



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Summary – April 2022

Summary Performance Dashboard

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Diagnostics, Referral to Treatment (RTT) & Long Waiters															
% 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												
		Actual	43.81%												
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R												
		Actual	69.38%												
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R												
		Actual	490												
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >78 weeks The number of patients waiting at period end for incomplete pathways >78 weeks - reduction, 0 by April 2023	Southport & Formby CCG	RAG	R												
		Actual	98												
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >104 weeks The number of patients waiting at period end for incomplete pathways >104 weeks - 0 waits by July 2022	Southport & Formby CCG	RAG	R												
		Actual	21												
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice	Southport & Ormskirk Hospital	RAG	R												R
		Actual	7												7
		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
		Actual	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R												R	
		Actual	77.38%													77.38%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R												R	
		Actual	11.11%													11.11%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	G												G	
		Actual	96.97%													96.97%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R												R	
		Actual	87.50%													87.50%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G												G	
		Actual	100%													100%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G												G	
		Actual	95.83%													95.83%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R												R	
		Actual	60.53%													60.53%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	Southport & Formby CCG	RAG														
		Actual	No pats													
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Cancer Waiting Times																
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority	Southport & Formby CCG (local target 85%)	RAG	G												G	
		Actual	94.44%													94.44%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
28-day faster referral standard (FDS) - two week wait referral (MONTHLY) % of patients diagnosed within 28 days	Southport & Formby CCG	RAG	R												R	
		Actual	58.92%													58.92%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
28-day faster referral standard (FDS) - two week wait breast symptom referral (MONTHLY) % of patients diagnosed within 28 days	Southport & Formby CCG	RAG	R												R	
		Actual	15.00%													15.00%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
28-day faster referral standard (FDS) - screening referral (MONTHLY) % of patients diagnosed within 28 days	Southport & Formby CCG	RAG	R												R	
		Actual	47.62%													47.62%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Metric	Reporting Level		2022-23												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	
		Actual	79.49%													79.49%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Ormskirk NHS Trust	RAG	R												R	
		Actual	80.55%													80.55%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Waits in A&E from arrival to discharge, admission or transfer 98% of patients must wait less than 12 hours	Southport & Ormskirk NHS Trust	RAG	R												R	
		Actual	12.46%													12.46%
		Target	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
Ambulance Handover																
Ambulance handover delays to accident & emergency (A&E) of 60 minutes % of patients delayed 60 minutes	Southport & Ormskirk NHS Trust	RAG	R												R	
		Actual	91.28%													91.28%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ambulance handover delays to accident & emergency (A&E) of 30 minutes % of patients delayed 30 minutes	Southport & Ormskirk NHS Trust	RAG	R												R	
		Actual	65.50%													65.50%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ambulance handover delays to accident & emergency (A&E) of 15 minutes % of patients delayed 15 minutes	Southport & Ormskirk NHS Trust	RAG	R												R	
		Actual	40.61%													40.61%
		Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
MSA																
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	
		Actual	2													2
		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	
		Actual	0.5													0.5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
HCAI																
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G												G	
		YTD	0													0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R												R	
		YTD	5													5
		Target	4	8	12	16	20	24	28	32	36	40	44	48	48	48
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G												G	
		YTD	7													7
		Target	10	19	27	34	41	48	56	67	80	91	100	107	107	107
Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care The proportion of those patients discharged from psychiatric in-patient care who are followed up within 72 hours	Southport & Formby CCG	RAG	G												G	
		Actual	100%													100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG														
		Actual	To be updated in Q1													
		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	
		Actual	28.60%													28.60%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level	2022-23													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
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	
		Actual	0.71%												0.71%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R											R	
		Actual	45.30%												45.30%
		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	R											R	
		Actual	73.00%												73.00%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G											G	
		Actual	98%												98%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R											R	
		Actual	66.13%												66.13%
		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%

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	Southport & Formby CCG	RAG													
		Actual	To be updated in Q1												
		Target	TBC			TBC			TBC			TBC			TBC
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at the end of the 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													
		Actual	To be updated in Q1												
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Rolling 12 month as at the end of the 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													
		Actual	To be updated in Q1												
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG													
		Actual	To be updated in Q1												
		Target	95%			95%			95%			95%			95%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG													
		Actual	To be updated in Q1												
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level	2022-23													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways - Alder Hey	Southport & Formby CCG	RAG	R												
		Actual	34.1%												
		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	Southport & Formby CCG	RAG	R												
		Actual	68.9%												
		Target	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												
		Actual	100%												
		Target	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												
		Actual	53%												
		Target	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												
		Actual	100%												
		Target	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	R												
		Actual	87%												
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/16	Sefton	RAG													
		Actual	8.8												
		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	84.2												
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	54.9												
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 1 of 2022/23 (note: time periods of data are different for each source).

Constitutional Performance for April 2022/23 & Q4 2021/22	CCG	S&O
Diagnostics (National Target <1%)	43.81%	48.56%
Referral to Treatment (RTT) (92% Target)	69.38%	76.98%
No of incomplete pathways waiting over 52 weeks (Target zero)	490	192
No of incomplete pathways waiting over 104 weeks (Target zero from July 2022)	21	0
Cancelled Operations (Zero Tolerance)	-	7
Cancer 62 Day Standard (Nat Target 85%)	60.53%	48.28%
A&E 4 Hour All Types (National Target 95%)	79.49%	80.55%
S&O Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%)	-	12.50%
A&E 12 Hour Breaches (Zero Tolerance)	-	201
Ambulance Handovers <= 15 mins (Target 65%)	-	40.60%
Ambulance Handovers <= 30 mins (Target 95%)	-	65.50%
Ambulance Handovers <= 60 mins (Target 100%)	-	91.28%
Stroke (Target 80%) (March data - reported a month in arrears)	-	41.4%
TIA Assess & Treat 24 Hrs (Target 60%) (March data - reported a month in arrears)	-	82%
Mixed Sex Accommodation (Zero Tolerance)	2	6
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)	0.71%	-
IAPT Recovery (Target 50%)	45.30%	-
IAPT 6 Weeks (75% Target)	73.00%	-
IAPT 18 Weeks (95% Target)	98%	-

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 April-22 there have been 96,351 (or 79.6%) first dose vaccinations and 92,464 (76.4%) second denominator populations now include under 16s as they are eligible for dose 1&2. 72,080 (78.0%) of eligible patients had booster vaccinations given at the end of April-22. 5,705 of these were Spring booster vaccinations.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

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.

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 2019/20 outturn, leading to a reduction in the waiting list position, primarily focused on those waiting the longest and at highest risk. The Health Care Partnership (HCP) 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' and 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 being 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.

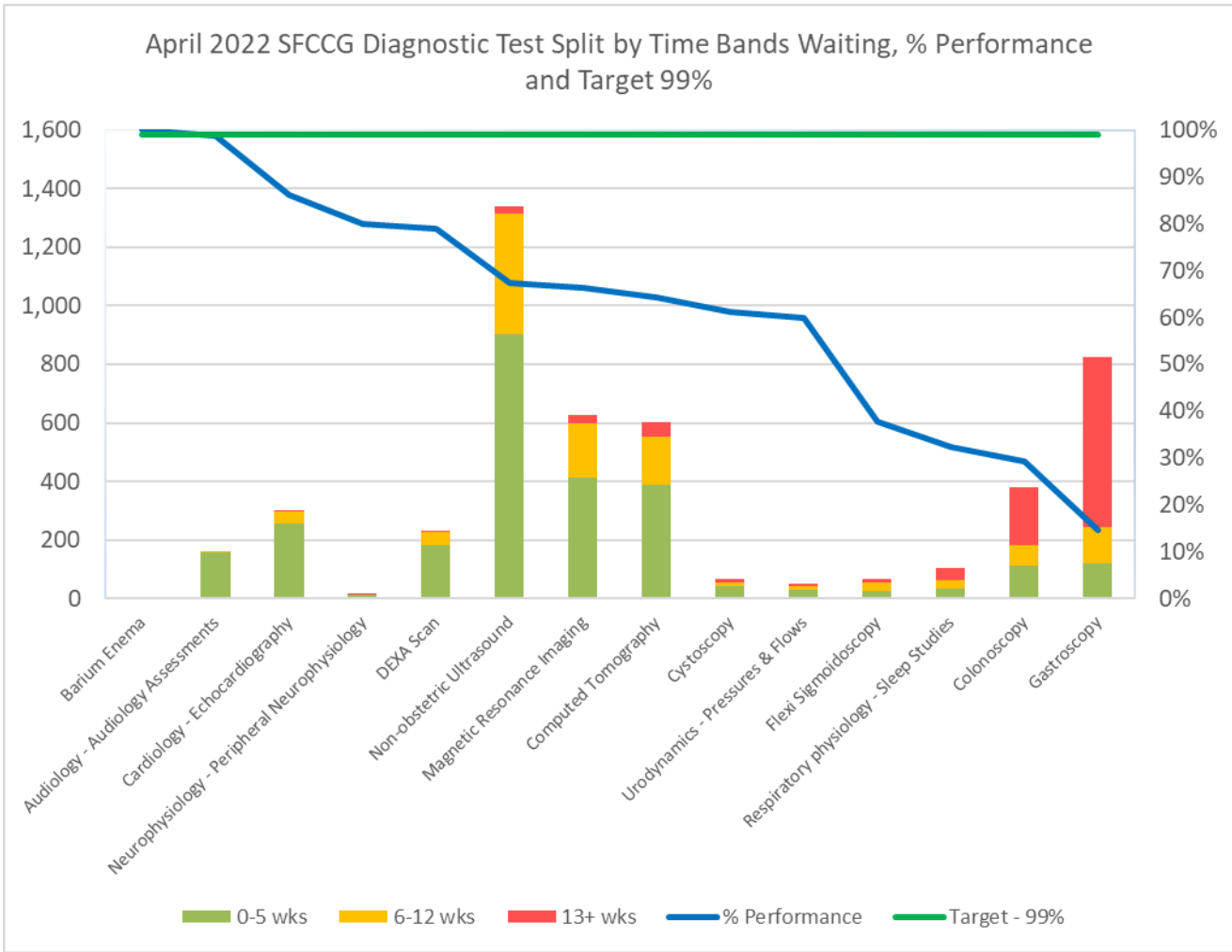
For local referral monitoring, the CCG Business Intelligence team are undergoing network developments in order to enhance data processing and analysis. As a result of this, Referrals for Month 1 of 2022/23 are unavailable at present. Months 1 and 2 will be updated in the next Integrated Performance report.

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 April, recording 43.81%, around a 3% decline in performance from last month when 40.56% was reported. Along with being above the target, the CCG is measuring above the national level of 28.4%. Southport and Ormskirk reported 48.56%, a 5% decline to last month when 43.65% was reported. Overall, increased demand, changes to the urgency of requests across all modalities and effects of Infection Prevention and Control (IPC) guidance is impacting performance. Additional lost capacity due to technical issues with the MRI scanner (3 days) and lost capacity at the Walton Centre due to CT scan downtime. The Walton centre CT scan is now reinstated with further improvement in performance expected in June 2022. Additionally, open hours for MRI extended to increase capacity with a potential opportunity for the Trust to commission additional activity at the Walton Centre for MRI also.

