



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report Summary – January 2022

## 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	
<b>E-Referrals</b> - NB Reporting suspended on this metric currently															
<b>NHS e-Referral Service (e-RS) Utilisation Coverage</b> 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													
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<b>% of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	15.1%	18.41%	18.43%	17.37%	32.15%	31.54%	30.31%	32.85%	39.85%	39.28%			
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<b>% of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	77.41%	79.17%	79.68%	79.32%	78.32%	77.38%	75.59%	75.71%	73.88%	70.48%			
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<b>Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	412	355	335	320	342	354	350	339	357	377			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<b>Cancellations for non-clinical reasons who are treated within 28 days</b> 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	R	R	R	R	R		R	
		Actual	3	6	3	4	1	4	4	11	4	4		44	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G	G	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0		0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R	R	R	R	R			R
		Actual	87.80%	85.52%	85.82%	81.23%	76.79%	80.42%	67.42%	64.20%	63.95%	69.95%			76.29%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	R	R	R	R	R			R
		Actual	92.31%	83.33%	80%	100%	88.89%	83.33%	47.62%	25.00%	23.08%	13.64%			57.44%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R	R	G	R	R	R			R
		Actual	95.35%	97.89%	97.80	97.56%	89.04%	94.95%	96.34%	95.88%	95.74%	95.24%			95.70%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R	R	G	G	R	R	R	G	R			R
		Actual	80%	85.71%	93.33%	100%	100%	90.91%	91.67%	76.92%	100%	92.86%			90.91%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	G	G	G	R	G			G
		Actual	100%	100%	95.24%	100%	100%	100%	100%	100%	100%	92.86%	100%		98.90%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100.00%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%	100%		99.55%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> 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	R	R	R	R	R			R
		Actual	79.59%	76.60%	65.85%	70.73%	66.67%	57.14%	76.47%	66.67%	71.11%	54.84%			68.87%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	R	R	R	R	R			R
		Actual	50%	60%	86.67%	77.78%	28.57%	64.29%	40%	80%	70%	31.25%			60.0%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G	G					G		G			R
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%	71.43%	92%	75%	90.48%			84.30%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	84.02%	80.16%	80.33%	76.14%	76.11%	76.86%	76.25%	77.77%	77.13%	75.28%			77.99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b>Paused from April 2020 due to COVID-19 – resumed October 2021</b>															
<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	R	R	G	G			R
		Target	0	0	0	0	0	0	1	3	0				4
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	R	R	G	G			R
		Target	0	0	0	0	0	0	0.2	0.6	0				0.4
<b>HCAI</b>															
<b>Number of MRSA Bacteraemia</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	R	R	R	R	R	R	R			R
		YTD	0	0	0	1	2	2	3	3	3	3			3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		YTD	8	13	17	22	25	32	38	39	39	40			40
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
<b>Number of E.Coli</b> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		YTD	8	17	24	32	44	59	65	79	88	97			97
		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		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	R	G			G	
		Actual	100%	100%	100%	100%	80%	100%	100%	100%	100%	90.9%	100%			97.09%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within 2 weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG	G			G			G							
		Actual	80%			85.7%			90.9%						85.5%	
		Target	60%			60%			60%			60%			60%	
<b>Eating Disorders</b>																
<b>Eating Disorders Service (EDS)</b> Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	25.00%	29.40%	30.30%	30.3%	31.4%	32.5%	35.90%	31.40%	22.9%	20.60%			29.0%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b>IAPT Access</b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	0.48%	0.47%	0.57%	0.50%	0.63%	0.78%	0.80%	0.78%	0.55%	0.67%			6.23%	
		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%	
<b>IAPT Recovery Rate</b> The % 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	R	G	R	R	R			R	
		Actual	42.40%	53.2%	40.9%	55.9%	40.0%	33.3%	50%	31.6%	30.8%	42.9%			41.0%	
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G	R	G	G	G	G	R	R			G	
		Actual	98.00%	95%	88%	74.0%	80%	83%	79%	75%	70%	59.0%			80.1%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	95%	96%			99%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Dementia</b>															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	64.54%	64.58%	65.23%	65.6%	66.2%	66%	65%	63.6%	63.7%	63.5%			64.79%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
<b>Learning Disability Health Checks</b>															
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R			R			R						R
		Actual	12.09%			22.39%			48.81%						48.81%
		Target	18%			35%			52%			70%			70%
<b>Severe Mental Illness - Physical Health Check</b>															
<b>Rolling 12 month as at end of quarter</b>															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R			R						
		Actual	26.5%			27.3%			33.1%						
		Target	50%			50%			50%			50%			50%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<b>Rolling 12 month</b>															
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			R			R						G
		Actual	22.1%			7.7%			6.4%						41.3%
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
<b>Children and Young People with Eating Disorders</b>															
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							R						R
		Actual	Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to less than 2 referrals in the quarter			38.3%						38.3%
		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							R						R
		Actual	Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to less than 2 referrals in the quarter			91.7%						91.7%
		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	
<b>SEND Measures</b>															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey - KPI 5/5	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%	22.5%			47.0%
		Target	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 - KPI 5/6	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%	69.2%			56.3%
		Target	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 - KPI 5/9	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	100%			99.00%
		Target	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 - KPI 5/10	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%			68.00%
		Target	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 - KPI 5/12	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	100%			99.00%
		Target	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 - KPI 5/13	Sefton	RAG	G	G	G	G	R	R	R	R	R	R			R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%			88.00%
		Target	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 - KPI 5/15	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7	11.5			
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/16	Sefton	RAG													
		Actual	77.9	77.4	79.3	78.6	79.6	81.3	90.2	87.7	88.2	89.8			
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9	60.5			
		Target													

## Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 10 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for January & Q3 2021/22	CCG	S&O
Diagnostics (National Target <1%)	39.28%	42.18%
Referral to Treatment (RTT) (92% Target)	70.48%	79.25%
No of incomplete pathways waiting over 52 weeks	377	140
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	54.84%	67.68%
A&E 4 Hour All Types (National Target 95%)	75.28%	76.03%
A&E 12 Hour Breaches (Zero Tolerance)	-	196
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	108
Ambulance Handovers 60+ mins (Zero Tolerance)	-	49
Stroke (Target 80%) (December data - reported a month in arrears)	-	55.2%
TIA Assess & Treat 24 Hrs (Target 60%) (November data - reported a month in arrears)	-	16.7%
Mixed Sex Accommodation (Zero Tolerance)	3	6
CPA 7 Day Follow Up (95% Target) 2021/22 - Q3	90.90%	-
EIP 2 Weeks (60% Target) 2021/22 - Q3	90.90%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.67%	-
IAPT Recovery (Target 50%)	42.90%	-
IAPT 6 Weeks (75% Target)	59.00%	-
IAPT 18 Weeks (95% Target)	96%	-

### 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 Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, wheelchair return (QWC1), 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 has now successfully fully vaccinated the majority of patients in cohorts 1-9 and continues to offer booster vaccinations to eligible patients in these cohorts. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 and 12-15 are now eligible. At the end of January-22 there have been 95,450 (or 78.8%) first dose vaccinations and 90,086 (74.3% denominator populations now include under 16s as they are eligible for dose 1&2) second dose vaccinations. 73,377 (81.5%) of eligible 18+ pts had booster vaccinations given at the end of January-22.



