



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report March 2022

Contents

1. Executive Summary	10
2. Planned Care	19
2.1 Referrals by Source.....	19
2.2 NHS e-Referral Service (e-RS).....	20
2.3 Diagnostic Test Waiting Times.....	21
2.4 Referral to Treatment Performance (RTT)	24
2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters.....	25
2.4.2 Provider assurance for long waiters.....	28
2.5 Cancelled Operations.....	34
2.5.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days	34
2.6 Cancer Indicators Performance	35
2.6.1 104+ Day Breaches.....	36
2.6.2 Faster Diagnosis Standard (FDS)	37
2.7 Patient Experience of Planned Care	38
2.8 Personal Health Budgets (PHBs).....	38
2.9 Planned Care Activity & Finance, All Providers	39
2.9.1 Southport & Ormskirk Hospital NHS Trust	41
2.9.2 ISight	42
2.9.3 Renacres Hospital	43
2.10 Smoking at time of delivery (SATOD)	44
3. Unplanned Care	45
3.1 Accident & Emergency Performance	45
3.1.1 A&E 4 Hour Performance.....	45
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	46
3.2 Urgent Care Dashboard	47
3.3 Ambulance Performance Indicators	49
3.4 Ambulance Handovers	50
3.5 Unplanned Care Quality Indicators	51
3.5.1 Stroke and TIA Performance.....	51
3.5.2 Healthcare associated infections (HCAI): MRSA	52
3.5.3 Healthcare associated infections (HCAI): C. Difficile	53
3.5.4 Healthcare associated infections (HCAI): E Coli.....	54
3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust	54
3.6 CCG Serious Incident (SI) Management – Quarter 3 2021/22	55
3.7 Unplanned Care Activity & Finance, All Providers	62
3.7.1 All Providers	62
3.7.2 Southport & Ormskirk Hospital NHS Trust	63
4. Mental Health	64
4.1.1 Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	64
4.1.2 First Episode of Psychosis within 2 weeks of Referral (EIP)	65
4.1.3 Eating Disorder Service (EDS).....	66

4.1.4	Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool	67
4.2	Mental Health Matters (Adult).....	68
4.2.1	Improving Access to Psychological Therapies: Access	68
4.2.2	Improving Access to Psychological Therapies: Recovery	69
4.2.3	Improving Access to Psychological Therapies: % 6 Week Waits to Enter Treatment	70
4.3	Dementia	71
4.4	Learning Disabilities (LD) Health Checks.....	72
4.5	Serious Mental Illness (SMI) Health Checks.....	73
5.	Community Health.....	74
5.1	Adult Community Services – (Mersey Care Foundation Trust).....	74
5.1.1	Quality	74
5.2	Any Qualified Provider (AQP).....	74
6.	Children’s Services.....	75
6.1	Alder Hey NHS FT Children’s Mental Health Services	75
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH).....	75
6.1.2	Waiting times for Routine/Urgent Referrals to Children and Young People’s Eating Disorder Services – Routine within 4 weeks	76
6.1.3	Waiting times for Routine/Urgent Referrals to Children and Young People’s Eating Disorder Services – Urgent within 1 week of referral	77
6.1.4	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks ...	78
6.1.5	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks ...	79
6.1.6	Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks	80
6.1.7	Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks	81
6.2	Child and Adolescent Mental Health Services (CAMHS).....	82
6.2.1	% Referral to Choice within 6 weeks.....	82
6.2.2	% Referral to Partnership within 18 weeks	83
6.3	Children’s Community (Alder Hey).....	84
6.3.1	Paediatric Speech & Language Therapies (SALT)	84
6.3.2	Paediatric Dietetics.....	85
6.3.3	Paediatric Occupational Therapy (OT).....	85
6.3.4	Paediatric Children’s Continence Promotion Service	86
6.3.5	Paediatric Children’s Physiotherapy	86
7.	Primary Care	87
7.1.1	CQC Inspections	87
8.	Third Sector Overview – Quarter 4	87
9.	NHS Oversight Framework (NHS OF)	91
10.	Appendices.....	92
10.1.1	Incomplete Pathway Waiting Times	92
10.1.2	Long Waiters analysis: Top Providers.....	92
10.1.3	Long waiters analysis: Top Provider split by Specialty	93

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	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%	33.34%	40.56%	
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	77.41%	79.17%	79.68%	79.32%	78.32%	77.38%	75.59%	75.71%	73.88%	70.48%	70.50%	69.49%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	412	355	335	320	342	354	350	339	357	377	410	432	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	3	6	3	4	1	4	4	11	4	4	7	8	59
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R	R	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%	64.41%	67.04%	74.46%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R	R	R	G	R	R	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%	22.22%	28.21%	50.40%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	R	G	G	G	R	R	G	R	R	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%	92.42%	96.04%	95.52%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R	R	G	G	R	R	R	G	R	G	R	R
		Actual	80%	85.71%	93.33%	100%	100%	90.91%	91.67%	76.92%	100%	92.86%	100%	93.33%	91.88%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	G	G	G	R	G	R	R	G
		Actual	100%	100%	95.24%	100%	100%	100%	100%	100%	92.86%	100%	94.12%	96.0%	98.21%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100.00%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%	96%	100%	99.29%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	R	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%	41.03%	64.29%	66.28%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	R	R	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%	50%	57.14%	59.63%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G	G					G		G			R
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%	71.43%	92%	75%	90.48%	75%	73.68%	83.07%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	R	R	R	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%	74.56%	74.16%	77.38%	
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG							R	R	G	R	G	R	R
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available	1	3	0	3	0	2	9
Target		0	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							R	R	G	R	G	R	R
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available	0.2	0.6	0	0.6	0	0.4	0.3
Target		0	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	R	R	R	R	R	R	R	R
YTD		0	0	0	1	2	2	3	3	3	3	3	3	3	3
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	R	R	R	R	R	R	R	R
YTD		8	13	17	22	25	32	38	39	39	40	42	46	46	
Target		3	5	7	9	11	14	16	19	22	25	28	30	30	
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
YTD		8	17	24	32	44	59	65	79	88	97	110	117	110	
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	R	G	G	G	R	G	G	G	G
		Actual	100%	100%	100%	100%	80%	100%	100%	100%	90.9%	100%	100%	100%	97.57%
		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			G			G			R			G
		Actual	80%			85.7%			90.9%			50%			76.7%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	25.0%	29.4%	30.3%	30.3%	31.4%	32.5%	35.9%	31.4%	22.9%	20.6%	17.6%	20.6%	27.33%
		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	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%	0.61%	0.74%	7.58%
		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 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	G	R
		Actual	42.40%	53.2%	40.9%	55.9%	40.0%	33.3%	50%	31.6%	30.8%	42.9%	36.2%	51.5%	41%
		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	G	G	G	R	R	R	R	G
		Actual	98.00%	95%	88%	74.0%	80%	83%	79%	75%	70%	59%	73%	66%	80%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	95%	96%	98%	100%	98%
		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	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%	64.1%	65.2%	64.73%	
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%	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R			R			R			R			R
Actual		9.88%			17.65%			38.82%			55.65%			55.65%	
Target		18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of quarter															
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			R			
Actual		26.5%			27.3%			33.1%			47.4%				
Target		50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH)															
Rolling 12 month as at end of quarter															
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			G						
Actual		37%			41.3%			41%			Q4 data due 13 th June 22				
Target		35%			35%			35%			35%				
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							R			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%			27.1%			32.7%	
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			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%			88.9%			90.3%	
Target		95%			95%			95%			95%			95%	

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	80%	83%	58.7%	33.3%	26.8%	40.9%	67.9%	50.8%	47.5%	45.5%	46.2%	38.2%	
		Target	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	R	R	R	R	R	R	R	
		Actual	65.1%	75.7%	79.3%	80.6%	84.2%	83.5%	75.7%	75.5%	73.4%	75.4%	71.3%	69.2%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
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	G	
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		Target	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	R	
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%	52%	54%	
		Target	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	G	
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%	
		Target	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	R	
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%	86%	88%	
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (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	8.8	8.2	
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment in weeks (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	89.3	85.4	
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (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	57.1	55.5	
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 12 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for March & Q4 2021/22	CCG	S&O
Diagnostics (National Target <1%)	40.56%	43.65%
Referral to Treatment (RTT) (92% Target)	69.49%	77.91%
No of incomplete pathways waiting over 52 weeks	432	182
Cancelled Operations (Zero Tolerance)	-	8
Cancer 62 Day Standard (Nat Target 85%)	64.29%	70.49%
A&E 4 Hour All Types (National Target 95%)	74.16%	74.89%
A&E 12 Hour Breaches (Zero Tolerance)	-	147
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	170
Ambulance Handovers 60+ mins (Zero Tolerance)	-	104
Stroke (Target 80%) (February data - reported a month in arrears)	-	42.3%
TIA Assess & Treat 24 Hrs (Target 60%) (February data - reported a month in arrears)	-	21.1%
Mixed Sex Accommodation (Zero Tolerance)	2	5
CPA 7 Day Follow Up (95% Target) 2021/22 - Q4	100%	-
EIP 2 Weeks (60% Target) 2021/22 - Q4	50%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.74%	-
IAPT Recovery (Target 50%)	51.50%	-
IAPT 6 Weeks (75% Target)	66.00%	-
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 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, 12 to 15 and 5 to 11 are now eligible and being offered vaccinations. At the end of March-22 there have been 95,900 (or 79.2%) first dose vaccinations and 91,879 (75.9%) second denominator populations now include under 16s as they are eligible for dose 1&2. 66,130 (72.0%) of eligible patients had booster vaccinations given at the end of March-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). The recently published 'Planning guidance' 2022/23, has also put a greater emphasis on recovery with expectations that trusts aim to deliver 110% of 19/20 outturn, leading to a reduction in the waiting list position, primarily on focused on those waiting long the longest and highest risk. 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. 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 in the 2021/22 financial year are 36.3% 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 -8.7% lower as at month 11. GP referrals have seen increases in 2021/22 and are reporting an 0.5% increase in March-22 when comparing to the previous month which is in line with usual trends in previous years.

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 February, recording 40.56%, around a 7% decline in performance from last month when 33.34% was reported. Along with being above the target, the CCG is measuring above the national level of 24.85%. Southport and Ormskirk reported 43.65%, an 8% decline to last month when 35.58% 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.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 69.49%, similar to last month's performance (70.50%). The CCG is reporting well above the national level of 62.42%. Southport & Ormskirk Hospital reported 77.91%, a small decline to last month's performance when 79.12% was recorded.

There were 432 patients were waiting over 52 weeks, an increase on last month when 410 breaches were reported. Included in the long waiters there are 27 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 432 breaches for the CCG, there were 105 at Southport & Ormskirk, 161 at LUHFT and 166 at 16 other Trusts. The 432 52+ week CCG breaches represent 3.44% of the total waiting list, which remains below the national level of 4.82%.

Southport & Ormskirk had a total of 182, 52-week breaches in March, 22 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 increased to 12,567 in March (February reported 12,055).

The Trust has reported 8 cancelled operations in March, 1 more than reported last month. The Trust indicated the cancelled operations were due to lists overrunning, trauma and no beds available. 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 March. The Trust are achieving 3 measures year to date and 3 in March.

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 77.39%. 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. However, it is worth noting that monthly numbers seen in March on the suspected cancer and breast symptoms pathways were the highest for this financial year. Numbers treated on a 62-day pathway were also the highest in the previous year.

The Trust has developed a tumour-site specific Cancer Improvement Plan presented through Clinical Contract and Quality Review Meetings (CCQRM). Key themes from the plan include improvements to endoscopy estate to increase capacity, which has already had a significant benefit, strengthening of service level agreements and mutual aid arrangements with partner providers for cancer pathways. There is also ongoing recruitment to radiology, cancer nurse specialist and cancer navigator and pathway tracker roles. High risk FIT testing has been introduced locally from April 2022 and will be used to risk stratify colorectal patients with the potential to reduce 2ww priority cases by half.

Performance is expected to meet the operational standard by the end of 2022/23.

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 19% in February 2022 at 31.6% (latest data). The percentage of patients who would recommend the service has increased to 95%, which is above as the England average of 94% and the percentage who would not recommend has decreased to 3% the same as the England average. The Trust recently provided a Patient Experience update at the CCGs Patient Experience Group (EPEG) meeting in March 2022.

The CCG have reported 258 Personal Health Budgets (PHBs) in quarter 4 (cumulative total). NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB.

Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 4 recording 6.94% of pregnant women smoking at time of their delivery.

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 has been a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. At month 12 of 2021/22, this has resulted in a 31% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -10% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during March-22 saw an 7% increase to the previous month, which might be expected as a result of fewer working days in February-22 and total activity reported in month also represents an increase of 10% compared to March-21.

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 March, reporting 74.16% and 74.89% respectively – slightly lower performance to what was reported last month. The CCG and Trust are above the nationally reported level of 71.62%.

The Trust also reported 147, 12-hour breaches in March, a decrease of 4 from last month when 195 were reported. The avoidance of 12-hour breaches is 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 12 Hour Breach forms within the agreed timescales.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and 2021/22. The latest available data is for March-22, there was an average response time of 10 minutes, 24 seconds recording over the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 1 hour 26 minutes 40 seconds, against a target of 18 minutes. Category 3 90th percentile has shown a decline to the target of less than or equal to 120 minutes reporting 3 hours 9 minutes, there was no data available for Cat 4 90th percentile. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

For ambulance handovers, Southport & Ormskirk reported a decrease in ambulance handover times in March for handovers of 30 and 60 minutes from 192 to 170. For those above 60 minutes reported 104 after 98 last month. This is a Cheshire & Merseyside trend with Southport performance being better than most other Trusts. Work continues in collaboration with NWS 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 has 2 breaches and Trust reported 5 breaches in March, the Trust report their delays relate to transferring patients from Critical Care to ward beds due to bed capacity. The Trust have a process in place whereby each case is escalated through the daily meetings.

The stroke indicator is currently 1 month in arrears. Southport & Ormskirk reported 42.3% of patients who had a stroke spending at least 90% of their time on a stroke unit in February, a 1% decline in performance on the previous month. This is below the 80% target. Compliance in February has been impacted by consistently high levels of attendance to the Trust which has resulted in bed capacity issues and therefore has had an impact on the ability to maintain at least 1 ringfenced Stroke bed. The Stroke Operational Group continues to focus on quality and pathway improvements. TIA was reported at 21.1% against the 60% target with 4 out of a total of 19 patients treated within 24 hours, an improvement in performance from last month when 6.9% was reported.

The CCG reported no new cases of MRSA in March 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 4 new cases in March (46 year to date) against the yearly plan of 30 and have failed to achieve for 2021-22. Southport & Ormskirk Trust reported 3 new cases in March (43 year to date), against the yearly target of 27 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 March there were 7 cases (117 year to date) against the yearly target of 152 so have achieved for 2021-22. Southport & Ormskirk reported 5 new cases in March (56 year to date) against their yearly plan of 70 so have also achieved for 2021-22. The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has recommenced with specific work identified including the inclusion of consistent healthcare associated infections reporting within each provider Trust being consistent across Cheshire and Mersey.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 10.4% in February 2022 reporting 23.4% (latest data reported). The percentage of patients who would recommend the service remained at 87% and remains above the England average of 77%. The percentage who would not recommend remained at 9%, below the England average of 15%.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 73.88 by the Trust in March, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care 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'. Trends in 2021/22 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. Year to date levels at month 12 of 2021/22 represents an increase of 28% when comparing to the equivalent period in the previous year but is -3% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, activity during March-22 has increased by 14% from the previous month and is also showing an increase of 45% when compared to March-20. However, despite the majority of 2019/20 being pre-pandemic, March-20 was the first month to see an impact of the COVID-19 pandemic on activity levels as a result of the initial national lockdown).

Mental Health

The Eating Disorder service has reported 20.60% of patients commencing treatment within 18 weeks of referral in March 2022, compared to a 95% target. Only 7 patients out of 34 commenced treatment

within 18 weeks. This shows a small improvement from last month when 17.60% 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 launched a digital peer support platform on 4th April-22 which will benefit those individuals on the waiting list.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.74% in March 2022 and has therefore under the 1.59% target. Staffing has historically been a challenging issue, but the service now will have a full complement of staff (including new clinical lead) in place from March 2022 so is confident that performance will begin to improve, although it should be noted that this will take time to be reflected in the performance figures. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 51.5% in March 2022, which is now over the 50% target an improvement in performance from the 36.2% reported last month.

For IAPT 6 week waits to enter treatment, this measure has reported 66%, which is under the 75% target, this has now been under target for 4 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 from March 2022. The recovery action plan continues to be adhered to.

The CCG is recording a dementia diagnosis rate in March 2022 of 65.2%, which is under the national dementia diagnosis ambition of 66.7%, 1% more than report last month.

For the percentage of people on general practice SMI register who have had a physical health check, the CCG reported 47.4% rolling 12 month as at the end of quarter 4 2021/22 under the a plan of 50%. The COVID-19 pandemic has impacted the delivery of some of the 6 interventions which made up the indicator, e.g. blood bottle shortage.

The CCG reported 55.65% of patients with learning disabilities receiving their health checks as at quarter 4 2021/22 under the yearly target of 70%.

For the month of March 2022, average waiting times for Autistic Spectrum Disorder (ASD) service diagnostic assessment for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 85.7 weeks in Sefton. This is lower than the 89.3 weeks reported in February. The service continues to prioritise those individuals with a documented SEND requirement and the Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list, escalating any concerns as per agreed pathways. £100k of additional funding was committed in 2021/22. This has enabled the service to recruit a further substantive band four assistant psychologist to support the post diagnostic group programmes. Through an organisational change process, the service has also uplifted two band five practitioner posts to band six to enable them to autonomously undertake diagnostic assessments. The service is currently out to recruitment for a further band six practitioner. The remaining monies are funding additional hours for the two part time team managers to provide clinical oversight of the junior clinicians as current staffing levels mean that only single practitioner assessments can be completed which is outside of NICE guidance for best practice, along with additional assessments. A funding bid for the Cheshire and Merseyside Transforming Care Partnership is currently being completed with the intention of applying for non-recurrent funding to increase capacity for diagnostic assessments and post-diagnostic support. Given that the Mersey Care service covers both Liverpool and Sefton, the bid is a North Mersey one. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges and also share the same provider in Mersey Care NHS Trust. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken. To note: the average of 8.2 weeks waiting times for ASD performance in March 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 CCG has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) waiting times which were reported as being 55.5 weeks in March 2022. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April 2021 to their lowest reported level so far in March of this year. £137k of additional funding was committed in 2021/22 which enabled the Trust to complete a waiting list cleanse to identify those individuals who no longer either met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band 7 non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider will commence assessments in May 2022 and an improvement trajectory will be produced. Capacity issues remain through the service having to complete annual reviews of patients who could be managed in primary care via the shared care framework. Discussions have begun between the CCG, GP clinical leads and Mersey Care around how the shared care framework can be implemented effectively for all stakeholders and a meeting is scheduled at the end of May between all stakeholders to look at how progress can be made. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges but different providers and service models are in operation. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken.

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.

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. A service improvement plan is being implemented and there have been significant efforts to address the capacity pressure and improve waiting times and there has been a further small improvement in performance for March. As per improvement plan, further actions are being implemented to return the performance to 18 weeks by March 2023.

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

Physiotherapy has fallen below the 92% target for the second month reporting 91.3%.

Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in March 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 workforce challenges continue to be an issue as mental health provision expands and there is internal/external movement across the system as posts are filled, including normal staff turnover. A detailed service improvement plan/ trajectory is being developed by the Trust outlining 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. The service improvement plan will be shared with the CCGs at the end of May 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In March there has been a slight reduction in 'open pathway' KPIs (i.e. assessment) to 38% and a small reduction in 18-weeks to treatment to 69%, although performance is starting to stabilise and improve overall. 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.

Due to an increase in urgent appointments and caseload reallocations, there were 8 x 52 week breaches across both CCGs in March. This was compounded by staff absence (COVID and otherwise), staff leaving the service and waiting for new staff to commence in post. The Trust took swift action with the majority of these young people commencing treatment and/or appointments booked in April.

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 awarded additional funding through the winter pressure mental health funding stream and the service will continue to grow its workforce through ongoing MHIS funding in 22/23.

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 and there was an 80% increase in referrals in March for both services. Although for both ASD and ADHD the KPI of 90% of assessments starting with 12 weeks (NICE requirement) is still being met, increased referral rates are impacting on capacity and leading to delays in completion of the 30-week assessment pathways. Despite the deterioration in performance for this metric over the last 6 to 8 months, waiting times have slightly improved in March to 88% for ADHD and 54% for ASD. This follows the CCGs additional investment which has provided additional 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, although this assumes a stabilising of the referral rates. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

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 has developed a refreshed SEND improvement plan, revised its governance arrangements and is in the process of refreshing the SEND dashboard and risk register. 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 March.

