



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Summary – May 2021

Summary Performance Dashboard

Metric	Reporting Level		2021-22											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG													
		Actual													
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R											
		Actual	15.1%	18.41%											
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R											
		Actual	77.41%	79.17%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R											
		Actual	412	355											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R										R	
		Actual	3	6										9	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G										G	
		Actual	0	0										0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R	R										R	
		Actual	87.80%	85.52%											86.73%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R	R										R	
		Actual	92.31%	83.33%											87.10%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	R	G										G	
		Actual	95.35%	97.89%											96.69%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R										R	
		Actual	80%	85.71%											82.76%
		Target	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										G	
		Actual	100%	100%											100%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G										G	
		Actual	100.00%	100%											100.00%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	R										R	
		Actual	79.59%	76.60%											78.13%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	R	R										R	
		Actual	50%	60%											55.56%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G										G	
		Actual	91.30%	100%											95.92%
		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	
		Actual	84.02%	80.16%												81.98%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG														
		Actual	Not available	Not available												
		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														
		Actual	Not available	Not available												
		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	
		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											R	
		YTD	8	13												13
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G											G	
		YTD	8	17												17
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109	109

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG														
		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											R	
		Actual	25.00%	29.40%												27.20%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)																
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R											R	
		Actual	0.48%	0.47%												0.95%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G											R	
		Actual	42.40%	53.2%												48.74%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G											G	
		Actual	98.00%	95.00%												97.00%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	81.4%	62.5%												72.0%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	57.1%	42.3%												49.7%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	96%	98%												97.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	85%	83%												84.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	99%	98%												98.5%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	98%	93%												96.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	90.5	77.0												
		Target														

Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 2 (note: time periods of data are different for each source).

Constitutional Performance for May 2021/22 and Q4 2020/21	CCG	S&O
Diagnostics (National Target <1%)	18.41%	17.53%
Referral to Treatment (RTT) (92% Target)	79.17%	83.74%
No of incomplete pathways waiting over 52 weeks	355	154
Cancelled Operations (Zero Tolerance)	-	6
Cancer 62 Day Standard (Nat Target 85%)	76.60%	73.04%
A&E 4 Hour All Types (National Target 95%)	80.16%	80.94%
A&E 12 Hour Breaches (Zero Tolerance)	-	29
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	55
Ambulance Handovers 60+ mins (Zero Tolerance)	-	4
Stroke (Target 80%) (February month in arrears)	-	58.6%
TIA Assess & Treat 24 Hrs (Target 60%) (March month in arrears)	-	26.4%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	3
CPA 7 Day Follow Up (95% Target) 2020/21 - Q4	100.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q4	75.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.47%	-
IAPT Recovery (Target 50%)	53.2%	-
IAPT 6 Weeks (75% Target)	95%	-
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 Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update

The Southport & Formby COVID-19 vaccination programme continues to offer dose 1 and Dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Southport and Ainsdale Health & Well Being centres are now well into phase 2 of the programme and are successfully administering dose 2 vaccinations for patients in cohorts 1-9. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues have also engaged with the local homeless population to offer dose 1 vaccinations and the dose 2 catch up for care home patients, staff and nursing home residents has also begun. At the end of May 2021 there have been 78,634 (or 75.1%) first dose vaccinations and 59,436 (56.7%) second dose vaccinations.

Planned Care

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

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. A greater proportion of outpatient activity is now being delivered via virtual systems (i.e., attend anywhere) in line with phase 3 requirements. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. Referral numbers for April and May 2021 were significantly higher than in the previous year, mainly because of the effects of COVID-19 on 2020 data at the start of the pandemic. At Southport & Ormskirk Hospital, trends show that total secondary care referrals in May have increased slightly by 2.4% when compared to the previous month for Southport & Formby CCG. However, as expected, referrals are significantly higher when comparing to the equivalent period in the previous year. In terms of referral priority, all priority types have seen an increase at month 2 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 126.2% (1,494). Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from Jun-20 onwards. The 631 two week wait referrals reported in Apr-21 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up much of this increase with Gastroenterology also contributing significantly.