## 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.

In the context of responding to the ongoing challenges presented by COVID-19, while also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic the delivery of activity both at Trust and system is being assessed against agreed trajectories for H2 (Half year 2).

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. 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 and long waiters (52 week plus). Outpatient validation has been another area of focus to support elective recovery. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity', elective theatre utilisation within the following specialities: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with CCG and Trust leads. The expectation that these programmes will provide additional capacity by either reducing demand or making better use of current resources. The National Getting it Right First Time (GIRFT) Lead – Professor Tim Briggs and his team are expected to meet clinical and programme leads for C&M in the coming weeks to support the system in progressing elective recovery. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

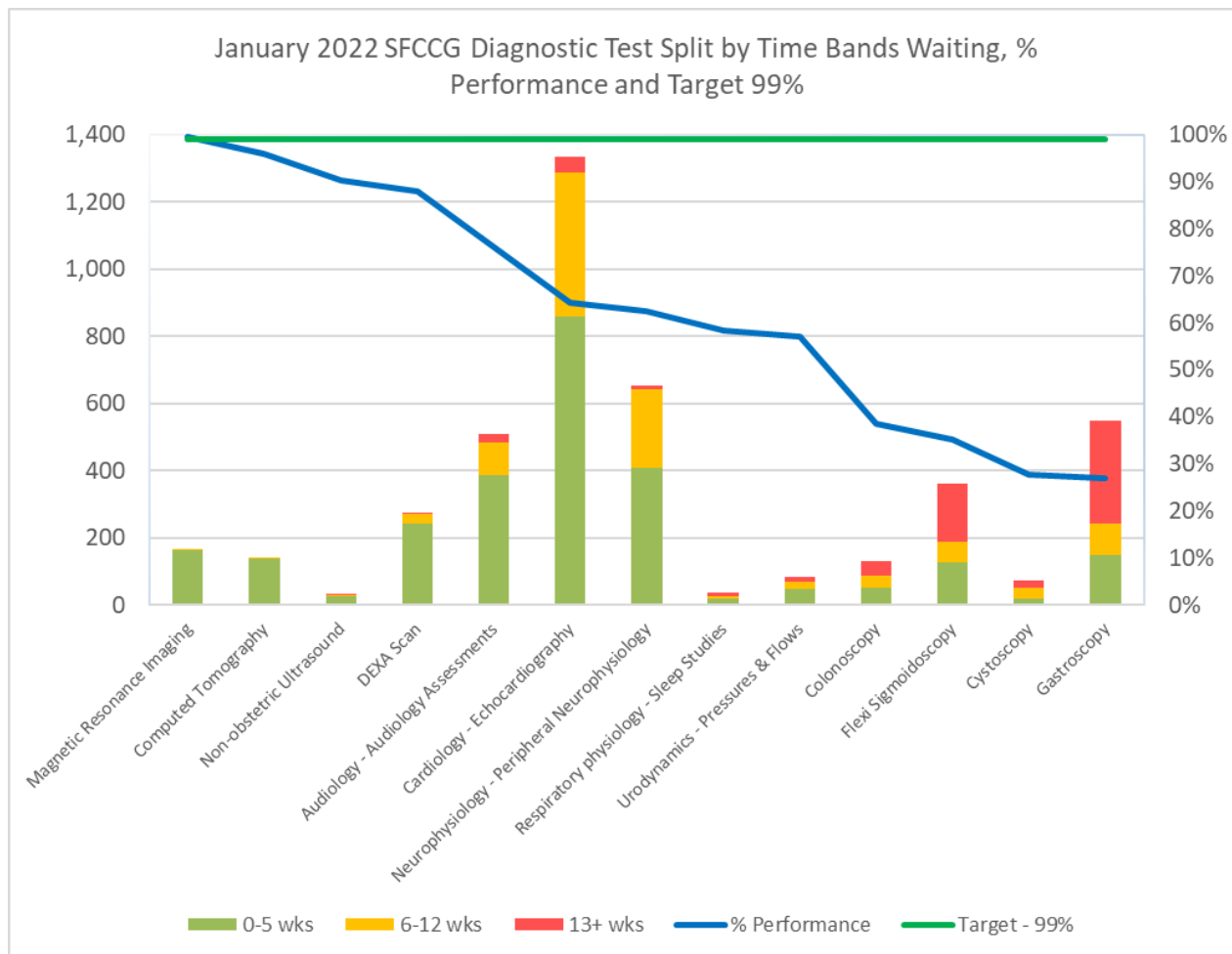
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. A focus on elective restoration has ensured that Southport & Formby CCG referrals at just past the mid-point of H2 of the 2021/22 financial year are 42.3% higher than in the equivalent period 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 -11.6% lower as at month 10. GP referrals are also seeing a significant decrease compared to 2019/20 and are reporting a year to date decrease of -7,792/-30.4%.

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 is over the less than 1% target for Diagnostics in January, recording 39.28%, similar performance from last month when 39.85% was reported. Along with being above the national target, the CCG is measuring above the national level of 30%. Southport and Ormskirk reported 42.18%, which is also similar to last month when 42% was reported. Overall, increased demand, changes to the urgency of requests across all modalities and effects of IPC guidance impacting performance. Capacity and demand reviews are ongoing and the Trust has successfully recruited to an MRI Specialist Radiographer post. The Trust is also currently utilising imaging network capacity at St

Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan which the CCG has formally requested via contract meetings. The expectation being that the improvement plan details a performance trajectory for improvement for individual modalities, areas of risk and concern, plans to utilise independent sector and where performance is not likely to achieve national targets, assurance that patient safety is prioritised. 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. However, planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside in the coming months and the Trusts own plans are expected to deliver additional capacity and improve performance across the system.