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

Figure 1 – April CCG Diagnostics Chart and Table



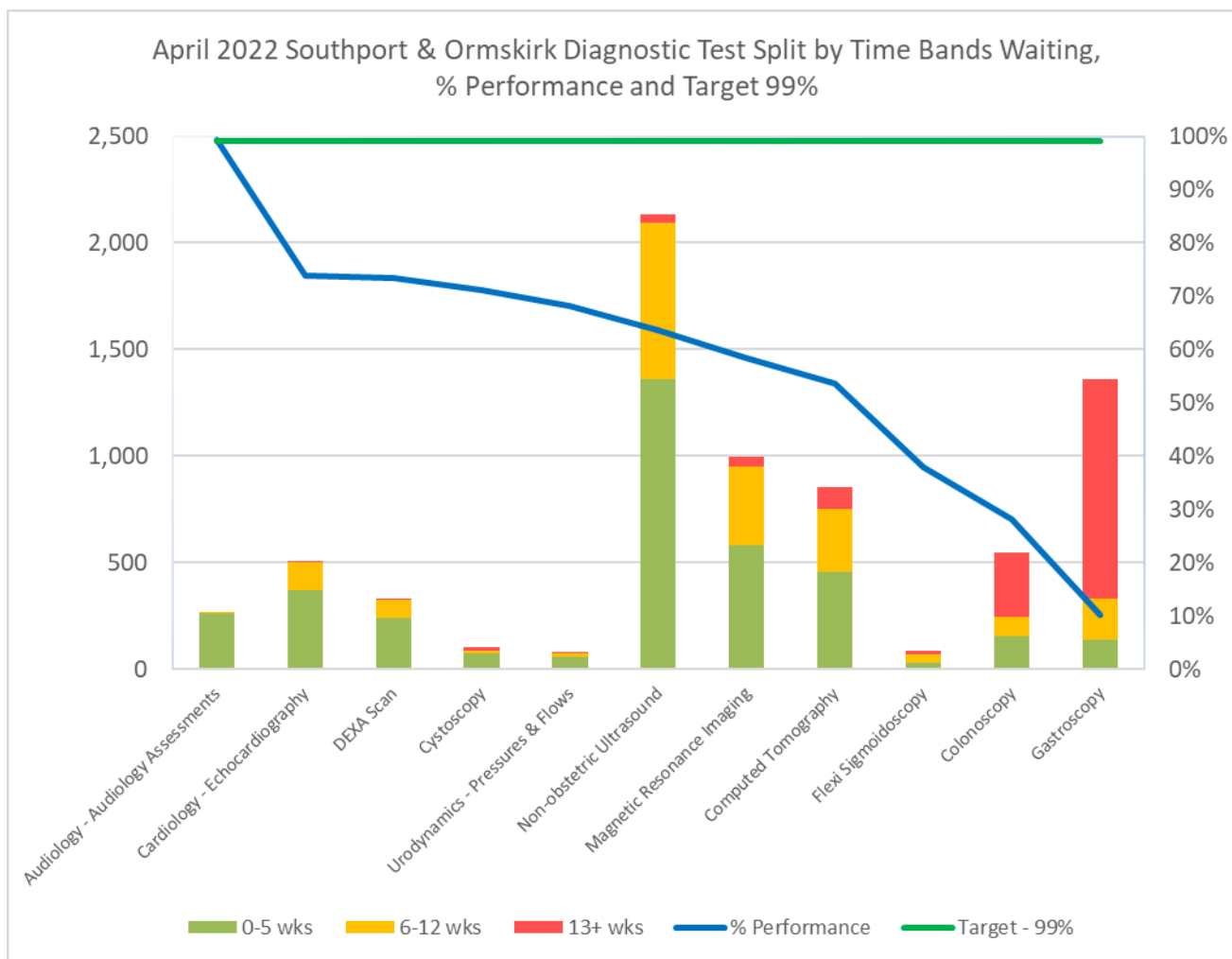
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Barium Enema	1	0	0	100.00%	99%
Audiology - Audiology Assessments	159	2	0	98.76%	99%
Cardiology - Echocardiography	258	39	3	86.00%	99%
Neurophysiology - Peripheral Neurophysiology	12	0	3	80.00%	99%
DEXA Scan	181	47	1	79.04%	99%
Non-obstetric Ultrasound	904	411	25	67.46%	99%
Magnetic Resonance Imaging	414	185	26	66.24%	99%
Computed Tomography	387	164	52	64.18%	99%
Cystoscopy	41	13	13	61.19%	99%
Urodynamics - Pressures & Flows	30	11	9	60.00%	99%
Flexi Sigmoidoscopy	25	29	12	37.88%	99%
Respiratory physiology - Sleep Studies	34	31	40	32.38%	99%
Colonoscopy	112	69	201	29.32%	99%
Gastroscopy	121	125	578	14.68%	99%
Total	2,679	1,126	963	56.19%	99%

For diagnostics overall, the CCG is reporting 56.19%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 20.20%. National levels overall are currently at 71.6% and the proportion waiting over 13 weeks nationally at 9.82%. 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 and is expected to reduce the number of two week wait referrals and create capacity that will be focused on managing waiting lists. Gastroenterology is currently being appraised as an elective priority area by the regional elective programme board with CCG clinical and managerial resource likely to be utilised to support the adoption of pathways across the ICS footprint, with a focus on development of Gastroenterology RAS's (Referral Assessment Services) utilising clinical pathways for clinical triage.

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



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	265	2	0	99.25%	99%
Cardiology - Echocardiography	374	128	5	73.77%	99%
DEXA Scan	242	87	1	73.33%	99%
Cystoscopy	76	11	20	71.03%	99%
Urodynamics - Pressures & Flows	58	19	8	68.24%	99%
Non-obstetric Ultrasound	1,361	732	42	63.75%	99%
Magnetic Resonance Imaging	581	368	46	58.39%	99%
Computed Tomography	458	297	98	53.69%	99%
Flexi Sigmoidoscopy	33	38	16	37.93%	99%
Colonoscopy	155	90	303	28.28%	99%
Gastroscopy	138	196	1,025	10.15%	99%
Total	3,741	1,968	1,564	51.44%	99%

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

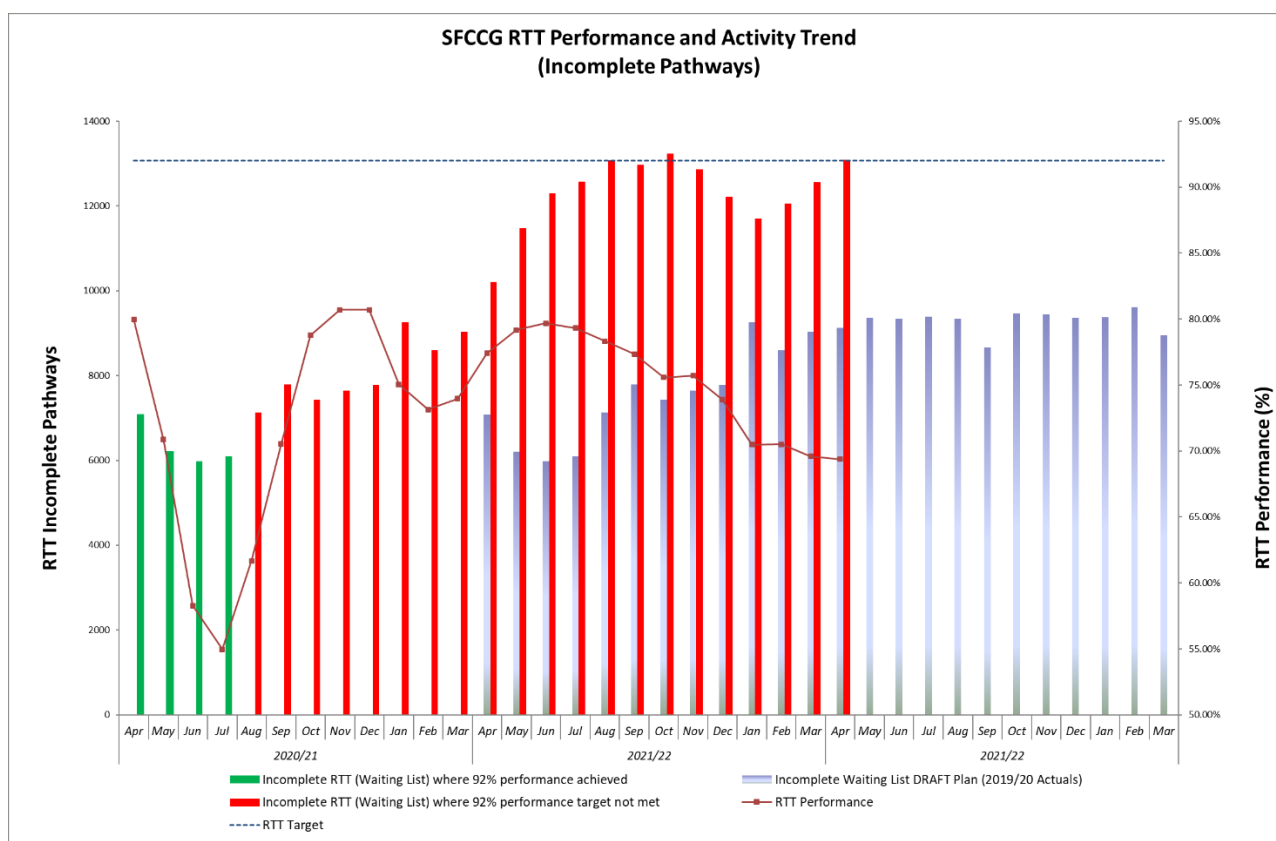


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)*	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362	9,376	9,618	8,956	9,126
2021/22	13,082												13,082
Difference	3,956												3,956
52 week waiters - Plan (last year's actuals)*	412	355	335	320	342	354	350	339	357	377	410	432	
52 week waiters - Actual	490												
Difference	78												

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	11,189
2021/22	12,556												12,556
Difference	1,367												1,367
52 week waiters - Plan (last year's actuals)*	242	154	128	101	132	135	134	136	136	140	159	182	
52 week waiters - Actual	192												
Difference	-50												

*NB. Plans were not required for 2022/23 Operational Planning. Therefore, 2019/20 actuals used to monitor recovery as working towards pre pandemic levels and 2021/21 used for 52-week waiters.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in April was 69.38%, similar performance (69.49%) from last month. The CCG is reporting well above the national level of 61.67%. Southport & Ormskirk Hospital reported 76.98%, also showing a small decline against last month's performance when 77.91% 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 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 1,419 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 490 patients were waiting over 52 weeks, an increase on last month when 432 breaches were reported. Included in the long waiters there are

21 patients waiting over 104 weeks (6 less than last month). 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. Once the 104-week target has been met, focus will then transition to eliminating patients waiting over 78 weeks by 31st March 2023. There may however be some short-term deterioration in both 18 week and 52 week wait positions whilst long waiters are focused upon.

Of the 490 breaches for the CCG, there were 111 at Southport & Ormskirk, 190 at LUHFT and 189 at 18 other Trusts. The 490 52+ week CCG breaches represent 3.75% of the total waiting list, which remains below the national level of 4.98%.

Southport & Ormskirk had a total of 192, 52-week breaches in April, 10 more than reported last month. The overall good performance in the low numbers of 52-week waiters is due to the continuation of services during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG decreased to 12,556 in April-22 (March-22 reported 12,567). The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

The Trust has reported 7 cancelled operations in March, 1 less than reported last month. The Trust indicated the cancelled operations were due to surgeons being unavailable (6) and 1 patient cancelled due to COVID. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG and Trust are achieving 4 of the 9 cancer measures in April. The Trust are achieving 2 measures in April.

The Trust has developed a tumour-site specific Cancer Improvement Plan presented through Clinical Contract and Quality Review Meetings (CCQRM). This contains trajectories by tumour site to deliver the operational standards on cancer access targets by March-23. Metrics to monitor the size and movement of patient tracking lists are also reported.

Progress this month includes:

- Recruitment to a number of cancer navigator roles.
- Recruitment to 2 x gynaecology consultant, cancer nurse specialist and support worker roles.
- Establishment of a one stop gynaecology/ hysteroscopy service.
- Provision of additional sessions for CT and MR imaging.
- Presence of a Bio Medical Scientist to confirm adequacy of head and neck histology samples before it is sent to the pathology lab, avoiding the need for patient re-attendance.

Challenges remain around:

- Sustained high referral rates (120% of pre-pandemic levels).
- Aligning capacity and demand for colorectal pathways to reflect implementation of High Risk FIT testing from end April 2022.
- Histology turnaround times.
- Staffing gaps in lung and skin.

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

The CCG continue to fail the 2-week cancer measure in April reporting 77.38%. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 86.10% but shows an

improvement from last month when 77.13% was recorded. 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. The Cheshire and Merseyside Cancer Alliance will undertake a deep dive on conversion rates from referral to cancer pathways (i.e. cancer detection rates). Headlines suggest these may have fallen over recent months.

For 2-week wait breast services, performance declined significantly to 11.11% in April-22, from 28.21% in the previous month and remains significantly under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 14.57% in April, with 217 breaches out of a total of 254 patients seen, but Trust level performance has declined from the previous month. Performance against the 28-day standard for patients referred with breast symptoms is under the 75% standard at 15% a marked decline from 54.55% recorded last month.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider is planning a series of actions in order to deliver a trajectory for improvement following successful recruitment to 2 consultant radiologist roles. Pathway changes are being worked through to prioritise radiology capacity for those with the most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Consideration is also being given to lower risk clinics in the community to give reassurance to patients concerned about cancer but who do not have symptoms cited in NICE guidance.

For Cancer 62 Day standard the CCG is measuring below the national level of 65.24% recording 60.53% in April, also below the 85% operational target.

For patients waiting over 104 days, the CCG reported 1 patient in April which is 7 less than last month. This patient was in urology, number of days waiting was 115. North West guidance asks that any patients who experience a long wait are reviewed to assess whether harm has occurred as a result of the long wait and that a root cause analysis is undertaken to identify all causes of delay in the pathway. The CCG expects to start receiving harm reviews and root cause analyses in the next month which will provide assurance that all themes are being captured and addressed within the Provider's Cancer Improvement Plan.

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

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

Trajectories have been submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62-day waits will return to pre pandemic levels by the end of 2022/23.

Systems were to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In April the CCG performed below the target all 3 indicators. 28-day FDS overall reporting for April-22 is 57.21%, 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.

The North West Cancer Patient Tracking List (PTL) is now available to CCGs and will enable interrogation to show mean and median waits and breaches by provider, CCG and tumour site.

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 18.4% in March 2022 at 33.3% (latest data). The percentage of patients who would

recommend the service has decreased to 91% (from 95%), which is below as the England average of 94% and the percentage who would not recommend has increased to 6%, from 3% the England average. The Trust recently provided a Patient Experience update at the CCGs Patient Experience Group (PEG) 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.

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 was a focus on restoration of elective services as set out in the NHS Operational Planning Guidance and this is a continued emphasis for 2022/23. Despite this, month 1 of 2022/23 has seen a reduction in total planned care activity (incorporating day case, elective and outpatient attendances) for Southport & Formby CCG. Comparing to the previous month, activity has decreased by approximately -15% and is also -17% to that seen in April-19 (pre-pandemic).

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

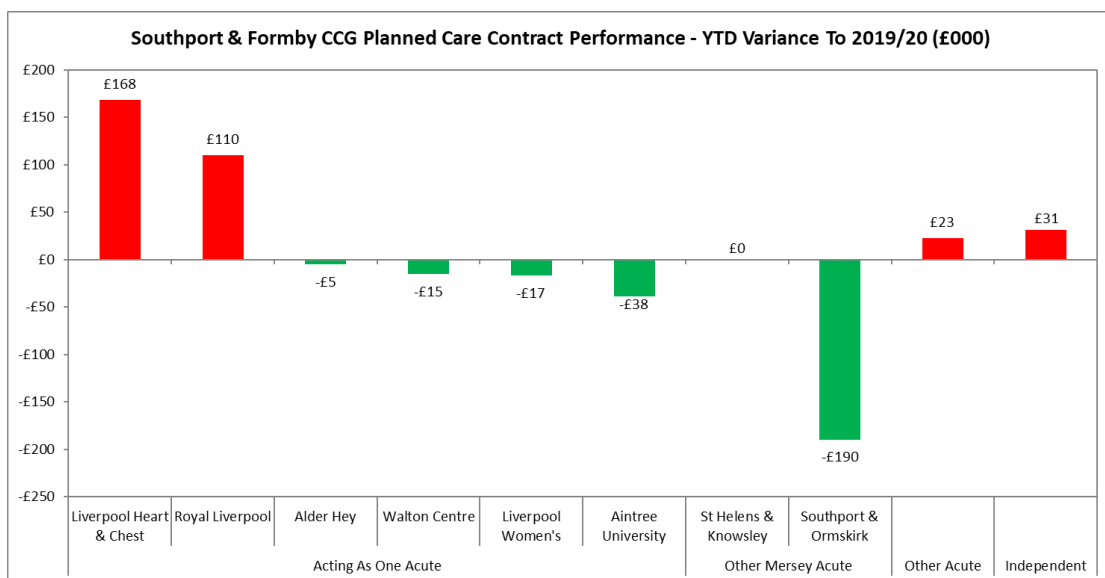


Figure 6 - Planned Care Activity Trends

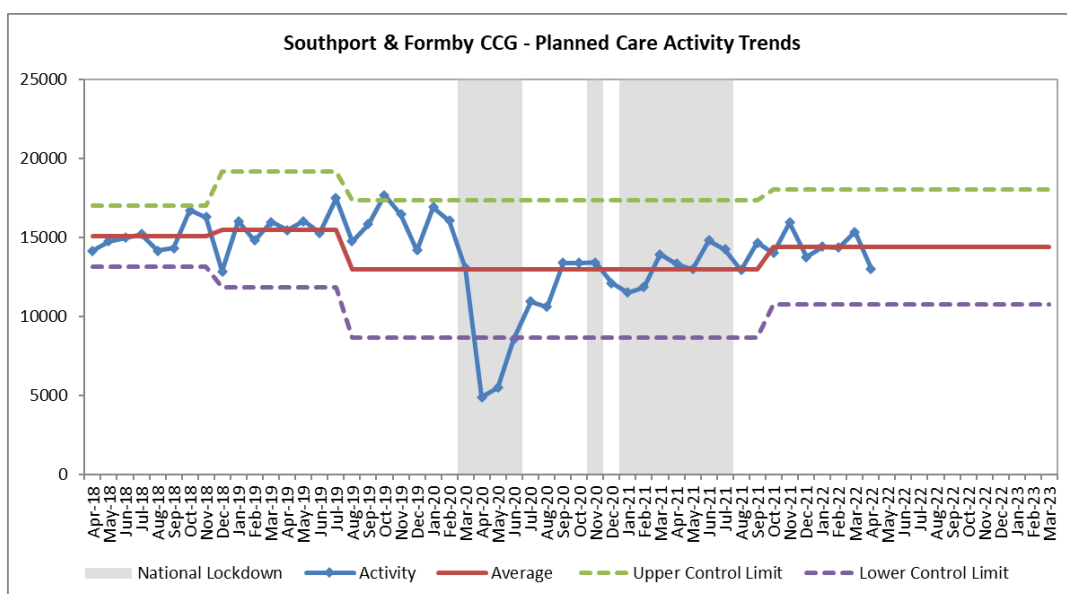


Figure 7 – Elective Inpatient Variance against Plan (Previous Year)

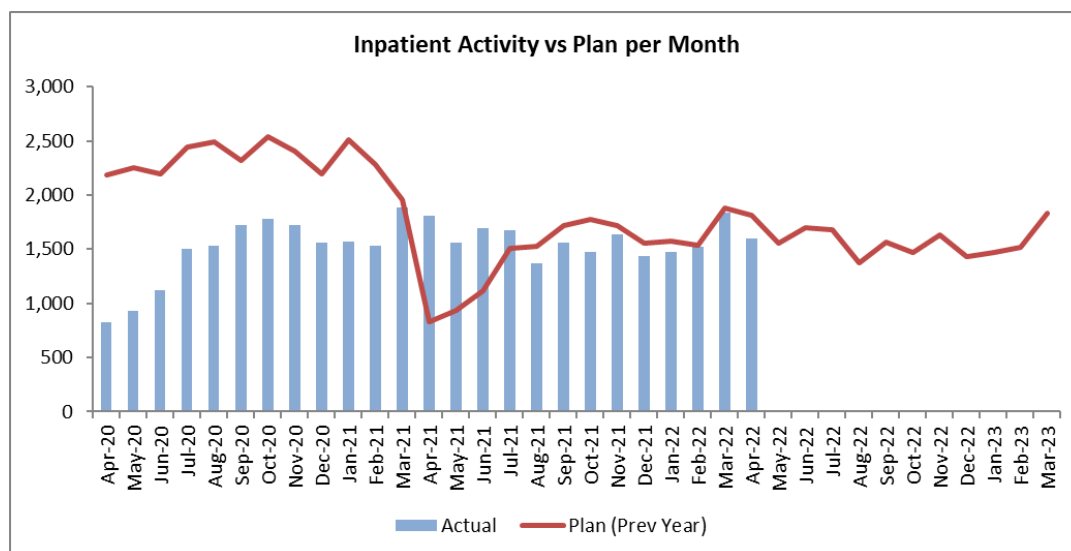
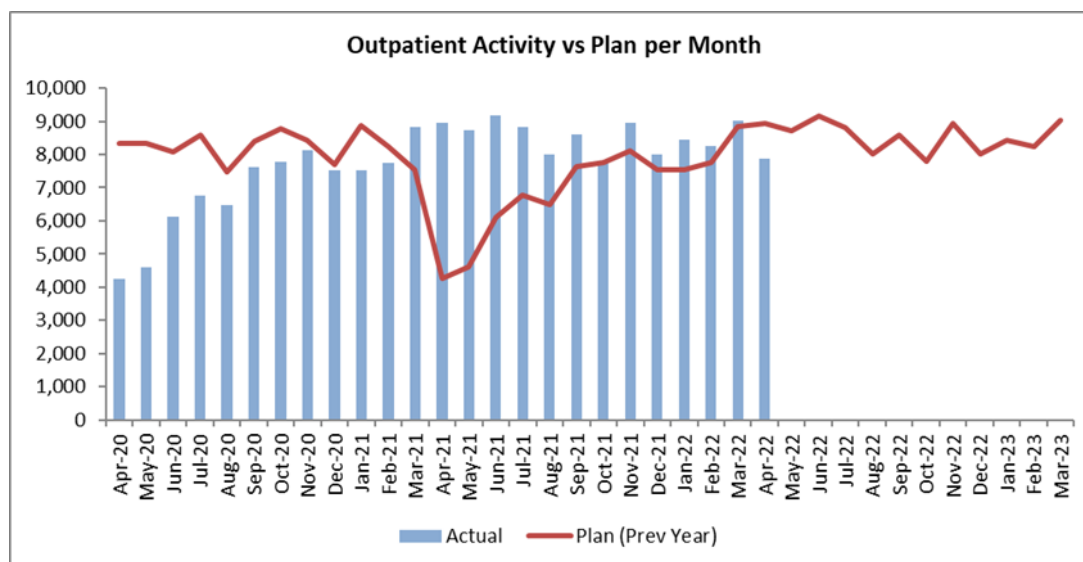


