of quarter 2.
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	0	1	Both Inpatient and Outpatient activity continues to increase across sites mitigating any growth in the longer waiting patients. Despite this referral rates continue to rise which will drive an increase in the overall waiting list. Numbers of patients waiting over 52 weeks has continued to reduce for the third month in a row and the number looks to continue to reduce as activity increases.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	8	1	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the Covid pandemic. 52 week waiting patients undergo a harm review by the consultant responsible for the patients care. Due to the challenges with non-elective demand and the focus on treating elective urgent patients first there is the possibility that the number of patients waiting longer than 52 weeks will increase which was predicted in the recovery trajectories submitted to the regional recovery programme. Pressures with consultant anaesthetist capacity is also proving a challenge each month.
NUFFIELD HEALTH, THE GROSVENOR HOSPITAL, CHESTER	0	1	As the UK's largest healthcare charity, Nuffield has been supporting the NHS during the COVID-19 pandemic, providing hospital team members, facilities and equipment to local NHS trusts to support NHS patients, including those with COVID-19, cancer and needing urgent surgery.
ROYAL FREE LONDON NHS FOUNDATION TRUST	0	1	Whilst there are more patients waiting longer than before, patients on admitted pathways are being clinical prioritised ensuring that the most urgent patients are given priority, reducing the potential for harm. The Trust is nearing the end of an external assessment reviewing its readiness to return to national reporting. This report will assess the quality of the Trust waiting lists (data quality) and ability to sustain reporting status. This will allow the Trust to have confidence in its waiting lists and ability to target the right patients in the right order.
SALFORD ROYAL NHS FOUNDATION TRUST	3	1	The underlying rate of growth of long RTT waits over 52 weeks has slowed over recent weeks reflecting the reduction in referrals that occurred a year ago as well as the planned incremental restoration of elective capacity Independent Sector activity is included within plans to minimise capacity constraints in the Acute Sector. The Northern Care Alliance Clinical Prioritisation Group continues with strong clinical engagement on dating all priority 1 & 2 patients, and our teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience. Virtual Outpatient appointment volumes are being maintained.
OTHER TRUSTS	7	0	No Trust Information.
	519	335	

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	Mar-21	Apr-21	May-21	Jun-21		
		4	3	6	3		
		Mar-20	Apr-20	May-20	Jun-20		
		8	2	0	0		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Trust information show there was an improvement in cancelled operations in June (3) after reporting 6 in May. The Trust indicated the reasons for the cancelled operations were due to the lists over running. 							
Actions to Address/Assurances:							
<p><u>CCG Actions:</u></p> <ul style="list-style-type: none"> Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported. <p><u>System:</u></p> <ul style="list-style-type: none"> 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. <p><u>Trust Actions:</u></p> <ul style="list-style-type: none"> As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. Additionally the CCG have been informed that the Trust reviewed opportunities to insourced anaesthetist activity subject to demands/staffing issues resulting from a second surge of COVID-19. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity. Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres. 							
When is performance expected to recover:							
Recovery anticipated next month.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			




2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure	Mar-21	Apr-21	May-21	Jun-21	YTD		
	2 Week Wait (Target 93%)	CCG	90.95%	87.80%	85.52%	85.82%	86.40%	
		S&O	90.60%	87.01%	85.74%	87.51%	86.79%	
	2 Week breast (Target 93%)	CCG	96.88%	92.31%	83.33%	80.00%	84.31%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	96.00%	95.35%	97.89%	97.80%	97.06%	
		S&O	98.75%	98.59%	100%	100%	100%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	95.24%	98.31%	
		S&O	No Pats	100%	100%	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	92.31%	80.00%	85.71%	93.33%	86.36%	
		S&O	100%	100%	100%	100%	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	95.45%	98.46%	
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats	
	62 day standard (Target 85%)	CCG	71.15%	79.59%	76.60%	65.85%	74.45%	
		S&O	70.91%	71.82%	73.04%	70.65%	71.92%	
	62 Day Screening (Target 90%)	CCG	66.67%	50.00%	60.00%	86.67%	75.00%	
		S&O	No Pats	100%	60.00%	100%	81.82%	
	62 Day Upgrade (Local Target 85%)	CCG	82.14%	91.30%	100%	85.19%	92.11%	
		S&O	89.53%	91.80%	96.88%	93.33%	94.00%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 4 of the 9 cancer measures year to date and 3 measures in month 3. The Trust is achieving 4 of the 9 cancer measures year to date and 5 measures in month 3. The 2 week standard for breast symptoms has declined further in June after previously recovering in March. June saw 4 patient breaches out of a total of 20 patients seen. Reasons for these breaches were patient choice (3) and 1 admin delay, this breach had a waited of 42 days. The median wait for June for this indicator was 9.5 days. For Cancer 62 Day standard the CCG is now measuring below the national level of 73.27% recording 65.85% in June. Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays. 								
Key points to note:								
<ul style="list-style-type: none"> Urgent suspected cancer referrals remain high with latest reported period at 20% above pre-pandemic levels. At Southport and Ormskirk Hospital, staffing levels due to sickness, annual leave and isolating in outpatients has been a concern affecting all tumour sites. Other significant pressure areas for cancer pathways include outpatient capacity for gynaecology and access to endoscopy single sex lists. 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. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance (CMCA) is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. <p>CMCA is supporting development of a single cancer PTL across the system based on similar successful work in Greater Manchester. In relation to 2ww breast services, LUHFT, which is the main provider for Southport and Formby patients, is setting up a single point of access with the aim of equalising access across the 2 hospital sites.</p>								
When is performance expected to recover:								
<p>The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral. Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. <p>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>								
Quality:								
<p>The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
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	Mar-21	Apr-21	May-21	Jun-21	
		1	5	7	4	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There were 4, 104 day breaches in June the longest waiting patients was in Head and Neck delay was patient initiated delay to diagnostic test/treatment, advance notice was given, number of days waiting was 291. The other 3 patients were in urological (119 days waiting), Lower gastro (118 days waiting) and Urological (117 days waiting) primary reasons being elective capacity inadequate and complex diagnostic pathways. • 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. • The CCG receives harm reviews for long waiting patients which are discussed at the Performance & Quality Investigation Review Panel (PQIRP) monthly. <p>Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region.</p> <p><u>Key messages:</u></p> <ul style="list-style-type: none"> • Almost half (49%) of very long waits were lower GI pathways. • Diagnostic delays accounted for 30% of delays cited although commentaries highlight most delays are complex and multifactorial; single categorised reasons may not capture true picture. • Only 15% of lower GI long waiting patients ultimately received a confirmed cancer diagnosis compared with 39% of non lower GI patients, supporting the evidence that reducing diagnostic delay for gastrointestinal patients needs to be the key focus. 						
Actions to Address/Assurances:						
• See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.						
When is performance expected to recover:						
Providers have submitted trajectories for months 1-6 to reduce all over 62 day waits to pre pandemic levels.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. Southport and Formby CCG is working with the provider to strengthen the assurance process around harm reviews for very long waiting patients and feed thematic reviews into the CCQRM. Harm reviews and Root Cause Analyses of pathway breaches are reviewed by the CCG's PQIRP Group.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

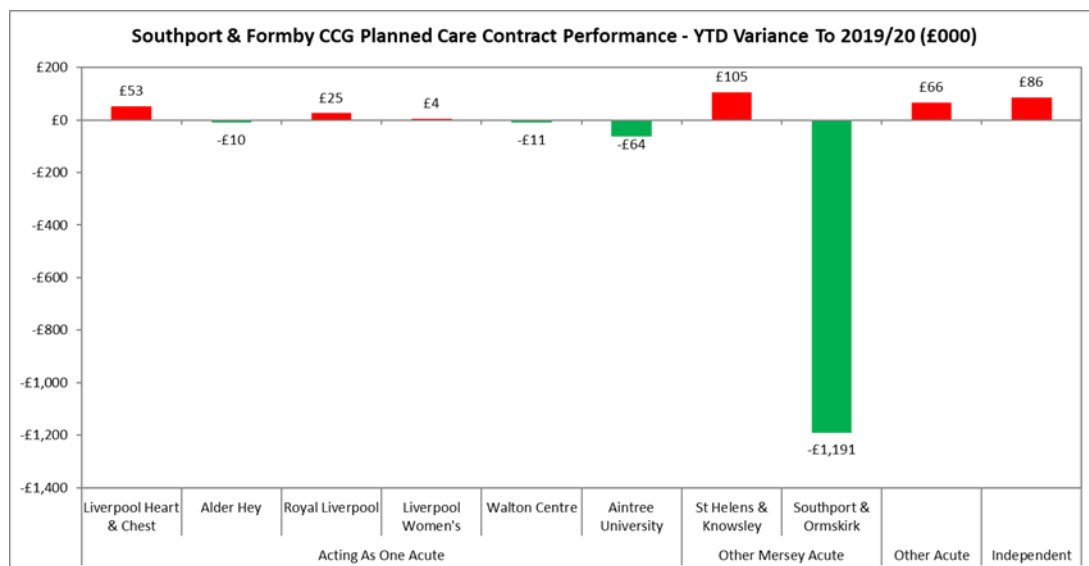
Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Mar-21	Apr-21	May-21	Jun-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	73.65%	73.68%	75.78%	73.60%	74.25%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	87.50%	86.67%	94.12%	88.24%	89.80%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	41.38%	50.00%	52.27%	56.10%	52.99%		
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> 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 May and year to date, the CCG performed above the proposed target for the 28- Day FDS breast symptom indicator, and above in May for 28-day FDS 2 week wait referral. However, the two week and screening referral indicators performed below target. RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. 28 Day FDS overall is reporting 72.89% for June and 73.32% year to date, just under the proposed 75% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> 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. 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. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			