**Figure 1 – January CCG Diagnostics Chart and Table**



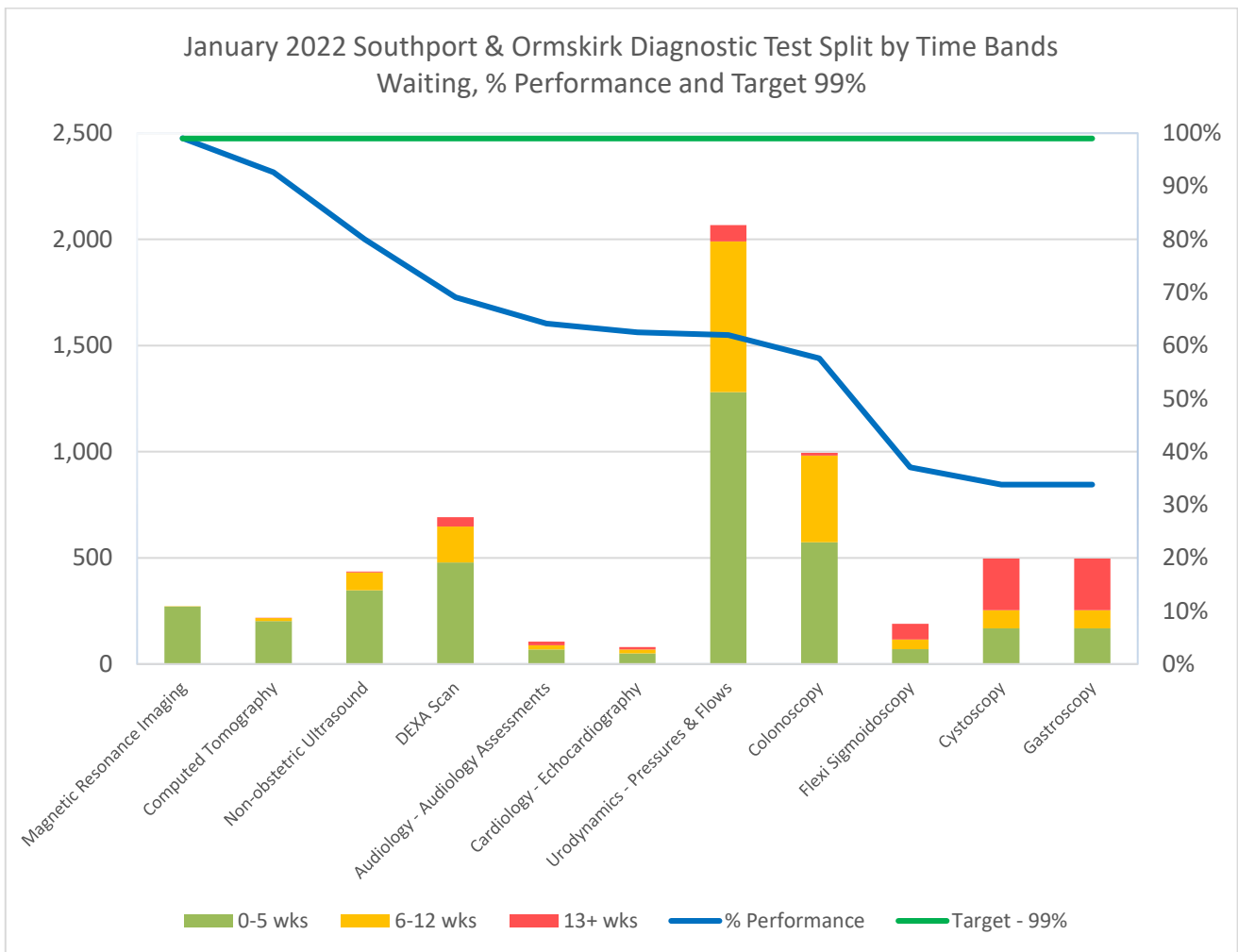
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	163	1	0	99.39%	99%
DEXA Scan	137	6	0	95.80%	99%
Neurophysiology - Peripheral Neurophysiology	28	2	1	90.32%	99%
Cardiology - Echocardiography	241	30	3	87.96%	99%
Computed Tomography	387	95	27	76.03%	99%
Non-obstetric Ultrasound	857	428	48	64.29%	99%
Magnetic Resonance Imaging	408	235	10	62.48%	99%
Urodynamics - Pressures & Flows	21	6	9	58.33%	99%
Cystoscopy	48	23	13	57.14%	99%
Flexi Sigmoidoscopy	51	37	44	38.64%	99%
Colonoscopy	127	63	172	35.08%	99%
Respiratory physiology - Sleep Studies	20	32	20	27.78%	99%
Gastroscopy	148	96	304	27.01%	99%
<b>Total</b>	<b>2,636</b>	<b>1,054</b>	<b>651</b>	<b>60.72%</b>	<b>99%</b>

Overall, the CCG is reporting 60.72%, below target of greater than 99% seen within 6 weeks. National levels overall are currently at 70% and the proportion waiting over 13 weeks nationally at 10.48%. The CCG is performing worse on both counts.

For the CCG there are significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Non-obstetric Ultrasound with a number of other tests also showing proportionally high levels.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on the service and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside with exception of Southport & Ormskirk. Clinical resource to support the programme was cited, however, progress has been made with an expectation that high risk 'FIT' to be introduced by the end of April 2022. This is expected to reduce the number of 2ww referrals and create capacity that will be focused on managing waiting lists.

**Figure 2 – January Southport & Ormskirk NHS Trust Diagnostics Chart and Table**



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	271	1	0	99.06%	99%
DEXA Scan	202	15	1	92.66%	99%
Cardiology - Echocardiography	348	83	4	80.00%	99%
Computed Tomography	478	169	45	69.08%	99%
Cystoscopy	68	20	18	64.15%	99%
Urodynamics - Pressures & Flows	50	18	12	62.50%	99%
Non-obstetric Ultrasound	1,281	709	77	61.97%	99%
Magnetic Resonance Imaging	573	409	13	57.59%	99%
Flexi Sigmoidoscopy	70	46	73	37.04%	99%
Colonoscopy	168	85	244	33.80%	99%
Gastroscopy	168	85	244	33.80%	99%
<b>Total</b>	<b>3,722</b>	<b>1,709</b>	<b>1,006</b>	<b>57.82%</b>	<b>99%</b>

Figure 3 – CCG RTT Performance and Activity (Incomplete Pathways)