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk continue to report under the 95% target in April, reporting 79.49% and 80.55% respectively – a 5% improvement for the CCG and 7.8% for the Trust from what was reported last month. The CCG and Trust are above the nationally reported level of 72.26%.

The AED Streaming Tool and Care Navigators project is being monitored and developed with the Care Navigator roles enabling patients to make more informed decisions of the Southport AED waiting times and other urgent care services such as Ormskirk and Litherland UTC. Work has commenced as part of the Ageing Well programme and the improved 2-hour Urgent Community Response (UCR) service was launched on the 1st of April 2022. Communications campaign and winter wraps have been published and posted with local media and online media in preparation for alternatives to AED.

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

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

- Additional domiciliary care provision.
- Additional community 17 community bed capacity.

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

New in 2022/23, the Trust are required to report waits in A&E from arrival to discharge, admission or transfer. In April-22, the Trust reported 12.5% against the plan of patients waiting no more than 2% waiting over 12 hours, therefore reporting over this threshold.

The Trust reported 201, 12-hour breaches in April, an increase of 54 from last month when 147 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. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported. The patients were cared for and treated appropriately within the Department.

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

- 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. Infection Prevention Control (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 (RFD) list. RFD delays are to be highlighted with Discharge Planning Team.
- Patient Experience is being monitored and maintained on AED, with PALS contact officer available specifically for AED queries etc, refreshments trolleys in use and no corridor care has been required for long waiters.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for April-22, there was an average response time of 8 minutes, 57 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, 34 seconds, against a target of 18 minutes. Category 3 90th percentile has shown an improvement to the target of less than or equal to 120 minutes reporting 2 hours 24 minutes. Cat 4 90th percentile reports 15 hours 13 minutes and was over the 4-hour target. 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. See above action plan. The above plan directly relates to the overcrowding of ED

and ability to clear crews in a timely manner. This work is ongoing and so no change to this month's performance report the Trust's Internal Urgent Care Improvement Group continues to focus on improved handover times. There is a Discharge Subgroup which has commenced and tasked to improve discharges before lunch and utilise the patient transport services in a more efficient way.

For ambulance handovers, the metrics have been updated in line with the 2022/23 guidance based on percentage of handovers between ambulance and A&E within 15, 30 and 60 minutes. The Trust report 40.60% against a target of 65% within 15 minutes, 65.50% against a target of 95% for handovers within 30 minutes and 91.28% against a target 100% for handovers within 60 minutes, all falling below target. 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-20 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 6 breaches in April-22. 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 41.4% of patients who had a stroke spending at least 90% of their time on a stroke unit in March, a 1% decline in performance on the previous month. This is below the 80% target. Compliance in March 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 81.8% against the 60% target with 9 out of a total of 11 patients treated within 24 hours, an improvement in performance from last month when 21.1% was reported, now achieving. The data for January to March 2022 is based on validated TIA referrals only and results in an improved position. 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. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues to meet and the public consultation period has now closed. Liverpool CCG are leading the evaluation of the consultation responses to support further development of the pre-consultation business case (PCBC). A new Project Manager at LUHFT continues to support pathway development across the system. Internal Trust group will be focussing on workstreams including: TIA, Early Support Discharge (ESD), Rehab and Radiology. In addition, and focusing on local provision, commissioners and quality lead have met with the Transformation Director at the Trust. There is a request to deep dive on stroke performance at April Contract meeting, along with a schedule of other vulnerable services. The CCG understand that the issue of stroke services has been escalated to ICS and Trust CEO's.

The CCG and Trust reported no new cases of MRSA in April against a zero-tolerance plan and are on trajectory for 2022/23. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting monthly, which the CCG are invited to attend.

For C.Difficile, the CCG reported 5 new cases in April against the monthly plan of 4 so are above the planned trajectory (year-end target is ≤ 48). Southport & Ormskirk Trust reported 5 new cases in April against the monthly target of 4 also above trajectory, (year-end target is ≤ 49). Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2022/23 to ensure those actions put in place are embedded across the organisation. Weekly meetings are held to monitor the action plan which has been developed and progressed and also support any COVID outbreaks.

For E coli, the CCG reported 7 new cases in April against a monthly target of 10 so are below the planned monthly trajectory (year-end target is ≤ 107). The Trust reported 5 new cases against the monthly target of 4 also above the planned trajectory (year-end target is ≤ 51). 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 through the quality schedules.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 10.4% in March 2022 reporting 22.1% (latest data reported). The percentage of patients who would recommend the service decline to 82% from 87% reported the previously month but and remains above the England average of 73%. The percentage who would not recommend increased to 13%, below the England average of 18%.

Southport & Ormskirk’s Hospital Standardised Mortality Ratio (HSMR) was reported at 73.70 by the Trust in April, 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 demonstrated considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. In the first month of 2022/23, total unplanned activity is recording a -13% reduction when compared to the previous month and is also -12% below activity levels in April-19 (pre-pandemic).