NHS Oversight Frame (NHS OF)

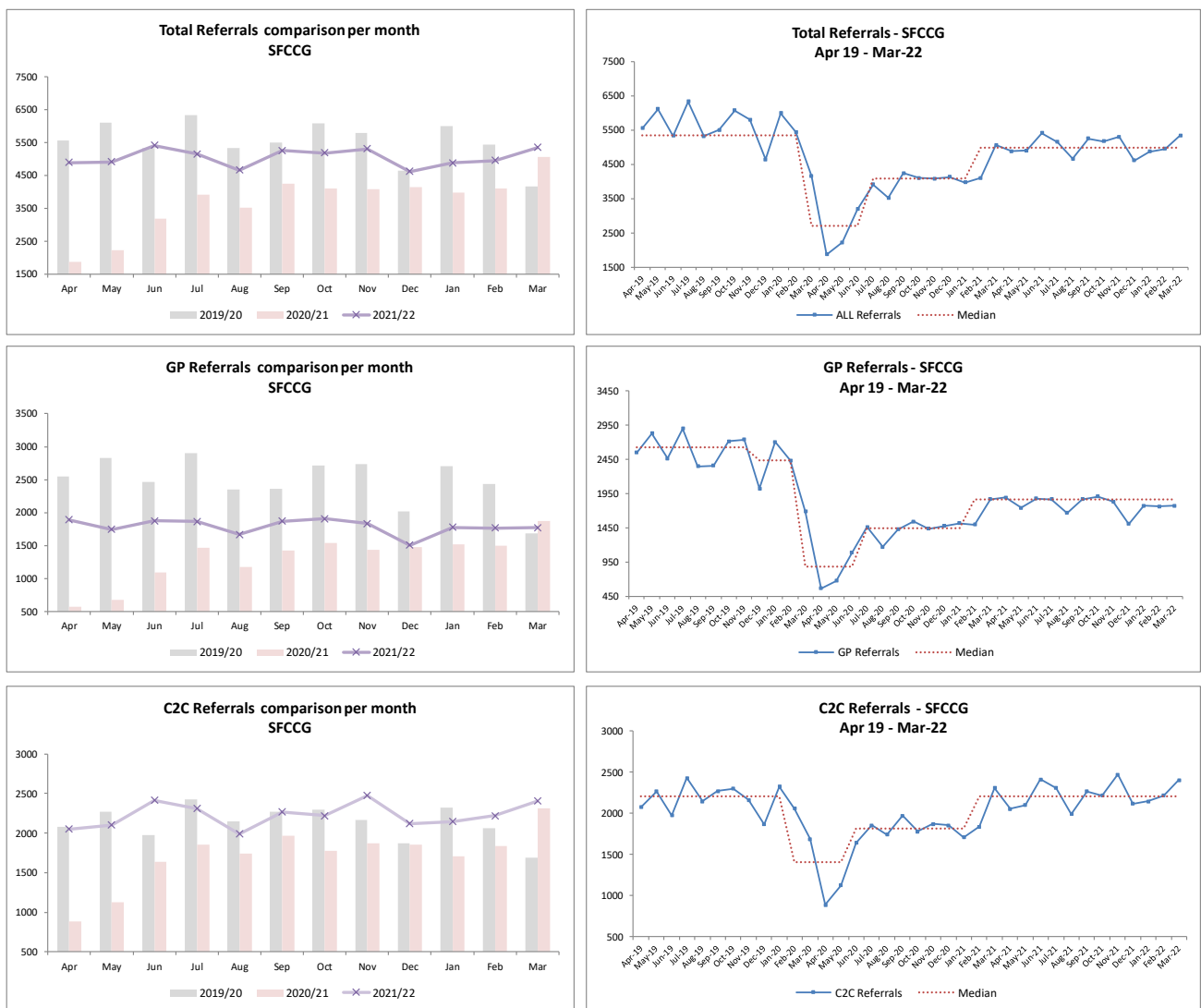
The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working 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.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%
April	2550	1891	-659	-25.8%	2075	2053	-22	-1.1%	5559	4891	-668	-12.0%
May	2830	1745	-1085	-38.3%	2266	2103	-163	-7.2%	6119	4910	-1209	-19.8%
June	2466	1877	-589	-23.9%	1974	2415	441	22.3%	5344	5420	76	1.4%
July	2899	1866	-1033	-35.6%	2429	2311	-118	-4.9%	6338	5159	-1179	-18.6%
August	2348	1668	-680	-29.0%	2145	1991	-154	-7.2%	5333	4666	-667	-12.5%
September	2361	1868	-493	-20.9%	2271	2267	-4	-0.2%	5509	5255	-254	-4.6%
October	2712	1907	-805	-29.7%	2299	2218	-81	-3.5%	6082	5182	-900	-14.8%
November	2737	1833	-904	-33.0%	2164	2474	310	14.3%	5806	5309	-497	-8.6%
December	2023	1508	-515	-25.5%	1867	2119	252	13.5%	4646	4621	-25	-0.5%
January	2702	1774	-928	-34.3%	2325	2148	-177	-7.6%	5999	4879	-1120	-18.7%
February	2432	1765	-667	-27.4%	2059	2219	160	7.8%	5447	4958	-489	-9.0%
March	1686	1773	87	5.2%	1689	2405	716	42.4%	4167	5353	1186	28.5%
Monthly Average	2479	1790	-689	-27.8%	2130	2227	97	4.5%	5529	5050	-479	-8.7%
YTD Total Month 12	29746	21475	-8271	-27.8%	25563	26723	1160	4.5%	66349	60603	-5746	-8.7%
Annual/FOT	29746	21475	-8271	-27.8%	25563	26723	1160	4.5%	66349	60603	-5746	-8.7%

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



Month 12 Summary:

- A focus on elective restoration has ensured that Southport & Formby CCG referrals at the end of H2 of the 2021/22 financial year are 36.3% 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 -8.7% lower as at month 12.
- GP referrals have seen significant increases in 2021/22 and are reporting an 8/0.5% increase in March-22 when comparing to the previous month which is in line with usual trends in previous years. Also, considering working days, further analysis has established there have been approximately -11 less GP referral per day in month 12 when comparing to February-22 despite there being 3 more working days.
- At the lead provider, trends show that total secondary care referrals in March-22 have increased by 310/9.9% when compared to the previous month for Southport Hospital.
- Referrals to Southport Hospital are significantly higher when comparing to the equivalent period in the previous year but remain -12.4% below pre-pandemic (i.e. 2019/20) levels.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2020/21. Referrals to this speciality in month 12 of 2021/22 are approximately 2,309/56.3% higher than in the equivalent period of the previous year. However, they are -115/-1.8% below pre-pandemic (i.e. 2019/20) levels.
- In terms of referral priority, all priority types have seen an increase at month 12 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 10,983/40.1%.
- Analysis suggests a recovery of two week wait referrals with the 670 reported in September-21 representing the highest monthly total reported since July-20 (which immediately followed the initial COVID-19 national lockdown period). Referrals to the Breast Surgery speciality make up much of this recent increase with Gastroenterology also contributing significantly.
- The providers which have not submitted data for March-22 and have therefore been excluded from the snapshot is Spire Liverpool Hospital.

2.2 NHS e-Referral Service (e-RS)

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

2.3 Diagnostic Test Waiting Times



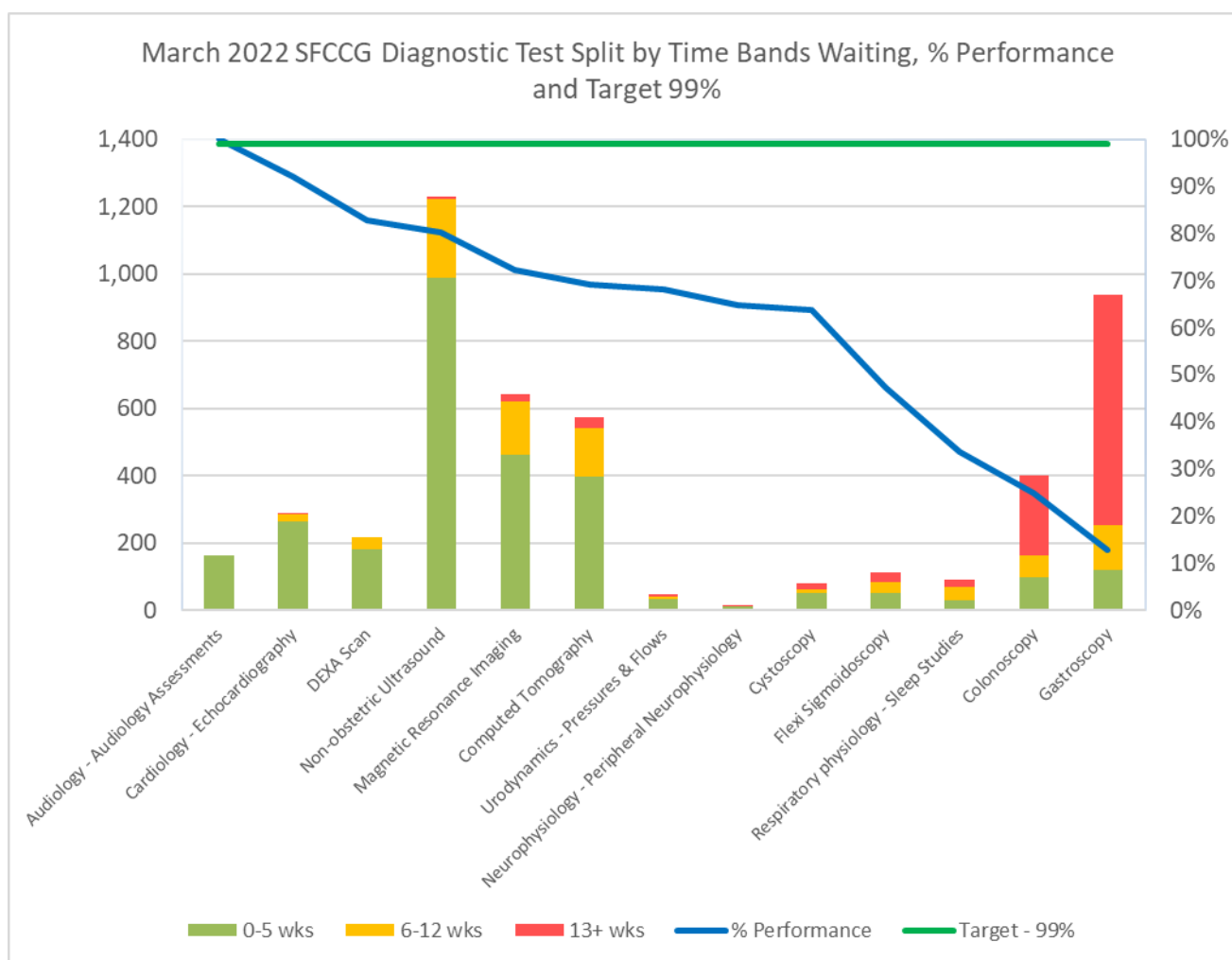
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	39.85%	39.27%	33.34%	40.56%	
		S&O	42.00%	42.18%	35.58%	43.65%	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	18.44%	21.10%	16.69%	15.07%	
		S&O	13.43%	17.04%	13.54%	14.58%	
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG and Trust saw a decline in performance of around 7 to 8% in March compared to the previous month, from August the CCG has reported over 30% against the less than 1% target. For the CCG, out of 4,803 patients, 1,948 patients were waiting over 6 weeks, (of those 1,066 were waiting over 13 weeks) for their diagnostic test. In comparison, March last year had a total waiting list of 2,833 patients, with 427 waiting over 6 weeks (of those 165 were waiting over 13 weeks). The majority of CCG long waiters were for Gastroscopy (818), Colonoscopy (301), Non-obstetric Ultrasound (243), MRI (178) and CT (177) makes up 88.14% of the breaches. The CCG and Trust are still reporting well above the national level of 24.85%. The IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. The Trust performance continues to be impacted by high demand and staffing challenges. Situation, Background, Assessment, Recommendations (SBAR's) and recovery plans are being developed for each of the modalities. Further decline in diagnostic performance cited as relating to endoscopy with wait times increasing due to the demand of the 2 week waits, recent reduced/cancelled activity due to the sickness within the nursing team and increase in overall demand (Trust endoscopy waiting list increased by 182% since November 2021). 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership/ The Hospital Cell to establish recovery and innovation for longer term sustainability is on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Priorities will be aligned to forthcoming planning guidance requirements. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy, in addition to prioritisation of diagnostics with the implementation of 'D' codes to indicate patients to be prioritised. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. CCG commissioning managers working with the Trust and Cancer Alliance to confirm start date for 2VW pathways. Discussions at Cheshire and Mersey (C&M) footprint via C&M imaging network with a local focus on how system can make performance improvements. Establishment of a C&M Endoscopy operational recovery team with membership from the cancer alliance, the hospital cell, clinical leads, COO's from key providers. CCG viewing waiting list/referral trends to analyse provider positions comparable with national picture. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Weekly PTL meetings to track patients and escalate issues. OSM daily monitoring. Ongoing validation of lists to ensure duplications are removed. Use of virtual appointments where possible. Submit funding bids for additional capital monies to develop diagnostic capacity (i.e. CT capacity). The Endoscopy Estates work is underway with a predicted completion date of Mid – March. Surveillance scope FIT test project has commenced, with aim discharging patients not appropriate to remain on surveillance register. Expectation are that FIT testing will be rolled out across 2 week wait pathways also. Overarching modality specific improvement plan to be developed. 							
When is performance expected to recover:							
Not dates for recovery provided. Action plan and trajectory requested formally via Clinical Contract and Quality Review Meeting (CCQRM).							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

Figure 2 – March CCG Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	165	0	0	100.00%	99%
Cardiology - Echocardiography	264	21	2	91.99%	99%
DEXA Scan	181	38	0	82.65%	99%
Non-obstetric Ultrasound	986	234	9	80.23%	99%
Magnetic Resonance Imaging	463	156	22	72.23%	99%
Computed Tomography	398	145	32	69.22%	99%
Urodynamics - Pressures & Flows	32	9	6	68.09%	99%
Neurophysiology - Peripheral Neurophysiology	11	2	4	64.71%	99%
Cystoscopy	51	12	17	63.75%	99%
Flexi Sigmoidoscopy	53	32	27	47.32%	99%
Respiratory physiology - Sleep Studies	31	37	24	33.70%	99%
Colonoscopy	100	63	238	24.94%	99%
Gastroscopy	120	133	685	12.79%	99%
Total	2,855	882	1,066	59.44%	99%

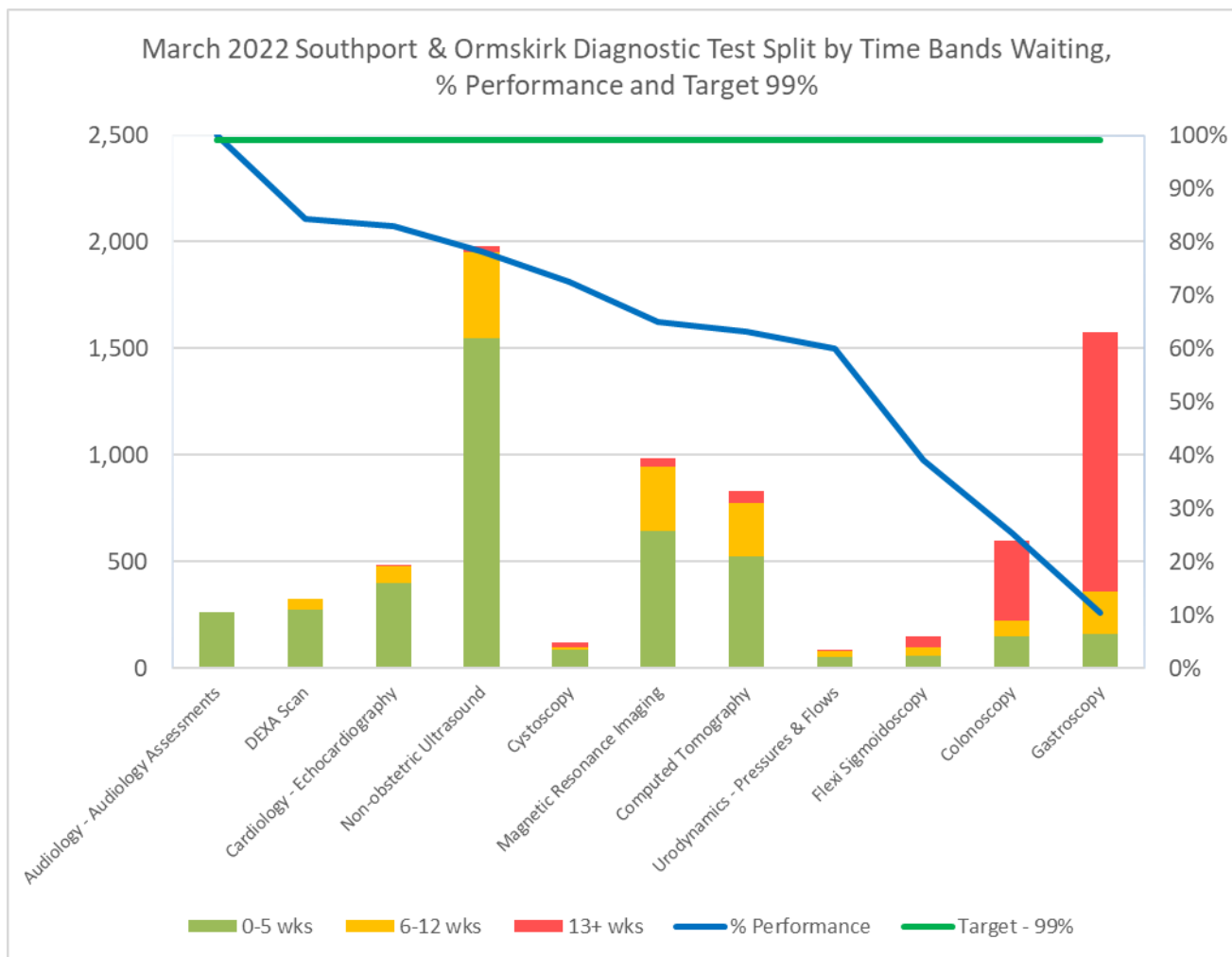
For diagnostics overall, the CCG is reporting 59.44%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 22.19%. National levels overall are currently at 75.15% and the proportion waiting over 13 weeks nationally at 9.28%. The CCG is performing worse on both counts.

For the CCG there are significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy and 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 3 – March Southport & Ormskirk NHS Trust Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	263	0	0	100.00%	99%
DEXA Scan	274	51	0	84.31%	99%
Cardiology - Echocardiography	402	79	3	83.06%	99%
Non-obstetric Ultrasound	1,548	406	24	78.26%	99%
Cystoscopy	90	12	22	72.58%	99%
Magnetic Resonance Imaging	643	305	40	65.08%	99%
Computed Tomography	525	251	55	63.18%	99%
Urodynamics - Pressures & Flows	54	31	5	60.00%	99%
Flexi Sigmoidoscopy	58	44	46	39.19%	99%
Colonoscopy	152	74	373	25.38%	99%
Gastroscopy	163	198	1,213	10.36%	99%
Total	4,172	1,451	1,781	56.35%	99%

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	73.88%	70.48%	70.50%	69.49%	
		S&O	80.11%	79.25%	79.12%	77.91%	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	80.69%	75.05%	73.14%	73.97%	
		S&O	84.36%	82.40%	81.54%	81.47%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For March the CCG and Trust are showing a small decline performance to the previous month. The challenged specialties include Other - Plastic Surgery (46.1%), Rheumatology Service (48.2%), Surgical Services (50.6%), ENT (58.6%), General Surgery (64.1%), Ophthalmology (68.5%) and Urology (69.1%). Included in the long waiters there were 27 patients waiting over 104 weeks. Of the 27 there was 14 General Surgery, 5 ENG, 5 T&O, 1 Urology Service, 1 Gynaecology and 1 Other - Surgical Services. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022. The CCG and Trust are reporting well above the national level of 62.42%. IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity, including reduced throughput in theatre, however, the Trust are endeavouring to maximise capacity with current staff and utilising bank staff as necessary. Renacres has its own backlog of waiters now performing at 53.85% (previously performing well) whilst still supporting S&O with elective recovery to improve the overall RTT within the CCG. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration and improving quality of services and ensure resilience with the health care system, working to support providers on area's identified as 'fragile'. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery. The CCG is working with providers to ensure assurance on clinical prioritisation and understanding of the waiting lists and key actions to mitigate patient harm. 							
System:							
<ul style="list-style-type: none"> System partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A2I) and system PTL/waiting lists. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics including restoration of waitlist positions with a focus on long waiters and clinically urgent patients - priority 1 & 2s (P1 & P2s) 							
Trust Actions:							
<ul style="list-style-type: none"> Renacres have provided details/assurance related to 18 week breaches and are prioritising the waiting list. Breach reasons vary and include COVID impact, patient choice, patient not contactable and theatre delays due to patient undergoing other treatments at the same time. Support to S&O continues with T&O long waiters. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Trust developing plans to support fragile services, including collaborations with system partners. Haematology being one notable success with collaboration with LUHFT that has now enabled the service to be de-classified from being 'fragile'. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. Trust/CCG applied to be early adopters of the National Eye Care Recovery & Transformation Programmes (NECRTP) Optometry first schemes. A comprehensive offer of Ophthalmology care outside of hospital, supporting the Trust in its efforts to deliver a sustainable service by freeing up capacity which will be used to prioritise clinical urgent patients. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality issues raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Dec-21	Jan-22	Feb-22			Mar-22
		CCG	357	377	410			432
		S&O	136	140	159			182
		Previous year	Dec-20	Jan-21	Feb-21			Mar-21
		CCG	112	226	401			519
		S&O	39	91	155			331
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 432 breaches for the CCG, there were 105 at Southport & Ormskirk, 161 at LUHFT and 166 at 16 other Trusts. The 432 breaches reported also represent 3.44% of the total waiting list, which is below the national level of 4.82%. Of the 182 breaches at Southport & Ormskirk (catchment), 92 were in General Surgery, 49 in Other - Surgical Services and 19 in T&O and the remainder over spanned over the other specialities. Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised. 								
System:								
<ul style="list-style-type: none"> The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. System focus on prioritising long waiters (52+ weeks), with specific focus on 78 and 104+ week waits. System meeting with executive trust membership focused on elimination of 104+ week waits by July 2022. 								
Trust Actions:								
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters. Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. The number of 52 week breaches have increased as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity. There will be a focus on elimination of 104+ week waits by July 2022.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		Rob Caudwell		Terry Hill				