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

The CCG failed the less than 1% target for Diagnostics in May, recording 18.41%, a decline from April's performance (15.10%). Despite failing the target, the CCG is measuring below the national level of 22.3%. Southport and Ormskirk reported 17.53% another small decline compared to last month when 15.43% was reported. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. Recovery trajectories are in place.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in May was 79.17%, an improvement from last month's performance (77.41%). The CCG is also reporting well above the national level of 67.41%. Southport & Ormskirk Hospital

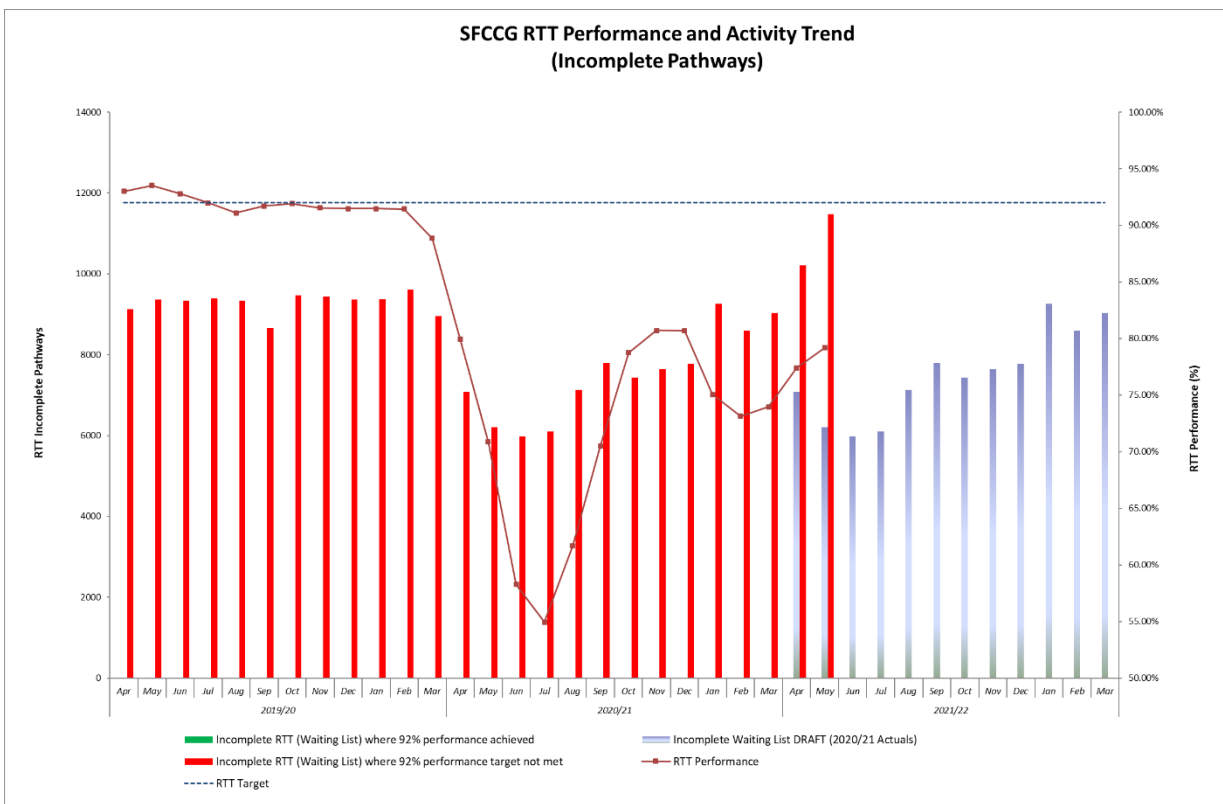
reported 83.74%, another small improvement to last month's performance when 82.13% was recorded.

Trust actions include:

- All P2 patients to be dated, as a minimum, if not treated within 28 days.
- Theatres have reverted to six-week notice. Which will have the benefit of the specialties being able to have the knowledge and confidence that the list will go ahead on that particular date.
- Management of sickness and absence within theatres and organisational development being undertaken.
- Extra weekend sessions in place. The Trust now has a sub-contract with Renacres to deliver activity as part of the trust recovery plan.

Restoration meetings with CCG/provider colleagues have commenced on a weekly basis to ensure system partners are sighted on delivery, and how those partners can work together support the delivery of elective recovery. Where issues have been raised in regard to community capacity, the CCGs have asked community providers to produce plans that highlight areas of concern and support required to elevate those pressures.

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



There were a total of 808 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 355 patients were waiting over 52 weeks, a decrease on last month when 412 breaches were reported. Southport & Ormskirk had a total of 154, 52-week breaches in May, showing an improvement from 242 reported last month. The 355 52+ week CCG breaches represent 3.09% of the total waiting list, which is well below the national level of 6.35%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG increased to 11,104 (April reported 10,351).