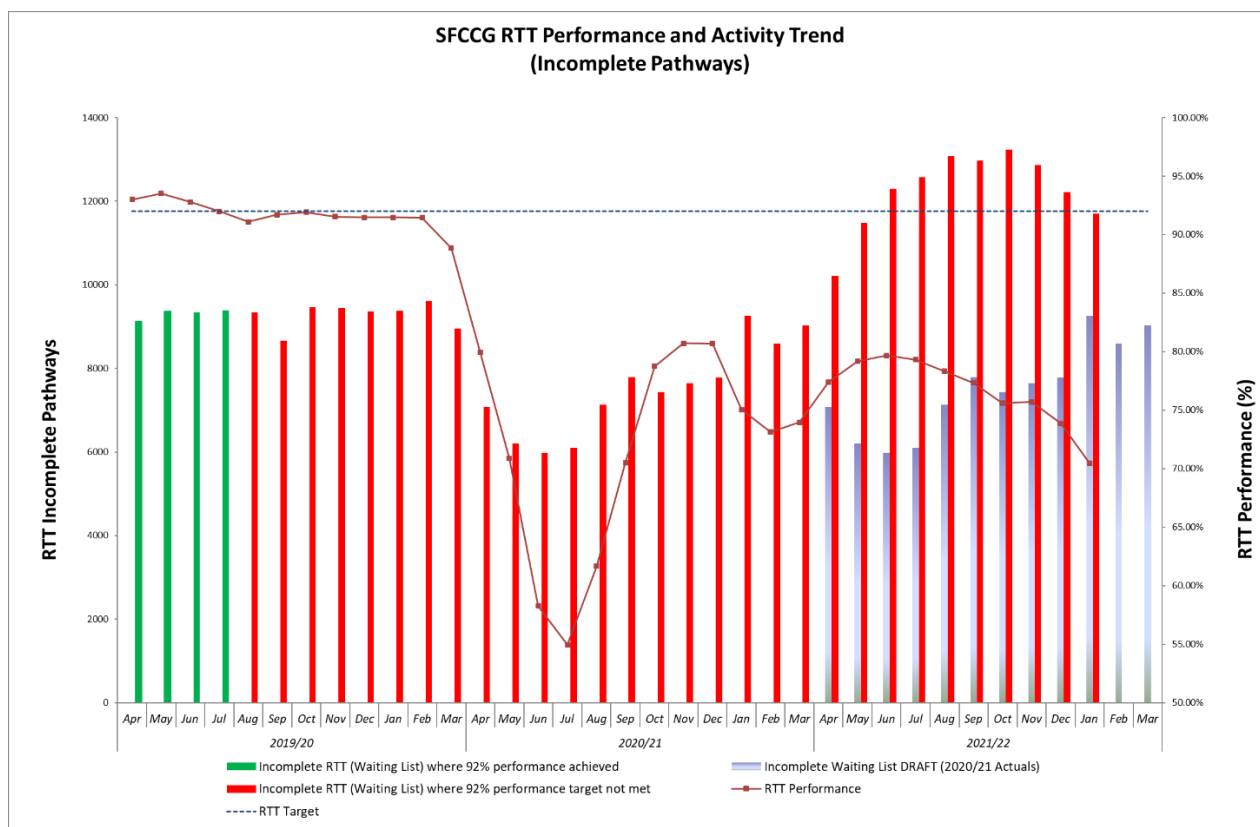


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

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	9,254
2021/22	10,203	11,474	12,290	12,576	13,069	12,912	13,237	12,870	12,218	11,706			11,706
<b>Difference</b>	<b>3,131</b>	<b>5,270</b>	<b>6,307</b>	<b>6,475</b>	<b>5,934</b>	<b>5,118</b>	<b>5,514</b>	<b>5,224</b>	<b>4,436</b>	<b>2,452</b>			<b>2,452</b>
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	342	354	350	339	357	377			
<b>Difference</b>	<b>406</b>	<b>345</b>	<b>318</b>	<b>284</b>	<b>280</b>	<b>269</b>	<b>279</b>	<b>240</b>	<b>245</b>	<b>151</b>			

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078	8,615	9,896	7,078
2021/22	10,351	11,104	11,636	11,810	12,591	12,922	12,679	12,344	11,575	11,551			11,551
<b>Difference</b>	<b>2,748</b>	<b>4,619</b>	<b>5,496</b>	<b>5,347</b>	<b>5,688</b>	<b>5,126</b>	<b>4,574</b>	<b>5,786</b>	<b>3,775</b>	<b>3,473</b>			<b>4,473</b>

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

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in January was 70.48%, just over a 3% decline to last month's performance (73.38%). The CCG is reporting well above the national level of 62.82%. Southport & Ormskirk Hospital

reported 79.25%, lower last month's performance when 80.11% 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.

There were a total of 1,032 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 377 patients were waiting over 52 weeks, a small increase on last month when 357 breaches were reported. Included in the long waiters there are 18 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 hospital cell has established a weekly system review group for 104 week waits, with the expectation that providers deliver against targets set in the recently published operational planning guidance 2022/23, specifically that the system eliminates 104 week waits by July 2022.

Of the 377 breaches for the CCG, there were 79 at Southport & Ormskirk, 138 at LUHFT and 160 at 20 other Trusts. The 377 52+ week CCG breaches represent 3.22% of the total waiting list, which is well below the national level of 5.10%.

Southport & Ormskirk had a total of 140, 52-week breaches in January, 4 more than reported last month. The overall good performance in the low numbers of 52-week waiters is due to the continuation of services during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG decreased to 11,706 in January (December reported 12,218). The CCG conducted further trend analysis into RTT incomplete pathways, which is expected to be shared at senior management team in March 2022.

The Trust has reported 4 cancelled operations in January, the same as reported last month. The Trust indicated the cancelled operations were for theatre staff being unavailable (2), ICU/HDU bed unavailable (1) and 1 ward bed being unavailable. 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 2 of the 9 cancer measures year to date and 2 in January. The Trust are achieving 3 measures year to date and 3 in January.

The CCG continue to fail the 2-week cancer measure in month and year to date. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 82.40%. The main reason for the breaches for both measures is inadequate outpatient capacity associated with sustained growth in 2-week referrals of 120% of pre-pandemic levels.

For 2-week wait breast services, performance further declined to 13.64% in January which is significantly under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 22.27% under target in January, with 185 breaches out of a total of 238 patients seen. Demand for breast services nationally has increased significantly over the last quarter which has been linked to heightened public awareness of breast cancer following the death of a young celebrity. 17 out of 19 Cancer Alliances have failed this standard in the last reporting period. The local provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Median wait for the CCG against the breast symptomatic standard was 27 days. The maximum wait was 53 days at the Trust. Performance against the 28-day standard for patients referred with breast symptoms exceeds the 75% standard at 83% which gives some assurance that these patients were diagnosed quickly once they had entered the hospital service.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider will

link with commissioners to plan a series of actions based on recruitment and re-design of the diagnostic pathway in order to deliver a trajectory for improvement. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway.

For Cancer 62 Day standard the CCG is measuring below the national level of 61.79% recording 54.84% in January, also below the 85% operational target. The Trust has developed a tumour-site specific Cancer Improvement Plan presented through CCQRM meetings. Key themes from the plan include improvements to endoscopy estate to increase capacity, strengthening of service level agreements and mutual aid arrangements with partner providers for cancer pathways and recruitment to radiology, cancer nurse specialist and cancer navigator and pathway tracker roles. Performance is expected to meet operational standards by the end of 22/23.

For patients waiting over 104 days, the CCG reported 1 patient in January. This patient was in lower gastro, number of days waiting was 126. North West guidance asks that any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait and that a root cause analysis is undertaken to identify all causes of delay in the pathway. These harm reviews and RCAs are shared with the CCG.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Trajectories have been submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62-day waits will return to pre pandemic levels by the end of 22/23

Systems to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In January and year to date, the CCG performed above the target for the 28-Day FDS breast symptom indicator. However, 2 week wait referral and the two week and screening referral indicators performed below target. 28 Day FDS overall is reporting 64.21% for January and 68.87% year to date, under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

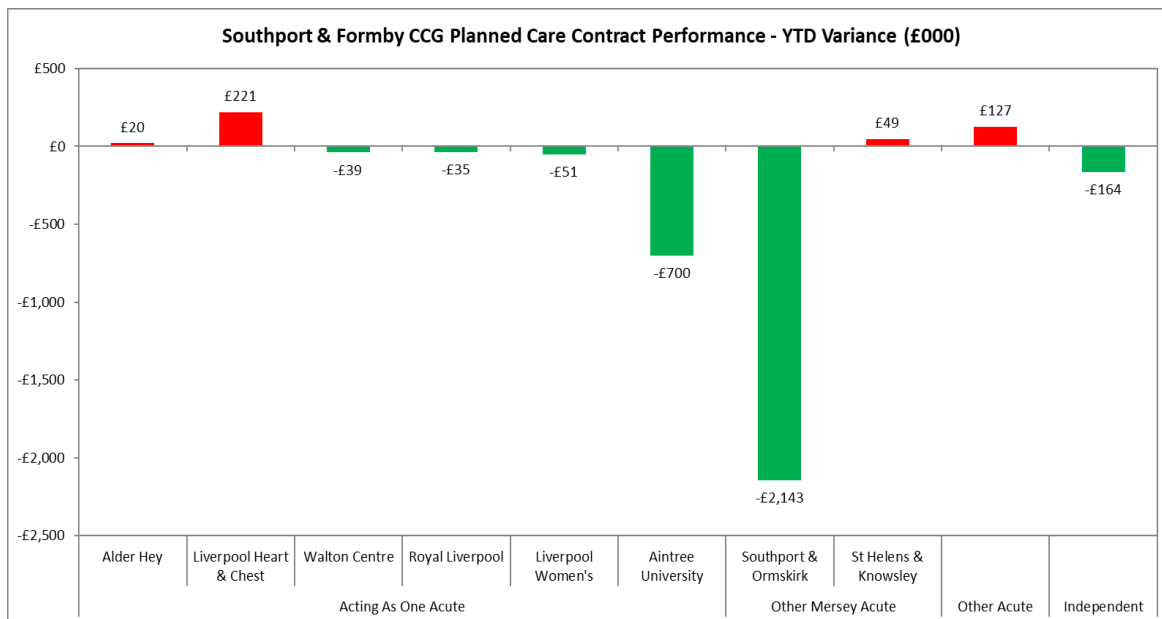
Performance against recovery trajectories demonstrates that in January the CCG is below plan for numbers of first outpatients seen following an urgent referral and on the target for patients receiving a first cancer treatment within 31 days of a decision to treat.

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 18.6% in December 2021 at 28.7% (latest data). The percentage of patients who would recommend the service improved to 94%, which is the same as the England average and the percentage who would not recommend has fallen to 5% but still above the England average of 3%. The Trust recently provided a Patient Experience update at the CCGs Patient Experience Group (EPEG) meeting in March 2022. This included actions put in place directly from patient feedback on the ward as well as the steps taken to reintroduce visiting times for relatives/carers following the recent lifting of restrictions.

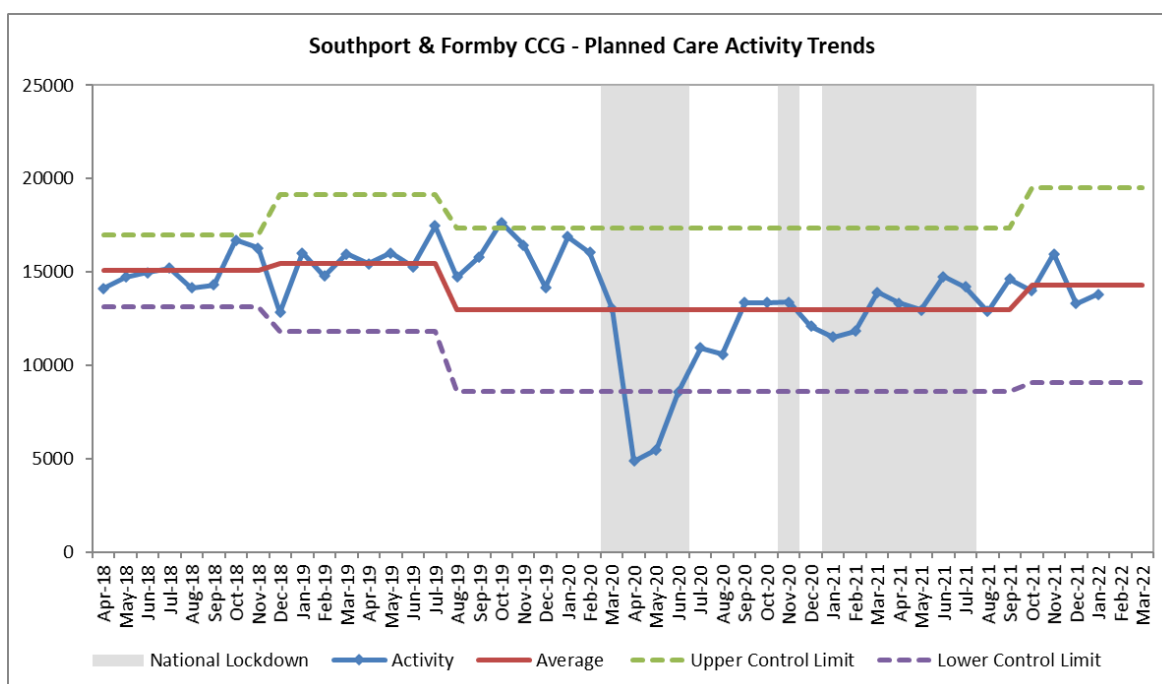
For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that 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 an increase in planned care activity of 10%

when compared to the equivalent period in the previous year but is -33% below that seen during 2019/20 (pre-pandemic).

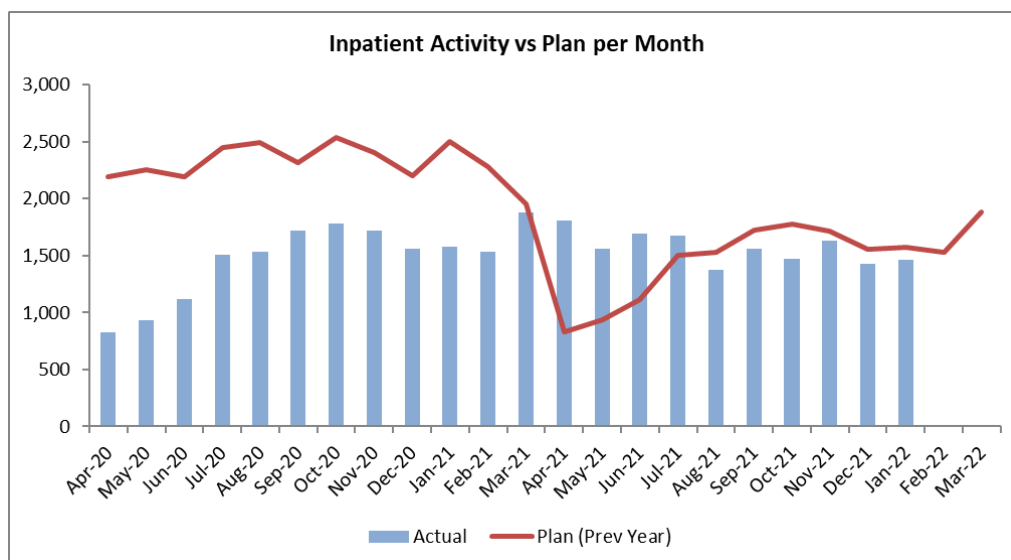
**Figure 5 – Planned Care All Providers – Contract Performance Compared to 2019/20**