Figure 4 – CCG RTT Performance & Activity Trend

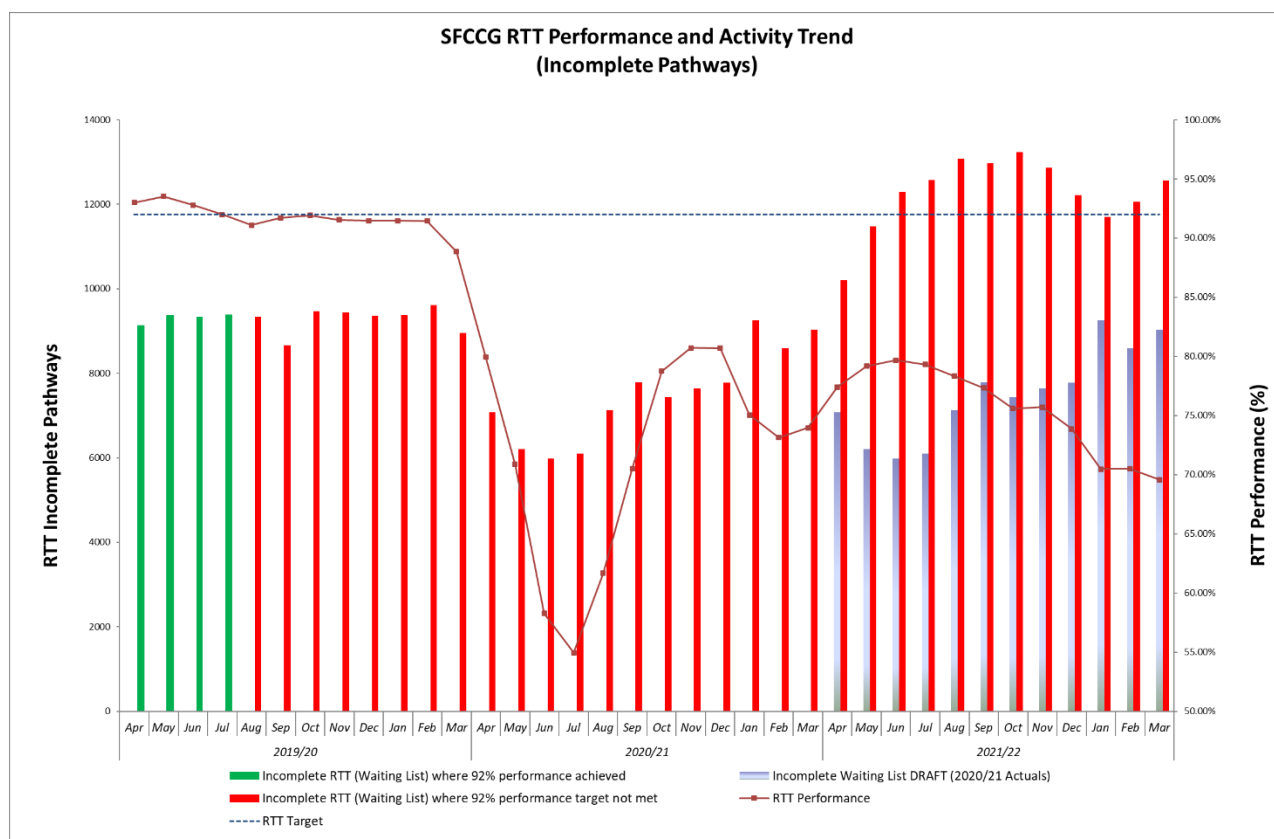


Figure 5 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	9,036
2021/22	10,203	11,474	12,290	12,576	13,069	12,912	13,237	12,870	12,218	11,706	12,055	12,567	12,567
Difference	3,131	5,270	6,307	6,475	5,934	5,118	5,514	5,224	4,436	2,452	3,454	3,531	3,531
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	410	432	
Difference	406	345	318	284	280	269	279	240	245	151	9	-87	

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	9,896
2021/22	10,351	11,104	11,636	11,810	12,591	12,922	12,679	12,344	11,575	11,551	11,813	12,036	12,036
Difference	2,748	4,619	5,496	5,347	5,688	5,126	4,574	5,786	3,775	3,473	3,198	2,140	2,140

*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 March was 69.49%, a small decline in performance (70.50%) from last month. The CCG is reporting well above the national level of 62.42%. Southport & Ormskirk Hospital reported 77.91%, also showing a decline against last month's performance when 79.12% was recorded.

As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going with meetings to be held in May 2022 between the HCP and place leads to ascertain the level of support required by place to support elective recovery.

There were a total of 1,343 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 432 patients were waiting over 52 weeks, an increase on last month when 410 breaches were reported. Included in the long waiters there are

27 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 432 breaches for the CCG, there were 105 at Southport & Ormskirk, 161 at LUHFT and 166 at 16 other Trusts. The 410 52+ week CCG breaches represent 3.44% of the total waiting list, which remains below the national level of 4.82%.

Southport & Ormskirk had a total of 182, 52-week breaches in March, 23 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 increased to 12,567 in March (February reported 12,055). The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG conducted further trend analysis into RTT incomplete pathways, which was shared at senior management team in April 2022.

2.4.2 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	100: GENERAL SURGERY	56		Trust Comment: Plans are in place across all specialties and a restoration plan has been submitted, and the Trust is currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. There are weekly PTL meetings to track patients and escalate any issues. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is maximising the utilisation of the independent sector to reduce long waiters and is now in a sub group with Renacres to deliver activity as part of the Trust recovery plan. There is enhanced speciality management as the Trust manages COVID absence.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120: ENT	44	2	Trust Comment: The Trust has been working closely with system partners to maintain access to elective treatment for those patients who have a diagnosis of cancer or who are clinically urgent. Continued focus remains on clinical prioritisation and access to capacity through internal restoration of elective capacity, mutual aid, independent sector (Ophthalmology, Orthopaedics, General Surgery) and waiting list initiatives. The Trust has worked to maintain outpatient activity where possible and has seen a significant shift from face-to-face appointments to virtual appointments where it is clinically appropriate, mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance. The Trust continues to be a part of the Cheshire and Merseyside 104 Club to review long waits weekly and identify areas of concern to support elimination of 104 week waits by the end of June 2022. There will be a move to focus on patients waiting over 78 weeks from May 2022 onwards. Specialty and Divisional wait list meeting take place weekly. Work continues with Cheshire and Merseyside Elective restoration on theatre productivity dashboards and KPMG to review PTL pathway management. A workshop was delivered early May 2022. Improved clinic slot utilisation and outpatient (new and follow up) activity work has commenced and is reported weekly.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	39		Trust Comment: All elective performance measures are incrementally improving as the Trust delivers its recovery plans and the situation will be continually monitored to prioritise the most clinically urgent patients. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All theatres are now fully re-opened. Pathway management standardisation is progressing, with a daily review and validation. All long wait patients are monitored individually, and the additional capacity will enable them to be booked as soon as feasible or when the patient agrees. All patients are being contacted with updates on the Trust position but there is a list of patients who continue to decline treatment due to Covid. The Trust continues to make numerous contacts and attempts to persuade these patients to attend. Urgents, cancer patients and long waiters remain the priority patients for surgery at Whiston. Orthopaedics has also been identified as a priority area. Fairfield is supporting the Trust to decrease waits in T&O. Two-way appointment reminders have been reintroduced so that patients can respond and confirm attendance or advise if they wish to cancel or rebook, and this will help to reduce DNAs. The Trust continues to progress the strategic site development plans that will enable the Trust to increase capacity.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	37		<i>Trust Comment:</i> See LUHFT comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	X05: ALL OTHER - SURGICAL	23		<i>Trust Comment:</i> See SOUTHPORT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	22		<i>Trust Comment:</i> See LUHFT comment above
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	21		<i>Trust Comment:</i> Robust and realistic recovery plans had been developed and the Trust is currently performing well against these. The Greater Manchester Elective Recovery Reform Group is in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	20	2	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	14		<i>Trust Comment:</i> See LUHFT comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	110: TRAUMA & ORTHOPAEDICS	11		<i>Trust Comment:</i> See SOUTHPORT comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	502: GYNAECOLOGY	10		<i>Trust Comment:</i> See SOUTHPORT comment above
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	9	1	<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	8		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	330: DERMATOLOGY	8		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	7		<i>Trust Comment:</i> Work continues to ensure that the Trust's 52 week wait position does not deteriorate and a range of actions are in place to reduce waiting times. The Board Committees receives detailed information on these actions and trajectories on a regular basis. Joint clinics have been implemented across Maternity and Gynaecology to deliver outpatient care. Some joint theatre lists have been agreed at Liverpool University sites, to facilitate planned care for predictable medical conditions. A Partnership Board has been established with Liverpool University to oversee formalisation of pathways. There is increased access to colorectal surgeons for women with Gynaecological cancers and complex Gynaecology at Liverpool University sites. Improvement trajectories have been submitted as part of the annual planning process. A workshop focussing on improvements to RTT and incomplete pathways took place at the end of March to improve processes and speed up patient pathways. Additional capacity is now available via the employment of a Locum Consultant who started working at the Trust in April 2022.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
RENACRES HOSPITAL	502: GYNAECOLOGY	7		<i>Trust Comment:</i> See RENACRES comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	110: TRAUMA & ORTHOPAEDICS	5		<i>Trust Comment:</i> See ST HELENS comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	502: GYNAECOLOGY	5		<i>Trust Comment:</i> The Trust continues with weekly performance tracking for Cancer and RTT. A number of long waiters had been offered treatment in other Trusts as part of the mutual aid approach. In addition, some patients with oral and maxillofacial conditions have been offered care with primary dental practitioners.
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	5		<i>Trust Comment:</i> See RENACRES comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	4		<i>Trust Comment:</i> See LANCASHIRE comment above
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	3	1	<i>Trust Comment:</i> Spire Liverpool has commenced a waiting list recovery working group with support from the Spire national clinical team, the teams focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing level to support the inpatient booking team to best utilise all available theatre/outpatient capacity. The anticipated recovery has begun against the waiting list data, showing a reduction in 52 weeks waiters. Spire continues to perform in line with the trajectory, as planned on the waiting list reduction action plan. Due to the nature of patients at Spire Liverpool, several patients need to come into the hospital for an examination. However, the hospital is working with the consultants to identify those services that can return to a more virtual model of delivery, however the Trust is finding that patients would rather attend the hospital than have a virtual appointment.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	3	1	<i>Trust Comment:</i> The Trust continues with plans and actions to manage demand, with increasing theatre sessions. Constantly monitoring waiting list movements alongside capacity available for the clinically urgent patients. Mutual aid discussions are in progress with the independent sector to provide some capacity.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	3	1	<i>Trust Comment:</i> See LANCASHIRE comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100: GENERAL SURGERY	3		<i>Trust Comment:</i> See LUHFT comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	120: ENT	3		<i>Trust Comment:</i> See SOUTHPORT comment above
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	502: GYNAECOLOGY	3		<i>Trust Comment:</i> The clinical divisions are well sighted on the risks to recovery and have mitigations in place. The Trust is participating in the Cheshire and Merseyside elective recovery programme. There is continued use of the Independent Sector and Insourcing. There has been a regional review and agreement around staffing requirements to maximise qualified staff utilisation, particularly in critical care. There has been the introduction of HVLC (High Volume Low Complexity) surgical pathways. There is Green site working with the development on the Clatterbridge site.



Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X02: ALL OTHER - MEDICAL	3		<i>Trust Comment:</i> See LANCASHIRE comment above
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	2	1	<i>Trust Comment:</i> See SPIRE LIVERPOOL comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	2		<i>Trust Comment:</i> See LANCASHIRE comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	120: ENT	2		<i>Trust Comment:</i> See LANCASHIRE comment above
COMMUNITY HEALTH AND EYECARE LIMITED (PRESTON)	130: OPHTHALMOLOGY	2		<i>Comment:</i> Community Health and Eyecare has continued its collaboration with, and extensive support for the NHS and been able to implement growth and service development plans which has seen the interaction with the NHS extend further across the UK. To enhance this, brand new clinical facilities at Watford, Blackpool and Preston have been launched.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	2		<i>Trust Comment:</i> See LANCASHIRE comment above
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	2		<i>Trust Comment:</i> The Manchester Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated and maintain oversight and effective use of resources across Manchester University. The Trust continues to maximise Trafford General Hospital as a green site. The potential to utilise private sector capacity and Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue. Ongoing Outpatient Improvement work as part of the Recovery Programme continues to develop transformation opportunities. Weekly RTT oversight and performance meetings holding hospitals to account on delivery. Group Chief Operating Officer teams (Transformation and RTT) continue in place to support hospitals, including consistent, safe approach to development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes. Additional timely validation of waiting lists by Hospital sites and Group resource continues. A national outpatient validation and clinical prioritisation programme commenced in March 2022.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	1	2	<i>Trust Comment:</i> The Trust has contracted further external validation support from December to augment existing internal validation capacity to tackle the validation backlog of known data quality issues arising from the Cerner migration. There have been significant in-roads made in fully validating the various validation backlogs during December and progress is tracked via the Data Quality Task and Finish Group. Mobilisation of the revised Elective Recovery programme is well under way with an agreed structure and governance framework commenced from the start of January. Six task and finish groups have been established with a focus on delivery of elective recovery in the following areas: Data Quality EPR and PTL issues, Cancer performance, Theatres, Outpatients, Patient Flow and Diagnostics. Each task and finish group will be led by an Executive Senior Responsible Officer (SRO), consist of cross organisational, MDT membership, and will focus on the completion of agreed milestones and actions to support delivery of agreed KPIs. A governance infrastructure to Executive and Board level has been established to enable clear visibility and assurance on delivery. Work continues in developing links with the independent sector (IS). The Trust have progressed discussions with Pioneer Healthcare to provide a full staffing solution for cohorts of elective orthopaedic, ophthalmology and hepatology patients. In addition, discussions with a number of other IS providers continue to develop insourcing and outsourcing solutions for our most electively challenged specialties- Ophthalmology, Gynaecology, Urology, Endoscopy, ENT and orthopaedics. Trust continues to request mutual aid from the region and are working with Alder Hey, Liverpool Women's Hospital and Wirral University Hospital to develop pathways for mutual aid for paediatric ophthalmology, gynaecology and ophthalmology respectively.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	100: GENERAL SURGERY	1	1	<i>Trust Comment:</i> The Trust has recently made progress in reversing the growth in 2 year waits and anticipate clearing to zero by the end of June thereafter, working down the waiting list to 18 month waits, and aim to clear by March 2023. To make these improvements the Trust will ensure waiting lists are accurate through validation and undertake regular clinical reviews of long wait patients to keep them safe. The Trust will procure additional capacity from outside of Manchester and drive theatre productivity delivering the benefits from revised IPC guidance. The Trust will renew focus on non-admitted waits to drive out delays and work to
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> See ST HELENS comment above
BUCKSHAW HOSPITAL	101: UROLOGY	1		<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
RENACRES HOSPITAL	101: UROLOGY	1		<i>Trust Comment:</i> See RENACRES comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	101: UROLOGY	1		<i>Trust Comment:</i> See SOUTHPORT comment above
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> Whilst the elective waiting list has grown significantly over the last two years, efforts to increase treatments have resulted in this growth slowing and significant progress has been made on 104+ week waits which are now projected to be significantly below plan at the end of the year. An assigned 40 bedded unit aims to create additional capacity to deliver elective (planned) Orthopaedic activity. All patients who breach the Referral to Treatment Time standard receive a letter from the Trust signposting available
ROYAL FREE LONDON NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> The number of very long waiters (over 104 weeks) continues to decrease. The remaining patients will be treated by June 2022. Patients waiting over 52 weeks for treatment are also reducing and services continue to work hard to increase capacity to see and treat more patients. There are additional 'super Saturday' sessions to clear a backlog of patients within orthopaedics. Independent sector capacity, with services still using insourced capacity at the weekends to treat patients on own sites, and working with specialist private providers to treat complex long-waiters. Focused work to increase utilisation of theatre time to ensure that the Trust is treating as many patients as possible. Demand and capacity modelling continues to refine models for D&C analysis across outpatients,
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	160: PLASTIC SURGERY	1		<i>Trust Comment:</i> See MANCHESTER comment above
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	1		<i>Trust Comment:</i> Safely restoring maximum levels of elective activity amongst COVID system support remains the focus for the operational teams, delivering against the ambitious recovery trajectories. Elective (incl. day cases) activity is compared to the 2019/20 activity levels, with a strong focus on restoring activity to pre-Covid levels. The Trust continues to have challenges but have actions plans in place to meet the recovery trajectories that were developed earlier in the year. The Trust continues to experience issues with staffing across Cath Labs, Theatres and Radiology but these are being mitigated as far as possible. The clinical and operational
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	1		<i>Trust Comment:</i> See MANCHESTER comment above










Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	330: DERMATOLOGY	1		<i>Trust Comment: See NORTHERN CARE comment above</i>
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	410: RHEUMATOLOGY	1		<i>Trust Comment: See MANCHESTER comment above</i>
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	410: RHEUMATOLOGY	1		<i>Trust Comment: See SOUTHPORT comment above</i>
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment: See CHESTER comment above</i>
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment: See LUHFT comment above</i>
SPIRE LIVERPOOL HOSPITAL	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment: See SPIRE LIVERPOOL comment above</i>
RENACRES HOSPITAL	100: GENERAL SURGERY		11	<i>Trust Comment: See RENACRES comment above</i>
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100: GENERAL SURGERY		1	<i>Trust Comment: See MANCHESTER comment above</i>
SPIRE LIVERPOOL HOSPITAL	100: GENERAL SURGERY		1	<i>Trust Comment: See SPIRE LIVERPOOL comment above</i>
RENACRES HOSPITAL	120: ENT		1	<i>Trust Comment: See RENACRES comment above</i>
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	502: GYNAECOLOGY		1	<i>Trust Comment: See MANCHESTER comment above</i>
		405	27	
	Total		432	

2.5 Cancelled Operations



2.5.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		4	4	7	8	
		Dec-20	Jan-21	Feb-21	Mar-21	
		1	1	0	4	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Trust information show there was no improvement in cancelled operations in March when 8 were reported 1 more than last month. The Trust indicated the cancelled operations were due to lists overrunning, trauma and no beds available. 						
Actions to Address/Assurances:						
CCG Actions:						
<ul style="list-style-type: none"> Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported. 						
System:						
<ul style="list-style-type: none"> ICS/HCP partners developing a programme of work called 'Theatre lite/Theatre smart', to develop principles that will support more effective use of theatre capacity, potentially increasing available capacity and reducing theatre cancellations. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. System focus on prioritising long waiters (52+ weeks). 						
Trust Actions:						
<ul style="list-style-type: none"> As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. 						
When is performance expected to recover:						
Recovery anticipated next month.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Terry Hill		




2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure	Dec-21	Jan-22	Feb-22	Mar-22	YTD		
	2 Week Wait (Target 93%)	CCG	63.95%	69.95%	64.41%	67.04%	74.46%	122b
		S&O	77.18%	82.40%	77.13%	77.39%	80.61%	
	2 Week breast (Target 93%)	CCG	23.08%	13.64%	22.22%	28.21%	50.40%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	95.74%	95.14%	92.42%	96.04%	95.52%	
		S&O	97.18%	93.10%	96.83%	95.89%	97.79%	
	31 day subsequent - drug (Target 98%)	CCG	92.86%	100%	94.12%	96.00%	98.21%	
		S&O	100%	No Pats	No Pats	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	92.86%	100%	93.33%	91.88%	
		S&O	100%	100%	100%	No Pats	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	96.00%	100%	99.29%	
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats	
	62 day standard (Target 85%)	CCG	71.11%	54.84%	41.03%	64.29%	66.28%	
		S&O	62.18%	67.68%	58.95%	70.49%	66.59%	
	62 Day Screening (Target 90%)	CCG	70.00%	31.25%	50.00%	57.14%	59.63%	
		S&O	100%	0%	No Pats	100%	56.00%	
	62 Day Upgrade (Local Target 85%)	CCG	75.00%	90.48%	75.00%	73.68%	83.07%	
		S&O	75.00%	87.23%	90.00%	78.72%	84.21%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 2 of the 9 cancer measures year to date and 2 measures in March. The Trust is achieving 3 of the 9 cancer measures year to date and 3 measures in March. The CCG continues 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 77.39%. The main reason for the breaches is inadequate outpatient capacity associated with increased demand. However in March Southport and Ormskirk Hospital saw the highest monthly number of 2ww patients in the past financial year. This will impact positively on backlog and waiting times. For 2-week wait breast services, performance remains significantly low at 28.21% in March which is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 21.94% under target in March, with 249 breaches out of a total of 319 patients seen. Demand for breast services increased significantly in month 7 and 8, likely driven by national Breast Awareness month in October and the death of a celebrity from breast cancer in September 2021. Demand now appears to be levelling off and in March LUHFT saw the highest monthly number of breast symptomatic patients for the past financial year For Cancer 62 Day standard the CCG is measuring below the national level of 67.35% recording 64.29% in March. However monthly numbers treated were the highest this financial year at 61 accountable treatments. 								
Key points to note:								
<ul style="list-style-type: none"> Urgent suspected cancer referrals remain high with latest reported period at 20% above pre-pandemic levels. Urology is a high growth area anecdotally attributable to awareness raising by Prostate Cancer UK Significant pressure areas for cancer pathways include access to radiology and endoscopy and histology reporting turnaround times <p>Local focus areas:</p> <ul style="list-style-type: none"> High risk FIT testing has now been implemented in Southport and Formby from 26th April 2022 and will enable triage and prioritisation of endoscopy for those most at risk of colorectal cancer. Potentially 50% of colorectal referrals could be re-prioritised to routine urgency. Communications with primary care around breast services to ensure realistic patient expectations on waiting times and to aid demand management and promote provision of full clinical information to ensure that the triage process prioritises those most at risk of breast cancer. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 2021/22 Priorities and Operational Planning Guidance for October 2021 to March 2022 asks the system to accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022. Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests. 								
When is performance expected to recover:								
Trajectories have been submitted by providers for first appointments and first treatments to meet the expectation that the number of 62 day waits will return to pre pandemic levels by March 2022.								
Quality:								
Root cause analyses and harm reviews are undertaken on long waiting pathways. Southport and Ormskirk Hospital has presented a Cancer Improvement Plan at a tumour site level through Clinical Contract Quality Review Meetings (CCQRM).								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Graeme Allan			Sarah McGrath			