2.7 Patient Experience of Planned Care

Indicator	Performance Summary				Potential organisational or patient risk factors			
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients 	Previous 3 months and latest				Very low/minimal risk on patient safety identified.			
	RED	TREND	Feb-21	Mar-21		Apr-21	May-21	
			RR	23.8%		24.8%	23.9%	23.1%
			% Rec	93%		91%	90.0%	89.0%
			% Not Rec	5%		6%	6.0%	7.0%
2021/22 England Averages Response Rates: 19.6% % Recommended: 95% % Not Recommended: 3%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Friends and Family was paused during the COVID pandemic it has since resumed. Southport & Ormskirk Trust has reported a response rate for inpatients of 23.1% in May 2021 and above the England average of 19.6%. The percentage of patients who would recommend the service dropped to 89% and therefore remains below the England average of 95%. The percentage who would not recommend increased to 7%, also below the England average. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The COVID-19 pandemic resulted in substantially fewer patients and visitors attending the Trust. Whilst there were fewer people attending the Trust, there were tangible examples of where the inability to attend the hospital and visit caused worry and distress for family members and patients. This has been highlighted by the provider and actions taken to improve communication and access to services. The CCG Quality team continue to monitor trends and request assurances from providers when exceptions are noted however, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period. Monthly FFT reports will continue to be produced by Quality team. 								
When is performance expected to recover:								
The above actions will continue with an ambition to improve performance during 2021-22.								
Quality:								
FFT figures remain consistent as the previous month for S&O. The provider continues to provide assurance to the CCG via bi-annual EPEG Patient Experience presentations. The introduction of the PALS service was noted during the pandemic. This has had a positive impact in de-escalating potential complaints and reaching early resolutions.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Chrissie Cooke		N/A		Mel Spelman				

2.8 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care All Providers – Contract Performance Compared to 2019/20



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent 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. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. This has resulted in a considerable increase in planned care activity of 110% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during June-21 is also 6% above June-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 80% of 2019/20 activity levels being completed during June-21 and available contracting data suggests this has been achieved.

Figure 5 - Planned Care Activity Trends

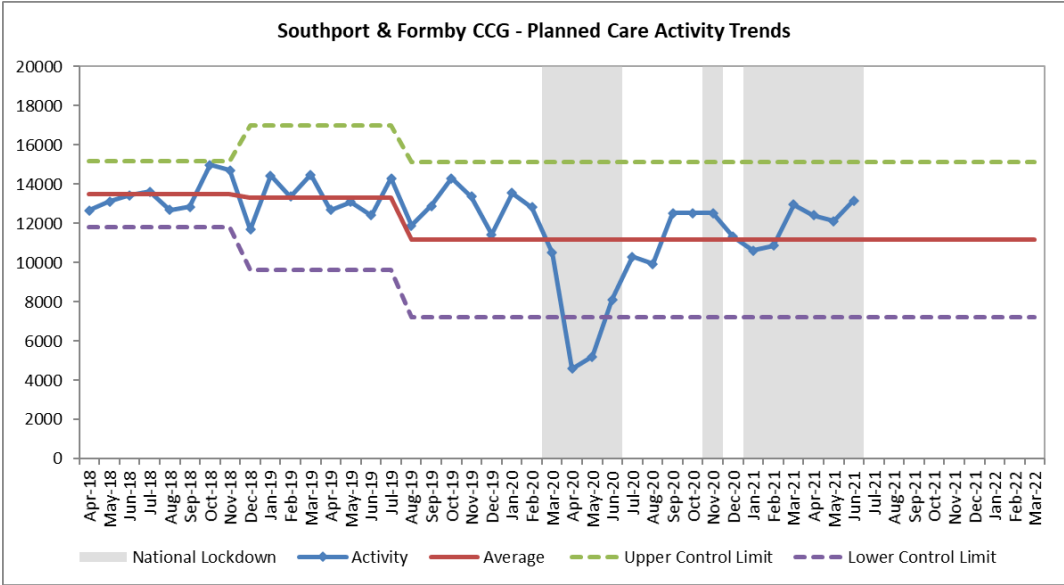


Figure 6 – Elective Inpatient Variance against Plan (Previous Year)

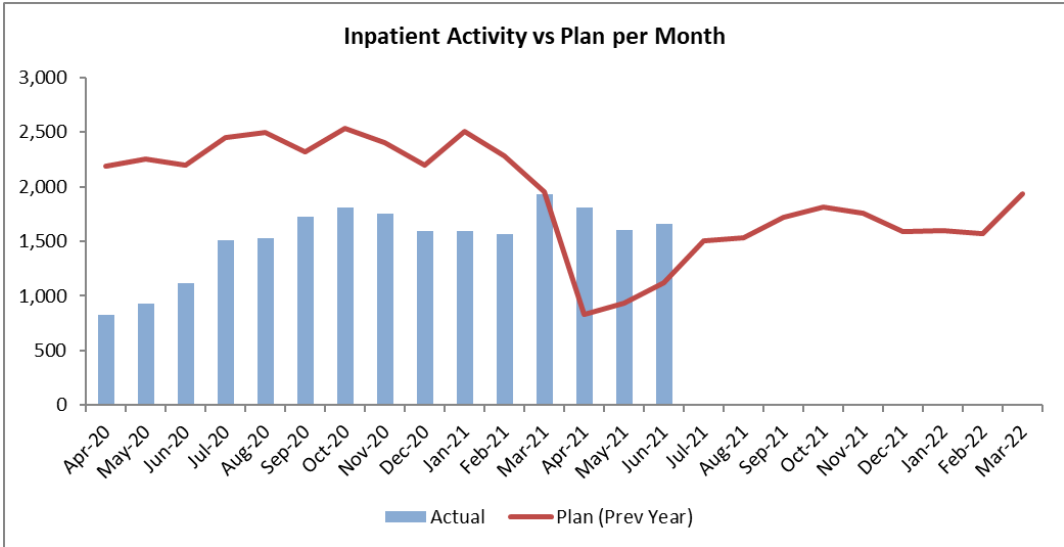
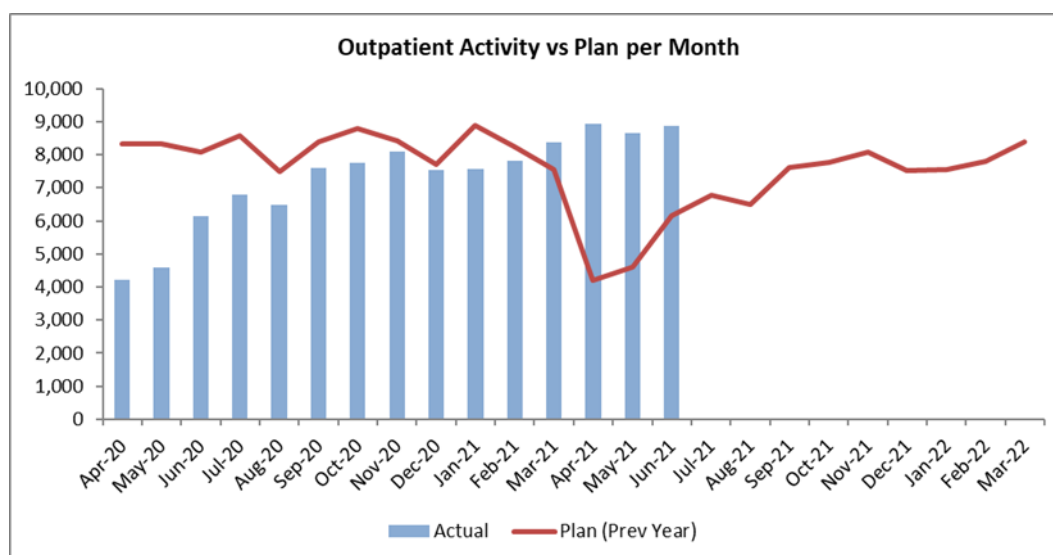


Figure 7 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.8.1 Southport & Ormskirk Hospital NHS Trust

Figure 8 - 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	2,695	1,993	-702	-26%	£1,420	£1,053	£-367	-26%
Elective	258	215	-43	-17%	£749	£575	£-175	-23%
Elective Excess Bed Days	112	22	-90	-80%	£30	£6	£-24	-80%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	224	133	-91	-41%	£47	£26	£-21	-45%
OPFASPCL - Outpatient first attendance single professional consultant led	3,936	3,472	-464	-12%	£687	£613	£-74	-11%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	225	230	5	2%	£26	£26	£0	-1%
OPFUPSCL - Outpatient follow up single professional consultant led	11,055	7,131	-3,924	-35%	£976	£605	£-371	-38%
Outpatient Procedure	6,720	5,024	-1,696	-25%	£914	£710	£-204	-22%
Unbundled Diagnostics	2,832	2,852	20	1%	£266	£311	£45	17%
Grand Total	28,057	21,072	-6,985	-25%	£5,116	£3,925	£-1,191	-23%

*PbR only

When comparing to 2019/20 (pre-pandemic) levels of activity, underperformance at Southport & Ormskirk Hospital is evident against the majority of the (PbR - national tariff) planned care points of delivery with a total variance of -£1.1m/-23% for Southport & Formby CCG at month 3. In line with planned restoration of elective services, Southport & Formby CCG referrals to Southport & Ormskirk Hospital have been on a general increasing trend with June-21 seeing the highest number of monthly referrals (3,292) reported since February-20. Despite this, year to date referrals in the first quarter of 2021/22 remain -17% below that reported in the equivalent period of 2019/20.

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 wave of the pandemic in 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, there has been some recovery of activity, particularly for diagnostic scopes within the General Surgery/Medicine service at the lead provider. However, total inpatient admissions remain below levels seen in the equivalent period of 2019/20. Outpatient procedures have also increased in recent months but remain below pre-pandemic levels. Activity within this point of delivery has been driven by the Dermatology service and minor skin procedures.

NB. Plan values in the above table relate to 2019/20 actuals.

2.8.2 Isight

Figure 9 - 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	316	447	131	41%	£158	£241	£84	53%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	458	441	-17	-4%	£63	£61	-£2	-4%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	1	0	-1	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	794	1,057	263	33%	£48	£63	£16	33%
Outpatient Procedure	448	663	215	48%	£30	£43	£13	43%
Grand Total	2,017	2,608	591	29%	£299	£409	£110	37%

Isight had seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. However, as with other providers (NHS and Independent sector) recent trends have shown significant increases in outpatient appointments and procedures performed with total activity reported in June-21 representing the highest monthly total of the last two years.



In 2019/20 (pre-pandemic), Isight overperformance for Southport & Formby CCG had 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*. When comparing monthly averages for the first quarter of 2021/22 to the equivalent period in 2019/20, this HRG is once again over performing by 64% (an additional 27 procedures per month). *Minor Vitreous Retinal Procedures, 19 years and over* is also responsible for increased day case procedures at Isight in 2021/22 to date.

For outpatient procedures the HRG - *Contrast Fluoroscopy Procedures with duration of less than 20 minutes* is responsible for overall trends within this point of delivery and Isight are currently reporting a 54% increase in these procedures during 2021/22 when comparing to 2019/20, equating to an additional 68 procedures performed per month.

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 current contract negotiations).

NB. Plan values in the above table relate to 2019/20 actuals.



2.9 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		9.38%	8.76%	6.47%	7.96%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		9.69%	7.73%	11.30%	14.01%		
		National ambition of 6% or less of maternities where mother smoked by 2022 Local aim for Q1 9.3% - Actual 7.96% so achieved local plan					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 1 Southport and Ormskirk have achieved 7.96%, against the National ambition of 6%; with 226 maternities, of which just 18 were smokers at the time of delivery. Despite being a 1.49% decline in performance since the last quarter, it is a 6.05 % improvement against the same time period last year. COVID has taken its toll on families and impacted the delivery of usual health services preventing the full range of support available. In order to re-assess the current picture, the CCG have looked at performance over the last 5 quarters during the COVID pandemic which gave an average performance of 9.3%. Using this average, the CCG need to reduce SATOD by 3.3% to achieve the year-end target of 6%. Spreading the required reduction of 3.3% across the remaining 3 Qtrs of this year, the CCG will be on target to achieve 6% if we continue to reduce each Qtr by just 1.1%. For quarter 1 the local aim being 9.3%, this has been achieved. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Smoking Cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. Discussion has commenced with Public Health to explore a jointly funded Smoking in Pregnancy Midwife for the Sefton population who attend the Liverpool Womens Hospital Trust. 							
Comments from S&O Trust:							
<ul style="list-style-type: none"> Smoking cessation midwife remains in post. A full-time position based in Ormskirk maternity unit. Carbon monoxide (CO) monitoring has been reintroduced to the unit and the specialist midwife is working with teams to increase compliance. Referrals from the maternity unit to Smokefree Sefton remain steady with weekly meetings between the specialist midwife and Smokefree Sefton in order discuss referrals and any further input needed. Smoking in pregnancy training on topics such as VBA, CO monitoring, referrals and support has remained mandatory for all maternity staff. Specialist midwife will identify anyone who declines referral to stop smoking services at booking and will follow this up with the women by intervention following an ultrasound scan. Moving forward this year the CCG intend to strengthen the foundations whilst a specialist role has been in place supporting staff in 'getting back on track' following COVID. Partner referrals into the Smokefree service is encouraged to feed into the Smokefree homes agenda. 							
When is performance expected to recover:							
The CCG have shared the local profiling with the Trust and received the above comments from the Trust. Performance is currently on target for year end achievement.							
Quality:							
<ul style="list-style-type: none"> No specific quality issues reported. 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 2. The Trust report their intention to strengthen the foundations laid with the specialist midwife role by supporting staff in 'getting back on track' following COVID. Partner referrals into the Smokefree service is encouraged to feed into the Smokefree homes agenda. The council have also re ignited the Sefton Tobacco Control Group which includes the hospital Trust in its partnership members. Campaigns and communications are planned to prevent people from taking up smoking as well as a Smoking in Pregnancy review by the hospital and re affirming the links between the hospital staff and the stop smoking services pathway. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		



3. Unplanned Care

3.1 Accident & Emergency Performance

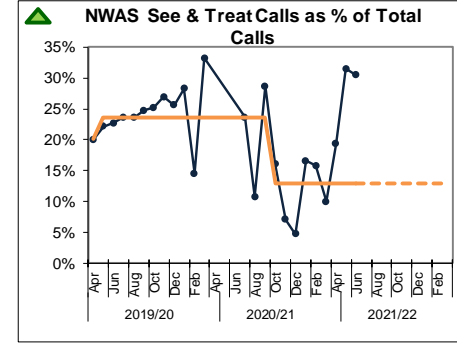
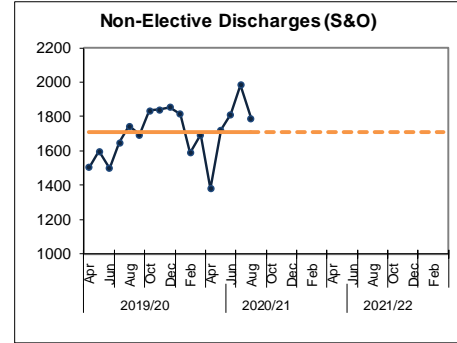
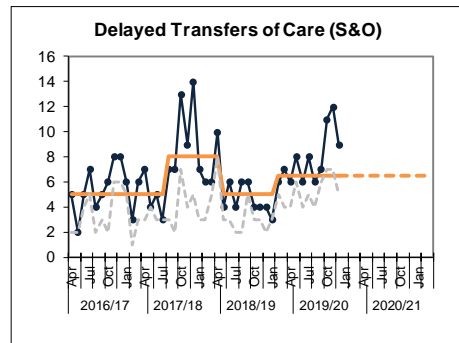
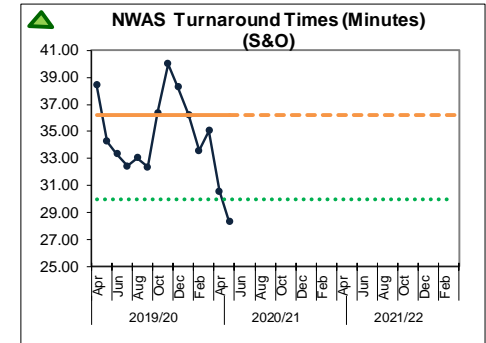
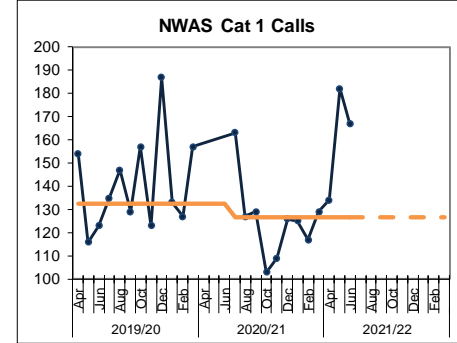
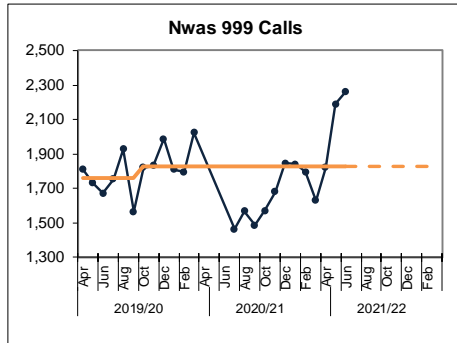
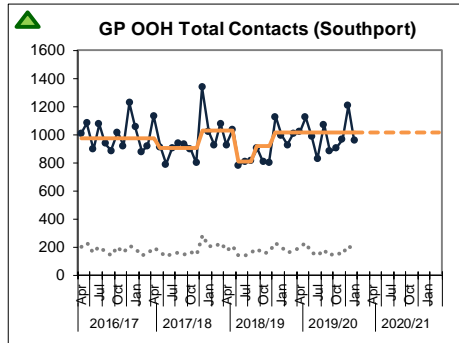
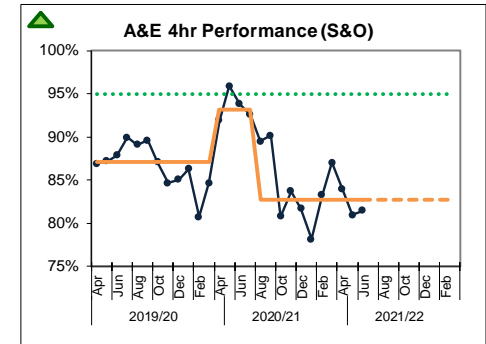
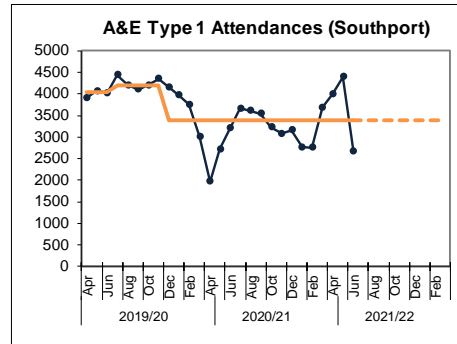
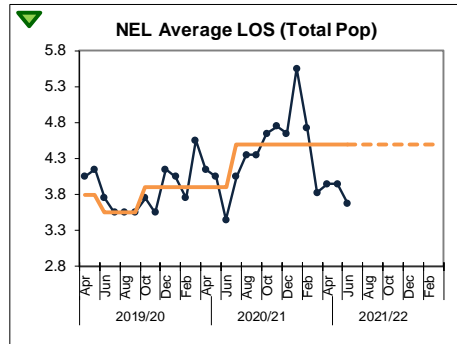
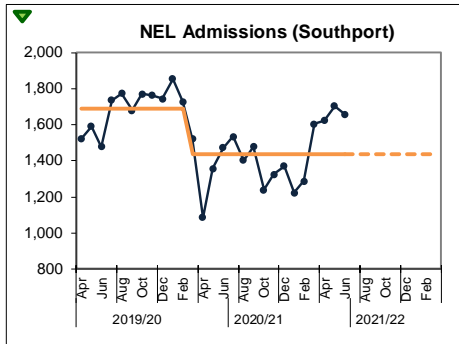
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	YTD		
		CCG All Types	86.83%	84.07%	80.16%	80.33%	81.43%	
		CCG Type 1	81.93%	79.48%	74.84%	75.75%	76.56%	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	YTD	
		CCG All Types	86.56%	92.31%	95.81%	95.77%	95.09%	
			Mar-21	Apr-21	May-21	Jun-21	YTD	
		S&O All Types	87.04%	83.93%	80.94%	81.46%	82.04%	
	S&O Type 1	82.37%	79.39%	75.92%	77.30%	77.44%		
National Standard: 95% No improvement plans available for 2020/21								
Performance Overview/Issues:								
<ul style="list-style-type: none"> June data shows the CCG and Trust remain under the 95% target. In June 2021, the total number of A&E attendances reported for the Trust was 9,676, a decrease from the 10,271 attendances reported in May. This also represents an increase on the attendances in April 2020 which was 4,309 (the start of the pandemic). CCG A&E performance in June is lower compared to the national level of 81.31%. ED trajectory was set to achieve above 85% by 30th June 2021 - this was not achieved. 								
Actions to Address/Assurances:								
The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department.								
CCG Actions:								
4-hour standard has remained below the 85% trajectory for June 2021 actions include:								
<ul style="list-style-type: none"> CCG is looking to secure funding for provision of care coordinators and 111 streaming tool at the front door. Working closely with the Trust to implement this initiative to help ease the considerable pressures caused by increased attendances. Bed occupancy level remain >95% despite ongoing efforts from the system to expedite discharges. The newly designed ready for discharge dashboard is providing teams with greater transparency, pressures continue within reablement and domiciliary care provision and the local authority are working with New Directions and the dom. care market on resolution. Workforce remains a main issue making it difficult to staff additional capacity. Ward 1 escalation area has remained open to assist the Trust with the ward refurbishments. Birkdale Park 10 beds remains open for short stay intense therapy provision for direct use by the trust therapist team and this is proving to be an extremely successful scheme. The urgent and emergency clinical improvement group continues to meet fortnightly however many improvement schemes are workforce dependent and carry a degree of risk to implementation. There continues to be a system wide commitment to improving performance, looking towards reducing pressure and improving flow however this is difficult on the backdrop of a depleted workforce. 								
Trust Actions:								
<ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
When is performance expected to recover:								
Southport & Ormskirk ED trajectory is set to achieve above 85% by 31st July 2021.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			












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

Indicator		Performance Summary				Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked. Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		1	0	29	7	
		Mar-20	Apr-20	May-20	Jun-20	
		10	0	0	1	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Southport & Ormskirk reported 7, 12-hour breaches in June, showing a decrease on last month. 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. 						
Actions to Address/Assurances:						
CCG actions:						
<ul style="list-style-type: none"> A new Standing Operating Procedure (SOP) and 48 hour review form has been developed by the NHSE/I regional team. The SOP provides useful guidance and clarity for all providers whilst ensuring the regulators and CCGs receive the appropriate assurances. The key change in process to note is the change in form to be completed by the provider. The Trust to escalate early to the CCG if any mitigating actions are identified to avoid the breach. Breaches are reported in clusters and have recently been due to occupancy issues within the Trust and on transfer to mental health facilities. Where harm has been identified as a result of the breach the provider must declare this as serious incident and undertake a root cause analysis investigation to identify the appropriate learning. 						
When is performance expected to recover:						
Performance recovery in coming months.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Annette Metzmacher		Sharon Forrester		



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Apr	May	June		
		Cat 1 mean	<=7 mins	00:07:16	00:08:44	00:09:15		
		Cat 1 90th Percentile	<=15 mins	00:14:25	00:17:05	00:19:10		
		Cat 2 mean	<=18 mins	00:24:25	00:32:28	00:39:14		
		Cat 2 90th Percentile	<=40 mins	00:51:46	01:10:11	01:22:43		
		Cat 3 90th Percentile	<=120 mins	02:39:05	04:02:36	05:59:43		
		Cat 4 90th Percentile	<=180 mins	05:08:33	13:45:13	14:11:03		
Performance Overview/Issues:								
<ul style="list-style-type: none"> 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, continued throughout 2020/21 and into 2021/22. In June 2021 there was an average response time in Southport & Formby of 9 minutes 15 seconds, not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 39 minutes 14 seconds against a target of 18 minutes, the 2nd quickest response time in Merseyside but decline on previous month. Category 3 90th percentile has also shown a decline the target of less than or equal to 120 minutes reporting just over 4 hours the biggest decline being for Cat 4 90th percentile recording 14 hours 11 minutes. The CCG also failed the category 2 90th percentile. 								
Actions to Address/Assurances:								
<p>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.</p> <p>The following actions are part of an ongoing work programme:</p> <ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First and direct booking into ED: GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding. Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWAS will encourage greater utilisation of SDEC/ACU at Southport Hospital and avoid AED (Implement July/August 21). 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&E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes. 								
When is performance expected to recover:								
<p>The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.</p>								
Quality:								
<p>CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					
RED	TREND	Indicator	Apr-21	May-21	Jun-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	30	55	43		
		(b) 60+ mins	8	4	3		
		Indicator	Apr-20	May-20	Jun-20		
		(a) 30-60 mins	0	19	14		
		(b) 60+ mins	0	0	3		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times. Ambulance handovers have shown an improvement for 30-60 minutes and 60+ minutes in June. 							
Actions to Address/Assurances:							
CCG Actions							
NHSE ambulance turnaround improvement programme commence pre pandemic and work has continued throughout. Improvements tested include: <ul style="list-style-type: none"> Small steps improvements - (eg moving linen closer to the front door, minimising crews transferring patients into cubicles, moving the HAS screens closer to the front door to minimise crews needing to come further into the dept, procuring more wheelchairs and more trolleys etc), Permanent ambulance liaison officer Estates improvements – increase in majors cubicles from 11 to 25 has maintained flow within the ambulance bays. Ring fenced ACU – implemented direct access for NWAS and primary care to ambulatory care unit and therefore bypassing ED completely. Command and Control improved with 2 consultants now covering surge times which has created senior decision making at triage which has provided better streaming and prompted diagnostics at point of triage enabling robust and timely management plans. Roll out of electronic handover in May 2021 and green paper handovers gives greater visibility of presenting complaints to assist with creating space prior to the patient arriving (more work to do with this) NWAS have secured resources to assist with cleaning of the vehicles whilst the crews are in ED handing over their patients to enable the crews to get back on the road quicker Still working on training programme to increase nurse led triage to deal with unprecedented number of self presenters which is the main cause of ED overcrowding and surges at the moment. 							
SERV Vehicle Update for June:							
Number of patients seen to date – 2240 Percentage of patients NOT conveyed – 72% Average age of patient seen – 79 yrs							
The success of the SERV vehicle continues with Southport and Formby CCG having the highest see and treat rates. The vehicle is dealing with mostly frailty and falls and is linked in with the Frailty and ICRAS pathways. This means that despite the huge increase in calls that NWAS are receiving Southport and Formby conveyances have remained stable and in some weeks has been lower at fewer than 300 conveyances.							
Further work: <ul style="list-style-type: none"> Direct referral from NHS 111. Improved community pathways – looking at direct referral to social prescribing project. 							
When is performance expected to recover:							
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.							
Quality:							
Performance has improved due to redirection of resource within NWAS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place. There has been no reports through to the CCG of any serious untoward incidents.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Feb-21	Mar-21	Apr-21	May-21		
 	a)	29.2%	73.3%	58.6%	68.2%		
	b)	28.6%	22.2%	26.9%	35.5%		
	Previous year	Feb-20	Mar-20	Apr-20	May-20		
	a)	78.8%	76.9%	74.1%	72.7%		
	b)	No data	No data	No pats	40.0%		
Stroke Plan: 80% TIA Plan: 60%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> This indicator 1 month in arrears. The recommendations from the MIAA audit included the change to reporting from the time the patient arrives at A&E. 15 out of the 22 patients spent more than 90% of their hospital stay on a stroke unit in May a 9.6% improvement from previous month. TiA reported 35.5%, 11 out of 31 patients treated within 24 hours. Following an MIAA audit, an action plan has been developed to review the reporting processes for this indicator. The Trust have reported that performance against this metric continues to present challenges. 							
Actions to Address/Assurances:							
Trust Actions:							
<p>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.</p> <p>Key actions for delivery include:</p> <ol style="list-style-type: none"> Timely and accurate identification of patients who have suffered a stroke in ED and on the wards to assist admission to the Acute Stoke Unit (ASU). Enhancements to Medway to include a Stroke Alert. Acute Medical Unit (AMU) ensuring speciality patients are escalated timely to ensure admission to specialty beds including ASU. Expansion of Early Supported Discharge for West Lancashire residents and continuation of the Southport and Formby service to ensure effective flow in and out of the ASU. Recruitment to Stroke Nurse vacancies. Vulnerability of Stroke provision raised at system executive level. 							
CCG Actions:							
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board continues with recent presentations to local Oversight and Scrutiny Committees (OSCs). The Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both with funding agreed recurrently. The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited. Failure to meet targets for stroke and the lack of identified TIA patients continues to be escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk. 							
When is performance expected to recover:							
Relies upon Stroke Board work above.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Dr Nigel Taylor		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)					<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</p>
GREEN	TREND		Mar-21	Apr-21	May-21	Jun-21	
 	CCG	2	0	0	0		
	S&O	2	0	0	0		
	Previous year	Mar-20	Apr-20	May-20	Jun-20		
	CCG	2	0	1	1		
	S&O	1	1	1	1		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG and Trust have reported no new MRSA infections in June and are achieving the zero tolerance plan year to date. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For any reported cases a full root cause analysis (RCA) is completed and any lessons learnt and outcomes are reported through the Infection Control Assurance Committee at the Trust. As with all the Infection Prevention Control (IPC) indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus. 							
When is performance expected to recover:							
Achieving.							
Quality:							
Any further cases will be reviewed by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		Doug Callow		Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): 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>2021/22 Plans No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 30 YTD Trust: <= 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>
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	34	8	13	17	
		S&O	34	7	11	17	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	38	3	7	12	
		S&O	33	5	11	17	
CCG - Actual 17 YTD - Target 7 YTD S&O - Actual 17 YTD - Target 6 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2021/22 as these have not been released Nationally. The decision has been made to measure against last year's objectives in the interim. The CCG and Trust are over the monthly plan in June. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2021/22 and will provide further assurance. Twice weekly meeting are held to monitor the action plan which has been developed and progressed. 							
When is performance expected to recover:							
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.							
Quality:							
<ul style="list-style-type: none"> 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. Oversight of the action plan will continue from the CCG to ensure assurance and all risks are mitigated, reducing any harm. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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)					<p>2020/21 Interim Plan: <= 109 YTD There are no Trust plans at present numbers for information</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 sites to ensure any risks mitigated.</p>
GREEN	TREND		Mar-21	Apr-21	May-21	Jun-21	
 		CCG	123	8	17	24	
		S&O	27	3	4	9	
	Previous year	Mar-20	Apr-20	May-20	Jun-20		
		CCG	150	4	18	30	
		S&O	24	2	4	4	
		CCG - Actual 24 YTD - Target 27 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2021/22. The decision has been made in the interim to measure against last year's plan of 109. The spinal unit continues to remain an outlier within the Trust due to the level of care required within the unit. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) group to provide a more joined up approach. PIRs are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli. The Trust have rolled out plans which include the usage of the catheter passport, monitoring of catheter care and its appropriateness of use, the spinal unit continues to remain an outlier within the Trust, as above. 							
When is performance expected to recover:							
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		Doug Callow		Jennifer Piet			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 10 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Jun	100	79.5	↓

HSMR is at 79.5 (with last month reporting 80.2) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.03 and within expected parameters, for reporting period March 2020 - February 2021. 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 1

Number of Serious Incidents Open for Southport and Formby CCG

As of Q1 2021/22, there are a total of 19 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. This is a reduction from 26 the previous quarter. See table below:

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	15
Awaiting RCA – overdue (stop the clock applied and lifted in June 2021)*	1
Awaiting RCA – on target	9
RCA report received to be reviewed at SIRG	1
RCA reviewed, closure agreed, awaiting Patient CCG closure	3
Si to be downgraded – awaiting formal rationale from provider	1
SOUTHPORT AND FORMBY CCG	3
Awaiting RCA – on target (Mental Health Matters, The Hollies, Hampton Court)	3
CHESHIRE WIRRAL PARTNERSHIP	1
Awaiting RCA – on target	1
TOTAL	19

**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 Q1 2021/22

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 Q1 2021/22, the SIRG panel closed 17 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 Q1 2021/22 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 1 2021/22

There have been a total of 12 SIs reported in Q1 2021/22 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.

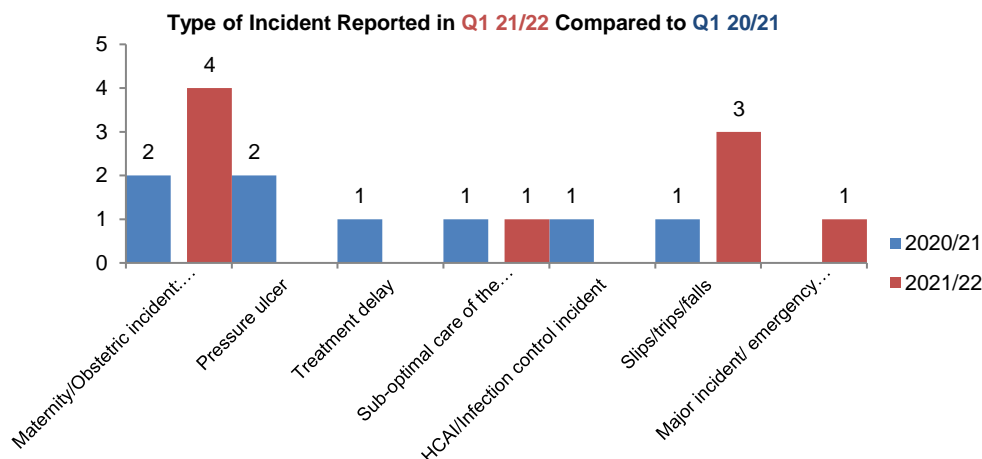
Provider and SI Type	YEAR 20/21	Q1 21/22
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	26	9
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	4	0
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	3	0
Sub-optimal care of the deteriorating patient meeting SI criteria	3	1
Slips/trips/falls meeting SI criteria	4	3
Maternity/Obstetric incident meeting SI criteria: baby only	3	4
Major incident/ emergency preparedness, resilience and response/suspension of services	0	1

Pressure ulcer meeting SI criteria	3	0
Treatment delay meeting SI criteria	5	0
HCAI/infection control incident meeting SI criteria	1	0
SOUTHPORT AND FORMBY CCG*	3	3
Pending Review (Parklands – reported at request of NHSE/I)	1	0
Commissioning Incident Meeting SI Criteria	0	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	1	1
Sub-optimal care of the deteriorating patient meeting SI criteria (Hampton Court)	0	1
Slips/trips/falls meeting SI criteria (Renacres)	1	0
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	1	0
Sub-optimal care of the deteriorating patient meeting SI criteria	1	0
CHESHIRE WIRRAL PARTNERSHIP	1	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	0
TOTAL	26	12

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

Southport and Ormskirk Hospital NHS Trust

Total SIs reported for Q1 2020/21 compared to Q1 2021/22 by Type of SI



There has been an increase noted in Maternity related incidents in Q1 2021/22 with the trust also being required to close the Maternity Unit due to staff shortages. The CCGs Deputy Chief Nurse has included a narrative as part of the Maternity Deep Dive paper, to gain a better understanding of any concerns and the actions taken by the Trust. This will be presented to Joint Quality and Performance Committee in July 2021.

There has also been an increase noted in falls despite extensive improvement work undertaken by the Trust. The CCG will continue to monitor this via the contract meetings and this has been included on the CCQRW workplan.

Number of Never Events reported

There have been no Never Events reported in Q1 2021/22.

Never Events Reported						
Provider	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 Q1
Southport and Ormskirk Hospital NHS Trust	3	1	2	1	0	0
TOTAL	3	1	2	1	0	0

SI's reported within 48 Hour Timescale

The provider maintained 100% target of reporting all SI's within 48 hours for the whole of 2020/21.

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 9 SI's reported in Q4 2020/21, all 72 hour reports were submitted.

RCAs due during Q1 2021/22

For Southport and Ormskirk, there were 5 RCAs due for Q1 2021/22. Of these, all 5 were received within the 60-day timescale and have been reviewed by the CCGs SIRG panel.

Provider Quality Improvement/Patient Safety update

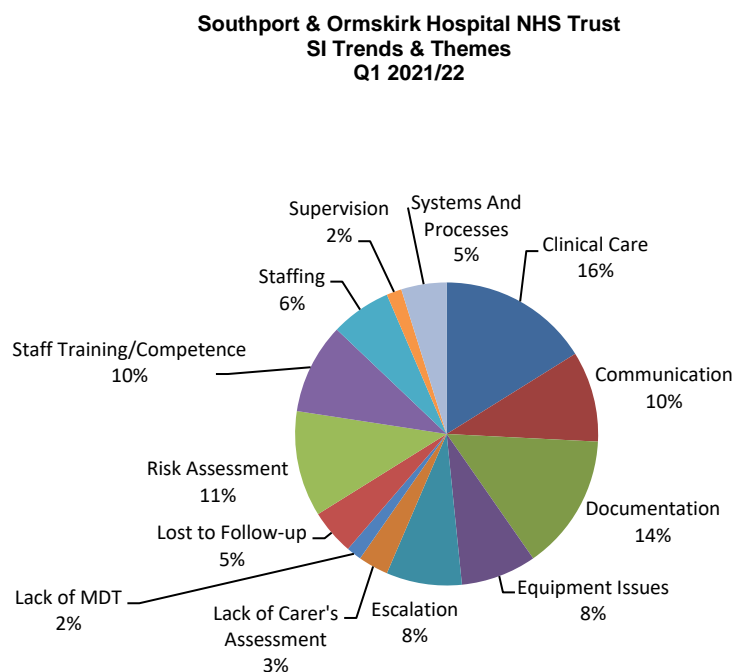
Serious Incident Management

The provider continues to provide assurance in relation to adherence to the SI framework and process timescales. The CCG had 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. The Provider has since improved response times with only 2 overdue responses, one is a potential downgrade and awaiting further information and another is awaiting review and sign off from the Trust's Medical Director.

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.



Southport and Formby Community Services

Transfer of Community Services

As of April 2021, the Southport & Formby Community Services contract transferred to Mersey Care NHS Foundation Trust (MCFT). Whilst Southport and Formby CCG hold this contract, Liverpool CCG continues to be Lead Commissioner of MCFT. Discussions are currently ongoing with Southport and Formby CCG, the new provider and Liverpool CCG with regards to SI management arrangements. Once agreed, this will be included in the CCGs SI policy and SOP.

The CCG Quality Team developed a handover document highlighting key themes from Lancashire and South Cumbria NHS Foundation Trust (LSCFT) RCAs which has been shared with the new provider (MCFT). All SIs from LSCFT have been closed.

Southport and Formby CCG SIs reported during Q1 2021/22

Southport and Formby CCG will report any Serious Incidents on behalf of Providers who do not have access to STEIS or for any incident the CCG has been made aware of that meets the SI criteria.

During Q1 21/22, the CCG reported 3 SIs which relate to the following:

Organisation	Type of SI
Mental Health Matters	Apparent/actual/suspected self-inflicted harm meeting SI criteria
The Hollies (GP Practice)	Commissioning incident meeting SI criteria
Hampton Court Residential Home	Sub-optimal care of the deteriorating patient meeting SI criteria

The investigation for Mental Health Matters is being undertaken by the provider and is due to be completed in July 2021.

The investigation for The Hollies is also underway which related to patient data recording and coding concerns. In terms of immediate actions, a data and coding project team has been set up which is supported clinically by two clinical GPs. This will take 4-8 weeks to complete and a template is being populated with themes and any clinical issues. Any harms identified will be addressed with full Duty of Candour being carried out. The Task Protocol has been updated and the number of task destinations streamlined. Additionally, coding training and a new coding protocol has also been initiated.

The RCA is due to be completed in September 2021.

The 3rd SI was declared after a was deemed to have been discharged to a placement, Hampton Court Residential Home, whose registration was not in keeping with his Health Needs Assessment. This investigation is being undertaken by MLCSU with support from the CCG and is due to be completed in September 2021.

Ongoing SIs

There are currently only 3 SIs ongoing for Southport and Formby CCG which have been highlighted above.

Closed SIs

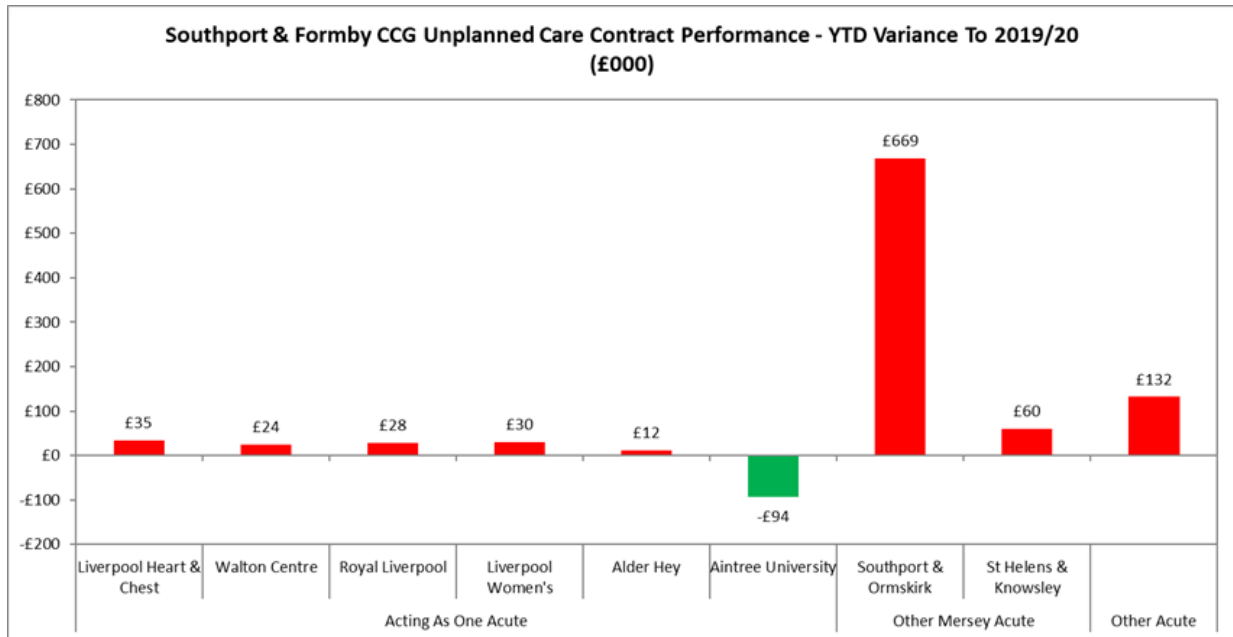
During Q1 2021/22, the CCG closed 17 SIs for the following Providers:

- Southport and Ormskirk Hospitals NHS Trust (11)
- Insight – Now Mental Health Matters (2)
- Lancashire and South Cumbria NHS Foundation Trust (2)
- Northwest Ambulance Service NHS Foundation Trust (1)
- Southport and Formby CCG – Parklands (1) *downgraded and removed from STEIS.

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 11 - Unplanned Care All Providers – Contract Performance Compared to 2019/20



For unplanned care finance and activity, 2020/21 saw 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 national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Year to date activity at month 3 of 2021/22 represents an increase of 49% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

Figure 12 - Unplanned Care Activity Trends

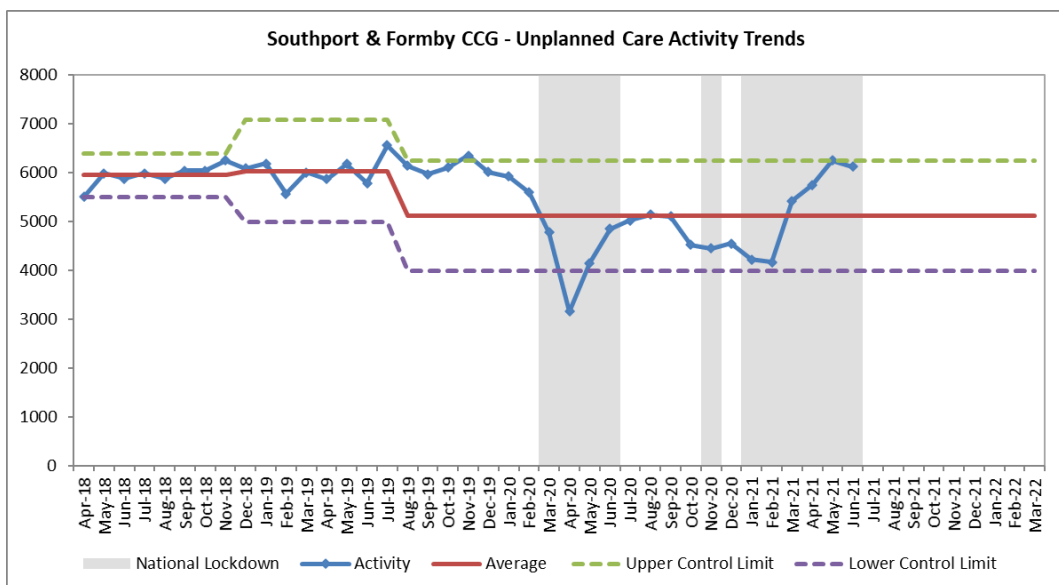


Figure 13 – A&E Type 1 against Plan (Previous Year)

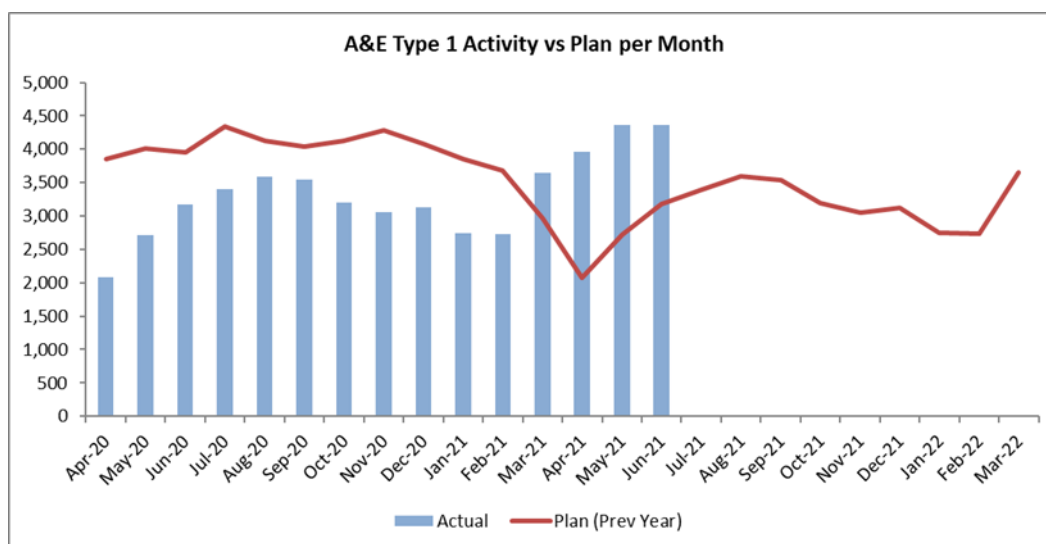
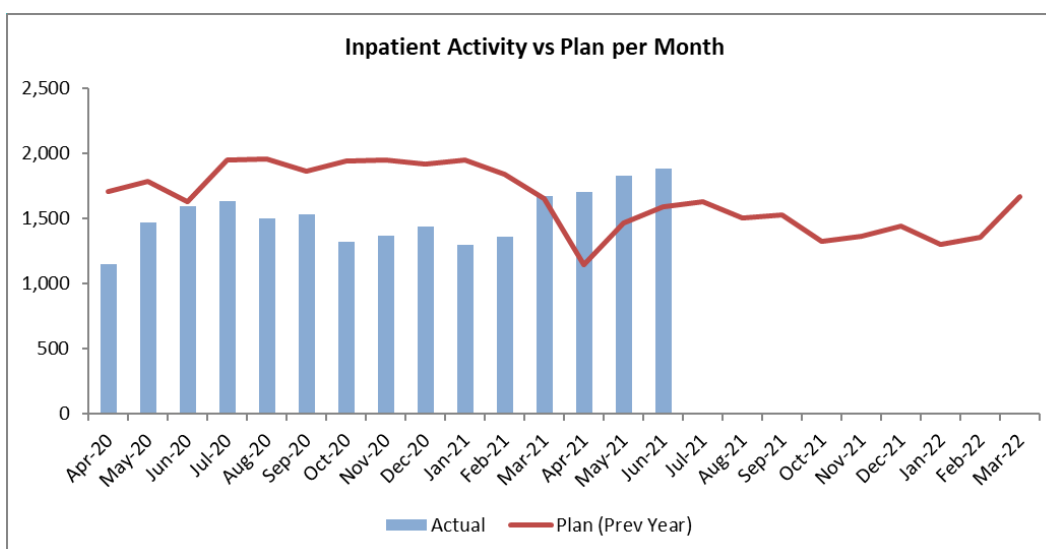


Figure 14 – Non-elective Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

Figure 15 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care*								
A and E	10,790	11,625	835	8%	£1,797	£1,851	£53	3%
NEL - Non Elective	3,315	3,460	145	4%	£7,405	£8,034	£629	8%
NELNE - Non Elective Non-Emergency	265	260	-5	-2%	£576	£689	£113	20%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	17	4	31%	£6	£4	£-1	-23%
NELST - Non Elective Short Stay	744	723	-21	-3%	£534	£544	£10	2%
NELXBD - Non Elective Excess Bed Day	917	371	-546	-60%	£234	£99	£-135	-58%
Grand Total	16,044	16,456	412	3%	£10,552	£11,220	£669	6%

*exclude ambulatory emergency care POD

Overperformance at Southport & Ormskirk Hospital is evident against both the A&E and Non-Elective points of delivery when comparing to the equivalent period in 2019/20 (pre-pandemic). There were 4,002 A&E attendances recorded for Southport & Formby patients in May-21, which represents a historical peak and only a small decrease in activity occurred in June-21 (3,984 attendances). This is against a pre-pandemic monthly average of 3,637, which represents an increase of 10%. Admissions have increased in line with A&E attendances.

The increased A&E attendances has also had a negative impact on A&E performance for Southport & Ormskirk hospital in 2021/22 to date with performance averaging 81% in May/June-21 and the average time to treatment recording the highest levels for a number of years.



Both A&E sites are exceeding pre-covid levels and A&E has seen a surge in minors for 0-30 year olds. A&E paediatrics is also exceeding the pre-COVID levels and a correlation between A&E and Walk-in Centre attendances shows that all areas have increased apart from the walk-in centre which is still considerably lower than the levels seen pre-COVID.

In terms of COVID admissions, Southport & Formby CCG saw peaks in admissions to Southport & Ormskirk Hospital during April-20 and January-21 mirroring local and national trends for increasing cases. On the latest reporting date for COVID related admissions, there was 25 confirmed COVID-19 patients occupying hospital beds.



NB. Plan values in the above table relate to 2019/20 actuals.

4. Mental Health



4.1.1 Eating Disorder Service (EDS)

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patient safety. Reputation.
RED	TREND	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%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Long standing challenges remain in place (see Quality section below). 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. Comparing to last year there has been a decline of 52.5 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. Group therapy using ZOOM has been established. A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. Recruitment has begun to fill vacancy for a clinical psychologist. Interviews were held on 30th March 2021. One assistant psychologist post have been recruited to (6-month fixed term) 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. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 6 hours of admission		Previous 3 months and latest				KPI 6a Patient safety
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 98% - 2020/21				
Performance Overview/Issues:						
• The Trust overall had 13 inpatients risk assessed using an appropriate tool in quarter 1.						
Actions to Address/Assurances:						
• Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.						
When is performance expected to recover:						
Performance continues to be maintained.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead			Managerial Lead	
Geraldine O'Carroll		Hilal Mulla			Gordon Jones	

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients assessed and identified at risk of falling should have a care plan in place		Previous 3 quarters and latest				KPI 6b Patient safety.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
		100%	100%	100%	84.6%	
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		90.00%	62.50%	88.90%	100%	
		Plan: 98% - 2021/22				
Performance Overview/Issues:						
• For Southport & Formby CCG the Trust had 11 out of 13 inpatients who had their care plan in place in quarter 1 reporting 84.6% and failing the 98% target.						
• Comparing to last year there has been a decline of 15.4 percentage points.						
• The Trust overall reported 87.3% with 55 out of 63 inpatients at risk having a care plan in place.						
Actions to Address/Assurances:						
• Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.						
• The Clinical Quality Performance Group (CQPG) pick up and review care plans.						
When is performance expected to recover:						
Quarter 2 2021/22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead			Managerial Lead	
Geraldine O'Carroll		Hilal Mulla			Gordon Jones	

4.2 Mental Health Matters (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	Mar-21	Apr-21	May-21	Jun-21		
		0.52%	0.48%	0.47%	0.57%		
		Mar-20	Apr-20	May-20	Jun-20		
		0.78%	0.62%	0.42%	0.70%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
To address underperformance the following actions are being undertaken:							
<ul style="list-style-type: none"> 1 x Psychological Wellbeing Practitioner (PWP) agency staff commenced in June and 0.6 WTE agency PWP will commence in July 2021 3 x PWP posts are currently vacant and are being advertised however it should be noted that national workforce pressures are impacting on PWP recruitment. 4 x High Intensity Therapists recruited with 3 commencing duties in June and 1 post to commence in July 2021. Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees supported by a proposed Cheshire & Merseyside supervision hub. Ongoing marketing of IAPT at local and planned regional level. 							
When is performance expected to recover:							
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.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

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	Mar-21	Apr-21	May-21	Jun-21		
		42.1%	42.4%	53.2%	40.9%		
		Mar-20	Apr-20	May-20	Jun-20		
		44.1%	37.8%	57.0%	59.1%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Recovery rate saw a very significant difference of 12.3 percentage points in June from previous month and is now failing the target. There is also a decrease of 18.2 percentage points from previous year. The new provider Mental Health Matters took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
<ul style="list-style-type: none"> Long internal waits within IAPT are a major contributing factor to recovery rate and the provider working with commissioners has submitted a proposal for non-recurring funding to ring fence internal waiters who have waited over 18 weeks for Step 2 and Step 3 interventions with the aim of offering therapy through the deployment of agency staff. The initiative would run over a period of 38 weeks. The service is confident that once completed that they would have the staff to prevent this situation arising again. The QIPP Delivery Group considered the proposal and agreed that £169k of funding would be considered subject to the provider utilising £108k of slippage to addressing internal waits and its impact. 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 3 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
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	Mar-21	Apr-21	May-21	Jun-21		
		62.4%	64.5%	64.6%	65.2%		
		Mar-20	Apr-20	May-20	Jun-20		
		67.9%	65.2%	63.9%	63.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has improved by 1.5%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced some face to face activity. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The SFCCG have received £57k of non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is intending to use the allocation for agency and staff overtime to reduce the waiting list. 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. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates from July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Gordon Jones		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		26.8%	59.0%	79.2%	12.09%		
		2021/22 - Q1 Target 18% Year End Target: 70% National target by the end of 2023/24 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 470 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 1 2021/22, the total performance for the CCG was 12.09%, below the Q1 the planned 17%. 670 patients were registered, with 81 being checked against a plan of 115. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. GP practices can sub-contract the LD DES to the GP Federation, we are currently awaiting practice confirmation for those that require this support from the Federation. Data sharing agreements and staff to undertake the health checks are in place for this work to start in August 2021. Practices usually undertake this work towards the end of the year, however they are being encouraged to spread this work throughout the year The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, previously extractions were quarterly. 							
When is performance expected to recover:							
Quarter 3 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Geraldine O'Carroll			

4.5 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
		28.0%	25.4%	22.4%	26.5%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		25.5%	34.2%	38.2%	32.1%		
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 1 of 21/22, 26.5% of the 1,466 of people on the GP SMI register in Southport & Formby CCG (388) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. Spending Review funding of £64k has been identified to support physical health SMI. Funding will support HCA posts who will work closely with primary care and identify those individuals on SMI registers who require health checks. 							
When is performance expected to recover:							
Performance should improve in Quarter 2 2021/22 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

5. Community Health

5.1 Adult Community Services

Adult community services continue with surge in the following areas:

- District Nursing and in particular end of life care
- Nutrition and Dietetics
- Continence services
- Community therapies and rehabilitation

There are reports of higher acuity patients requiring complex assessments and interventions often requiring the doubling up of staff to provide the right level of care.

There has been an increase in the requiring of specialist mattresses, beds and hoist equipment due to worsening decompensation of patients remaining at home this continues to put pressure on staffing and service provision.

The CCG have been working with Southport and Ormskirk Trust and Mersey Care Community Trust to assess the potential impact of the elective restart programme and have been facilitating weekly meetings to mitigate identified risks.

Triage and new criteria for referral has been instigated in the following areas to enable the flexible use of staff

- Treatment rooms and ear irrigation
- Podiatry and low-level procedures
- Phlebotomy to prioritise the most urgent requests

Communication and engagement has been circulated to primary care regarding the changes in referral processes.

The community services continue to support the health and well-being of the staff and support staff to remain in work and are encouraging virtual consultation and digital solutions wherever possible.

5.1.1 Quality

As the new provider, Mersey Care NHS Foundation Trust for the Southport and Formby community service provision continue to become embedded, meetings are held separately from the South Sefton meeting to ensure any quality issues are addressed. Service users have not reported any difference in the service they receive and the organisation continue 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. Work has begun on reviewing the specification.



In terms of elective recovery, services are operational at the NHS trusts and waiting times are good, broadly consistent with pre pandemic levels.

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 1 will be updated next report, data due 13th September 2021. Below is the latest data:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and rolling 12 month				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Rolling 12 Mth Rate	
		8.0%	6.1%	5.0%	37.0%	
		Q2 19/20	Q3 19/20	Q4 19/20	Rolling 12 Mth Rate	
		5.6%	4.8%	5.9%	33.7%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 4 data shows a deterioration on Quarter 3. The year end Access rate was 37.0% which satisfies the 35.0% target as well as showing an improvement on the previous year (33.7%). The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



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

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 number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. 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. However, due to a further increase in referrals, there have been a number of breaches in the routine treatment waiting time standards (28 days) which the Trust is predicting will continue until further investment is confirmed and released. In line with the Mental Health Delivery Plan and COVID recovery, allocation of funds have now been agreed, including additional investment to support expansion of the model to include Avoidant Restrictive Food Intake Disorders (ARFIDs).