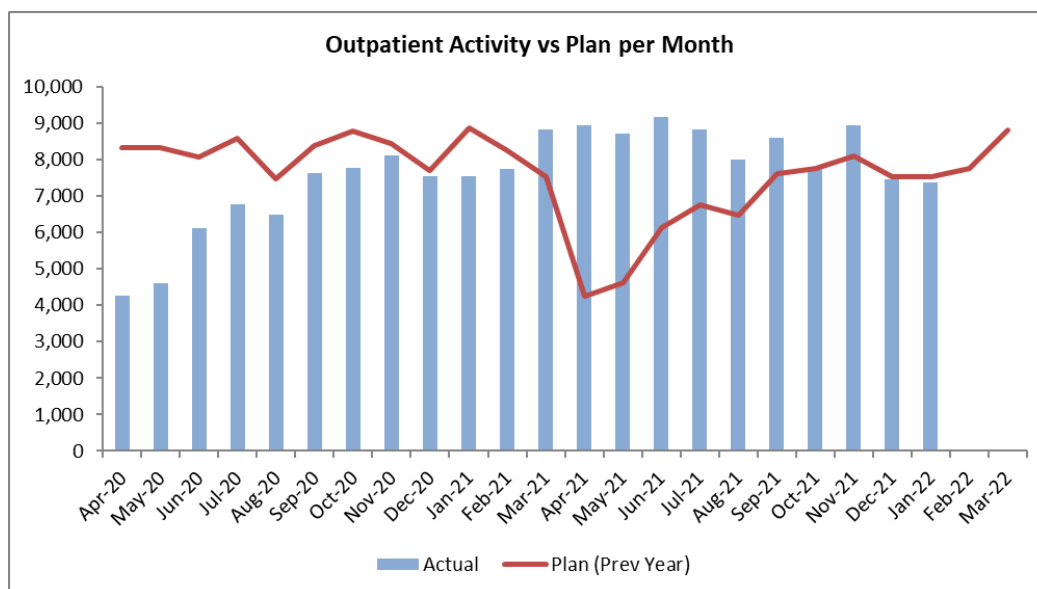
**Figure 6 - Planned Care Activity Trends**



**Figure 7 – Elective Inpatient Variance against Plan (Previous Year)**



**Figure 8 – 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 continue to report under the 95% target in January-22, reporting 75.28% and 76.03% respectively – a similar performance to what was reported last month. The CCG and Trust are above the nationally reported level of 74.35%. The ED Streaming Tool and Care Navigators project was implemented in December 2021 at Southport AED. Work has commenced as part of the Ageing Well programme and the improved 2-hour Urgent Care Response (UCR) service will be ready to be launched by April-22. Communications campaign and winter wraps published and posted with local media and online media in preparation for alternative to ED.

Focus on discharge continues with all system partners engaged in long length of stay reviews and daily Ready For Discharge (RFD) review.

- The CCG have commissioned additional therapy resource to support discharge.
- Trusted assessors to in reach into the acute Trust.
- Additional domiciliary care provision.



- Additional community 17 community bed capacity.

The Local Authority (LA) has block commissioned additional domiciliary care capacity to mitigate against risk of delayed discharges. LA commissioned additional transitional beds in the community to mitigate against any gaps in demand and capacity with domiciliary care.

The Trust also reported 196, 12-hour breaches in January, an increase of 111 from last month when 85 were reported. The avoidance of 12-hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The Trust continue to submit 48-hour reviews within the agreed timescales. 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 breaches, resulting in no serious incidents being reported.

The majority of the breaches continue to be attributed to lack of acute bed availability, mental health bed availability and managing flow of COVID/non-COVID patients.

Actions and key priorities to reduce 12-hour breaches include:

- To develop and embed clear effective Same Day Emergency Care (SDEC) pathways for all specialities.
- To develop and embed frailty pathway linked to frailty village.
- Ensure early speciality review in ED as standard job plans for all specialities.
- Development of ED hot clinics as an admission avoidance.
- Reinvigoration of internal flow process linked to appropriately and timely discharge planning – right bed at right time.
- Explore alternate to transfer for NAWAS for local services.
- Develop direct to access for primary, community and NAWAS to utilise.
- Further develop deflection services in local footprint for ED care navigators to deflect to – including primary care appointment slots.
- Explore and develop a care home model linked virtually to clinical support that will support admission avoidance – right place right care.
- Secondary triage function and increase in skill set on clinical triage.
- Develop consultant led triage model.

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 January 2021, there was an average response time of 9 minutes, 36 seconds not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 57 minutes, 20 seconds against a target of 18 minutes. Category 3 90th percentile has shown an improvement in performance in the target of less than or equal to 120 minutes reporting just over 6 hours. Cat 4 90th percentile is reporting over just under 24 hours well over the 180-minute target. See above action plan. The above plan directly relates to the overcrowding of ED and ability to clear crews in a timely manner. This work is ongoing and so no change to this month's performance report the Trust's Internal Urgent Care Improvement Group continues to focus on improved handover times. There is a Discharge Subgroup which has commenced and tasked to improve discharges before lunch and utilise the patient transport services in a more efficient way.

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

For ambulance handovers, Southport & Ormskirk reported a small decrease in ambulance handover times in January for handovers of 30 and 60 minutes from 103 to 108, for those above 60 minutes report 49 the same as last month. This is a Cheshire & Merseyside trend with Southport performance being better than most other Trusts. Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG reported 3 breaches and the Trust have reported 6 mixed accommodation breach in January, the Trust report their delay relate to transferring the patients from Critical Care to ward beds due to bed capacity issues and are escalated at the daily bed meetings.

The stroke indicator is currently 1 month in arrears. Southport & Ormskirk reported 55.2% of patients who had a stroke spending at least 90% of their time on a stroke unit in December, a decline in performance on the previous month when 67.9% was recorded. This is below the 80% target. Compliance in December has been impacted by bed capacity issues, late referrals, delayed diagnoses, and stroke patients testing positive for COVID. The Stroke Operational Group continues to focus on quality improvement. The Trust are engaging in collaborative work with LUHFT to look at pathways around stroke and TIA. The new Standard Operating Procedure (SOP) is now being used which should impact this metric going forward. TIA was reported at 16.7% against the 60% target with 4 out of a total of 24 patients treated within 24 hours, a decline in performance from last month when 25% was reported. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues to meet and the public consultation period has now commenced led by Liverpool CCG which will end on 14<sup>th</sup> February. A new Project Manager at LUHFT will support pathway development across the system. Internal Trust group will be focussing on workstreams including: TIA, Early Support Discharge (ESD), Rehab and Radiology.

The CCG reported no new cases of MRSA in January but have total of 3 for year- to-date against a zero-tolerance plan so have failed for 2021/22. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting monthly, which the CCG attend. The Trust are still reporting just 1 case in August so have also failed the target for 2021/22.

For C.difficile, the CCG reported 1 new case in January (40 year to date) against a year-to-date plan of 25. The CCG have failed the objectives/plans for C.difficile for 2021/22, year-end target was 30 cases. Southport & Ormskirk Trust reported no new cases in January (39 year to date), against a year-to-date target of 23 so have also failed the plan for 2021/22. 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.

