



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report September/Quarter 2 2021-22

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Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG													
		Actual													
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R							
		Actual	15.1%	18.41%	18.43%	17.37%	32.15%	31.54%							
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R							
		Actual	77.41%	79.17%	79.68%	79.32%	78.32%	77.38%							
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R							
		Actual	412	355	335	320	342	354							
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R	R	R	R	R						R	
		Actual	3	6	3	4	1	4							21
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G						G	
		Actual	0	0	0	0	0	0							0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	87.80%	85.52%	85.82%	81.23%	76.79%	80.42%								82.75%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	Southport & Formby CCG	RAG	R	R	R	G	R	R							R	
		Actual	92.31%	83.33%	80.00%	100%	88.89%	83.33%								87.76%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	Southport & Formby CCG	RAG	R	G	G	R	R	R							R	
		Actual	95.35%	97.89%	97.80%	87.56%	89.04%	94.95%								95.63%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	Southport & Formby CCG	RAG	R	R	R	G	G	R							R	
		Actual	80%	85.71%	93.33%	100%	100%	90.91%								91.03%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	Southport & Formby CCG	RAG	G	G	R	G	G	G							G	
		Actual	100%	100%	95.24%	100%	100%	100%								99.10%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	Southport & Formby CCG	RAG	G	G	G	G	G	G							G	
		Actual	100.00%	100%	95.45%	100%	100%	100%								99.26%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	79.59%	76.60%	65.85%	70.73%	66.67%	57.14%								69.58%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	50%	60%	86.67%	77.78%	28.57%	64.29%								66.67%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	Southport & Formby CCG (local target 85%)	RAG	G	G	G										G	
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%								85.29%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	R	R	R	R	R							R
Actual		84.02%	80.16%	80.33%	76.14%	76.11%	76.86%								78.88%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	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	Not available	Not available	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	R	R	R							R
YTD		0	0	0	1	2	2								2
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R	R	R	R	R	R							R
YTD		8	13	17	22	25	32								32
Target		3	5	7	9	11	14	16	19	22	25	28	30	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	G	G	G							G
YTD		8	17	24	32	44	59								59
Target		16	30	42	54	65	76	87	100	115	130	142	152	152	152

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G	G	G	R	G							G	
		Actual	100%	100%	100%	100%	80%	100%								96%
		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	G			G									G	
		Actual	80%			85.7%									82%	
		Target	60%			60%			60%			60%			60%	
Eating Disorders																
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	25.00%	29.40%	30.30%	30.3%	31.4%	32.5%								29.9%
		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	R	R	R							R	
		Actual	0.48%	0.47%	0.57%	0.50%	0.63%	0.78%								3.43%
		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	G	R	R							R	
		Actual	42.40%	53.2%	40.9%	55.9%	40%	33.3%								46.82%
		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	R	G	G							G	
		Actual	98.00%	95.00%	88%	74%	80%	83%								88%
		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	G	G	G							G	
		Actual	100%	100%	100%	100%	100%	100%								100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R							R	
		Actual	64.54%	64.58%	65.23%	65.6%	66.2%	66.0%								65.23%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R			R									R	
		Actual	12.39%			22.09%									22.09%	
		Target	18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check																
Rolling 12 month as at end of quarter																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R										
		Actual	26.5%			27.3%										
		Target	50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH)																
Rolling 12 month																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G												G	
		Actual	22.1%			Q2 data due early December									41.3%	
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD	
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	No update, data suppressed			No update, data suppressed										
		Actual	meaning less than 2 referrals in the quarter			meaning less than 2 referrals in the quarter										
		Target	95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG														
		Actual	As above			As above										
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level	2021-22														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R							R	
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%								55.1%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R							R	
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%								51.7%
		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	G	G	G							G	
		Actual	96%	98%	100%	100%	100%	100%								99.0%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R							R	
		Actual	85%	83%	77%	72%	66%	63%								74.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G							G	
		Actual	98%	99%	100%	100%	100%	100%								99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R							G	
		Actual	98%	93%	91%	90%	88%	85%								90.8%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2	5.3	6.4	9.1	8.3								
		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	78.4	63.8	62.9	65.0								
		Target														

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 6 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for September & Q2 2021/22	CCG	S&O
Diagnostics (National Target <1%)	31.54%	35.74%
Referral to Treatment (RTT) (92% Target)	77.38%	82.07%
No of incomplete pathways waiting over 52 weeks	354	135
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	57.14%	54.21%
A&E 4 Hour All Types (National Target 95%)	76.86%	78.08%
A&E 12 Hour Breaches (Zero Tolerance)	-	49
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	104
Ambulance Handovers 60+ mins (Zero Tolerance)	-	28
Stroke (Target 80%) (August reported a month in arrears)	-	65.5%
TIA Assess & Treat 24 Hrs (Target 60%) (August reported a month in arrears)	-	28.9%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	10
CPA 7 Day Follow Up (95% Target) 2021/22 - Q2	93.30%	-
EIP 2 Weeks (60% Target) 2021/22 - