



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Summary – July 2021

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	R									
		Actual	15.1%	18.41%	18.43%	17.37%									
		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	R									
		Actual	77.41%	79.17%	79.68%	79.32%									
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R									
		Actual	412	355	335	320									
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R	R	R								R	
		Actual	3	6	3	4								16	
		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								G	
		Actual	0	0	0	0								0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R	R	R	R									R	
		Actual	87.80%	85.52%	85.82%	81.23%										84.98%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R	R	R	G									R	
		Actual	92.31%	83.33%	80%	100%										88.24%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	R	G	G	G									G	
		Actual	95.35%	97.89%	97.80	97.56%										97.18%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R	R	G									R	
		Actual	80%	85.71%	93.33%	100%										90.00%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G									G	
		Actual	100%	100%	95.24%	100%										98.70%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100%	95.45%	100%										98.94%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	R	R	R									R	
		Actual	79.59%	76.60%	65.85%	70.73%										73.60%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	R	R	R	R									R	
		Actual	50%	60%	86.67%	77.78%										75%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G	G										G	
		Actual	91.30%	100%	85.19%	84.21%										90.53%
		Target	85%	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									R	
		Actual	84.02%	80.16%	80.33%	76.14%										80.05%
		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	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	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	R									R	
		YTD	0	0	0	1										1
		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									R	
		YTD	8	13	17	22										22
		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									G	
		YTD	8	17	24	32										32
		Target	16	30	42	54	65	76	87	100	115	130	142	152	152	

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									G
		Actual	100%	100%	100%	100%									100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 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												
		Actual	80%												80%
		Target	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									R
		Actual	25.00%	29.40%	30.30%	30.30%									28.68%
		Target	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									R
		Actual	0.48%	0.47%	0.57%	0.50%									2.02%
		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%	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	G									R
		Actual	42.40%	53.2%	40.9%	55.9%									49.22%
		Target	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	R									G
		Actual	98.00%	95.00%	88%	74.0%									90.00%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G									G
		Actual	100%	100%	100%	100%									100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R									R	
		Actual	64.54%	64.58%	65.23%	65.6%										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	G												G	
		Actual	22.1%												41.3%	
		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	Data suppressed due to less than 2 referrals in the quarter													
		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	Data suppressed due to less than 2 referrals in the quarter													
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level	2021-22														
		Q1			Q2			Q3			Q4			YTD		
		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									R	
		Actual	81.4%	62.5%	54.2%	56.5%										63.6%
		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									R	
		Actual	57.1%	42.3%	72.2%	45.5%										54.3%
		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									G	
		Actual	96%	98%	100%	100%										98.50%
		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									R	
		Actual	85%	83%	77%	72%										79.3%
		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									G	
		Actual	99%	98%	100%	100%										99.3%
		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									G	
		Actual	98%	93%	91%	90%										93.00%
		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	5.3	6.4										
		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	79.3	78.6										
		Target														

Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 4 (note: time periods of data are different for each source).

Constitutional Performance for July 2021/22 and Q1 2021/22	CCG	S&O
Diagnostics (National Target <1%)	17.37%	20.49%
Referral to Treatment (RTT) (92% Target)	79.32%	83.76%
No of incomplete pathways waiting over 52 weeks	320	101
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	70.73%	77.14%
A&E 4 Hour All Types (National Target 95%)	76.14%	77.16%
A&E 12 Hour Breaches (Zero Tolerance)	-	6
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	54
Ambulance Handovers 60+ mins (Zero Tolerance)	-	21
Stroke (Target 80%) (June reported a month in arrears)	-	69.2%
TIA Assess & Treat 24 Hrs (Target 60%) (June reported a month in arrears)	-	34.9%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	3
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)	0.50%	-
IAPT Recovery (Target 50%)	55.90%	-
IAPT 6 Weeks (75% Target)	74.00%	-
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 were brought to an end at the end of June having successfully administered Dose 1 & 2 vaccinations to the majority of patients in cohorts 1-9, along with care home residents and staff and the local homeless population. Seaforth village Surgery has been introduced as a vaccination site and continues to offer dose 1 & 2 vaccinations to the local population. The vaccination programme continues to offer vaccinations to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. At the end of July 2021 there have been 87,244 (or 83.3%) first dose vaccinations and 76,133 (72.7%) 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. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible and with priority given to clinically urgent patients, long waiters (52 week plus). 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).

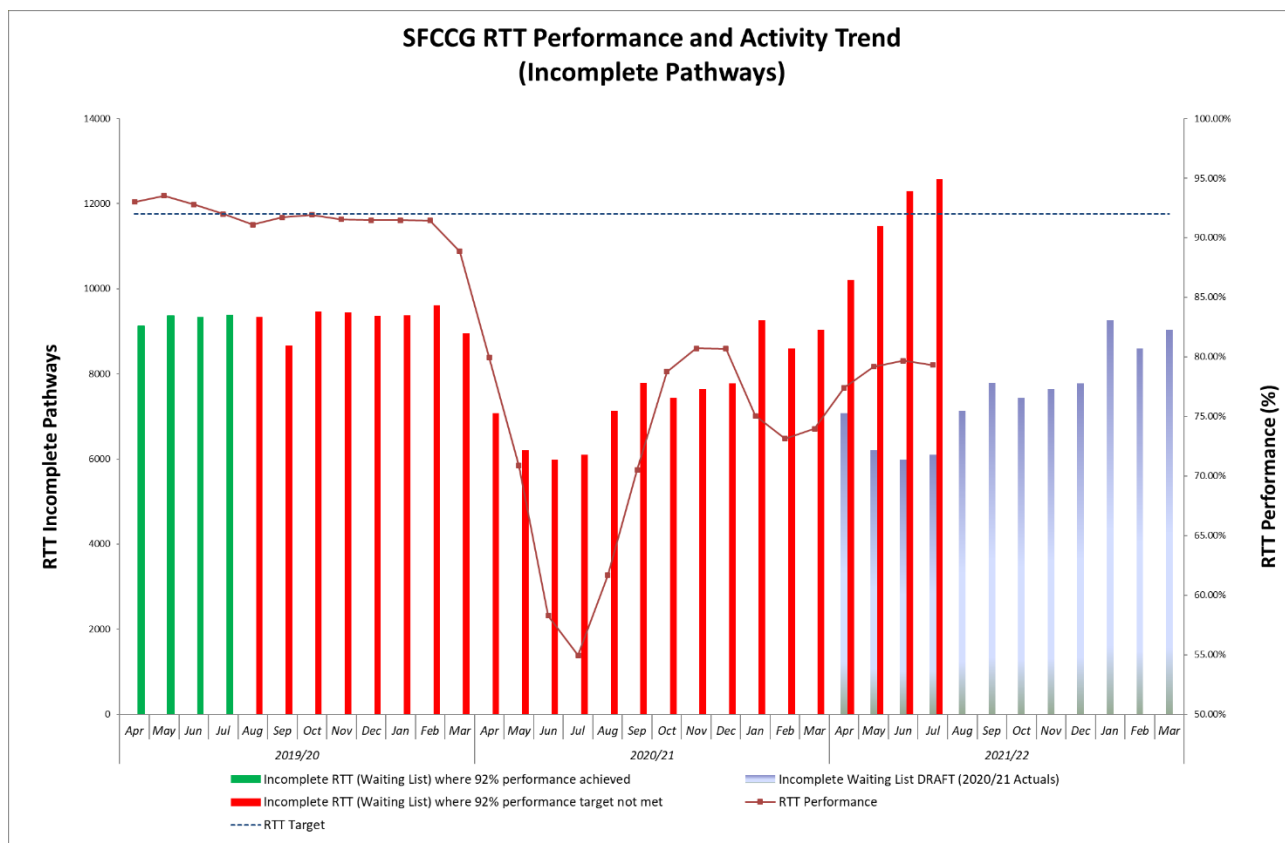
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referrals in 2021/22 are significantly higher than in the equivalent period of the previous year. At provider level, trends show that total secondary care referrals in July-21 have increased slightly 0.8% when compared to the previous month at Southport Hospital and are the highest number of referrals reported since February-20. GP referrals are reporting a -90/-5.7% decrease when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 4 fewer GP referrals per day in July-21 when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 4 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 82.1% (5,007). Analysis suggests a recovery of two week wait referrals, which began during 2021/22 following the initial national lockdown. The 634 two week wait referrals reported in Jul-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.

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 July, recording 17.38%, a small improvement from last month when 18.43% was reported. Despite failing the target, the CCG is measuring below the national level of 23.51%. Southport and Ormskirk reported 20.49%, which is another small decline compared to last month when 19.25% 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 July was 79.32%, similar to last month's performance (79.68%). The CCG is also reporting well above the national level of 68.26%. Southport & Ormskirk Hospital reported 83.76%, also similar last month's performance when 83.51% was recorded. 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.

Figure 1 – CCG RTT Performance and Activity (Incomplete Pathways)



There were a total of 888 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 320 patients were waiting over 52 weeks, a decrease on last month when 335 breaches were reported. Included in the long waiters there are 4 patients waiting over 104 weeks. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The CCG are due to meet with the Trust in September to gain assurance and clarity regarding the process in place by the provider to monitor long waiters in general and are due to receive the Root Cause Analyses (RCAs) for 104 breaches. The RCAs will be reviewed at the CCGs Performance & Quality Investigation Review Panel (PQIRP) group and will assess any impact on patients and ensure actions taken by the provider are appropriate.

Of the 320 breaches for the CCG, there were 55 at Southport & Ormskirk, 90 at LUHFT and 175 at 16 other Trusts. The 320 52+ week CCG breaches represent 2.54% of the total waiting list, which is well below the national level of 5.23%.

Southport & Ormskirk had a total of 101, 52-week breaches in July, showing an improvement from 128 reported last month. 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 12,576 (June reported 12,290).

Figure 2 – RTT Incomplete Pathways, 52 weeks waiters v Plan

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	6,101
2021/22	10,203	11,474	12,290	12,576									12,576
Difference	3,131	5,270	6,307	6,475									6,475
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	320									
Difference	406	345	318	284									

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	6,463
2021/22	10,351	11,104	11,636	11,810									11,810
Difference	2,748	4,619	5,496	5,347									5,347

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

The Trust has reported 4 cancelled operations in June, an improvement in cancelled operations after reporting 3 in June. The Trust indicated the reasons for the delays list over ran (2), 1 ward bed unavailable and 1 equipment failure. 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 CCG and Trust are achieving 4 of the 9 cancer measures year to date and 5 in July. The Trust are achieving 4 measures year to date and 1 in July.

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.

For 2 week wait breast services, performance improved to 100% and is over the 93% target for the CCG. Liverpool University Hospitals Foundation Trust, which is the main provider for breast services, achieved the target reporting 94.32%.

For Cancer 62 Day standard the CCG is measuring below the national level of 72.09% recording 70.73% in July and failing the 85% operational target. The number of patients waiting longer than 62 days as a proportion of the total cancer PTL continues to increase. At Cheshire and Merseyside Cancer Alliance level, this figure is currently 11% compared with 10.3% nationally and 4.5% pre-pandemic.

For patients waiting over 104 days, the CCG reported 5 patients. Of the 5 patients 3 were urological, 1 gynaecology and 1 lower gastrointestinal. The CCG receives Root Cause Analyses (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 July, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, for 2 week wait FDS and the screening referral indicator performed below target.

Performance against recovery trajectories demonstrates that the CCG is under plan for numbers of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 20.8% in July 2021 at 23.2%. The percentage of patients who would recommend the service has increased to 90%, which is below the England average of 95% and the percentage who would not recommend has decreased to 5% but still above the England average of 2%. 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.

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 80% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during July-21 also represents 89% of that in July-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 85% of 2019/20 activity levels being completed during July-21 and available contracting data suggests this has been achieved.

Figure 3 – Planned Care All Providers – Contract Performance Compared to 2019/20

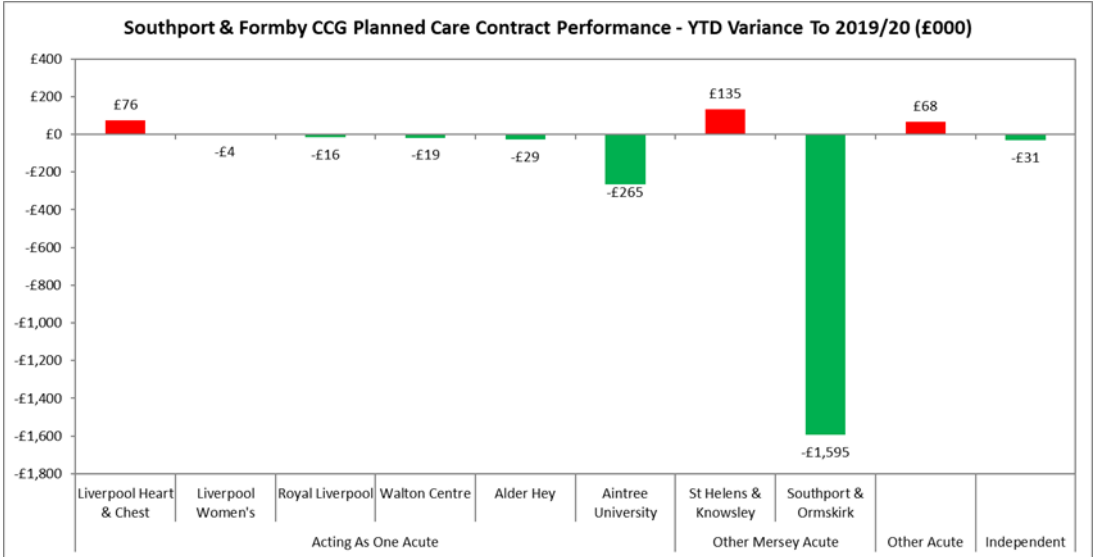


Figure 4 - Planned Care Activity Trends

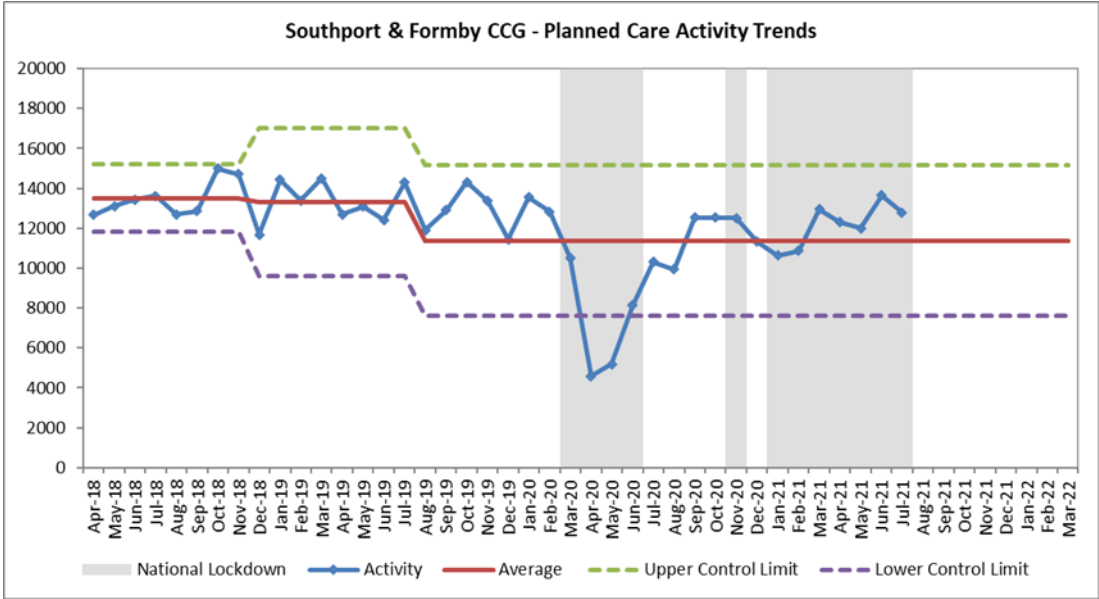


Figure 5 – Elective Inpatient Variance against Plan (Previous Year)

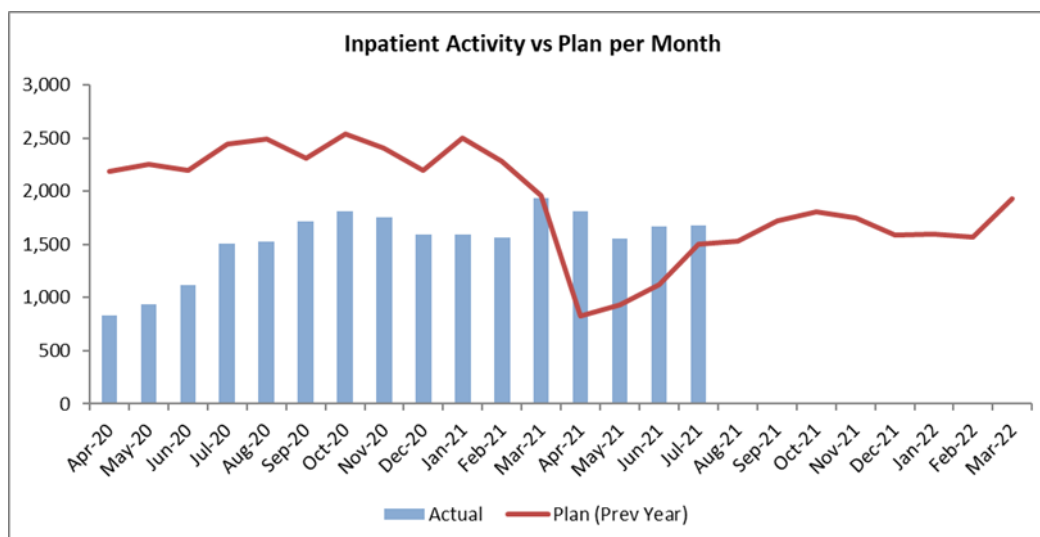
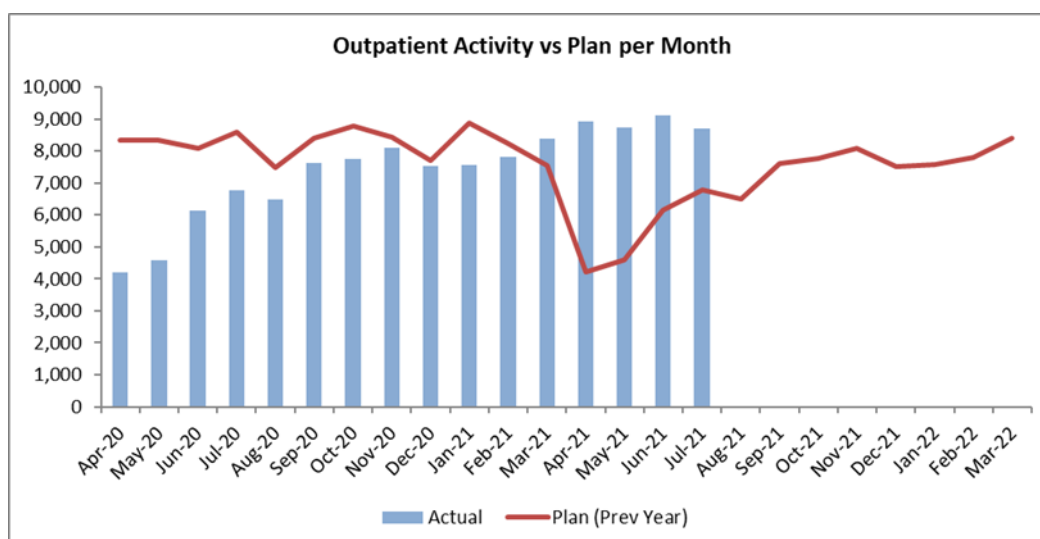


Figure 6 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in July, reporting 76.14% and 77.16% respectively which is a decline on last month. The CCG and Trust are slightly below the nationally reported level of 77.72%. The Trust also reported 6, 12-hour breaches in July, a small decrease from June when 7 were reported. The CCG didn't identify any harm to the reported 12-hour breaches that were reviewed but noted the same themes of patient flow in ED and bed availability as the reasons behind the breaches. The CCG will be updated with a Trust ED Improvement Plan at CCQRM in the next few months.

For ambulance handovers, Southport & Ormskirk reported an increase in ambulance handover times in July for handovers of 30 and 60 minutes from 43 to 54, along with those above 60 minutes increased from 3 to 21. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets.

The Trust have reported 3 mixed accommodation breaches locally to the CCG in July. 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 July 2021, when

a small decline has been seen for Category 1 targets reporting 10 minutes 28 seconds against the 7 minute mean target. Performance also showed small decline with the Category 2 mean waits increasing from 39 minutes, 14 seconds to 1 hour 20 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 8 hours the biggest decline being for Cat 4 90th percentile recording 23 hours 15 minutes. There is a range of actions to support performance in place, the review of Patient Transport Service (PTS) vehicles to support Paramedic Emergency Service (PES), looking at the number of aborted journeys across the region and improvement interventions within ED departments to support handover turnaround times i.e. Estates improvements, Direct streaming and the roll out of electric handovers.

NWAS have also developed their North West Divert and Deflection policy to escalate and avoid delays to ensure swift resolution of critical delays.

The stroke indicator is currently one month in arrears with June 2021 being the latest available data. Southport & Ormskirk reported 69.2% of patients who had a stroke spending at least 90% of their time on a stroke unit in June, an improvement of 1% from previous month. This is below the 80% target. At the end of April, the stroke ward moved, and 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 June, TIA was reported at 34.9% against the 60% target with 15 out of a total of 43 patients treated within 24 hours, a small decline from last month when 35.5% was reported. The Trust are developing an action plan to review reporting processes for this indicator. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues with recent presentations to local Oversight and Scrutiny Committees (OSCs). The programme has successfully passed NHSE stage 2 assurance, subject to a number of caveats and an expectation that the proposal will proceed to public engagement. The Early support Discharge (ESD) service is now staffed and the CCG has worked with West Lancashire CCG (WLCCG) to ensure provision in both with funding agreed recurrently.

The CCG and Trust reported 1 new case of MRSA in July against a zero-tolerance plan so have failed for 2021/22. The case reported for the CCG was a community onset case and is due to be reviewed at the Performance and Quality investigation review panel (PQIRP) to monitor if any lapses in care occurred and any lessons can be learnt. There were no new healthcare associated cases of MRSA reported at the Southport & Ormskirk and they are still achieving the zero-tolerance plan year to date. 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 5 new cases in July (22 year to date) against a year-to-date plan of 9. The CCG now have the new objectives/plans for C. Difficile for 2021/22 released nationally in August, year-end target is 30 cases. Southport & Ormskirk Trust is also failing with 5 new cases (22 year to date), against a year-to-date target of 11. To support this twice weekly bronze meetings have been held with CCG attendance and a specific action plan monitored, Post Infection Review (PIR) completed and lessons learnt shared across the Trust. Joint working across the Trust and CCGs regarding the prescribing of antibiotics. 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) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In July there were 8 cases (32 year to date) against a year-to-date target of 54 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 5 new cases in July (20 year to date) against their year to date plan of 23 and are also achieving.

Southport & Ormskirk Trust Friends and Family Inpatient test response rate is above the England average of 20.8% in June 2021 reporting 23.2% (June being the latest data reported). The percentage of patients who would recommend the service increased to 90% and remains below the England average of 95%. The percentage who would not recommend decreased to 5%, but is above the England average of 2%. 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.

Southport & Ormskirk’s Hospital Standardised Mortality Ratio (HSMR) was 77.10 in July, 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 4 of 2021/22 represents an increase of 43% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during July-21 was also 6% above that in July-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 2021/22.

Figure 7 – Unplanned Care All Providers– Contract Performance Compared to 2019/20

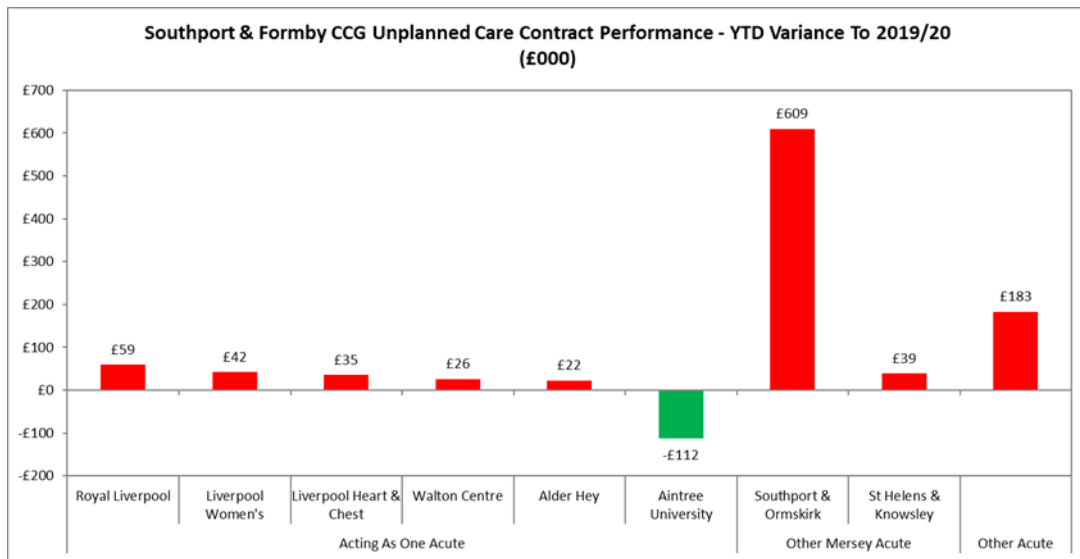


Figure 8 - Unplanned Care Activity Trends

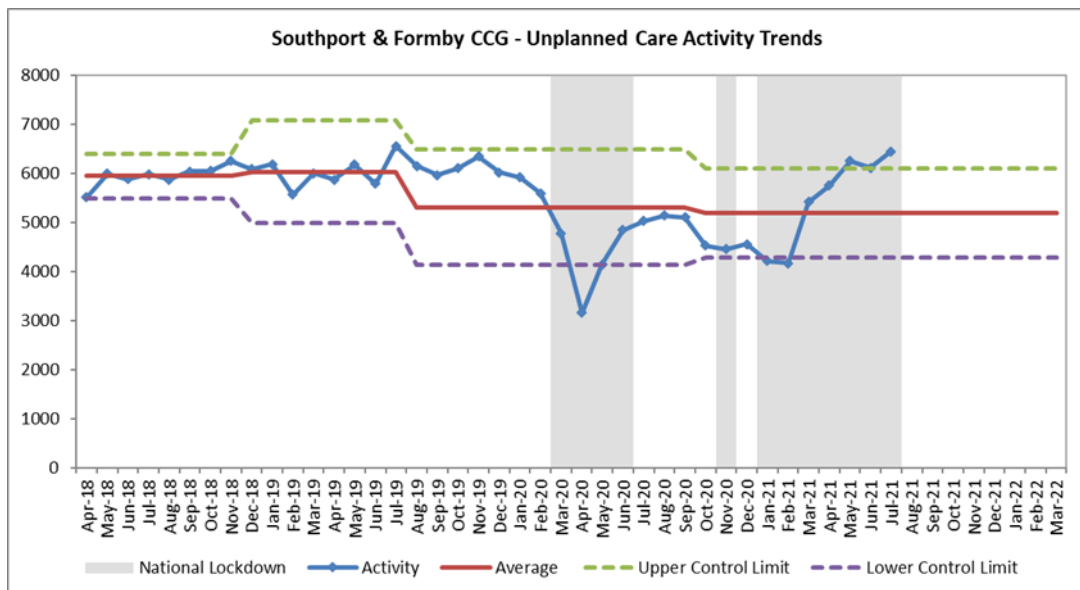


Figure 9 - A&E Type 1 against Plan (Previous Year)

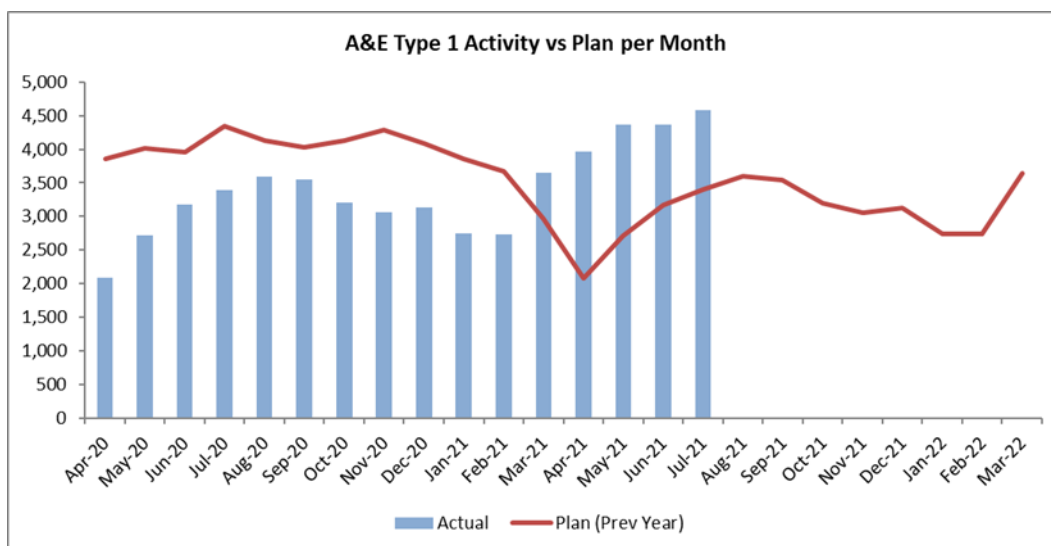
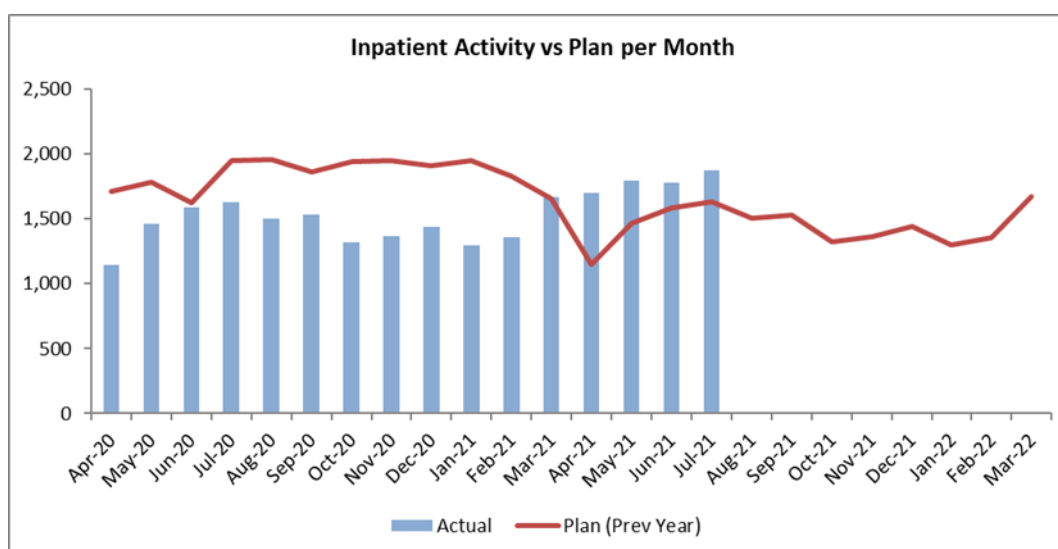