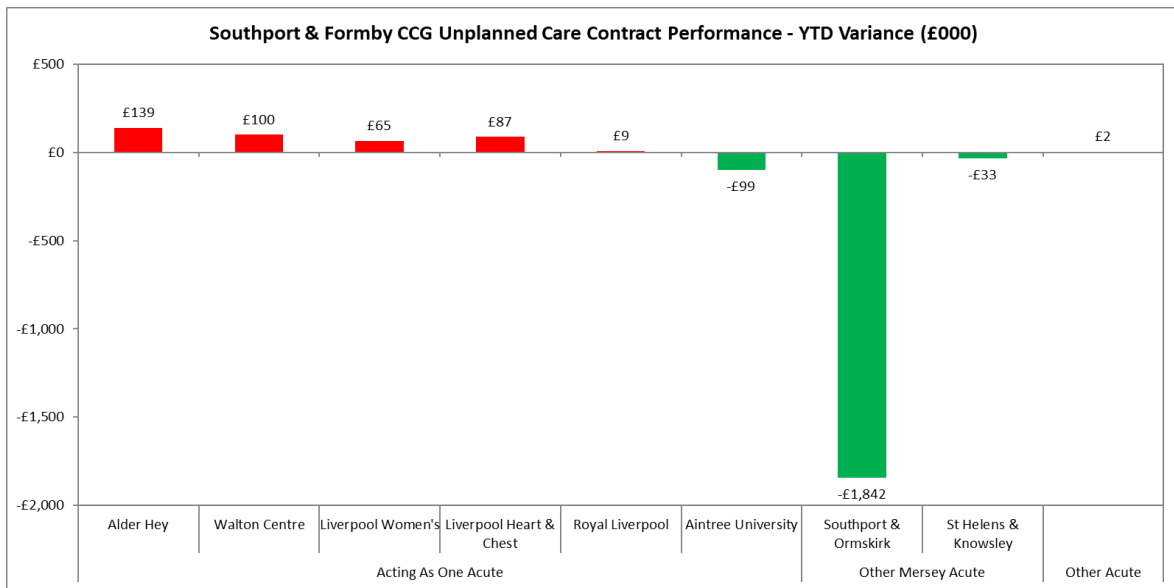
NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In January there were 9 cases (97 year to date) against a year-to-date target of 130 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 6 new cases in January (46 year to date) against their year-to-date plan of 58 and are also achieving. 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 and meet every 6 weeks, although due to COVID they had been stood down in December, January and February. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing. The Trust have rolled out plans which include the usage of the catheter passport, monitoring of catheter care and its appropriateness of use.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 9.7% in December 2021 reporting 23.2% (latest data reported). The percentage of patients who would recommend the service increased to 88% but remains above the England average of 80%. The percentage who would not recommend decreased to 9%, but also below the England average of 13%. The Trust identified this as an area for improvement and have taken steps to enhance patient experience within A&E which has been impacted due to long waiting times. This included the introduction of dedicated PALS Officer within Adults A&E to address any concerns in a more timely manner, and the establishment of a housekeeper role to address basic comfort needs of patient waiting long times in the department. The CCG will continue to liaise with the Trust to gain assurances on improvements and awareness of any challenges that arise.

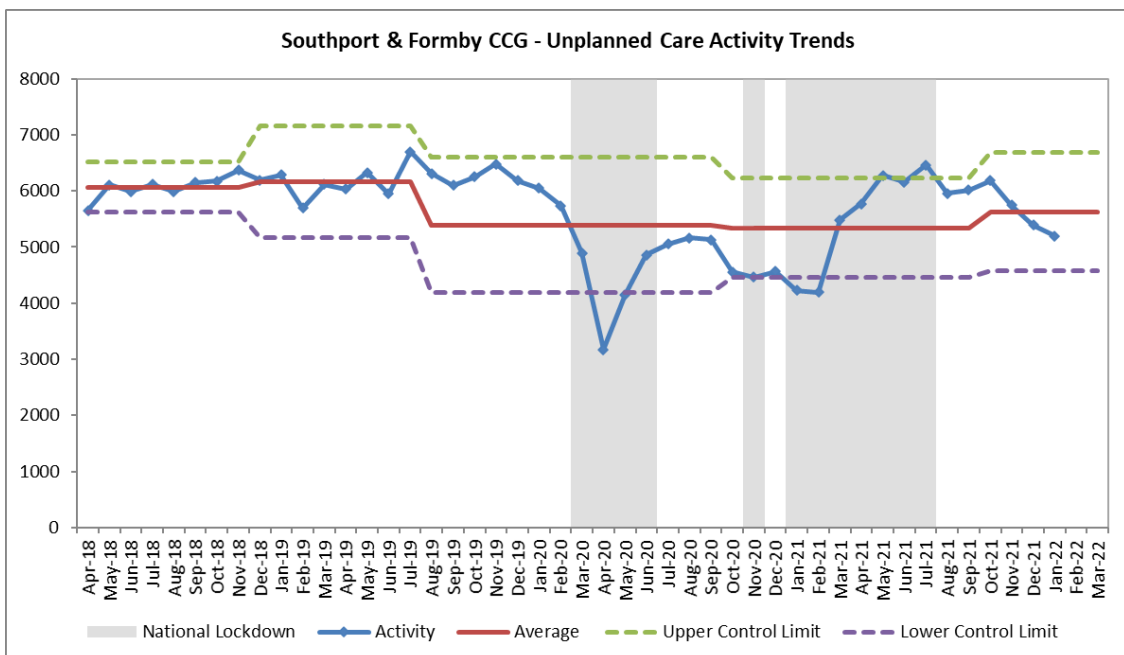
Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 75.10 by the Trust in January, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

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 levels at month 10 of 2021/22 represents an increase of 30% when comparing to the equivalent period in the previous year but is -1% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, January-22 increased slightly on December-21 however was still -289/-7% lower than Nov-21 as a result of the outbreak of Omicron variant of COVID-19.

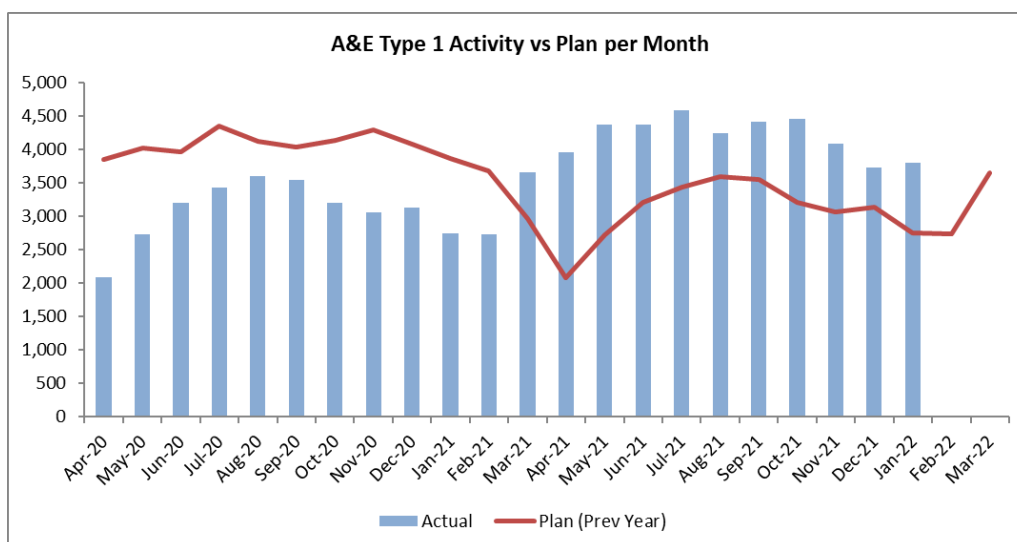
**Figure 9 – Unplanned Care All Providers – Contract Performance Compared to 2019/20**