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

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	6,204
2021/22	10,203	11,474											11,474
Difference	3,131	5,270											5,270
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											
Difference	406	345											

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078	8,615	9,896	6,485
2021/22	10,351	11,104											11,104
Difference	2,748	4,619											4,619

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

The Trust has reported 6 cancelled operations in May, a decline in cancelled operations after reporting 3 in April. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice. The Trust indicated the reasons for the cancelled operations were due to the list over running (1), 1 Trauma cancelled op and 4 ward beds being unavailable.

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

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

For two week wait breast services, performance again in May has decreased to 83.33% and is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust, which is the main provider for breast services, achieved the target reporting 94.57%. Access to breast services varies by hospital site for LUHFT and plans are in place to assign patients to the site with the shorter wait and equalise waiting times unless patient expresses a preference for given site.

For Cancer 62 Day standard the CCG is still measuring above the national level of 69.75% recording 76.60% in May but failing the 85% target.

The numbers of CCG patients waiting over 104 days is just 7 in May, 2 more than the number reported last month. The longest waiter reportedly to have waited 160 days (urology) this was due to complex diagnostic pathway. The CCG receives harm reviews for long waiting patients which are discussed at the Performance, Quality & Incident Review Panel (PQIRP) meeting.

Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region. Key messages:

- Almost half (49%) of very long waits were lower GI pathways.
- Diagnostic delays accounted for 30% of delays cited although commentaries highlight most delays are complex and multifactorial; single categorised reasons may not capture true picture.
- Only 15% of lower GI long waiting patients ultimately received a confirmed cancer diagnosis compared with 39% of non-lower GI patients, supporting the evidence that reducing diagnostic delay for gastrointestinal patients needs to be the key focus.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In May, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator along with the 2 week wait FDS indicator (in month). However, the screening referral indicator performed below target.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. This has resulted in a considerable increase in planned care activity of 137% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during May-21 is also -17% below May-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 75% of 2019/20 activity levels being completed during May-21 and available data suggests this has been achieved.