Figure 10 – Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 30.3% of patients commencing treatment within 18 weeks of referral in July, compared to a 95% target. 10 patients out of 33 commenced treatment within 18 weeks. This shows no difference from last month when the same percentages was reported. The CCG approved of £49 (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health LTP 2021 /22 investment plan. This investment is part of a 3-year phased approach (2021/22 – 2023/24 to developing a NICE compliant Eating Disorder Service. The service is planning to go to advert for a dietician and psychology posts in early October 2021.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.50% in July and has therefore failed to achieve the 1.59% target. Actions to address the underperformance include:

- Recruitment of 1.8 WTE Psychological Wellbeing Practitioner (PWP) staff vacancies.
- 4 x High Intensity Therapists recruited with 3 having commenced duties in June and 1 post commenced 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 and marketing of IAPT at local and planned regional level. This work has identified 8 PWP and 2 HIT trainees

for whom 40% salary costs will be picked through 2020/21 Spending Review monies. The CCG is working with Cheshire & Merseyside HCP to clarify the trainee requirements as the numbers seem excessively high.

The percentage of people who moved to recovery was 55.9% in July, which is now above the 50% target an improvement to 40.9% reported last, and it remains to be seen if optimum performance can be sustained for the rest of 2021/22.

Southport & Formby CCG is recording a dementia diagnosis rate in July of 65.6%, which is under the national dementia diagnosis ambition of 66.7% and similar to last month's performance of 65.2%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. Recovery is unlikely to take place until face-to-face assessments can resume. In line with Cheshire & Merseyside Health Care Partnership expectations the CCG as is working with Mersey Care Foundation Trust to ensure that £57k of non-recurring Spending Review monies can be deployed to reduce Memory Assessment waits.

In November 2020 the CCGs agreed £100k non-recurring funding initially targeting those people with identified with SEND to be prioritised for diagnostic assessment. These individuals with SEND have had their diagnostic assessment undertaken and the residual funding is targeting the wider waiting list. The CCGs have acknowledged that long term investment in the ASD service is required and in July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust has also trained 5 staff to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. This training will shortly be completed in September, after which staff will undertake supervised assessments before undertaking assessments on their own from October 2021. For both CCGs this is expected to create a minimum of 45 additional assessments per week adding to the indicative 50 diagnostic assessments per year that are currently commissioned. These developments should make a significant impact in reducing assessment waits times to be within the NICE recommendation of 13 weeks.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 63 weeks in July 2021. The waiting list cleanse has been completed and the 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

Community services are adjusting to the new normal in terms of acuity due to accelerated discharge and patients wanting to remain in their own homes.

Pressure continues in District Nursing capacity due to the number of End of Life (EOL) patients that they are able to support at home, which has been a vast improvement for patient care and experience, however this has impacted on the capacity within teams.

The impact of the national discharge policy has resulted in assertive discharge which has impacted on the number of patients returning home sooner following an episode in hospital. There has been some displacement of resource from the trust however not enough in terms of meeting the demands of the new levels of activity.

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 system has refreshed the unplanned data set in readiness for forecast winter planning. Workforce constraints is a main risk to the system. Providers have been asked to look at activity and capacity within services to allow us to quantify possible demand and capacity deficits.

South Sefton and Southport and Formby CCGs communications team is working in coordination with colleagues across Sefton (including in NHS, the local authority and VCF sector), as well as colleagues in West Lancashire CCG and as part of the wider Cheshire & Merseyside Health and Care Partnership to deliver consistent messaging aligned with the wider NHS England winter communications programme for the public to deflect from Acute Trust and into community settings, this possible shift of activity will need to be considered in terms of community and primary care capacity.

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 Speech and Language Therapy (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. The impact of a surge in referrals is continuing to impact negatively on SALT performance (July 18 week is at 49%). If the surge/increase begins to subside and previous levels of referrals return then improvement will be seen in subsequent months. Occupational Therapy (OT), dietetics, physiotherapy and continence continue to meet the 92% waiting time target in July.

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 a stabilising of referral to partnership waiting times, with the best improvement seen in June, 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.

In relation to Children & Young People Mental Health Services (CYPMH) access, for quarter 1 the Trust reported 22.1% with a rolling 12-month rate of 41.3% against the target of 35%. A significant improvement on the previous quarter when the Trust was below target reporting 5% (but were reporting 41.3% for the rolling 12-month rate). The improvement is in partly due to third sector provider, Venus, and the online counselling service, Kooth, commencing reporting of their activity through the national data set.

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.

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 July and fell to 72%. 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.