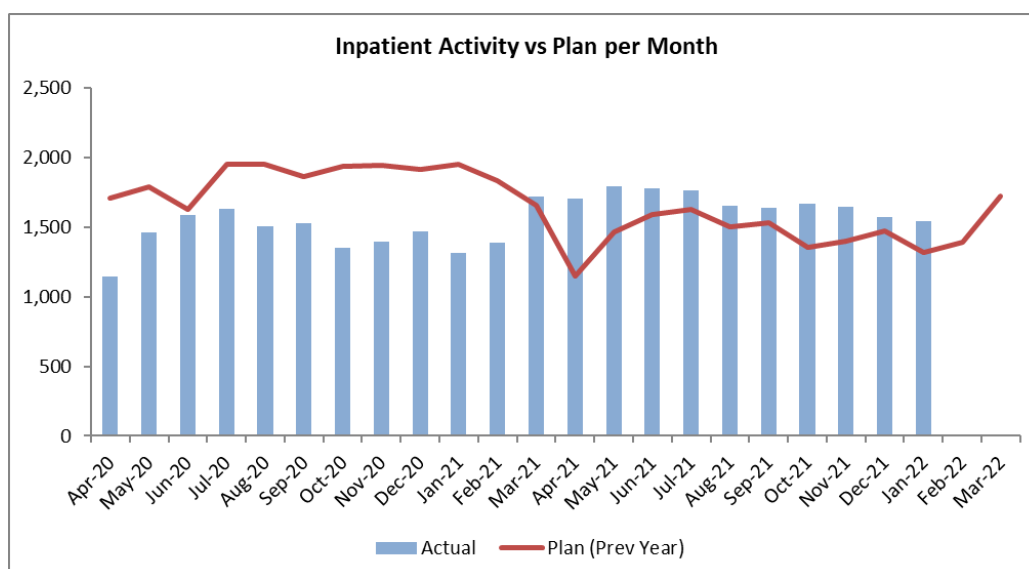
**Figure 10 - Unplanned Care Activity Trends**



**Figure 11 - A&E Type 1 against Plan (Previous Year)**



**Figure 12 – Non-elective Inpatient Variance against Plan**



**Mental Health**

The Eating Disorder service has reported 20.60% of patients commencing treatment within 18 weeks of referral in January 2022, compared to a 95% target. Only 7 patients out of 34 commenced treatment within 18 weeks. This shows a decline from last month when 22.6% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service is launching a digital peer support platform which will benefit those individuals on the waiting list. The service have also implemented a stepped care approach to ensure interventions are targeted as much as possible as early as possible. In addition, the service is looking at how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. The Trust and CCG recognise that considerable investment is required for the ED 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. Both CCGs have agreed £112k of investment in 2021/22. The service has been asked to put together an outline of an MDT-led service model and associated costings for consideration. The service is completing a capacity and demand analysis which will inform the proposed service model.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.67% in January 2022 and has therefore under the 1.59% target. The service now has a full complement of staff (including new clinical lead) so is confident that performance will begin to improve. Staffing has historically been a challenging issue.

The percentage of people who moved to recovery was 42.9% in January 2022, which is under the 50% target an improvement in performance from the 30.8% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The recovery action plan continues to be adhered to and the service is beginning to see improvements in this area.

For IAPT 6 week waits to enter treatment, this measure has reported 59%, which is under the 75% target, this has now been under target for 2 months. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, although performance is expected to now start improving with a full staffing compliment in place.

Southport & Formby CCG is recording a dementia diagnosis rate in January 2022 of 63.5%, which is under the national dementia diagnosis ambition of 66.7%, similar to last month's performance of 63.7%. Significant capacity and demand issues in primary care where initial dementia screening is completed are having an impact upon performance. The provider continues to operate weekend clinics in the memory service to address the backlog caused by Covid-19.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service have reported an increase in referrals in January and feel that demand is exceeding current capacity levels. The service continues to prioritise those individuals with a documented SEND requirement as requested. North and Mid-Mersey commissioners are in the process of mapping out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

For the month of January 2022, average waiting times for ASD service diagnostic assessment for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 89.8 weeks in Sefton. This is a slight increase on December 21, despite additional monies that have created some additional capacity this is not anywhere near to meeting current demand. This means that month on month there are more being added to a waiting list. Service continues to prioritise those individuals with a documented SEND requirement as requested. The Service are waiting for a response from commissioners about next steps and discussions about possible ways to move forward. Risk Mitigation: The Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list and escalate any concerns as per agreed pathways. To note: the average of 11.5 weeks waiting times for ASD performance in January reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had had their first seen appointment.

The Trust has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 60.5 weeks in January 2022. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12 to 14 new assessments per week. The Trust has also subcontracted work to an external provider with the plan for the provider to take on 820 cases from the backlog to complete an assessment through 3-4 virtual appointments. It is expected that the external provider will commence this work in May 2022. The CCG and Mersey Care are working together to establish the performance metrics for the external provider. North and Mid-Mersey commissioners are in the process of mapping

out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

### **Adult Community Health Services (Mersey Care NHS Foundation Trust)**

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g., staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs has been introduced. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 following the mobilisation of the contract to Mersey Care NHS Foundation Trust. However, this work has been impacted by the pandemic.

Further to Month 9 which advised that the whole Trust had entered into business continuity, the Trust moved out of business contingency in Month 10.

Month 10 assurance supplied by the Trust indicates that across a number of community services 5 patients are waiting over 18 weeks (19-24 weeks) and 7 patients are waiting 24 weeks plus. The Trust has reported that reports are not reflective of current position and highlighted data quality issues. This will be addressed as part of wider piece of work on EMIS migration work.

### **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).

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service. These include:

- Workforce gaps due to increase in maternity leave, short- and long-term sickness and challenges in recruitment.
- Impact of COVID-19 pandemic on throughput of patients.
- Impact of COVID-19 on the speech, language and communication needs of children and young people.
- Additional capacity impact of increasing caseload of children and young people and families with English not as first language (13% of overall caseload).
- Increased number of referrals/re-referrals over the past 2 years.

There have been significant efforts to address the capacity pressure and improve waiting times and there has been a further small improvement for the third consecutive month. Further actions are being implemented to return the performance to 18 weeks by March 2023, with the existing levels of commissioned resource. A paper about the service, its challenges and the improvement plan are being taken to Leadership Team.

All referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in January 2022.

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. Additional, investment has been agreed by the CCG in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing but it is likely to be May before all posts are filled and extra capacity is fully realised within the service offer – notwithstanding likely internal movement as posts are filled, and normal staff turnover. A detailed monthly trajectory will be provided when staff are appointed to demonstrate when capacity and

waiting times are expected to improve, however an initial timeline for returning to 6-week and 18-week KPIs is November 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In January there has been a slight deterioration in 6-week KPI (i.e. assessment) but there has been an improvement 18-weeks to treatment Southport and Formby 75.4%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has 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 and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. 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.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present 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. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. Although for both ASD and ADHD the KPI of 90% of assessments starting with 12 weeks (NICE requirement) is still being met. The increased referral rate is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

### **CQC Inspections**

Previously halted due to the COVID-19 pandemic. Practices in Southport & Formby CCG GP practices are visited by the Care Quality Commission (CQC) and details of any inspection results are published on their website. The inspections have resumed, but no new inspections happened in January.

### **NHS Oversight Frame (NHS OF)**

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report is prepared for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception

commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.