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

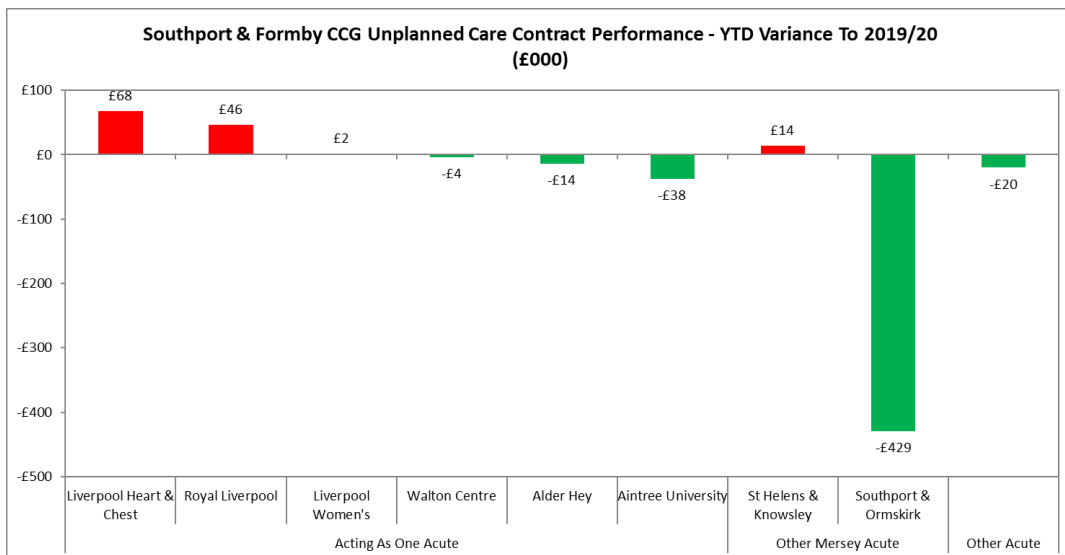


Figure 10 - Unplanned Care Activity Trends

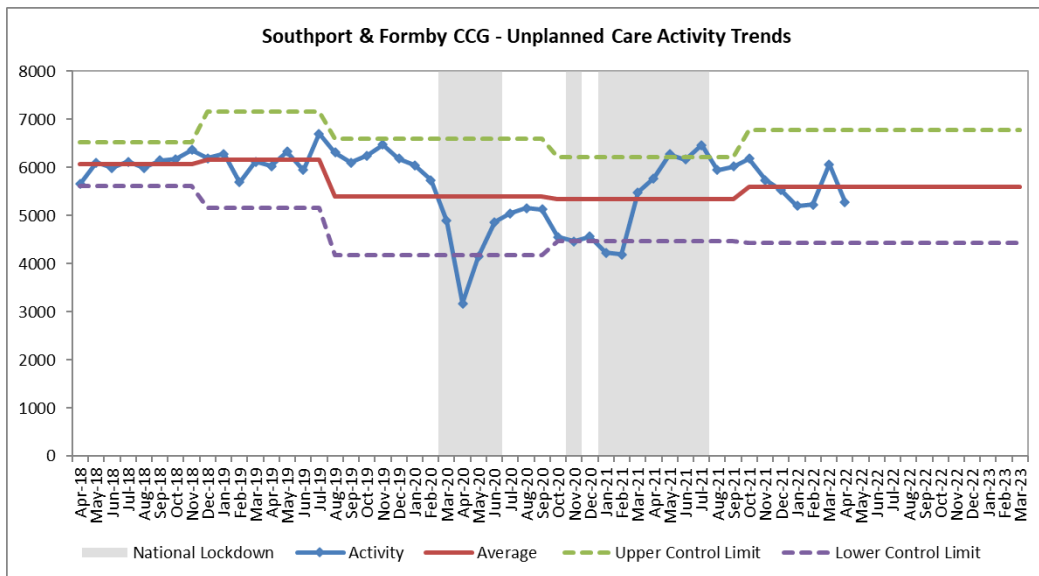


Figure 11 - A&E Type 1 against Plan (Previous Year)

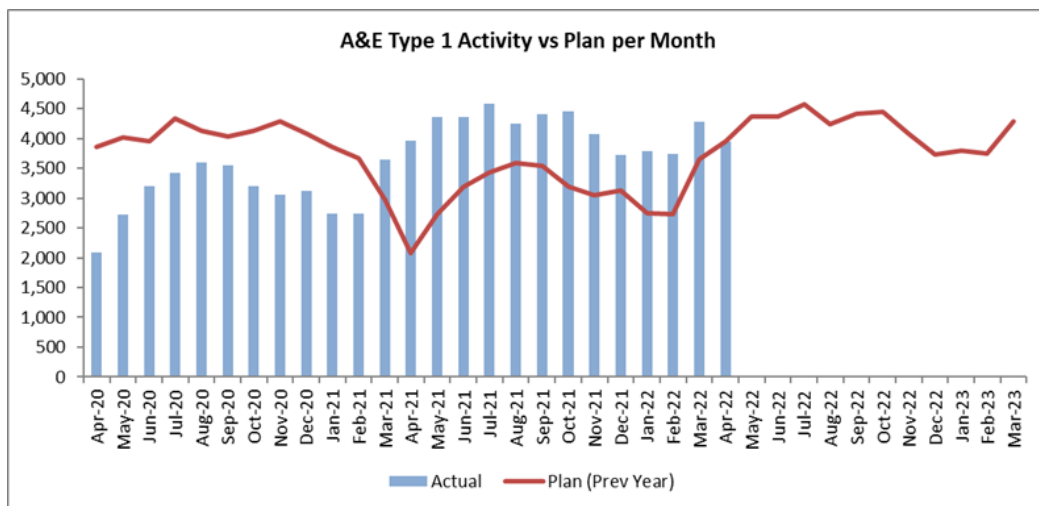
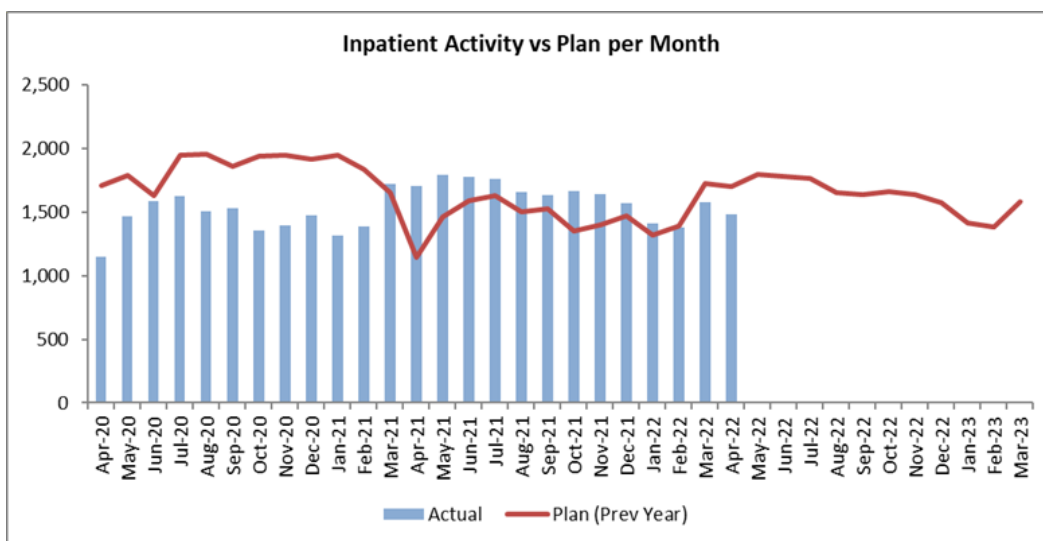