2.6.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - SFCCG		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		2	1	6	8	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The CCG reported 8 104 day breaches in March. The longest waiting patient was treated for lung cancer, number of days waiting was 180. There was also with 1 gynaecology patient waiting more than 73 days from a 31 day pathway. The majority of breaches were for urology The CCG has received a comprehensive cancer improvement plan from the provider and has escalated the need for harm reviews and root cause analyses of delayed pathways to be shared through the contracts and quality forums. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template. 						
When is performance expected to recover:						
Providers will submit trajectories in line with planning guidance requirements for 2022/23 to reduce over 62 day waits to pre pandemic levels.						
Quality:						
Southport and Formby CCG is meeting with the provider on a regular basis to gain assurance around the harm review process for very long waiting cancer patients. Root Cause Analyses of pathway breaches are sent to the CCG's quality team who will review for quality assurance purposes. The CCG is currently awaiting RCAs from the Trust for 2021/22 Southport and Ormskirk Hospital is still experiencing tracking workforce gaps and is focussing this resource on proactive management of active cancer pathways rather than retrospective review of breached pathways. The CCG Quality team will continue to request assurances via CCQRM in relation to progress or management of this process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Dec-21	Jan-22	Feb-22	Mar-22	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	66.67%	67.35%	66.49%	65.30%	69.35%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	86.36%	82.35%	73.33%	54.55%	84.96%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS Screening Referral	CCG	24.00%	5.88%	65.35%	70.97%	41.28%	
		Target	75% Target from Q3 2021-22					
Performance Overview/Issues:								
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. In March and year to date, the CCG performed above the proposed 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. RAG is indicating the measures achieving now the target is live. 28 Day FDS overall is reporting 65.08% for March and 68.17% 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. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
Trajectories will be submitted in line with planning guidance requirements or 2022/23.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			

2.7 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
GREEN	TREND	Nov-21	Dec-21	Jan-22	Feb-22		
		RR	30.9%	28.7%	32.7%		31.6%
		% Rec	92.0%	94.0%	94.0%		95.0%
		% Not Rec	6.0%	5.0%	5.0%		3.0%
2021/22 England Averages Response Rates: 19% % Recommended: 94% % Not Recommended: 3%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Friends and Family was paused during the COVID pandemic it has since resumed. Southport & Ormskirk Trust has reported a response rate for inpatients of 31.6% in January 2022 and above the England average of 19%. The percentage of patients who would recommend the service has increased to 95%, over the England average. The percentage who would not recommend decreased to 3%, the same as the England average. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Trust are reporting above the national average currently for response rates, recommended and in line for not recommended. The CCG Quality team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust recently provided a Patient Experience update at the CCGs Patient Experience Group (PEEG) meeting. 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. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2022-23.							
Quality:							
FFT figures remain consistent as the previous month for S&O. The provider continues to provide assurance to the CCG via bi-annual PEG Patient Experience presentations. The introduction of the PALS service was noted during the pandemic. This has had a positive impact in de-escalating potential complaints and reaching early resolutions.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

2.8 Personal Health Budgets (PHBs)

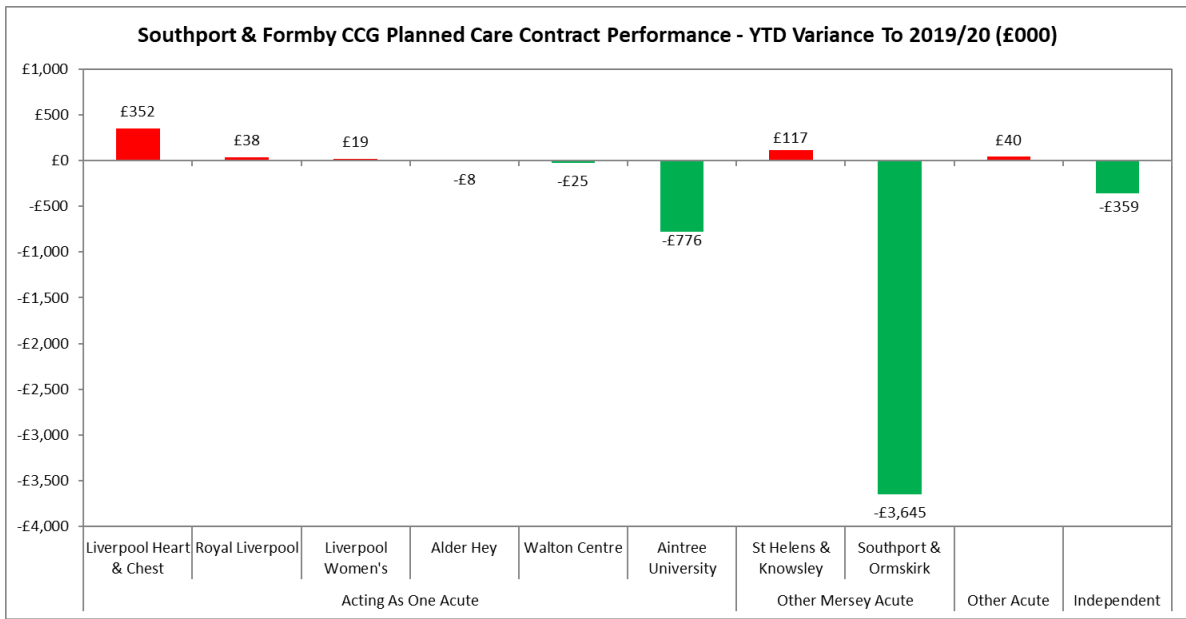
The CCG have reported 258 Personal Health Budgets (PHBs) in quarter 3 (cumulative total), previously this measure was paused due to the COVID-19 pandemic. Due to a change in personnel, the Q3 data missed the NHSE deadline. The CCG has notified NHSE/I Cheshire & Merseyside and provided the Q3 data to support assurance. The Q3 and Q4 data was successfully submitted in April 2022. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2021/22, but the CCG will continue to measure and monitor on a quarterly basis. The CCG is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

In terms of development of PHBs:

- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Development of CCG website and promotional materials.
- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- The CCG has approved additional funding to support the transition of Children Continuing Care direct payments, to meet the requirements for a PHB.
- Additional work is being undertaken with the support of the CCGs CHC Programme Lead to ensure CHC reviews include the offer of a PHB.

2.9 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care All Providers – Contract Performance Compared to 2019/20



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there has been a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. At month 12 of 2021/22, this has resulted in a 31% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -10% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during March-22 saw an 7% increase to the previous month, which might be expected as a result of fewer working days in February-22 and total activity reported in month also represents an increase of 10% compared to March-21.

Figure 7 - Planned Care Activity Trends

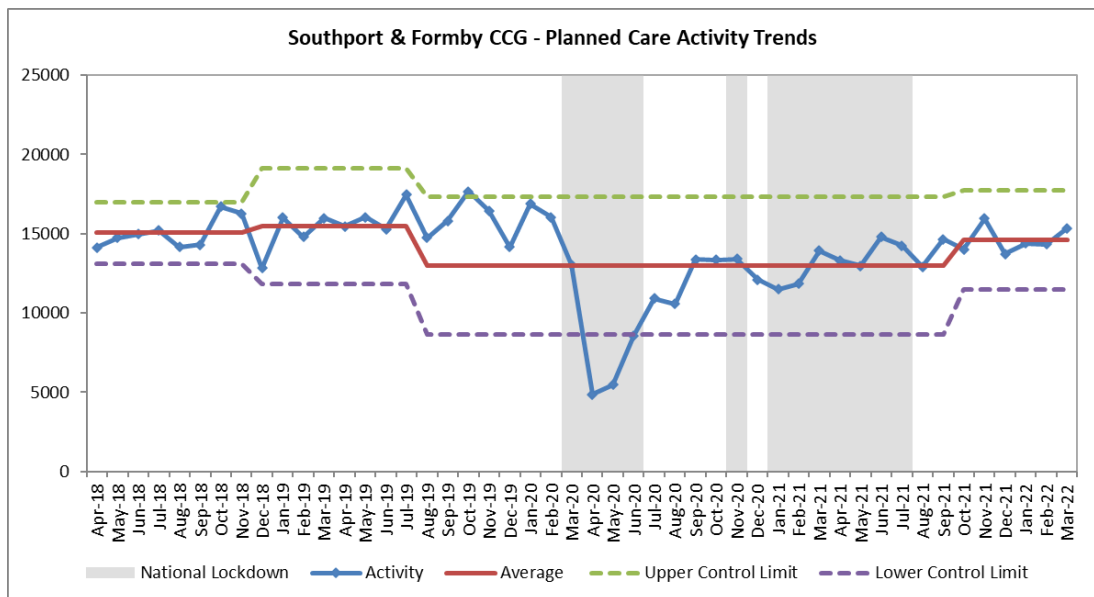


Figure 8 – Elective Inpatient Variance against Plan (Previous Year)

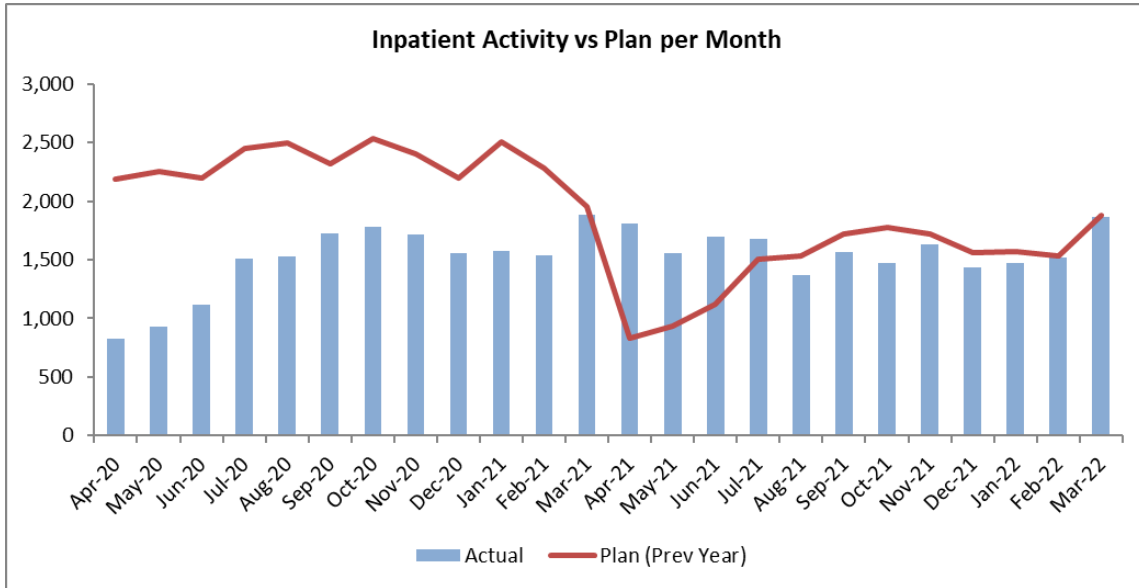
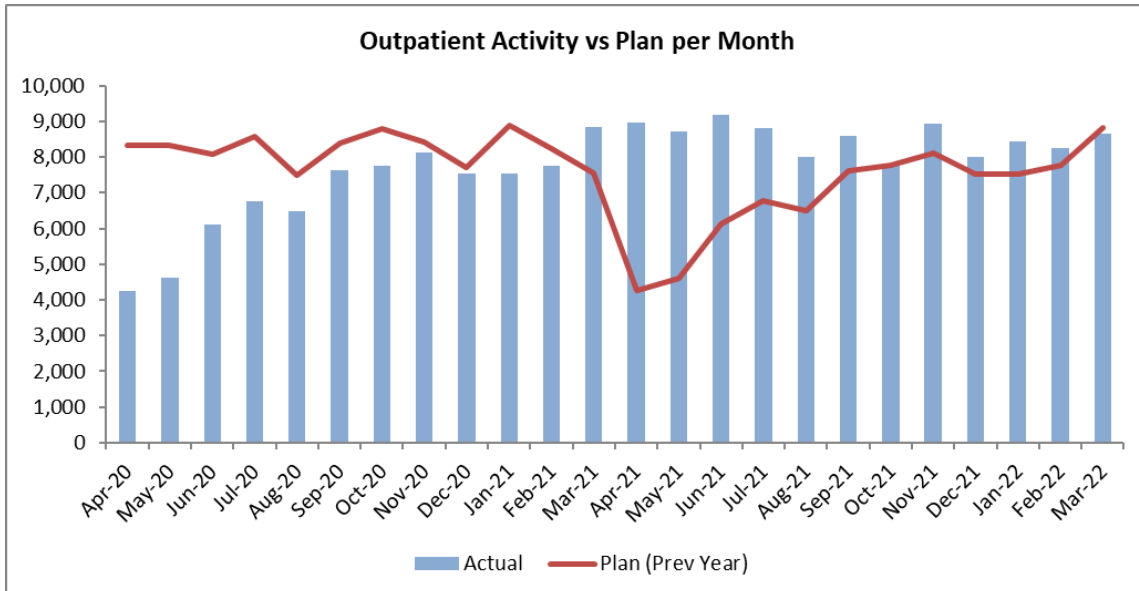


Figure 9 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Southport & Ormskirk Hospital NHS Trust

Figure 10 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,907	8,332	-2,575	-24%	£5,729	£4,547	£-1,182	-21%
Elective	1,113	1,022	-91	-8%	£3,344	£2,699	£-645	-19%
Elective Excess Bed Days	292	128	-164	-56%	£77	£34	£-43	-56%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	743	481	-262	-35%	£150	£100	£-51	-34%
OPFASPCL - Outpatient first attendance single professional consultant led	15,383	14,434	-949	-6%	£2,706	£2,560	£-146	-5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	928	959	31	3%	£105	£112	£7	7%
OPFUPSPCL - Outpatient follow up single professional consultant led	43,990	32,119	-11,871	-27%	£3,881	£2,742	£-1,139	-29%
Outpatient Procedure	26,432	21,248	-5,184	-20%	£3,616	£2,999	£-617	-17%
Unbundled Diagnostics	11,785	11,972	187	2%	£1,144	£1,315	£171	15%
Grand Total	111,573	90,695	-20,878	-19%	£20,753	£17,108	£-3,645	-18%

*PbR only

When comparing to 2019/20 (pre-pandemic) levels of activity, underperformance at Southport & Ormskirk Hospital is evident against the majority of the (PbR - national tariff) planned care points of delivery with a total variance of -£3.6m/-18% for Southport & Formby CCG at month 12. In line with planned restoration of elective services, Southport & Formby CCG referrals to Southport & Ormskirk Hospital have been on a general increasing trend with November-21 seeing the highest number of monthly referrals (3,471) reported since February-20. March-22 has also seen a secondary peak of 3,448 referrals. Despite this, year to date referrals in 2021/22 remain -12% below that reported in the equivalent period of 2019/20.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2021/22. This reflects a change in service delivery at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first wave of the pandemic in 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, there has been some recovery of activity, particularly for diagnostic scopes within the General Surgery/Medicine service at Southport & Ormskirk Hospital. However, total inpatient admissions remain below levels seen in the equivalent period of 2019/20. Outpatient procedures have also increased in 2021/22 but remain below pre-pandemic levels. Activity within this point of delivery has been driven by the Dermatology service and minor skin procedures.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

2.9.2 ISight

Figure 11 - Planned Care – ISight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,728	1,228	-500	-29%	£961	£877	-£83	-9%
OPFAMPCL - <i>Outpatient first attendance multi professional consultant led</i>	0	1	1	#DIV/0!	£0	£0	£0	#DIV/0!
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,516	1,707	191	13%	£209	£241	£32	16%
OPFUPMPCCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	4,194	4,287	93	2%	£254	£266	£12	5%
Outpatient Procedure	1,874	3,641	1,767	94%	£128	£283	£154	120%
Grand Total	9,315	10,864	1,549	17%	£1,552	£1,667	£116	7%

ISight had seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. However, as with other providers (NHS and Independent sector) recent trends have shown significant increases in referrals, outpatient appointments and procedures performed with total activity reported in March-22 representing the highest monthly total of the last three years.

This was driven in the main by outpatient first/follow up appointments as well as activity relating to cataract extraction. Southport & Formby CCG have also been in the process of reviewing aspects of coding at this provider and are looking to implement coding changes in any future contracts. This has resulted in a proportion of day case activity (Minor Vitreous Retinal Procedures) now being recorded as an outpatient procedure (Intermediate Vitreous Retinal Procedures) from month 4 of 2021/22 onwards. This change in recording has also contributed to the overall increase in outpatient procedures seen in 2021/22.

In 2019/20 (pre-pandemic), ISight overperformance for Southport & Formby CCG had been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*. Activity relating to this procedure has increased by approximately 3% at month 12 in 2021/22 when comparing to 2019/20.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

2.9.3 Renacres Hospital

Figure 12 - Planned Care – Renacres

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,824	1,651	-173	-9%	£1,634	£1,415	£-220	-13%
Elective	228	205	-23	-10%	£1,015	£1,012	£-3	0%
OPFANFTF - Outpatient first attendance non face to face	0	426	426	#DIV/0!	£0	£49	£49	#DIV/0!
OPFASPCL - Outpatient first attendance single professional consultant led	2,877	1,821	-1,056	-37%	£493	£319	£-174	-35%
OPFASNCL - Outpatient first attendance single professional non consultant led	0	94	94	#DIV/0!	£0	£4	£4	#DIV/0!
OPFUPNFTF - Outpatient follow up non face to face	0	2,035	2,035	#DIV/0!	£0	£109	£109	#DIV/0!
OPFUPSPCL - Outpatient follow up single professional consultant led	4,030	2,120	-1,910	-47%	£293	£155	£-139	-47%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	0	2,773	2,773	#DIV/0!	£0	£138	£138	#DIV/0!
Outpatient Pre-op	1,041	0	-1,041	-100%	£63	£0	£-63	-100%
Outpatient Procedure	2,168	939	-1,229	-57%	£368	£166	£-202	-55%
Physio	1,661	0	-1,661	-100%	£51	£0	£-51	-100%
Unbundled Diagnostics	1,317	1,037	-280	-21%	£123	£100	£-23	-19%
Grand Total	15,146	13,101	-2,045	-14%	£4,041	£3,467	£-574	-14%

For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that Southport & Formby CCG is currently underperforming by approximately -£574k/-14% at month 12. This underperformance is also reflected in the overall Renacres catchment position (the key outlier being South Sefton CCG). Referrals to Renacres Hospital are -34% below 2019/20 levels but October-21 saw the highest number of monthly referrals reported since February-20. A number of services saw increased referrals during this month including General Surgery, Gynaecology, Urology and Trauma & Orthopaedics.

The majority of planned care points of delivery are currently under performing with the key exceptions being outpatient non-face-to-face activity, which had seen little or no activity previously recorded. This reflects a change in service delivery as a result of the pandemic. There have been significant drops in ENT and Gynaecology activity due to clinical capacity and equipment issues, although ENT is expected to improve following the recruitment of a replacement consultant. Similarly, to other providers, Renacres has been affected by cancellations and staff capacity issues particularly during the 'pingdemic' but with recent increases in referrals now evident.



The significant increase in outpatient pre-op appointments during H1 of 2021/22 is partly a result of patients receiving a PCR COVID-19 test. This is in addition to a usual pre-op attendance for diagnostic tests and has a £60 tariff. A reduction in these pre-op appointments was evident in H2 as Renacres Hospital are now in receipt of NHS tests which are sent out to a patient.

In order to support elective recovery, Renacres capacity is being utilised by Southport & Ormskirk NHS Trust via a subcontract. The subcontract has a plan for 30 cases per month, primarily Trauma & Orthopaedics and General Surgery. The figures above do not include this activity.