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

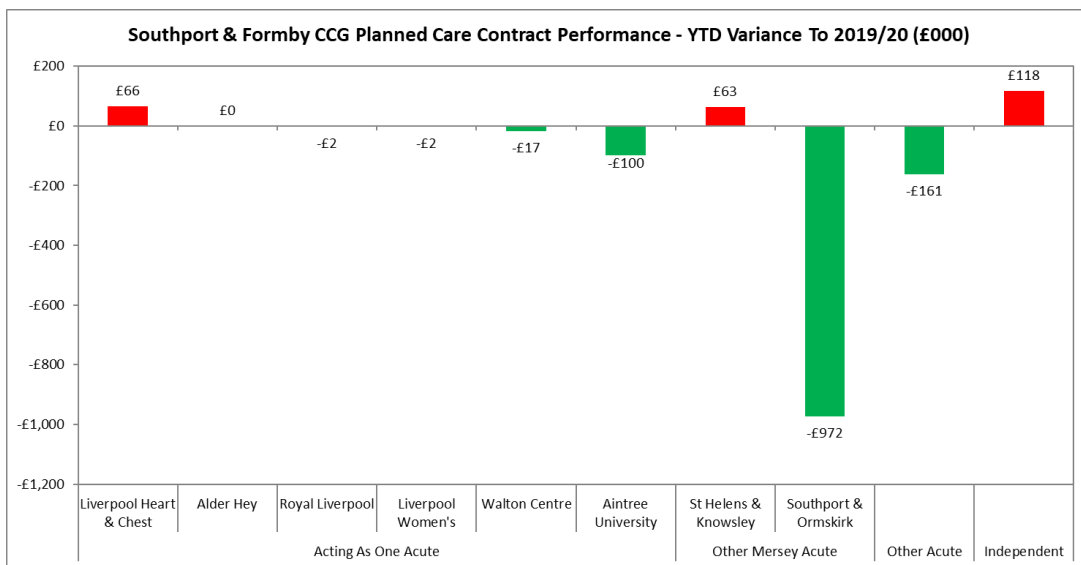


Figure 4 - Planned Care Activity Trends

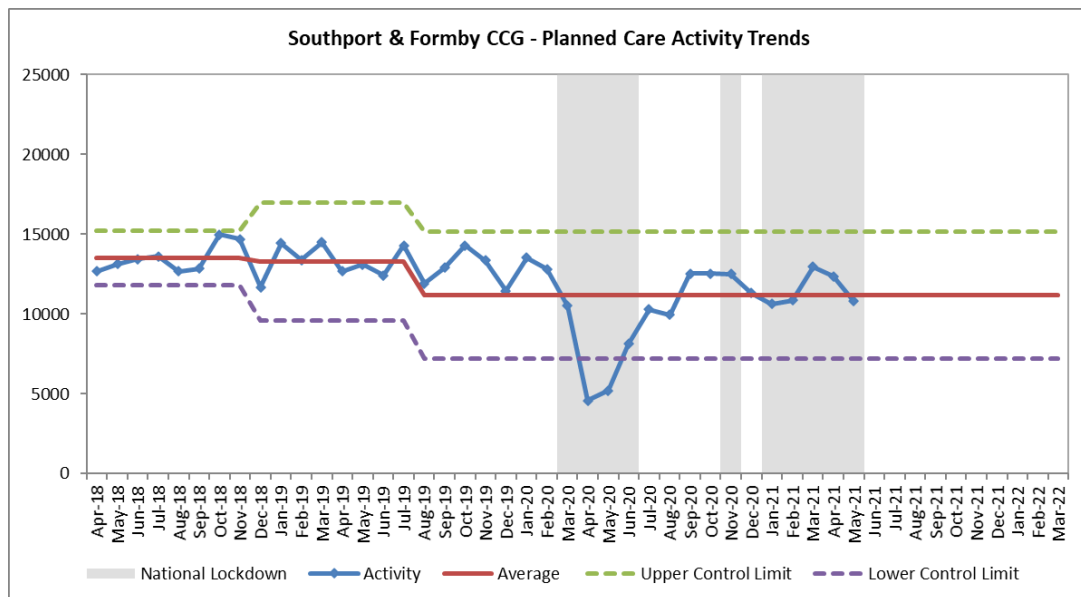


Figure 5 – Elective Inpatient Variance against Plan (Previous Year)

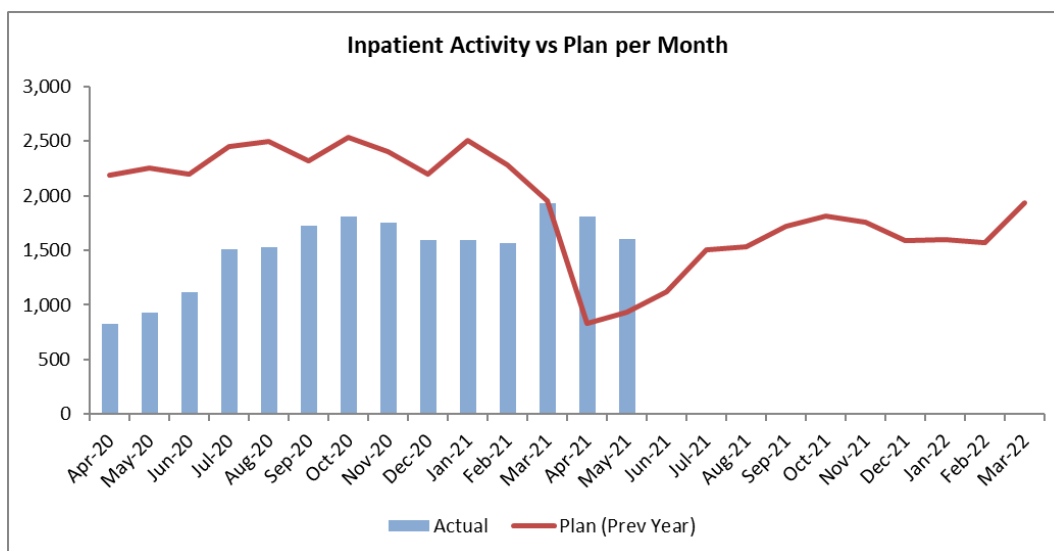
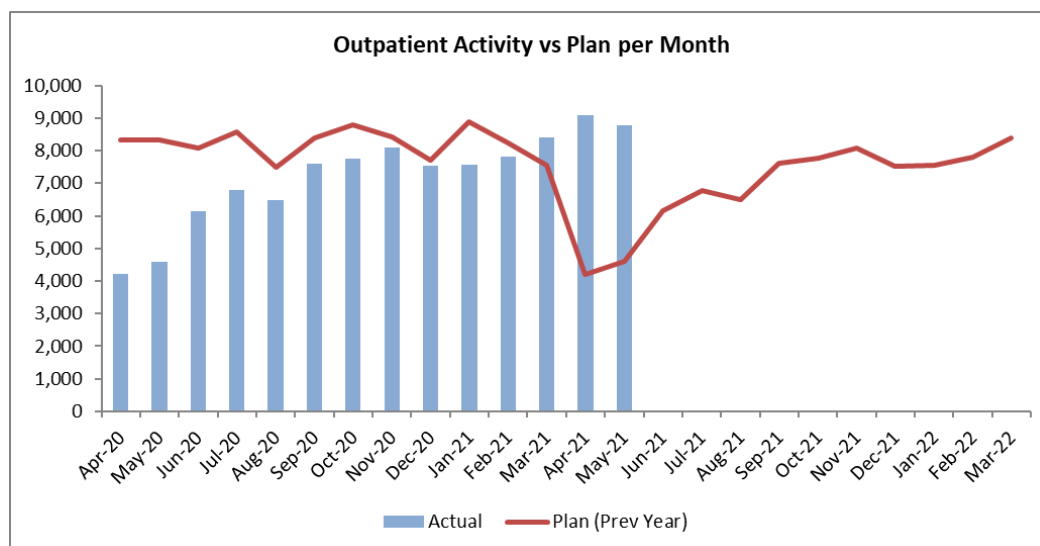