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		91.0%	96.0%	98.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 100% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and above the planned target. • Referral rates continue to increase at a rate significantly higher than what is currently commissioned. From November 2020 to June 2021 they were 57% higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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 new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



6.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		90%	85%	83%	77%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 77% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 3 of months. • Performance has declined since December due to the impact of increasing referrals on service capacity. From November 2020 to June 2021 referrals were 57% higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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. • 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. • To understand the drivers for the continued increase in demand the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
The Trust has stated that performance will continue to be challenged if referral rates continue at current levels. A recovery plan will be agreed and developed following further analysis and discussions with the trust.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves. Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		97%	98%	99%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> In June, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. There has been an ongoing increase in referrals to the service which is starting to impact on waiting times Between November 2020 and June 2021, referrals were 40% higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021 (67), which was an increase of 91% from the previous month. The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. To understand the drivers for the continued increase in demand, the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Performance is on target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		94%	98%	93%	91%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 91% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows a decline in the last 2 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • Waiting times are being closely monitored to understand the impact of this increase in demand. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		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	Mar-21	Apr-21	May-21	Jun-21	
		50.9%	81.4%	62.5%	54.2%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a decline of 8.3 percentage points in compliance with the agreed 6 week standard in June. 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. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. 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. 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> 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. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. 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. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for 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. 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. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and plans are progressing to mobilise the service. In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		70.6%	57.1%	42.3%	72.2%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in June 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. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. • 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. • 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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. • 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. • 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. • In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. • Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		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%: Green > 92%: Red	
		Mar-21	Apr-21	May-21	Jun-21		
		72.90%	65.90%	63.60%	56.20%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
		210	249	291	317		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 19.6 weeks compared to 18.8 weeks in May. For open pathways, the longest waiter was 37 weeks in June compared to 31 weeks in May. Overall there has been a steady increase in new referrals since September when the schools reopened, the service received 53 in June compared to 65 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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 and service capacity continues to be challenged. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need ie; urgent or routine. 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. 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. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 							
When is performance expected to recover:							
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.							
Quality:							
There are no identified quality issues.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Mar-21	Apr-21	May-21	Jun-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Mar-21	Apr-21	May-21	Jun-21	
		46	41	42	30	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 3.8 weeks compared to 6.4 last month. For open pathways, the longest waiter was 17 weeks in June compared to 13 in May. New referrals to the service remain steady, 27 were received in June and 30 in May. 						
Actions to Address/Assurances:						
None specifically, as performance is exceeding target for the eighth consecutive month.						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Mar-21	Apr-21	May-21	Jun-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Mar-21	Apr-21	May-21	Jun-21	
		51	38	75	79	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 5.7 weeks compared to 4.8 last month. For open pathways, the longest waiter was 13 weeks in June compared to 11 weeks in May. Overall there has been a steady increase in referrals since August, the service received 49 in June compared to 71 in May. 						
Actions to Address/Assurances:						
None specifically, as performance is exceeding target for the sixth consecutive month.						
When is performance expected to recover:						
Performance is achieving the target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Mar-21	Apr-21	May-21	Jun-21	
		87.0%	85.0%	100.0%	100.0%	
<=92%: Green > 92%: Red						
Total Number Waiting						
		Mar-21	Apr-21	May-21	Jun-21	
		23	20	16	15	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 6.3 weeks similar to 6.4 weeks in May. For open pathways, the longest waiter was 7 weeks in June compared to 10 weeks in May. Referrals to the service remain steady, 11 were received in June and 10 in May. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically as performance is currently back within target. 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. 						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Mar-21	Apr-21	May-21	Jun-21	
			100.0%	100.0%	100.0%	
<=92%: Green > 92%: Red						
Total Number Waiting						
		Mar-21	Apr-21	May-21	Jun-21	
			30	22	19	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 10.18 weeks similar to 11.61 weeks in May. For open pathways, the longest waiter was 12 weeks in June compared to 11 weeks in May. New referrals to the service remain steady, 10 were received in June and May. 						
Actions to Address/Assurances:						
None specifically as performance is currently within target.						
When is performance expected to recover:						
Performance is on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

Practices in Southport & Formby CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. There have been no new recent inspections, but practices were reviewed on 9-7-21 no evidence was found for a need to carry out any new inspections or reassess their rating at this stage. This can change at any time if the CQC receive new information. They will continue to monitor data on these GP Services.

All results are listed below:

Figure 16 - CQC Inspection Table

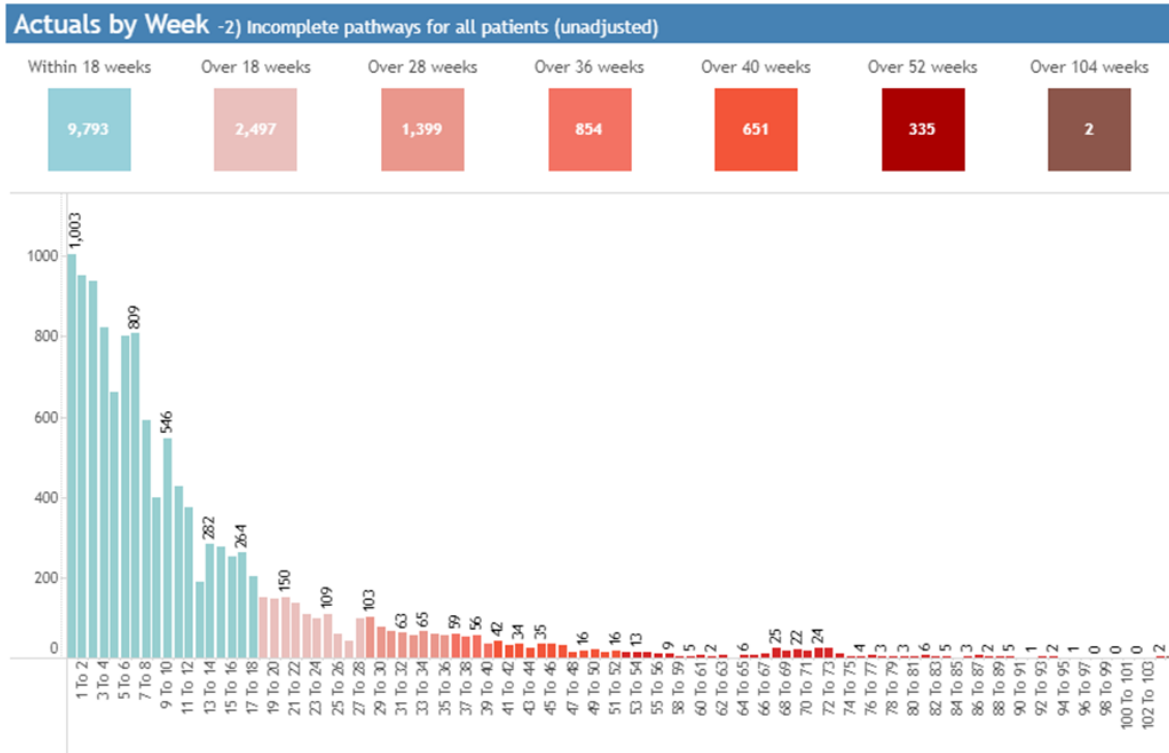
Southport & Formby CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	07 March 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84618	The Hollies	01 February 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	24 August 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 2017	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

8. Appendices

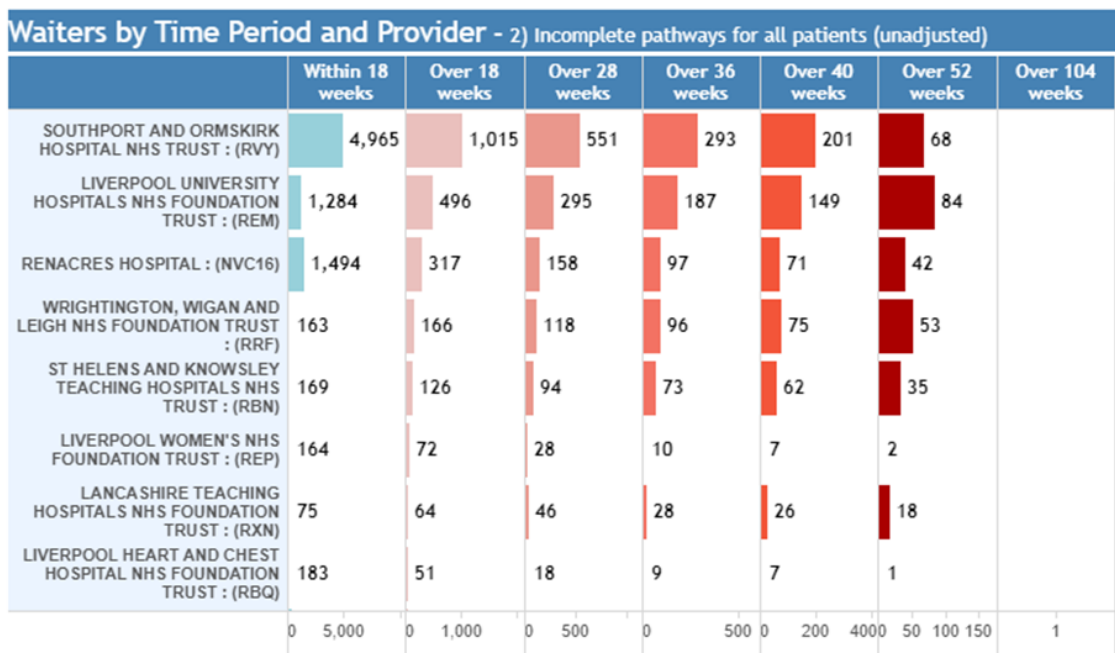
8.1.1 Incomplete Pathway Waiting Times

Figure 17 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



8.1.2 Long Waiters analysis: Top Providers

Figure 18 - Patients waiting (in bands) on incomplete pathway for the top Providers



8.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 19 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