Figure 12 - Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 28.60% of patients commencing treatment within 18 weeks of referral in April-22, compared to a 95% target. Only 10 patients out of 35 commenced treatment within 18 weeks. This shows an 8% improvement from last month. 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. Staff are working to capacity and 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 weeks to treatment target. A wellbeing call is 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. CBT-E training was delivered in April-22. The service feel that this structured, manualised and evidence-based intervention will improve throughput. 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. In relation to this, the eating disorder service has been confirmed as one of the first ten services across the Trust to formally go through the transition process. Both CCGs confirmed an additional £112k of investment for 2022/23 which has enabled 3.0 WTE band four assistant psychologists to be offered six-month, fixed term contracts to support increasing psychology provision within the service. In addition, a band six dietician post has been recruited to on a 12-month fixed term basis, along with a permanent band seven dietician role. Recruitment continues to be challenging and one 1.49 WTE band seven CBT post has been re-advertised. The service have reviewed their original business case and feel that it remains an appropriate and valid one. National community mental health transformation documentation for 2022/23 clearly stipulates need for robust arrangements to be in place in primary care for medical monitoring. This will need some consideration between C&M commissioners for whom Mersey Care provide eating disorder services.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.71% in April-22 and is therefore under the 1.59% target. Staffing has historically been a challenging issue but through some trainees now becoming qualified and those that are still progressing through their training gaining more experience and so able to complete more assessments, the service has increased its capacity and also introduced more robust internal processes around management and supervision. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 45.3% in April-22, which is now under the 50% target a decline in performance from the 51.5% reported last month. The provider has submitted an action plan which is being monitored through regular meetings and formal contract review meetings. Lots of work being undertaken by the provider to tighten internal systems and processes, along with more robust internal practices around management and supervision.

For IAPT six week waits to enter treatment, this measure has reported 73%, which is under the 75% target and has now been under target for five months. The service has introduced a revised assessment process to maximise existing capacity, ensuring all cancellations are made available for assessments and using agency staff. It will take time before the benefits of this are seen in the performance figures. In addition, trainees are now all beginning to have a small assessment caseload, which will progress gradually throughout the training course. Again, this provides previously unavailable capacity. The recovery action plan continues to be adhered to.

The CCG is recording a dementia diagnosis rate in April-22 of 66.1%, which is under the national dementia diagnosis ambition of 66.7%, 1% more than report last month. Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. The current model means that the service are continuing to review patients who could potentially be managed in primary care, thereby occupying capacity in the service to complete new assessments. 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.

For the month of April-22, 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 84.2 weeks in Sefton. This is lower than the 85.4 weeks reported in March. 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 and again in 2022/23. 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 has been submitted 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. Discussions have taken place with the National Autistic Society and alternative service models nationally are being looked at. Work is also underway through the contract monitoring meetings to ensure that monthly data reports are much more detailed and robust than they currently are in order to inform discussions around potential future service models. To note: the average of 8.8 weeks waiting times for ASD performance in April 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 54.9 weeks in April-22. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April-21 to their lowest reported level so far in April of this year. £137k of additional funding was committed in 2021/22 and again in 2022/23 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 seven 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-22 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, although this will be challenging due to the variation in service models and commissioned providers operating across Cheshire and Merseyside.

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 agreed to review service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years, however this work has been impacted by the pandemic. This is to be discussed further as part of the 2022/23 work plan.

Month 1 assurance supplied by the Trust indicates that 8 patients are waiting between 19-24 weeks and 42 patients waiting 24 weeks plus. The Trust has previously stated that reports are not reflective of current positions and highlighted data quality issues. This will be addressed as part of a wider piece of work on EMIS migration work. The CCG has requested that assurance be provided with regards to the numbers reported at month 1.

Children's Services

In line with Trust recovery plans, 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, notably an ongoing increase in referrals which spiked in April-22 with 200 referrals accepted into the service across both Sefton CCG areas. Waiting times in April have seen a slight deterioration of approximately 2% compared to March.

A SALT service improvement plan is being implemented and there have been significant efforts to address the capacity pressure and improve waiting times, with additional plans to develop support options for CYP as they are waiting. As previously reported recruitment is ongoing, however, there is a national shortage of SALT therapists. As an interim measure two additional 2 SALT Assistants have recently been appointed to with the aim of releasing capacity of qualified SALTs. As per the improvement plan, actions are being implemented to return the performance to 18 weeks by March-23, although the Trust has flagged the potential impact on this trajectory if the increases in demand are ongoing. Commissioners and providers are closely monitoring this position.

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

Physiotherapy had fallen below the 92% target for the second month last month but has recovered now reporting 93% in April-22. Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in April.

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. For 2022/23, 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 has been shared by the Trust outlining when capacity and waiting times are expected to improve, which the CCG is currently reviewing. This indicates that with an increase in capacity, the 92% referral to treatment target would be reached in September-23,

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In April there has been a reduction in 'open pathway' KPIs (i.e., assessment) to 34.1% from 38.2% in April and a small reduction in 18-weeks to treatment to 68.9% from 69.2% last month, 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 4 x 52-week breaches in April, of which four were seen/discharged in May and one young person has an appointment in June.

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-21, 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.

Mental health access has continued to show improvements throughout 2021/22 reporting an end of year position of 42.1%, exceeding the annual access target of 35%. This is in part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20, and more recently the Mental Health School Teams (MHSTs). It is noted that the increase in CAMHS provision and increased mental health provision will continue to positively impact on access rates.

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. Despite these pressures, the service continues to meet the one week target for urgent cases, ensuring that treatment commences within one week of referral. 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 MHS funding in 22/23.

Although for both ASD and ADHD services the NICE compliant 12-week KPI for starting assessment is still being met, increased referral rates are impacting on capacity and leading to delays in completion of the 30-week assessment pathways. Following the deterioration in performance for this metric over the last 6 to 8 months, waiting times have slightly declined in April to 87% for ADHD and 53% 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-22, 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 OFSTED SEND reinspection in June-21 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

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 April.

NHS Oversight Frame (NHS OF)

The NHS Oversight Framework (NHS OF) was superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2022/23 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 2022/23 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.