Southport & Formby CCG are also aware of significant data quality issues relating to RTT reporting at this provider. RTT figures are currently not reliable or credible due to significant data quality issues from a Ramsay corporate perspective. A formal request for an action plan has been submitted to Renacres and raised at CQPG. Sefton CCGs are working with Lancashire CCGs on the issues. A Lancashire led Ramsay data quality group is in place with input from a West Lancashire BI lead who links in with the Renacres contract. Ramsay corporate have responded with a statement and a plan with timescales. The Data Quality group is monitoring this plan and reviewing the data. Feedback is being provided to both Sefton and Lancashire CCG contract leads and the CQPG.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic



2.10 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/23		
		7.96%	8.55%	9.05%	6.94%		
		14.01%	9.38%	8.76%	6.47%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
		Local aim for Q4 6% - Actual 9.05% so failed local plan					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 4 Southport and Ormskirk have achieved 6.94%, against the National ambition of 6%; with 216 maternities, of which 15 were smokers at the time of delivery. • This is a reduction of 2.11% this quarter from quarter 3, year to date SATOD has decreased by 0.47% from the same period the previous year with a total of 886 maternities, of which 72 were know to be smokers at the time of delivery. • The CCG have a very good working relationship with the Trust Maternity Team and the dedicated Smoking Cessation Midwife and the Trust have provided the following narrative: <ul style="list-style-type: none"> - Since the creation of the dedicated smoking cessation midwife post in 2019, the yearly average SATOD for Sefton has been reduced from 10.42% in 2018/19 to 8.13% in 21/22. - The Trust have seen SATOD reduce by one fifth in this past financial year from 9.67% 2020/21 to 8.13% 2021/22. - The end of year SATOD figure for Southport & Formby remains below the last published England average (Q3) of 8.8%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Smoking Cessation Specialist Midwife remains in full time post since January 2019 funded by Public Health Sefton. • Home visits are in place and offered to all Sefton smokers who book for their maternity care at Southport & Ormskirk (including South Sefton) • Training remains mandatory and yearly for all maternity staff. • Training is also delivered to Obstetric staff. • Specialist midwife is based within Antenatal clinic to offer more intensive conversations and support to any pregnant smokers. During this appointment NRT vouchers are able to be provided and follow up put in place. • Nationally recognised Risk Perception intervention programme is delivered by the Specialist midwife at dating scan for any pregnant smoker who has not engaged with stopping smoking. • The maternity unit maintain good links with the LMS smoking cessation programme leads. 							
When is performance expected to recover:							
Ongoing ambition to continually improve is a priority.							
Quality:							
The above actions are in place to achieve and maintain quality. The CCG have an excellent rapport and work closely with the S&O Trust maternity team, there are no concerns re Quality or performance and a close working relationship with the Smoking Cessation service ABL Health who have also commenced working more closely with Primary Care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

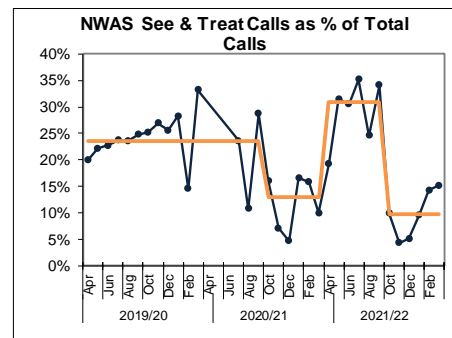
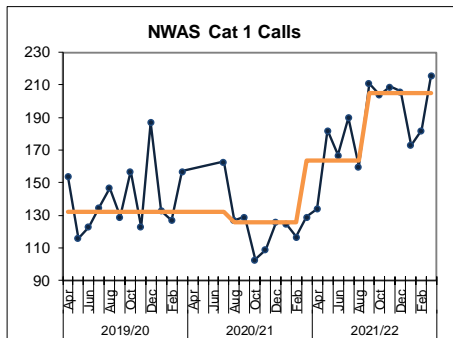
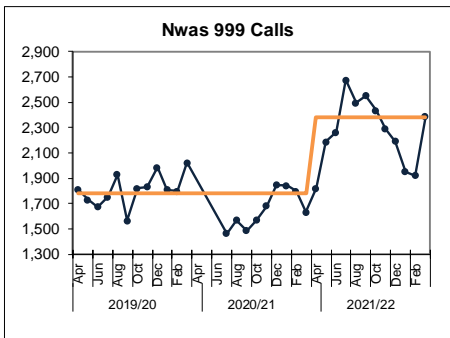
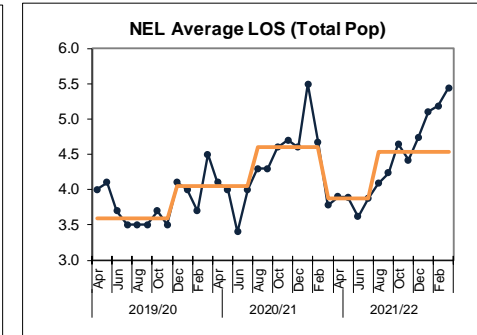
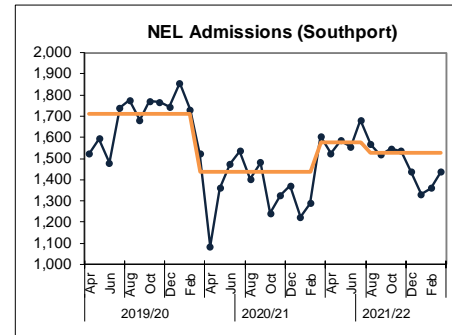
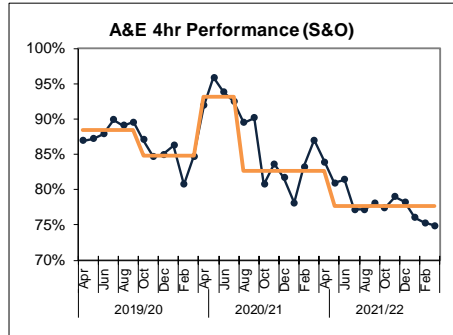
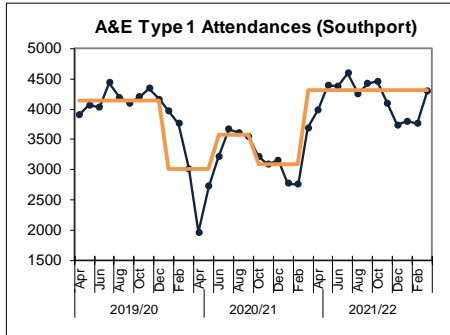
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	YTD		
		CCG All Types	77.13%	75.28%	74.56%	74.16%	77.38%	
		CCG Type 1	70.02%	68.24%	66.74%	66.68%	70.95%	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		CCG All Types	81.74%	77.76%	83.14%	86.83%	87.27%	
			Dec-21	Jan-22	Feb-22	Mar-22	YTD	
		S&O All Types	78.27%	76.03%	75.33%	74.89%	78.29%	
	S&O Type 1	71.75%	69.59%	68.11%	68.00%	72.32%		
National Standard: 95% No improvement plans available for 2020/21								
Performance Overview/Issues:								
<ul style="list-style-type: none"> March data shows the CCG and Trust remain under the 95% target. In March 2022, the total number of A&E attendances reported for the Trust was 10,763, a significant increase from the 8,744 attendances reported in February. CCG A&E performance in March is higher compared to the national level of 71.62%. There was no mandate from NHSI to work towards an improvement trajectory for 4 hour performance, so no new trajectory has been received from the Trust. Monitoring will continue. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The Care Navigators are in position to stream at the front door of ED and assist with flow, however the tool is limited due to inability to stream externally to the Trust. Ageing Well 2-hour Urgent Care Response (UCR) is on track for delivery in April. The CCG and wider system have invested in an expansion of existing rapid response service, reablement and SERV car. There has been a new commission for a 24/7 falls pick up service and a 2-hour response element to the Acute Visiting Service (AVS). <p>Focus on discharge continues with all system partners engaged in long length of stay reviews and daily Ready For Discharge (RFD) review.</p> <ul style="list-style-type: none"> 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. <p>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. There continues to be a short fall in domiciliary care capacity and reablement due to recruitment challenges which is causing increase time in service for individual patients.</p>								
Trust Management Actions:								
<ul style="list-style-type: none"> Maintain Clinical Decision Unit in ED as flow area to see and treat patients. Major ambulatory stream developed in Ambulatory Care Unit (ACU) to manage demand and reduce 12-hour breaches. Eliminate corridor care with use of capacity in surge plans for covid capacity. ESCIT QI events for ED and discharge commenced, improvements will form part of operational plan objectives for SDEC and discharge processes. Additional medical support in ED and ACU to manage demand. Ward 1 used as an escalation ward. Continued review of COVID capacity, surge plan expedited and covid capacity now on three wards to meet demand. All reviews of 12-hour breaches demonstrate good standards of care, timely reviews and commencement of plans, and no instances of harm despite the significant time spent in ED. ED continues to work closely with NWS on opportunities to drive down handover times and continue to keep NWS updated on activity levels (either via the ALO or directly to NWS Regional Operations Centre). 								
When is performance expected to recover:								
Recovery is uncertain currently due to unknown expected pressures from COVID-19 and diminished workforce across all health and social sectors. Possible recovery projected in May 22 when pressures ease and some of the above initiatives start to embed.								
Quality:								
There were 147, 12 hour trolley waits reported by the Trust in March, which is less than the 195 reported in previous month.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

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








Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		85	196	195	147		
		Dec-20	Jan-21	Feb-21	Mar-21		
		27	19	1	1		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Southport & Ormskirk reported 147, 12-hour breaches in March, showing a decrease on last month. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. • The provider continues to submit 48-hour review forms to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. • No harms have been identified for the latest 12 hour breaches, resulting in no serious incidents being reported. 							
Actions to Address/Assurances:							
<u>Actions and key priorities to reduce 12-hour breaches include:</u>							
<ul style="list-style-type: none"> • Ward rounds across all areas. • Point prevalence across all wards – matrons sent out to support to identify any areas where assistance required to expedite plans and facilitate discharges. • Additional medical consultant presence for evenings to in-reach into ED increasing senior decision-making capacity available. • Acute Physician in ED reviewing medical patients across the day and additional medical reviews undertaken in ED to review patients who were seen yesterday to consider whether admission is still clinically required. • Senior specialty reviews of all patients in ED to consider alternative pathways to admission. • Streaming to ACU and SAU. • 2 Matrons on site to review nurse staffing levels across the 2 sites as well as undertaking walk throughs of all areas to ensure patients safety remained paramount at all times. • System Huddles held. • IPC undertook ward rounds to assist with side room bed allocation. Reviewed closed covid contact bays and COVID bed base. IPC meetings held with Head of Patient Flow with decision making overseen by Medical Director. • Additional medical reviews to be undertaken in ED to review patients who were seen yesterday to consider whether admission is still clinically required. • System kept updated on pressures experienced and increasing numbers of patients identified on the Ready For Discharge (RDF) list. 							
When is performance expected to recover:							
Performance recovery in Q1 2022/23.							
Quality:							
12 hour breach forms continue to be monitored via the Quality Team and feedback/concerns provided to the Trust. CCG noted improved ambulance handover times (all within 30 minutes) and allowing relatives to remain with patients.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.2 Urgent Care Dashboard



SOUTHPORT & FORMBY URGENT CARE DASHBOARD





Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
NWAS 999 Calls	Southport and Formby - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	Southport and Formby - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	Southport and Formby - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					<p>Category 1 - Time critical and life threatening events requiring immediate intervention</p> <p>Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport</p> <p>Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering</p> <p>Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport</p>	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Jan-22	Feb-22	Mar-22		
		Cat 1 mean	<=7 mins	00:09:36	00:10:50	00:10:24		
		Cat 1 90th Percentile	<=15 mins	00:19:46	00:21:02	00:22:16		
		Cat 2 mean	<=18 mins	00:57:20	00:47:58	01:26:40		
		Cat 2 90th Percentile	<=40 mins	02:10:37	01:46:35	03:09:47		
		Cat 3 90th Percentile	<=120 mins	06:12:56	05:40:28	13:21:51		
		Cat 4 90th Percentile	<=180 mins	23:36:14	15:13:01	No data available		
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and 2021/22. In March 2021 there was an average response time in Southport & Formby of 10 minutes, 24 seconds just over the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 1 hour 26 minutes 40 seconds against a target of 18 minutes. Category 3 90th percentile has shown a decline to the target of less than or equal to 120 minutes reporting 3 hours 9 minutes, there was no data available for Cat 4 90th percentile. The deteriorating position for ambulance is in line with the increased NWS 999 calls, this is a system issue and not a localised. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. At Sefton PLACE level the CCG have commissioned a 24/7 falls pick up service to release SERV car capacity to cover a wider Sefton geographical area. This will enable the car to take Cat 3 and Cat 4 incidents directly from the NWS stack and support performance. NWS NHS 111 first and direct booking services remain in place to triage and redirect away from NWS 999 services. 								
When is performance expected to recover:								
Uncertain recovery trajectory. NWS continue to experience surges in activity and increase level of incidents which is impacting on their ability to respond within target.								
Quality:								
There has been no reports through to the CCG of any serious untoward incidents.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					
RED	TREND		Indicator	Jan-22	Feb-22	Mar-22	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches) Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
		(a)	30-60 mins	108	192	170	
		(b)	60+ mins	49	98	104	
			Indicator	Jan-21	Feb-21	Mar-21	
		(a)	30-60 mins	28	13	22	
		(b)	60+ mins	5	1	1	
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Infection Prevention Control (IPC) measures and COVID positive patients continue to have an impact on ED flow which in turn is affecting 30 to 60 minutes handover times. • Ambulance handovers have shown a small improved in performance for 30-60 minutes but a decline for 60+ minutes in March. • There were significantly more attendances in March through ED which would probably account for the slight drop in performance. 							
Actions to Address/Assurances:							
CCG Actions:							
NHSE ambulance turnaround improvement programme commenced pre pandemic and work has continued throughout. Improvements include: <ul style="list-style-type: none"> • Permanent ambulance liaison office remains in place. • Estates improvements – increase in majors cubicles from 11 to 25 has maintained flow within the ambulance bays remains in place. The Trust have reported the loss of ambulance bays at times due to IPC measures. • Ring fenced ACU – implemented direct access for NWS and primary care to ambulatory care unit and therefore bypassing ED completely. • Direct referral in place to same day emergency care (SDEC) from NHS 111 first and primary care to reduce ED overcrowding and support rapid handover. 							
SERV Vehicle Update for March:							
Number of patients seen in March – 113 Percentage of patients NOT conveyed – 74.3% position improved from February 64% Avoided non elective admission estimated – 56 Avoided AED attendances – 70							
When is performance expected to recover:							
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.							
Quality:							
No untoward incidents reported to the CCG as a result of delayed handover.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary					Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest					a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Nov-21	Dec-21	Jan-22	Feb-22			
		a)	67.9%	55.2%	43.3%	42.3%		
		b)	25.0%	16.7%	6.9%	21.1%		
		Previous year	Nov-20	Dec-20	Jan-21	Feb-21		
		a)	42.9%	56.3%	63.6%	No data		
		b)	No patients	No patients	0.0%	No data		
Stroke Plan: 80% TIA Plan: 60%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> This indicator is reported 1 month in arrears. Performance against the 90% stay on a Stroke ward continues to be challenged and has declined in February to 42.3%. 11 out of the 26 patients spent more than 90% of their hospital stay on a stroke unit in March, a small decline in performance being reported in the previous month. Compliance in February has been impacted by consistently high levels of attendance to the Trust which has resulted in bed capacity issues and therefore has had an impact on the ability to maintain at least 1 ringfenced Stroke bed. Compliance in February has also been impacted by Stroke patients testing COVID positive and so being unable to admit directly to Stroke ward if no available side room. Thirdly, compliance has been challenged by late referrals to the Stroke team and late diagnosis. These accounted for 3 of the 15 breaches. 1 was avoidable. TiA reported 21.1%, 4 out of 19 patients treated within 24 hours an improvement from previous month. The March data has not yet been validated to assess the number of 'non-TIA' referrals. Historical compliance continues to be challenged by a high percentage of non-TIA referrals which would therefore be inappropriate to be seen in a TIA clinic within 24hrs. This is the single factor in extremely low performance. When reporting against validated TIA referrals only, this metric has demonstrated consistently higher compliance. 								
Actions to Address/Assurances:								
Stroke Trust Actions:								
<ul style="list-style-type: none"> The Stroke Operational Group continues to focus on quality and pathway improvements Collaborative work with LUFT continues as part of the 'North Mersey Stroke Transformation'. Once established, the 90% stay on a Stroke ward metric will no longer be held by Southport and Ormskirk NHS Trust. Stroke Nurses continue to provide ad-hoc teaching in ED to support earlier diagnosis. Bed meetings take place 4 x daily where a plan for Stroke admissions, and a contingency where there is a lack of ringfenced bed, is established. 								
TIA Trust Actions:								
<ul style="list-style-type: none"> Reporting to be done on appropriate TIA referrals only (this excludes those who are receiving the requiring interventions, on appropriate medication, or referrals which are not appropriate for a TIA clinic appointment). Additional narrative is included on the monthly submission to include the information which has been excluded. 								
CCG Actions:								
<ul style="list-style-type: none"> The Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both with funding agreed recurrently. Looking jointly to recruit SALT and also train other health professionals in basics of the same. The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited. Failure to meet targets for stroke and the lack of identified TIA patients continues to be escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk. A deep dive at the last contract meeting highlighted that improvement relies upon the system approach above. 								
When is performance expected to recover:								
Relies upon Stroke Board work above.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Nigel Taylor			Billie Dodd			



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)					<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</p>
RED	TREND		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	3	3	3	3	
		S&O	1	1	1	1	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	1	2	2	2	
		S&O	1	2	2	2	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG reported no new cases in March, they are reporting 3 overall for the year and have failed the zero tolerance target for 2021/22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For any reported cases a full root cause analysis (RCA) is completed and any lessons learnt and outcomes are reported through the Infection Control Assurance Committee at the Trust. Screening of all elective and emergency admissions continues and remains high at 98% to ensure all cases can be treated proactively with suppressive treatment and antibiotics as required. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery wasn't possible in 2021-22.							
Quality:							
Any further cases will be reviewed by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): C. Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					<p>2021/22 Plans</p> <p>New National Objectives: CCG: <= 30 YTD Trust: S&O <= 27 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust.</p>
RED	TREND		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	39	40	42	46	
		S&O	39	39	40	43	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	27	30	33	34	
		S&O	27	31	33	34	
CCG - Actual 46 YTD - Target 30 YTD S&O - Actual 43 YTD - Target 27 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG is reporting over the yearly of plan of 30, reporting 46 in March and have failed for 2021-22. The Trust current performance being 43 cases against a plan if 27 cases and have also failed for 2021-22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2021/22 and will provide further assurance. Twice weekly meeting are held to monitor the action plan which has been developed and progressed. Further audits are planned to identify the wards which have had no cases to identify further good practice which can be shared. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Significant progress has been made over the last 12 months going from Q1 at 66.7% per 100,000 bed days to 12.4%, although further work planned and remains a priority. There will be further improvements in recovery as the new guidelines and processes embedded within the Trust. 							
Quality:							
<ul style="list-style-type: none"> There will be further work to ensure progress and completion of all the actions identified within the plan. To note this increase in incidence of C Difficile is not specific to the Trust as a rise has been seen in across Cheshire and Merseyside. Those cases identified within primary care are discussed with the GP practices via the infection prevention team to ensure samples requested and antibiotics prescribed appropriately. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)				<p>2021/22 Plans New National Objectives: CCG: <= 152 YTD Trust: S&O <= 70 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust sites to ensure any risks mitigated.</p>	
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		CCG	88	97	110		117
		S&O	40	46	51		56
		Previous year	Dec-20	Jan-21	Feb-21		Mar-21
		CCG	96	104	110		123
		S&O	144	157	169		185
CCG - Actual 117 YTD - Target 152 YTD S&O - Actual 56 YTD - Target 70 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor. The CCG and Trust have achieved the targets for 2021-22. The spinal unit continues to remain an outlier within the Trust due to the level of care required within the unit. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks. 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. All those affected are appropriately reviewed and treatment prescribed in collaboration with the Consultant Microbiologist. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance. 							
Quality:							
<ul style="list-style-type: none"> This is being monitored through the Bi-monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 13 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Dec	100	73.88	↓

HSMR is at 73.88 (with last month reporting 73.88) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggests fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 0.99 and within expected parameters, for reporting period January 2021 - December 2021, which is in the SHMI banding of 2. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 3 2021/22

Serious Incident (SI) Process – Arrangement for Integrated Care System (ICS) transition

As we move towards the transition to the ICS on 1st July 2022, a system wide process for the management of SIs across the North Mersey area has been developed. The North Mersey CCGs (Liverpool, South Sefton, Southport and Formby) have met and discussed proposed mechanisms for managing this process including:

- Establishing the end-to-end administration of the SI process.
- Establishing the scope and terms of reference of the serious incident review group (SIRG) panels.
- Clarifying roles and responsibilities for CCG staff members in relation to SI management.

Process mapping of the proposals and discussions have been ongoing to agree a collaborative approach the management of Serious Incidents (SIs) across the North and Mid-Mersey Region.

There has been agreed that all Southport and Formby CCG SIs will now be reviewed by the Liverpool CCG SIRG panel with Sefton representation. All SIs reported by Southport and Ormskirk Hospital NHS Trust (SOHT) and those reported by the CCG on behalf of other Providers will be managed centrally by the Liverpool CCG team. All legacy open SIs prior to April 2022 will be reviewed and managed internally by the CCGs Quality Team until closure has been agreed.

There will be a stand-alone Mersey Care NHS Foundation Trust SIRG panel which will review all Community and Mental Health SIs on a bi-monthly basis. This will be centrally managed by Midland and Lancashire Commissioning Support Unit (MLCSU) with support from the CCG.

The process for performance reporting is being discussed. This will be dictated by the quality agenda to be agreed within the new ICS.

Number of Serious Incidents Open for Southport and Formby CCG

As of Q4 2021/22, there are a total of 15 serious incidents (SIs) open on StEIS were Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

All RCAs that are due to be received will be reviewed at the Liverpool CCG SIRG panel. All resubmitted RCAs and action plans that have been previously reviewed at Southport and Formby CCG SIRG panel will be reviewed internally by the CCGs Quality Team.

Provider and Current SI Status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	8
Awaiting RCA – overdue (stop the clock applied due to HSIB investigation)	1
Awaiting RCA – on target – to be reviewed by LCCG SIRG panel	4
RCA received and to be reviewed by LCCG SIRG panel	1
RCA reviewed at SIRG panel – Further assurances requested	2
Mid Lancashire CSU	1
RCA reviewed at SIRG panel – further assurances requested	1
Mersey Care NHS Foundation Trust	3
Awaiting RCA – RCAs to be reviewed at MCFT SI panel	3
Liverpool Women’s Hospital NHS Foundation Trust	1
Awaiting RCA – RCA to be reviewed at LCCG SIRG panel	1
Wigan, Wrightington and Leigh	1
RCA received and feedback sent to Lead Commissioner	1
The Hollies/Chapel Lane	1
Closed by CCG – awaiting NHSE/I to confirm closure	1

Number of Serious Incidents (SIs) by Type Reported in Quarter 4 2021/22 There have been 4 SIs reported in Q4 2021/22 where Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

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

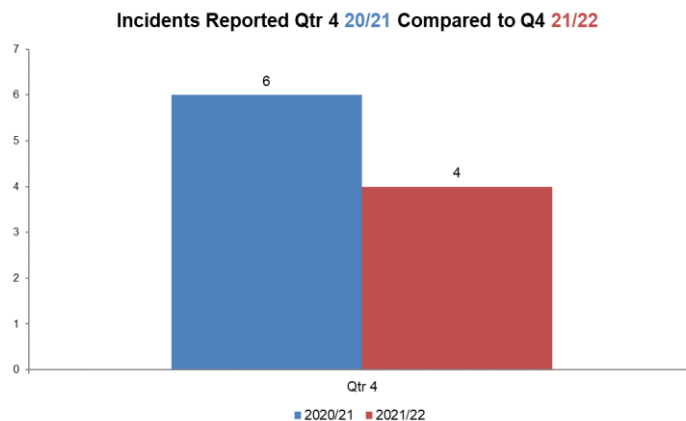
Provider and SI Type	Year 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	26	9	4	3	4
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	4	0	0	0	0
Disruptive, Violent, Aggressive behaviour meeting SI Criteria					1
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	3	0	0	0	1
Sub-optimal care of the deteriorating patient meeting SI criteria	3	1	1	0	0
Slips/trips/falls meeting SI criteria	4	3	1	1	2
Maternity/Obstetric incident meeting SI criteria: baby only	3	4	1	0	0
Major incident/ emergency preparedness, resilience and response/ suspension of services	0	1	0	0	0
Pressure ulcer meeting SI criteria	3	0	0	0	0
Treatment delay meeting SI criteria	5	0	1	2	0
HCAI/infection control incident meeting SI criteria	1	0	0	0	0
SOUTHPORT AND FORMBY CCG*	3	3	1	0	0
Confidential Information Breach (The Hollies)	0	0	1	0	0
Pending Review (Parklands – reported at request of NHSE/I)	1	0	0	0	0
Commissioning Incident Meeting SI Criteria	0	1	0	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	1	1	0	0	0
Sub-optimal care of the deteriorating patient meeting SI criteria (Hampton Court)	0	1	0	0	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0	0	0	0
NORTH WEST BOROUGHES NHS FOUNDATION TRUST	0	0	0	1	0
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	0	1	0
MERSEY CARE NHS FOUNDATION TRUST (SOUTHPORT & FORMBY COMMUNITY SERVICES)	N/A	0	1	3	0
Pressure Ulcer meeting SI criteria	N/A	0	1	1	0
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	N/A	0	0	1	0
Pending Review (error involving the accidental cutting of PICC line)	N/A	0	0	1	0
CHESHIRE WIRRAL PARTNERSHIP	1	0	0	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	0	0	0	0
TOTAL	30	12	6	7	4

Southport and Ormskirk Hospital NHS Trust (SOHT)

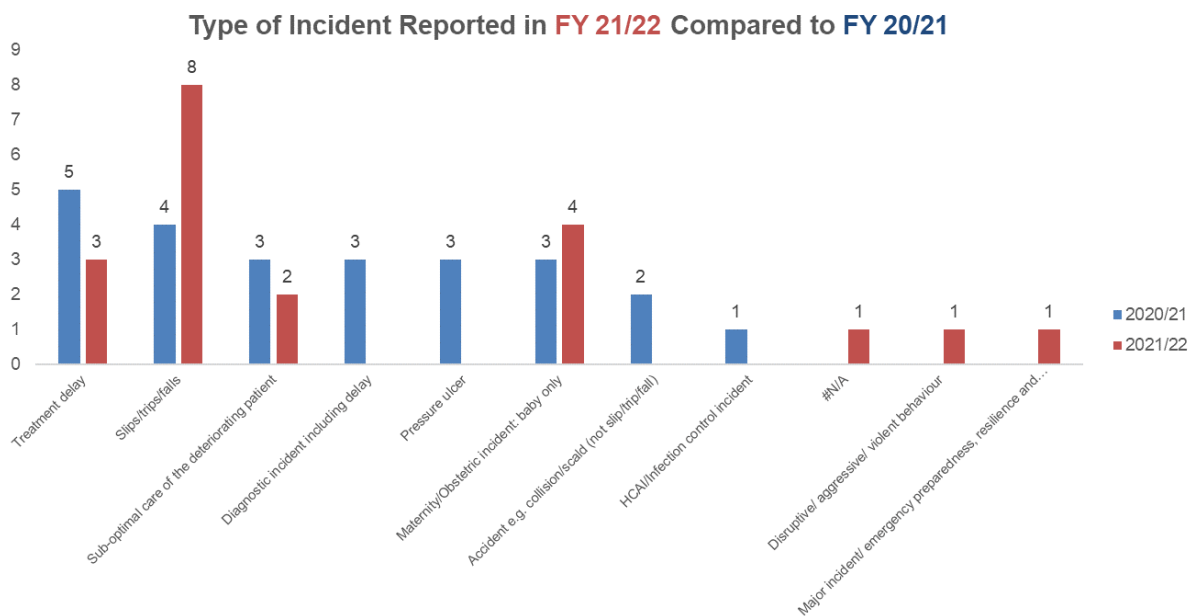
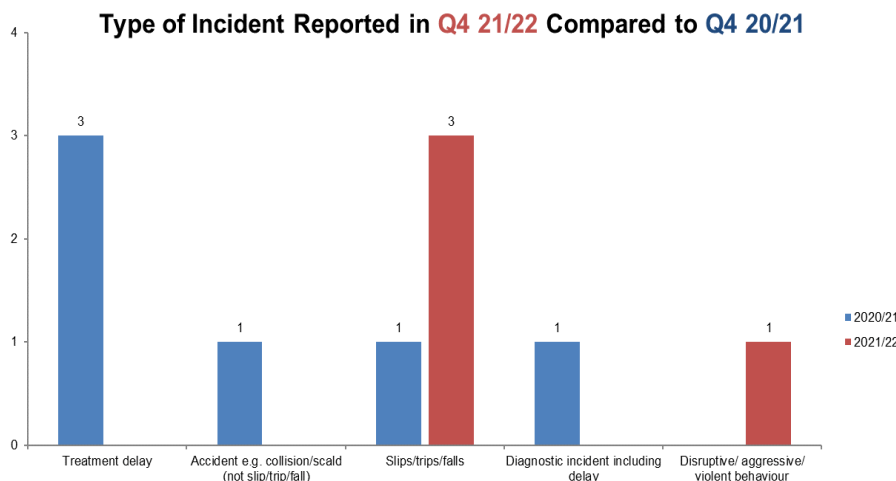
As per the table above, a general decrease in SI reporting has been noted during 21/22. The Trust have a robust harm review process in place for monitoring incidents, identifying SIs at an early stage and undertaking rapid reviews. Moderate to severe harms are escalated to the Trust SIRG panel for executive scrutiny and oversight. However, the CCG will continue to monitor the trend and discuss with the Trust as part of the monthly SI meetings.

Total SIs reported for Q4 2021/22 compared with Q4 2020/21

The following graph shows the number of SIs reported in Q4 2021/22 compared with Q4 2020/21, this shows a decrease in the reporting of SIs.



Total SIs reported for Q4 2020/21 and Q4 2021/22, FY 2020/21 and FY 2021/22 by Type of SI
 The following graph shows the type of SIs reported in Q4 2021/22 compared to Q4 2020/21, followed by full year comparison for 2021/22 and 2020/21.



Number of Never Events reported

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

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

SIs reported within 48 Hour Timescale

The provider maintained 100% target of reporting all SIs within 48 hours for the whole of 2020/21 and for 2021/22 to date.

72 Hour report submitted

The SI framework requires the submission of a 72-hour report following the reporting of an SI. This should be submitted to the CCG by the reporting organisation within 72 hours. Of the 4 SIs reported in Q4 2021/22, all 72-hour reports were submitted.

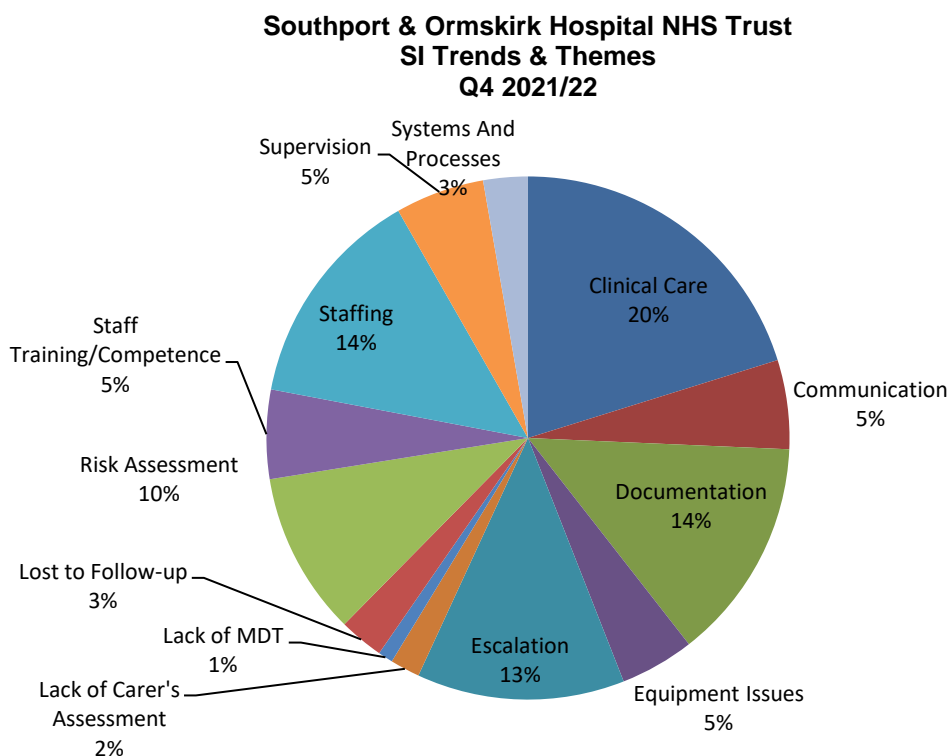
RCA performance against 60-day timescale

The Trust has continued to achieve 100% for RCA submission within the 60 day timescale throughout Q4 21/22. There were 4 RCAs due for Q4 2021/22 which were received within the 60-day timescale and have been reviewed by the CCG SIRG panel. There are currently 4 RCAs expected from the trust, 3 are on target and 1 has been granted an extension as it is subject to multi-organisational review involving Mersey Care NHS Foundation Trust (MCFT) and SOHT.

Trends and Themes

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

N.B. In some cases, a number of trends and themes have been identified



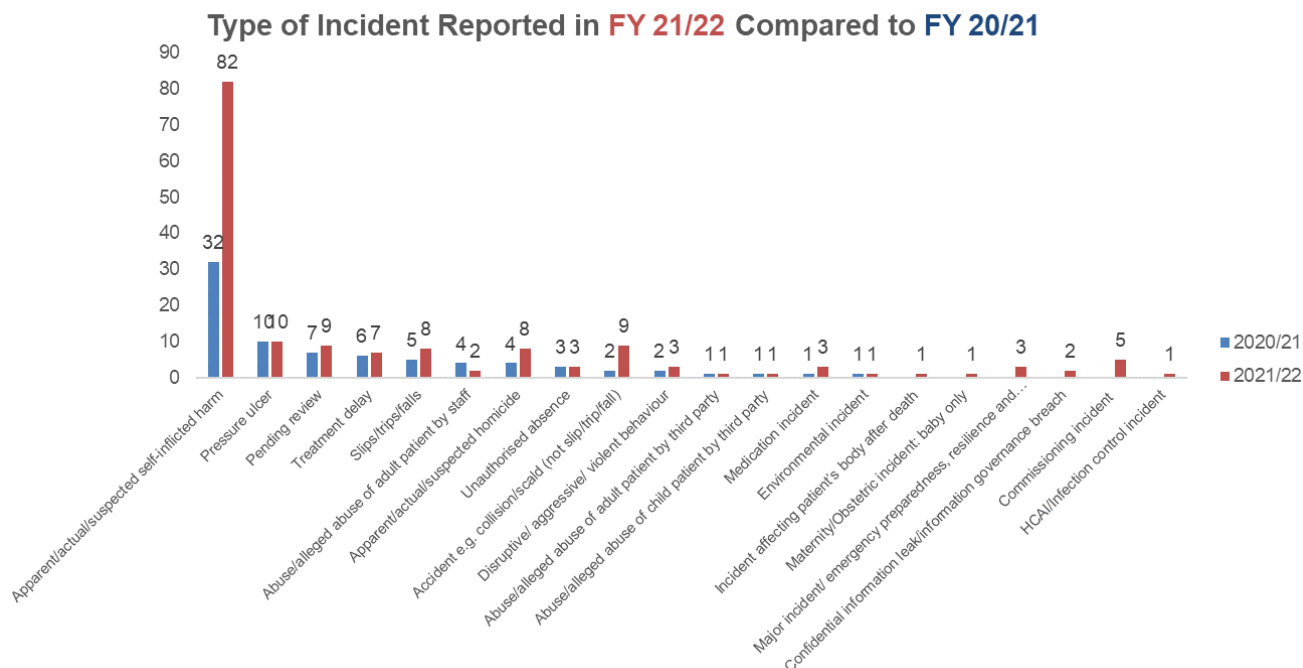
Mersey Care NHS Foundation Trust (MCFT)

(N.B. Data below covers SIs reported by the Trust as a whole. It is not specific to Southport and Formby CCG Patients and covers both community and mental health services)

During the month of January 2022, MCFT were operating under business continuity, but continued to report SIs. The Trust is currently experiencing resourcing issues in terms of management of SI investigations with a number of extension requests being requested. This is continuously monitored by the Liverpool CCG and Sefton CCG on a bi-weekly basis with assurances requested via the provider contract meetings.

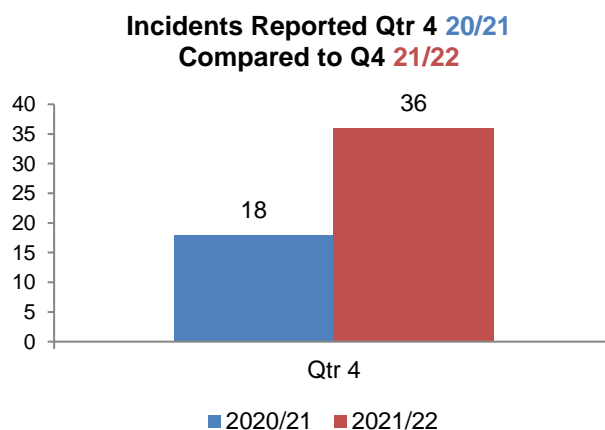
Total SIs reported for 2020/21 and 2019/20

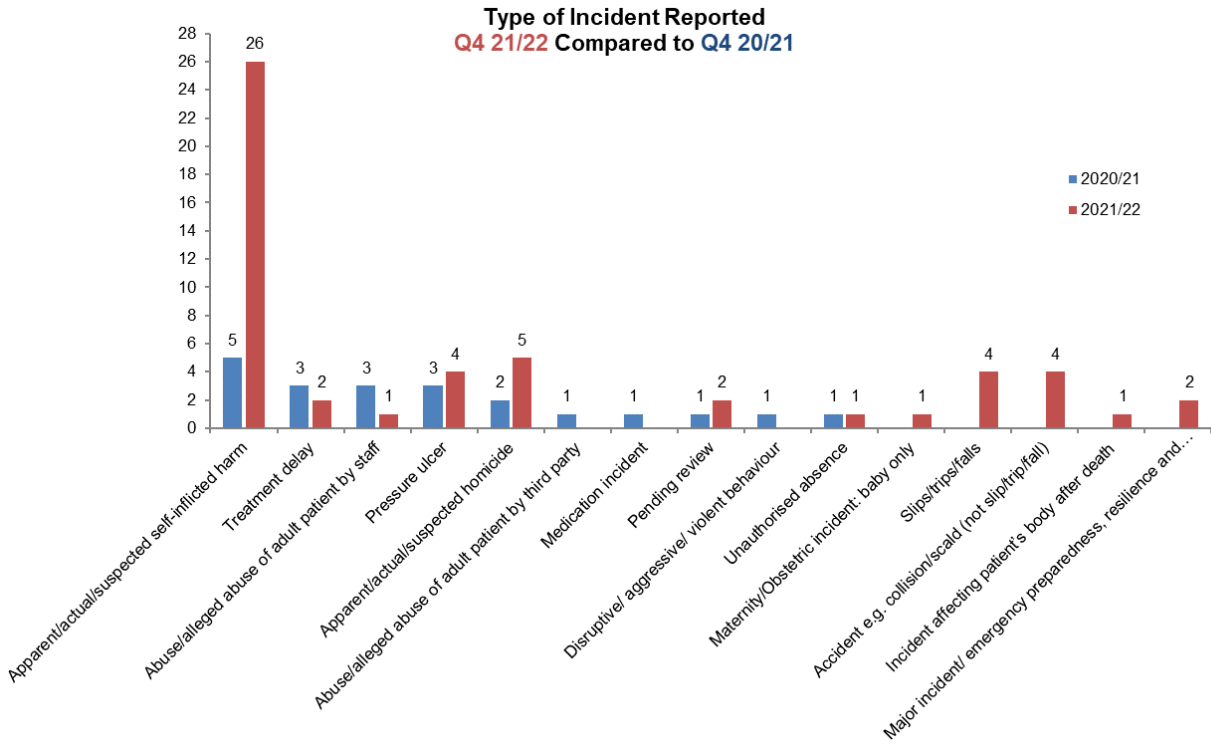
The following graph shows the number and type of SIs reported during 2021/22 compared with 2020/21.



Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q4 2021/22 compared to Q4 2020/21.

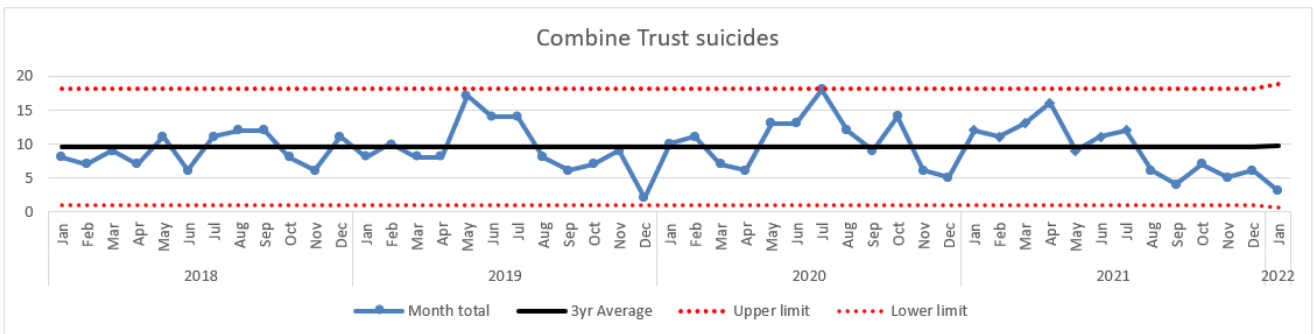
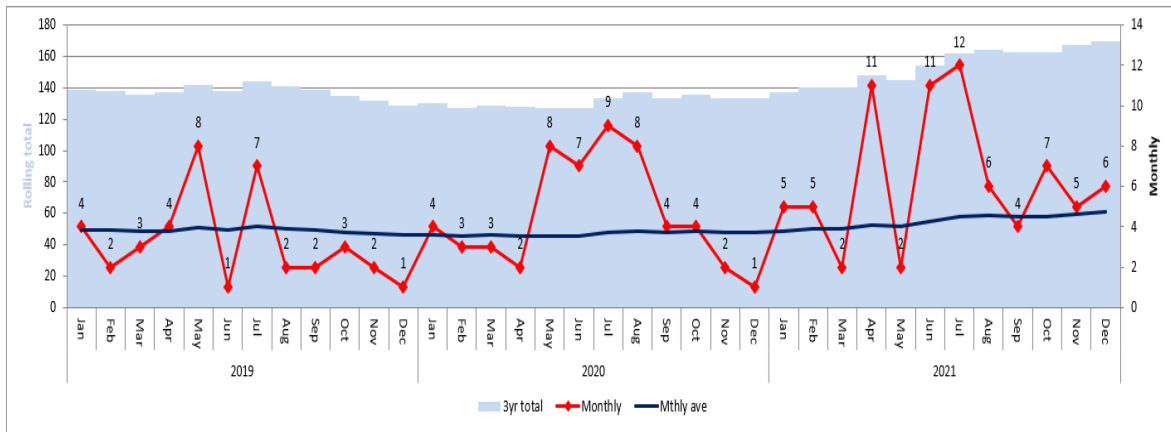




Suicide Incidents

The charts above indicate a considerable increase in self-harm incidents when compared to the previous year.

The charts below provide a rolling 3-year view of all reported suicides (N.B. this does not include attempts of self-harm) to the Trust regardless of contact status i.e. discharged, CJLT, IAPT. It must be noted that Mid Mersey data is included from 1 June 2021 and does not include historical data from North West Boroughs NHS Foundation Trust (NWBs) prior to this date.



The chart above indicates the combined reported suicides across both Mersey Care Trust and NWBs. July 2020 is just below the upper limit, with May 19 the only other month close to that limit. Since August 21 all incidents have been below the combined average, which would be seen as a statistically significant outcome

A comprehensive update regarding suicide prevention was given at the February CQPG. This also addressed a theme arising from reviewed Serious Incidents around suicide within 4 weeks of discharge. MCFT have successfully developed a suicide prevention strategy and associated policy and have seen an overall reduction in suicide rates by 22%

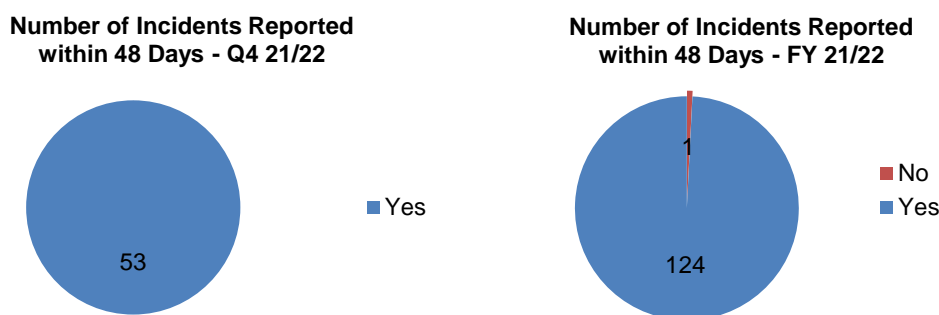
The trust received a Reg 28: Report Prevention of Future Deaths from the Liverpool Coroner in March 2022, for a Seton resident. This relates to the preciseness of documenting 5 minute observations, for a young person who died by hanging on an acute in-patient unit. This was identified by the Coroner on review of the trust documentation. The CCG submitted an SBAR to NHS EI C&M, to share the learning with other trusts.

Number of Never Events reported

There have been no Never Events reported by the provider in 2021/22.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2021/22 and for 2021/22.



**Southport and Formby CCG
SIs reported during Q4 2021/22**

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

During Q4 21/22, the CCG did not report any SIs on behalf of General Practice or Independent Providers.

Ongoing SIs

Currently there are 2 SIs ongoing for Southport and Formby CCG. Both SIs have been received and reviewed by the CCGs SIRG panel. One has since been closed and awaiting NHSE/I closure. The other further assurance has been requested.

Closed SIs

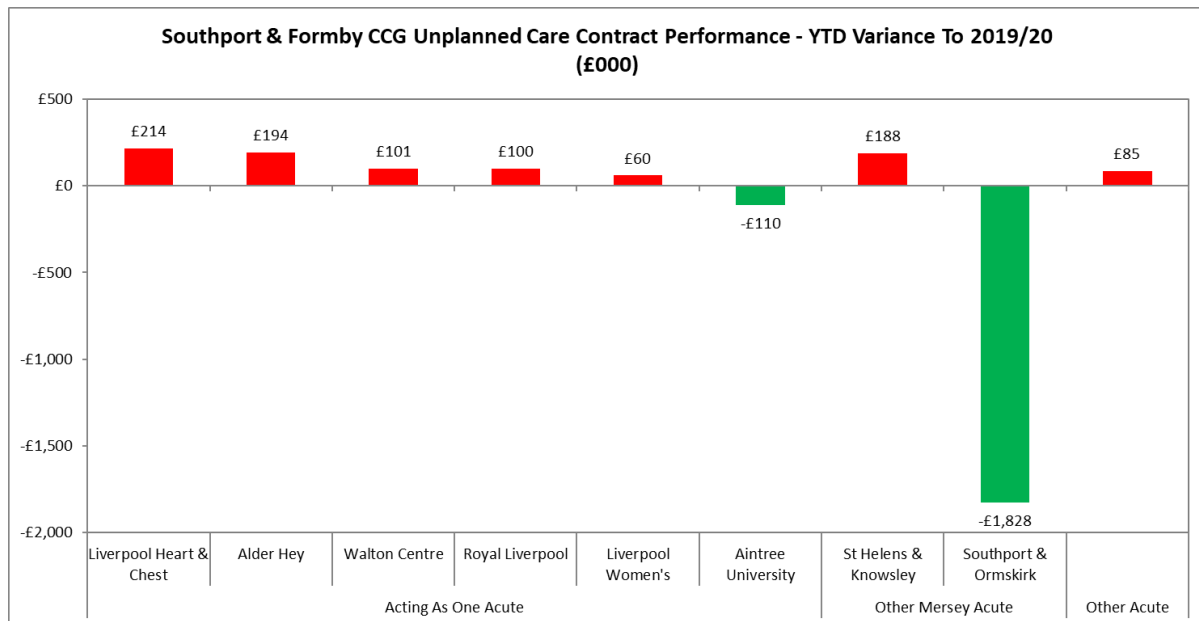
During Q4 2021/22, the CCG closed 7 SIs for the following Providers:

- Southport and Ormskirk Hospitals NHS Trust (2)
- North West Ambulance Service (3)
- Lancashire Teaching Hospitals NHS Trust (1)
- Chapel Lane/The Hollies GP practice (1)

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 14 - Unplanned Care All Providers – Contract Performance Compared to 2019/20



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Trends in 2021/22 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. Year to date levels at month 12 of 2021/22 represents an increase of 28% when comparing to the equivalent period in the previous year but is -3% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, activity during March-22 has increased by 14% from the previous month and is also showing an increase of 45% when compared to March-20. However, despite the majority of 2019/20 being pre-pandemic, March-20 was the first month to see an impact of the COVID-19 pandemic on activity levels as a result of the initial national lockdown).

Figure 15 - Unplanned Care Activity Trends

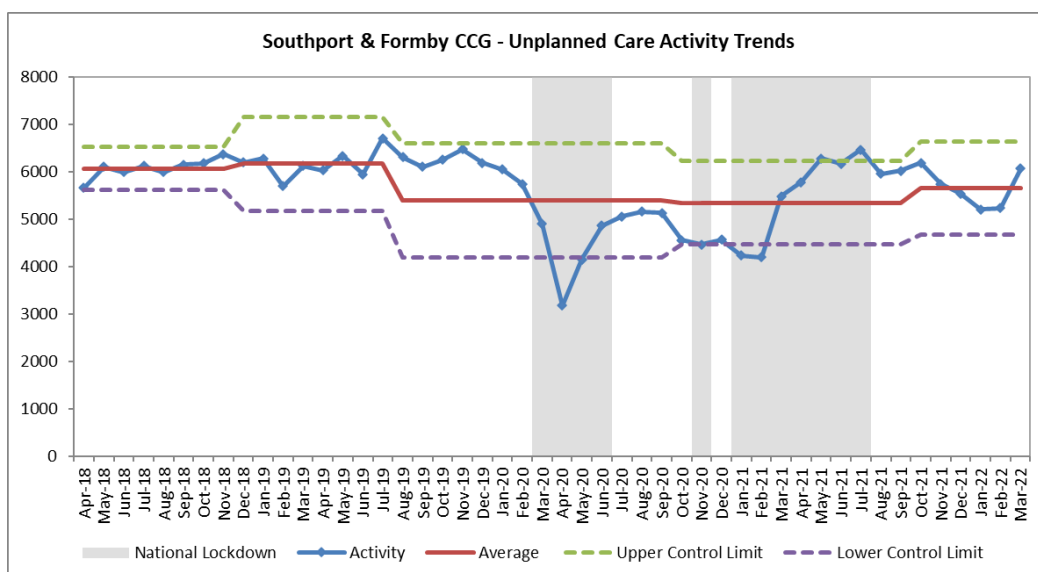


Figure 16 – A&E Type 1 against Plan (Previous Year)

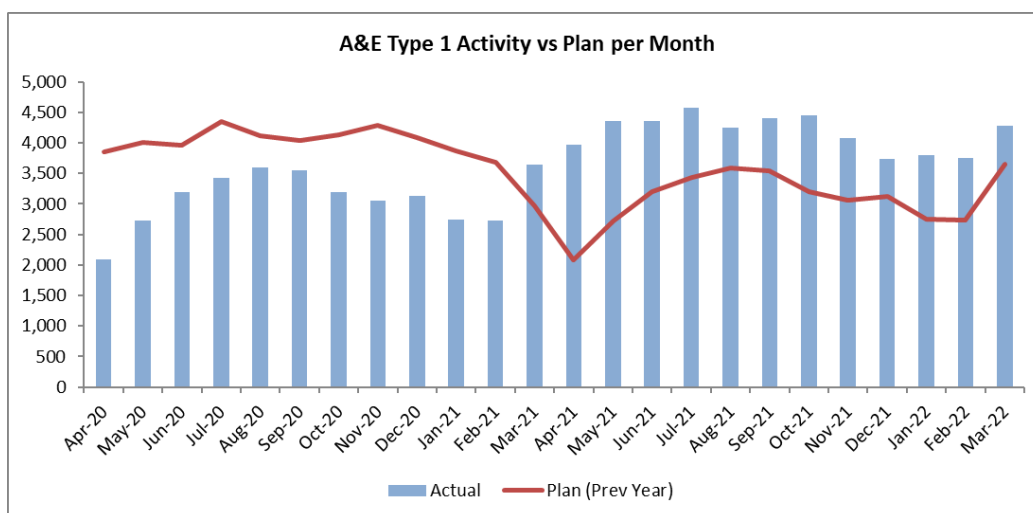
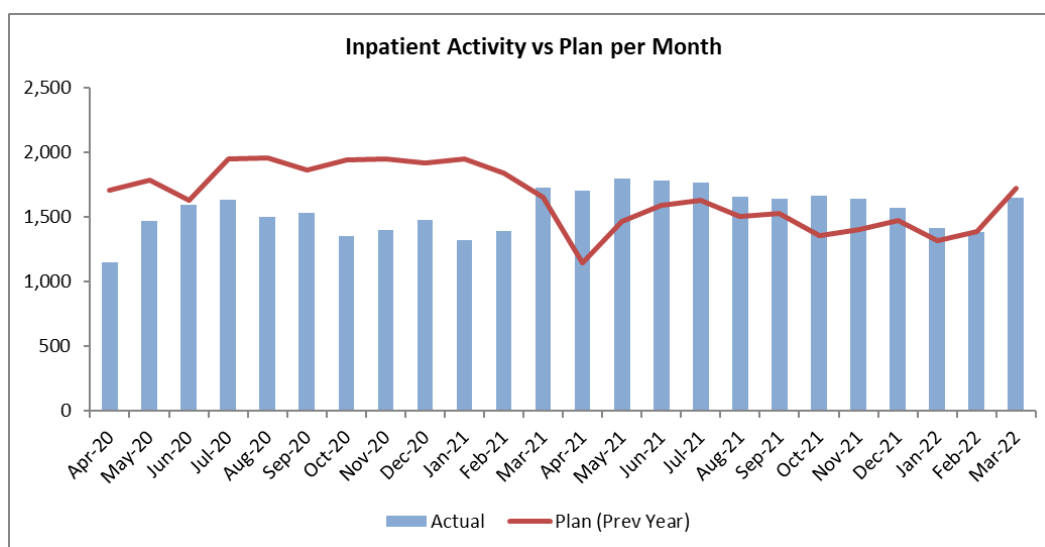


Figure 17 – Non-elective Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

Figure 18 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care*								
A and E	43,647	45,136	1,489	3%	£7,252	£7,102	£-149	-2%
NEL - Non Elective	14,487	12,549	-1,938	-13%	£31,323	£29,840	£-1,483	-5%
NELNE - Non Elective Non-Emergency	1,180	1,080	-100	-8%	£2,400	£2,763	£364	15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	56	50	-6	-11%	£16	£6	£-11	-65%
NELST - Non Elective Short Stay	3,301	2,627	-674	-20%	£2,342	£1,956	£-387	-17%
NELXBD - Non Elective Excess Bed Day	2,799	2,079	-720	-26%	£720	£558	£-162	-23%
Grand Total	65,470	63,521	-1,949	-3%	£44,053	£42,225	£-1,828	-4%

*exclude ambulatory emergency care POD

Overperformance at Southport & Ormskirk Hospital is evident against the A&E department when comparing to the equivalent period in 2019/20 (pre-pandemic). There were 4,153 A&E attendances recorded for Southport & Formby patients in July-21, which represents a historical peak and attendances remained largely above a pre-pandemic monthly average until a decrease was evident in December-21. March-22 has once again seen an increase in attendances with the 3,832 reported being the highest recorded since October-21.



The increased A&E attendances has also had a negative impact on A&E performance for Southport & Ormskirk hospital throughout 2021/22 to date with performance decreasing to 78% for the year and the average time to treatment recording the highest levels for a number of years. There was also a significant increase in 12-hour trolley waits in A&E and this continues with 151 recorded in March-22.

In terms of COVID admissions, Southport & Formby CCG saw peaks in admissions to Southport & Ormskirk Hospital during April-20 (122) and January-21 (128) mirroring local and national trends for increasing cases. There were fewer admissions in 2021/22 with a peak of 42 in July-21. The latest position shows that there were 14 COVID related admissions recorded in March-22.



NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

4. Mental Health



4.1.1 Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		90.9%	100.0%	100.0%	100.0%	
Plan: 95%						
Performance Overview/Issues:						
• The Trust reported 100% in March above the 95% target. All 5 patients followed up within 7 days.						
Actions to Address/Assurances:						
• Performance on all follow ups post discharge continue to be discussed and reviewed in the weekly Divisional Safety Huddle.						
When is performance expected to recover:						
Performance remains on target.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Ian Johnston		



4.1.2 First Episode of Psychosis within 2 weeks of Referral (EIP)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
% of people experiencing first episode psychosis (EIP) or an "at risk mental state" that wait 2 weeks or less to start a NICE recommended package of care		Previous 3 months and latest				123c	Patient safety.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		80.0%	85.7%	90.9%	50.0%		
		Plan: 60%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust report under the 60% plan in March recording 50%, out of 8 people experiencing their first episode of psychosis only 4 waited 2 weeks for their recommended package of care, leaving 4 people who didn't. One breach was due to the service user failing to attend multiple appointments, which were originally within the RTT timescale. The other three breaches were due to referral delays to the EIP team after suspicion of psychosis was seemingly first elicited. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> In terms of the service user that failed to attend multiple appointment, they have since been assessed and accessing support and treatment. Of the other breaches, there were no explained reasons to the delays. EIP continue to liaise with other teams across the Division and agencies to reinforce the need for speedy referral to MCFT services to avoid future breaches of this nature. No harm resulted from any of the breaches with the service users still accessing support and treatment from other services during this period. 							
When is performance expected to recover:							
Quarter 1 2022/23.							
Quality:							
Service users did not receive what was required within the expected timescales. This will be scrutinised in future performance reports.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		

4.1.3 Eating Disorder Service (EDS)



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patient safety. Reputation.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		22.90%	20.60%	17.60%	20.60%	
		Dec-20	Jan-21	Feb-21	Mar-21	
		40.70%	37.90%	30.30%	21.20%	
Plan: 95%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Long standing challenges remain in place (see Quality section below). Out of a potential 34 Service Users, just 7 started treatment within the 18 week target (20.6%), which shows a 3% decline in performance from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Comparing to last year there has been a decline of 0.6 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> The service launched a digital peer support platform in April-22 which will benefit those individuals on the waiting list, along with those actively engaged in therapy as well as their carers. The service is continuing to deliver therapy and assessment appointments via telephone or Attend Anywhere and alongside this is also increasing its face-to-face appointments offer. Risk mitigation is in place for those breaching the 18 week to treatment target. A wellbeing call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. CBTe training was organised and delivered 13th and 14th April. The service feel that this structured, manualised and evidence-based intervention will improve throughput and waiting times. The newly appointed assistant psychologists will be able to deliver CBTe immediately. CBT Therapists will hold a percentage of CBTe on their caseload and start delivering CBTe when they have capacity. This will be reviewed through line management. As a wider piece of work, the service continues to explore how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. The ED service has been included in the first 10 services to transition as part of the acquisition The Trust and CCG recognise that considerable investment is required for the Eating Disorder (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 confirmed an additional £112k of investment for 2022/23 which has enabled the service to recruit a senior dietician and senior CBT therapist, both of which are really important senior roles in the context of waiting list and being able to see more of the acutely unwell and complex patients. The service are now not carrying any vacancies which should help with performance issues. 2 full time band 4 Assistant psychologists have been offered fixed-term contracts to 31st March 2023, to support increasing psychology provision within the service. Awaiting pre-employment checks. The service has reviewed the business case that was submitted and feel the psychological aspect of this is still valid and viable. Consideration still though needs to be given to the physical health monitoring arrangements and due to Mersey Care operating ED services across North and Mid-Mersey, have suggested they would prefer a collective approach to this involving commissioners from North and Mid-Mersey CCGs in order to maximise resources and the benefits of mature system working. Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. Self-help material has been provided to service users (if appropriate). The service continues to be responsive, patients are prioritised based on clinical need. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2022/23 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue. These issues need to be addressed through a collective approach between North and Mid-Mersey CCGs and Mersey Care. The service remains on the Mersey Care risk register and is subject to internal governance due to increasing waiting times.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Ian Johnston		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool (inpatients) within 24 hours of admission		Previous 3 months and latest				KPI 6a	Patient safety.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		100.0%	76.9%	100.0%	88.9%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG the Trust reported 88.9% and have achieved the 98% target, 8 out of 9 patients assessed. A decline from quarter 3 when 100% was reported. The individual patient that did not have an MFRAT completed within the 24hr timeframe was on an adult acute ward and no harm occurred due to the breach. The Trust overall had 43 out of 50 inpatients risk assessed using an appropriate tool in quarter 4 reporting 94.9% a decline on 94.9% in quarter 3. 							
Actions to Address/Assurances:							
Continued improvement with be sought for Q1 with the following actions being undertaken: <ul style="list-style-type: none"> Communication to all ward managers and modern matrons in relation to KPI of completion of MFRAT within 24-hour period of admission. Specific teams to be emailed separately who have identified breaches for non-completion in 24-hour period. Daily monitoring of KPI by physical health team. Monitoring for themes in performance and identify targeted support for teams if required. Divisional harm free falls group to highlight KPI monitoring as a standard item with emphasis on requirement for completion. 							
When is performance expected to recover:							
Performance expected to recover next quarter.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Ian Johnston			

4.2 Mental Health Matters (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		0.55%	0.67%	0.61%	0.74%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		0.49%	0.25%	0.93%	0.52%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. The Trust have not met the 19% plan for 2021-22 recording 7.58%. 							
Actions to Address/Assurances:							
<p>To address underperformance the following actions are being undertaken:</p> <ul style="list-style-type: none"> The service has recruited to long standing clinical lead vacancy who started in post in March. As staffing has historically been a challenging issue, the service will have a full complement of staff in place from March 2022 so is confident that performance will begin to improve, although it should be noted that this will take time to be reflected in the performance figures. One trainee cohort is soon due to become fully qualified so able to work to full capacity, thereby increasing the number of appointments available. Provider is funding agency staff and overtime to create additional capacity. Performance is being closely monitored through regular meetings with the service. 							
When is performance expected to recover:							
Achievement of the 19% access standard remained challenging in Q4.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment are unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		30.8%	42.9%	36.2%	51.5%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		53.2%	39.1%	46.3%	42.1%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Recovery rate saw a very significant difference of 15.3 percentage points in March from previous month now achieving the 50% target, but failing year to date reporting 41% for 2021-22. There is a increase of 9.4 percentage points from previous year. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021 which it has attempted to focus upon, along with the more complex patients that have been waiting. Internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. It is widely recognised that individuals who wait long periods for treatment more frequently struggle with engagement. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Clinical lead now actively in post and has oversight in reviewing planned discharges to ensure optimum recovery is achieved Structured approach to caseload management being utilised The provider has submitted an action plan which is being monitored through regular meetings and formal contract review meetings Meeting completed between provider and commissioners to discuss and better understand local and national service issues, along with wider contextual factors which impact upon performance. National recovery definitions and parameters mean that some service users aren't included within the recovery figures upon discharge, despite positive change being instigated through the therapy they've received. 							
When is performance expected to recover:							
Expectation is for performance to begin to improve as impact of full staffing compliment and structured approach to caseload management starts to take effect.							
Quality:							
Impact of patients not achieving the outcomes desired from treatment.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		



4.2.3 Improving Access to Psychological Therapies: % 6 Week Waits to Enter Treatment

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT % 6 week waits to enter treatment		Latest and previous 3 months				
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		70.0%	59.0%	73.0%	66.0%	
		Plan: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Failing in March reporting 66%, but achieving year to date reporting 80% YTD. In March, the CCG again reported below the national target in respect of cases discharged in the month being seen with 6 weeks at the start of treatment. A shortage of Psychological Wellbeing Practitioners (PWP) has impacted upon performance as it is these roles that are responsible for carrying out assessments. An additional seven PWP trainees commenced in March but it will take some time for the effect of them to be noted upon performance figures. Issues around data migration and inherited waiting list are impacting upon performance. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Additional PWP trainees commenced in March 2022. Recruitment is now managed at a Cheshire & Merseyside level in conjunction with local academic institutions. The provider has submitted an action plan which is being monitored through regular meetings and contract review meetings. Meeting completed between provider and commissioners to discuss and better understand local and national service issues, along with wider contextual factors which impact upon performance. 						
When is performance expected to recover:						
Expectation is for performance to begin to improve as impact of full staffing compliment starts to take effect.						
Quality:						
Impact of extended waits to enter treatment upon wellbeing of patients needing to access the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Ian Johnston		



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		63.7%	63.5%	64.1%	65.2%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		63.7%	62.8%	62.0%	62.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. Compared to last year the measure has declined by 2.8%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have implemented the following schemes to go into 21/22 Local Quality Contract (LQC) with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The outcomes of the above LQC scheme for 21/22 will be reported shortly.</p> <p>Proposals for new a new mandatory and additional optional scheme has been forwarded to GP practices Sefton wide, consultation will conclude shortly and plans to implement service specifications will commence shortly afterwards.</p> <p>As the COVID restrictions are being lifted the Trust has commenced face to face activity and commenced weekend clinics, it is anticipated that improved waiting times will follow.</p> <ul style="list-style-type: none"> The CCG have received £48k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is using the allocation for agency and staff overtime to reduce the waiting list. The commissioned voluntary sector (VCF Sector) in Sefton are providing now providing face to face and telephone support to more vulnerable clients including people suffering with dementia, cognitive impairment and their carers. The current model means that the service are continuing to review patients who could be managed in primary care, thereby occupying capacity in the service through which new assessments could be completed. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates continuing next quarter and beyond. An action plan to address current waiting times and diagnosis rates is to be discussed and implemented shortly.							
Quality:							
Issues to be looked into further around waiting times for memory services. To be queried with Mersey Care contract leads.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Hilal Mulla		Ian Johnston			

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		9.88%	17.65%	38.82%	55.65%		
		Year End Target: 70% National target by the end of 2023/24 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target increased to 600 from a total of 470 health checks for the year when the baseline changed in March 2021, previously using the QOF 2019-20 data now using the Network Contract DES (MI) 2021/22 data meaning an increase of baseline figure. Using the previous baseline the CCG would have achieved the 70% target and reported 70.60%. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 4 2021/22, the total performance for the CCG was 55.65%, below the year to date plan of 70%. 850 patients were registered with 473 being checked against a plan of 600 resulting in the CCG failing the target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of Learning Disabilities (LD) annual health checks. GP practices can sub-contract the LD DES to the GP Federation, all Southport and Formby practices have opted to do their own annual health checks. Practices usually undertake this work towards the end of the year, however they are being encouraged to spread this work throughout the year. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, previously extractions were quarterly. An LD task and finish group will be active across Sefton in 2022/23. 							
When is performance expected to recover:							
Target not met for 2021-22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Ian Johnston			

4.5 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<p>The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check</p>		Rolling 12 month as at end of quarter				123g	<p>Risk that CCG is unable to achieve nationally mandated target.</p> <p>SMI patients are in the JCVI vaccination groups called forward for COVID vaccination.</p>	
								
		26.5%	27.3%	33.1%	47.4%			
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21			
		32.1%	28.0%	25.4%	22.4%	<p>As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 60% of people on GP SMI registers receive a physical health check in a primary or secondary care setting.</p>		
		Plan: 60%						
Performance Overview/Issues:								
<ul style="list-style-type: none"> In Quarter 4 of 21/22, 47.4% of the 1,464 of people on the GP SMI register in Southport & Formby CCG (694) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). SMI health checks were removed from QOF in Q3 and Q4 due to COVID-19. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> SMI health checks will be back in QOF in 2022/23 which should help with uptake. Work is underway between CCG, clinical leads, GP Federation and public health to look at a small scale delivery pilot with the intention of increasing SMI health check uptake through targeted approach. Reducing health inequalities is a major focus area nationally with all ICS boards tasked with providing assurance around this as part of the Core20PLUS5 Framework. Spending Review funding of £64k has been identified to support physical health SMI in 2022/23. 								
When is performance expected to recover:								
Performance is expected to improve in Quarter 1 2022/23.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Geraldine O'Carroll		Hilal Mulla			Ian Johnston			

5. Community Health

5.1 Adult Community Services – (Mersey Care 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.

Month 12 assurance supplied by the Trust indicates that 11 patients are waiting between 19-24 weeks and 41 patients waiting 24 weeks plus. The Trust has previously 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. The CCG has requested that assurance be provided regards the numbers reported at M12.