Figure 6 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in May, reporting 80.16% and 80.94% respectively (this being around a 4% decline on last month). The CCG and Trust are below the nationally reported level of 83.72%. The Trust also reported 29 12-hour breaches in May a significant increase from April when none were reported. The CCG didn't identify any harm to the reported 12-hour breaches that were reviewed and are awaiting receipt of 1 mental health review for May and will be reviewing 4 mental health breaches for May in the August Performance & Quality Investigation Review Panel (PQIRP) meeting. At Trust level the A&E 4-hour compliance continues to show failing assurance despite this there is clear evidence of improvement in patient flow within the emergency department. There has been an 85% compliance trajectory target set for July 2021 with NHS England.

In addition to the ongoing monitoring of the 3 quality indicators reported in last months integrated performance report, the system has implemented the following key schemes to support timely discharge:

- An agreed weekly discharge ambition which tracks admission/discharge balance at 3 points throughout the day against a daily target.
- The implementation of multi skilled task force to 'pull out' discharges from the acute wards.

- The tracking of a daily 'ready for discharge' dashboard and discharges by pathway.

In addition, to support urgent and emergency flow through the Southport District General Hospital site, and improve patient experience and performance, the Trust have established an urgent and emergency care improvement group, with the following improvement targets:

- 100% Ambulance handover within 15 minutes
- 100% Ambulance total turnaround time (< 30 mins)
- Nil + 60 minutes ambulance waiting
- 90% target for ED 4-Hour
- Average time for non-admitted vs admitted (TBC)
- DTA Standard: Average time to review from referral
- DTA Standard: Average time from referral to admission
- 85% Occupancy for Trust
- 10% reduction in RFD by 30th June 2021
- Average meantime wait in department
- All patients to have CT/Ultrasound within 24 hours (excluding weekend)
- All patients to have an MRI within 48 hours (excluding weekends)
- TTO turnaround

The outputs will be reported by exception through the Southport and Ormskirk Operational Delivery Group (formerly the AED local delivery board).

The Trust continues to see an unprecedented increase in low acuity demand, which has had an impact on 4-hour performance. In addition, NHS 111, the CAS and out of hours services are also seeing surges in activity which are impacting on the ED attendances. This is a national picture which is being monitored and additional capacity purchased where possible.

The Trust have reported 3 mixed accommodation breaches locally to the CCG in May, the Trust report all delays relate to transferring patients from Critical Care to ward beds due to bed capacity issues this is escalated at the daily bed meetings.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for May 2021, when improvements were seen with close achievements of Category 1 targets. May performance also showed small decline with the Category 2 mean waits increasing from 25 minutes 25 seconds to 32 minutes 28 seconds, and the Category 3 90th percentile has also shown a decline the target of less than or equal to 120 minutes reporting just over 4 hours the biggest decline being for Cat 4 90th percentile recording 13 hours 45 minutes. This is within the context of significant pressures on NWS in regard to activity in the past month. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. Southport & Ormskirk reported an increase in ambulance handover times in May. Handovers between 30 and 60 minutes increased to 55 from 30, but a small decline for those above 60 minutes when 4 were reported in May, compared to 8 in April.

The stroke indicator one month in arrears. Currently, April 2021 is the latest data. Southport & Ormskirk reported 58.6% of patients who had a stroke spending at least 90% of their time on a stroke unit in April a decline of 14.7% from previous month. This is below the 80% target. However, at the end of April the stroke ward moved this has provided 3 additional cubicles. The Stroke Team have continued their vigorous monitoring of the target and anticipate further improvement in the following months. In April, TIA was reported at 26.9% against the 60% target with 19 patient breaches out of a total of 26 patients. As an outcome of the audit, an action plan has been developed to review the

reporting process for this indicator. All TIA referrals are clinically triaged by a consultant and scheduled for next available clinic (same day/next day). Any patients presenting in ED or ACU are commenced on treatment before they are discharged. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system. There has been a second Clinical senate review the outcome of which is expected imminently.

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

For C difficile, the CCG reported 5 new cases (13 year to date) against a year to date plan of 5. The CCG do not have the new objectives/plans for c. difficile for 2021/22 as these have not been released nationally as yet. The decision has been made to measure against last year's objectives in the interim. Southport & Ormskirk Trust is also failing with 4 new cases in May (11 year to date), against a year to date target of 4. To support this twice weekly meetings have been held with CCG attendance and a specific action plan monitored. It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E. coli for 2021/22, therefore in the interim the CCG are reporting against last year's target of 109. In May there were 9 cases (17 year to date) against a year to date target of 18, so achieving in month. Southport & Ormskirk reported 43 new cases in May (78 year to date). There are no targets set for Trusts at present. The spinal unit continues to remain an outlier within the Trust due to the specialist level of care and the number of patients requiring catheter care required within the unit.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 79.3 in May, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Total activity during month 2 represents an increase of 47% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during May-21 was also 9% above that in May-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during April/May-21.

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

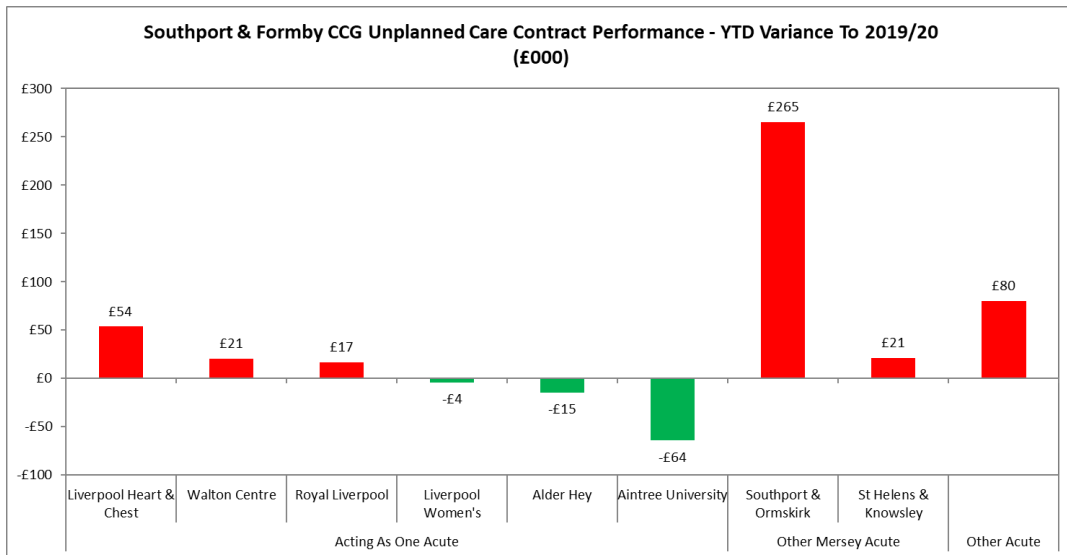


Figure 8 - Unplanned Care Activity Trends

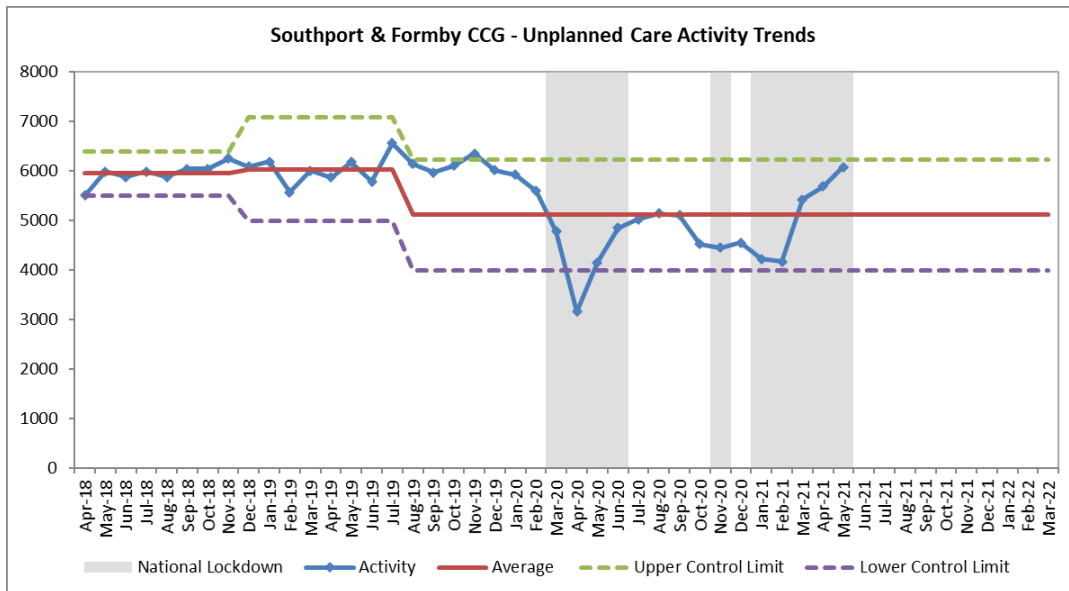


Figure 9 - A&E Type 1 against Plan (Previous Year)

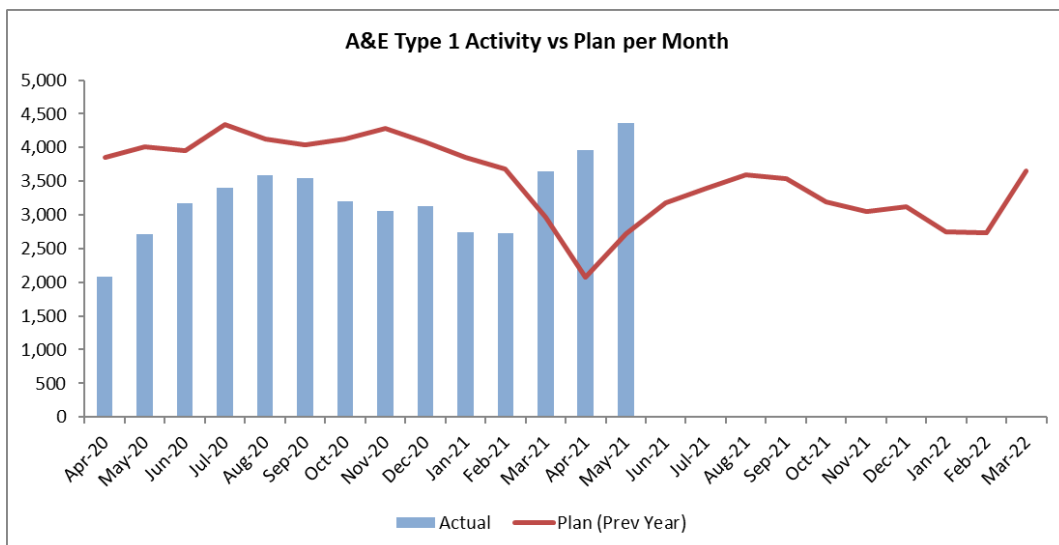
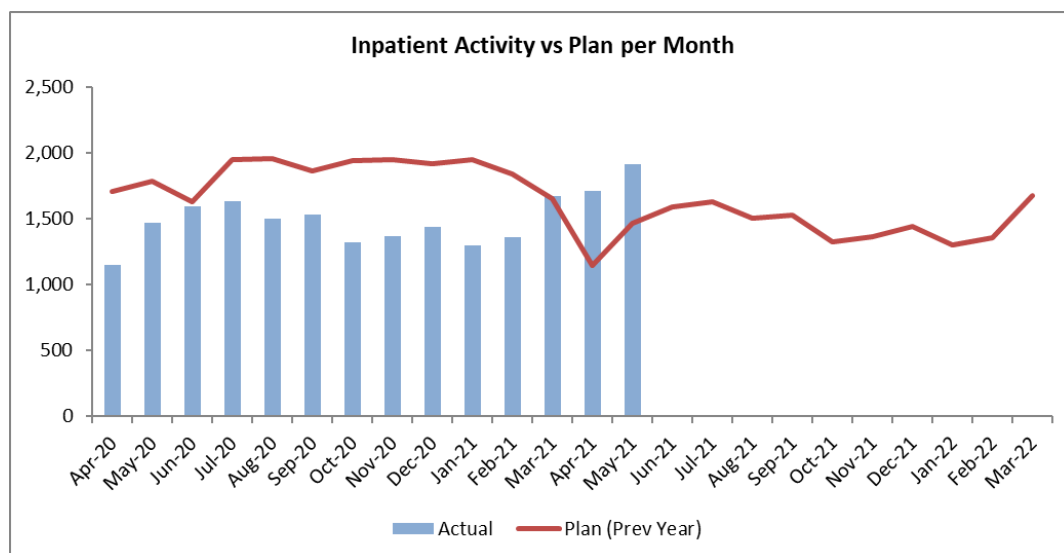


Figure 10 – Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 29.4% of patients commencing treatment within 18 weeks of referral in May, compared to a 95% target. 10 patients out of 34 commenced treatment within 18 weeks. This shows a small increase on the previous month (25%). The CCG has yet to approve £49k (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health LTP 2021 /22 investment plan. This planned investment is part of a 3-year phased approach (2021/22 – 2023/24 to developing a NICE compliant Eating Disorder Service.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.47% in April and has therefore failed to achieve the 1.59% target. Actions to address the underperformance include:

- 1 Psychological Wellbeing Practitioner (PWP) agency staff is due to comment in June.
- 3 other PWP posts are currently vacant and are being advertised.
- 4 High Intensity Therapists recruited with 3 commenting duties and 1 post to comment in July.
- Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees.
- Focussed assessment weeks are being planned to take place later in 2021/22.
- Ongoing marketing of the service.

The percentage of people who moved to recovery was 53.2% in May, which is now above the 50% target an improvement to what was reported last month (42.4%). Long internal waits within IAPT are a major contributing factor to recovery rate and the provider working with commissioners has submitted a proposal for non-recurring funding to ring fence internal waiters who have waited over 18 weeks for Step 2 and Step 3 interventions with the aim of offering therapy through the deployment of agency staff. The initiative would run over a period of 38 weeks. The service is confident that once completed that they would have the staff to prevent this situation arising again. The proposal is going to Clinical Advisory Group (CAG) in July 2021.

Southport & Formby CCG is recording a dementia diagnosis rate in May of 64.6%, which is under the national dementia diagnosis ambition of 66.7%, similar compared to last month's performance of 64.5%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. Recovery is unlikely to take place until face to face assessments can resume. It is possible the CCG will see an increased trend in referrals and diagnosis rates from June/July onwards. In line with Cheshire & Merseyside Health Care Partnership expectations the CCG as is working with Mersey Care Foundation Trust to ensure that £57k of non-recurring Spending Review monies can be deployed to reduce Memory Assessment waits.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The Trust has undertaken revalidation exercise of waiting times as figures reported prior to April 2021 were waiting times to initial assessment and not to diagnosis. The Trust is expecting to have all those identified with SEND (37 people) on the waiting list to have their diagnostic assessment to be completed by the end of July 2021. Once the 37 SEND assessments are completed the waiting list initiative will continue to operate targeting all age ling waiters but with any new SEND referrals being prioritised. The CCG has yet to approve £49k (£100k in total) of recurring investment within the ASD service as part of its overall Mental Health Long Term Plan 2021 /22 investment plan. This investment once agreed will ensure that the service is more sustainable by increasing assessment capacity going forward.

Two staff from the ASD service are due complete DISCO assessment tool training in June 2021. In addition, the team now has three staff trained in the ADOS/ADIR assessment tool. They will shortly undertake some shadowing assessments and will be able to do some of the assessments. This increased level of assessment training will also additional assessments to be undertaken in addition to the capacity created through the agreed recurring investment.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 77 weeks in May 2021. The initiative has not yet commenced.

Adult Community Health Services (Mersey Care NHS FT)

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

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

Crisis response services remain in place for hospital avoidance.

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

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

Children's Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service along with the impact of the recent lockdown on delivery in school settings. For May, whilst SALT continues to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in May. Notably SALT stood at 15.1 weeks against the 18-week KPI.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment have been challenged locally. Although there has been a general deterioration in performance since November 2020, there has been an improvement since February 2021, in part due to the additional staff who commenced in post as a result of the CCGs' short term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery. Since then, there has been significant system wide and local progress in relation to the allocation of additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. Sefton has been allocated an additional mental health investment of circa £800k in 2021/22 and has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative. In addition, Alder Hey has developed a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the 92% waiting time target. Plans for the local allocation of these funds to providers - including third sector - are in the process of being finalised. Following this, providers will develop revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a high number of new and existing patients are presenting to the service at physical and mental health risk. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand. However, due to a further increase in referrals in February 2021, there have been a number of breaches in the routine treatment waiting time standards (28 days). As with CAMHS, plans for the allocation of funds are in the process of being finalised in order to support recovery.

In the main, ASD/ADHD performance has continued to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remain on target. However, due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in May and fell to 83%. The Trust has a number of mitigating actions in place to manage this and discussions with local partners are underway to understand the drivers for this increase.