5.1.1 Quality

Monitoring through the Clinical Quality and Performance Group (CQPG) for Mersey Care remains on enhanced surveillance due to the merger/acquisitions of other services including North West Boroughs to ensure consistency and management of services is appropriate.

To ensure all operational details are discussed this is now included within the Contract Review Meeting and escalation as appropriate through the Collaborative Commissioning Forum (CCF) then to the CQPG.

5.2 Any Qualified Provider (AQP)

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K and Scrivens. Contracts have been rolled forward in 2022-23 pending a wider Liverpool led engagement exercise to review the Adult Hearing Loss service specification and includes input from providers and clinicians.

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

Activity reports for M12 2021/22 below:



Total Activity & Cost for Southport & Formby CCG By Provider At M12						
Provider Name	2019/20		2020/21		2021/22	
	Activity	Cost	Activity	Cost	Activity	Cost
Specsavers	82	£22,504	108	£27,030	70	£19,822
Liverpool University Hospitals	2	£429	0	£0	1	£52
Southport & Ormskirk	85	£13,812	107	£15,139	114	£13,256
Grand Total	169	£36,745	215	£42,169	185	£33,130

6. Children's Services



6.1 Alder Hey NHS FT Children's Mental Health Services

6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)



Quarter 4 data is available 13th June 2022, there will be an update in the next report. Latest update below:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Rolling 12 month access % as at each quarter				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Rolling 12 Mth Rate	
		37.0%	41.3%	41.0%	41.3%	
		Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		33.7%	34.1%	36.5%	37.8%	
Annual Access Plan: 35%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The performance data now reflects the rolling 12 months data to the end of the given quarter. This is more representative of the performance as the target set is annual. The rolling 12 month (Q3 21/22) rate is currently 41.3% compared to 37.8% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



6.1.2 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services – Routine within 4 weeks

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only. * suppressed data meaning less than 2 referrals in the quarter	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Ongoing increase in demand for the service may continue to impact on waiting times for treatment.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		*	*	38.3%	27.1%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q3 20/21		
		86.7%	96.0%	96.7%	89.7%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q1 and Q2 the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 38.3% and quarter 4 a decline reporting 27.1%. As the service has relatively small numbers breaches have a large impact on performance. For quarter 4, of the 48 completed pathways, 1 patients started treatment within 1 week and 12 patients in weeks 1 to 4, 34 patients starting their treatment between 4 and 12 weeks and 1 patient starting 12 weeks plus. Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 22/23 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 							
When is performance expected to recover:							
Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Peter Wong		



6.1.3 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services – Urgent within 1 week of referral

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Ongoing increase in demand for the service may impact on waiting times for urgent treatment.</p>
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	<p>* suppressed data meaning less than 2 referrals in the quarter</p>	
		*	*	91.7%	88.9%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		100%	100%	100%	100%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q1 and Q2 and the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 97.7% and quarter 4 reporting 88.9% against the 95% target. All of 9 urgent cases 8 started treatment within 1 week and 1 within 1-4 weeks. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 22/23 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 							
When is performance expected to recover:							
Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway:</p> <ul style="list-style-type: none"> • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers.
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referral rates continue to be higher than commissioned levels and there was an 80% increase in referrals in March 22. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCGs have agreed additional recurrent investment to provide further service capacity to meet increasing demand and reduce waiting times. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway:</p> <ul style="list-style-type: none"> • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • For those CYP waiting to complete their assessment, there is a potential quality/safety risk.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		55%	53%	52%	54%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 54% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 12 of months. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. • A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. • To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway:</p> <ul style="list-style-type: none"> • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		99%	100%	100%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with an 80% increase in referrals in March. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCGs have agreed additional recurrent investment to provide further service capacity to meet increasing demand and reduce waiting times. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway:</p> <ul style="list-style-type: none"> • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • For those CYP waiting to complete their assessment, there is a potential quality/safety risk.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		80%	84%	86%	88%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 88% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows improvement in last 3 months. • The increase in rate of referrals is impacting on 30 week assessment waiting time target, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care • In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks (open pathways)		Latest and previous 3 months					Due to ongoing impact of COVID on demand and increase in urgent referrals, potential quality/safety risks from delayed access/or inability to access timely interventions. Potential of sustained and long term increase in waiting times/numbers and workforce capacity challenges due to service expansion and staff turnover across the system.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		47.5%	45.5%	46.2%	38.2%		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 8% decline in compliance reporting 38.2% in March. There were 8 x 52 week breaches across both CCGs in March due to an increase in urgent appointments and caseload reallocations; compounded by staff absence (COVID and otherwise), staff leavers and awaiting new staff to commence in April. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and although there has been a general deterioration in waiting times since December 2020, the position is starting to improve and stabilise. Due to expansion of mental health provision across the region, workforce challenges continue to be an issue as staff move around the system. There continues to be an increase in the number of urgent cases referred to the service; capacity continues to be flexed to meet requirement for urgent assessment and/or treatment. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. For the 8 young people across Sefton waiting over 52 weeks at the end of March, 5 commenced treatment in April, 2 DNA'd/cancelled an appointment in April and have a further date booked in May and 1 DNA'd/cancelled an appointment in April and is being rebooked to the next available appointment. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) continues to be mobilised by the Trust and third sector providers. As services strive to reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. 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. Alder Hey are in the process of developing a service improvement plan which will be shared with the CCGs at the end of May 2022. 							
When is performance expected to recover:							
Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity– notwithstanding likely internal/external movement as posts are filled. A detailed service improvement plan/trajectory will be shared by the Trust at the end of May 2022.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt			Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months					Due to ongoing impact of COVID on demand and increase in urgent referrals, potential quality/safety risks from delayed access/or inability to access timely interventions. Potential of sustained and long term increase in waiting times/numbers and workforce capacity challenges due to service expansion and staff turnover across the system.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		73.4%	75.4%	71.3%	69.2%		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • There has been a 2.1% decline in waiting times in March reporting 69.2%. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and although there has been a general deterioration in waiting times since December 2020, the position is starting to improve and stabilise. • Due to expansion of mental health provision across the region, workforce challenges continue to be an issue as staff move around the system. • There continues to be an increase in the number of urgent cases referred to the service; capacity continues to be flexed to meet requirement for urgent assessment and/or treatment. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) continues to be mobilised by the Trust and third sector providers. As services strive to reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • 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. • Alder Hey are in the process of developing a service improvement plan which will be shared with the CCGs at the end of May 2022. 							
When is performance expected to recover:							
Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity– notwithstanding likely internal/external movement as posts are filled. A detailed service improvement plan/trajectory will be shared by the Trust at the end of May 2022.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt			Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				<=92%: Red > 92%: Green	Potential ongoing increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.
		Dec-21	Jan-22	Feb-22	Mar-22		
		37.20%	39.10%	36.40%	38.70%		
Total Number Waiting							
Dec-21	Jan-22	Feb-22	Mar-22				
409	381	379	377				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 35.9 weeks compared to 35.7 weeks last month. For open pathways, the longest waiter was 53 weeks in March compared to 54 weeks the previous month. Overall there has been a steady increase in new referrals the service received 76 in March compared to 38 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referral since the pandemic. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a service improvement plan which anticipates achieving the maximum 18 week waiting time target by end of March 2023. Data from mid-January 2022 indicates that the recovery plan has started to take effect with a reduction in the total numbers waiting. In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 							
When is performance expected to recover:							
Updated recovery plan is that recovery by end of Q4 2022/23.							
Quality:							
There are no identified quality issues.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	100.0%	100.0%	
		Total Number Waiting				
		Dec-21	Jan-22	Feb-22	Mar-22	
		46	43	36	28	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 10.3 weeks compared to 9.9 weeks last month. For open pathways, the longest waiter was 16 weeks in March compared to 14 in February. New referrals to the service remain steady, 49 were received in March and 24 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically, as performance is exceeding target consistently. 						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	100.0%	100.0%	
		Total Number Waiting				
		Dec-21	Jan-22	Feb-22	Mar-22	
		35	31	42	60	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 5.9 weeks compared to 6.7 last month. For open pathways, the longest waiter was 10 weeks in March, 6 in February. Overall there has been a steady increase in referrals, the service received 53 in March compared to 32 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically, as performance is exceeding target consistently. 						
When is performance expected to recover:						
Performance is achieving the target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	94.1%	100.0%	
Total Number Waiting						
		Dec-21	Jan-22	Feb-22	Mar-22	
		18	18	17	20	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 8.4 weeks compared to 7.2 weeks reported last month. For open pathways, the longest waiter was 11 weeks in March compared to 18 in February. Referrals to the service remain steady, 15 were received in March and 11 in the previously month. 						
Actions to Address/Assurances:						
None specifically, as performance is exceeding target consistently.						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	88.9%	91.3%	
Total Number Waiting						
		Dec-21	Jan-22	Feb-22	Mar-22	
		52	61	63	69	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 15.82 weeks compared to 10.81 weeks last month. For open pathways, the longest waiter was 26 weeks in March, 20 weeks reported in February. New referrals to the service remain steady, 28 were received in March and 23 in February. 						
Actions to Address/Assurances:						
None specifically issues flagged beyond COVID related absences. Awaiting further performance to assess performance and seeking assurance from the Trust.						
When is performance expected to recover:						
Performance has fallen below target expected to recovery next month.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

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

All results are listed below:

Figure 19 - CQC Inspection Table

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

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

8. Third Sector Overview – Quarter 4

Introduction

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

Age Concern – Liverpool & Sefton

The service has now been able to resume to mostly face-to-face contact with clients. All are receiving, either one phone call or visit per week and during Q4 the team continued to provide befriending support to clients.

Recruitment of volunteer befrienders is continuing; promotion and recruitment events have also recommenced to help increase the number of volunteers in the service. Referrals to the service have

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

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- Support in arranging a care package
- Anxiety support
- Support with walking aids
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a cleaner
- Referrals for benefit advice
- Occupational Therapist assessment referral
- Referrals for making a will
- Support to obtain hospital transport
- Support to obtain shopping support

Alzheimer's Society

Services are starting to resume face to face activities, singing for the brain remains online but a blended face to face and virtual group is currently being explored. Memory cafes and peer support groups are currently still on hold but the service is scoping out locations to restart this shortly. Regular welfare calls are made by staff and volunteers, continuing to assess support needs, checking client safety, providing important advice, and signposting to other essential services in the absence of face-to-face contact. A young onset dementia group is also being supported in Southport; the service has also submitted a bid to deliver support to people with early onset dementia as part of Sefton in Mind. The service received 148 new referrals during Q4 alone. The service continues to work with Southport Memory Clinic and have re-established links with South Sefton services for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

Citizens Advice Sefton

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

The main type of advice requested is mainly regarding benefits including tax credits, Universal Credits and appeals.

Crosby Housing and Reablement Team (CHART)

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

CHART are continuing with a mixture of working from home and office. Face to face appointments are being carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 45 new referrals during Q4.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 and average of 80 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. A booking system for attendance at the centre has been put in place and appears to be working well. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catch-ups. It was essential that Peer Support, Social Inclusion and

Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as Community Mental Health Teams concentrated on Essential Care.

Services are resuming on a face-to-face basis and referrals are increasing.

Netherton Feelgood Factory

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

Staff & Volunteers at the centre are coping well and adjusting to change in service provided. Several issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Group work has recommenced at the centre and numbers attending are increasing.

Parenting 2000

Services provided by P2000 are now resuming face to face sessions for all, some sessions are still delivered via Zoom as appropriate. Counselling session referrals have increased; Self-referrals remain the largest source, but GP referrals and recommendation are increasing rapidly. Groups have been introduced back into the centres, but this has added financial pressure to the organisation; P200 are actively seeking extra funding from charitable sources to help with the shortfall.

Sefton Advocacy

Sefton Advocacy continues to receive a high volume of referrals to the service. Procurement of a centralised advocacy hub is underway; it is envisaged this will conclude by 30th June 2022 with the new service provider starting from 1st July 2022. The current NHS Standard Contract has been extended until 30th June with agreement from Senior Leadership Team.

Sefton Carers Centre

The number of carers registering with the centre has significantly increased since the start of the pandemic. Face to face support is resuming with some services as appropriate. There were 101 remote Counselling sessions delivered and a further 735 hours of support given by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £351K of benefits for Carers. There are currently 561 registered tier 2 young carers receiving support from the centre. Face to face support has been re-introduced on a basis of need.

Sefton Council for Voluntary Service

BAME Service update

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

High Intensity Users

The team of 5 staff running this service are currently working in between home and the office.

Over the last year the introduction of the service has reported a 50% reduction in hospital admissions for High Intensity patients. This cohort of patients attended A&E more than 4 times during 18/19 leading to at least 1 hospital admission. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

Reablement Service

Face to face services and home visits are starting to resume, the team remains at full capacity with all positions filled. The team have continued to support remotely and make calls to check welfare, support and refer to other organisations and services if needed the team continue to support patients with the many various issues that impact on their health and wellbeing in order that they are able to make more positive lifestyle choices.

There are now four Adult Social Workers covering each of the localities, who continue in supporting the Integrated Care Team with being part of the MDT meetings via Skype. Health & Wellbeing Trainers in all four localities continue to feel very supported by this discipline being part of the team and feel that the social worker and Health & Wellbeing Trainers complement each other within working towards the Health and Wellbeing of service users. The Social Worker who covers Crosby Health & Wellbeing Trainers continue to work in partnership with other Community Voluntary Service projects, such as Macmillan Community Navigators, Community Connectors and Living Well Sefton team.

Social Prescribing

During the first half of the year there have been an increase in referrals to the service. This quarter saw a large increase in face-to-face community-based activity, a return to 'more normal' activity with referrals onto community activity increasing. There has been an increased focus on personal goals / care plans and good case management by Social Prescribing Link Workers, increasing discharge rates. Current caseloads are still very high in most areas, with an average of 51 active cases per full time member of staff in September, partly due to a vacant post. Individual PCN's have taken over the grant agreements from 1st November 2021.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed or faced redundancy.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus, multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online. More Complex cases are emerging because of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

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

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service.

Stroke Association

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

Face to face services have started to resume, this has been welcomed by some service users who have found online services difficult.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown then closed again. The centre has re-introduced some face-to-face therapies. Services are currently a mixture of face to face and remote as appropriate, these include counselling, various online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now British Association Counselling & Psychotherapy approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

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

Macmillan Cancer Support Centre – Southport

The service has continued to experience a high volume of referrals to the service; there were 244 referrals made during Q4 and 1,069 individual contacts made with the centre.

The highest source of referrals is via GP practices. The centre is continuing to see service users face to face on an appointment basis, following a negative Covid test the day of the appointment.

Counselling services at the centre continue to be popular; most counselling appointments are now face to face unless the service user's preference is telephone or zoom. Sessions have increased since last quarter and the number of people being referred into the counselling service has also increased.

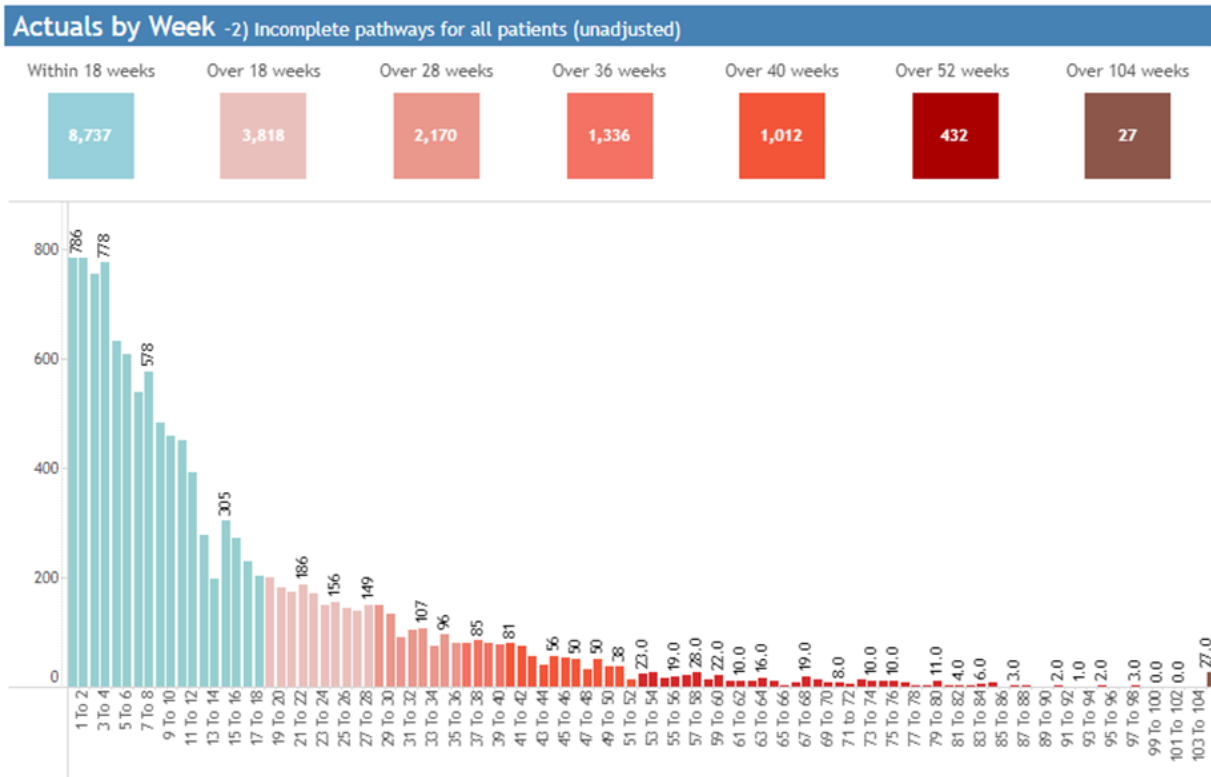
9. NHS Oversight Framework (NHS OF)

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 done 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.

10. Appendices

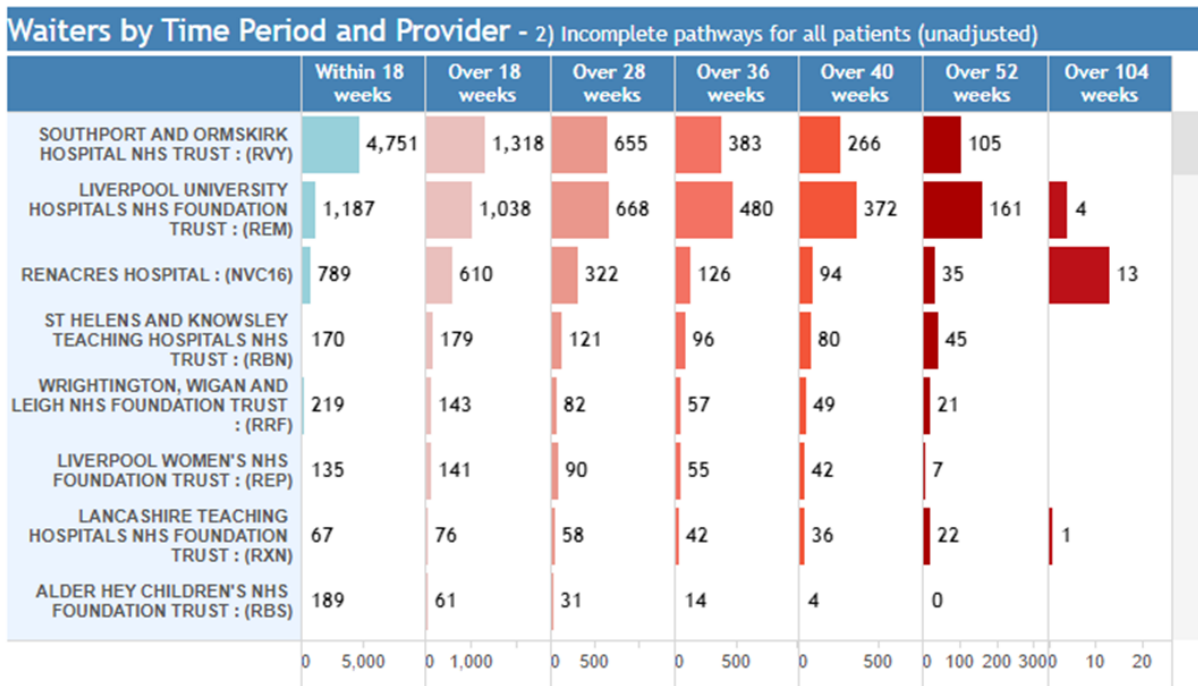
10.1.1 Incomplete Pathway Waiting Times

Figure 20 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers



10.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 22 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

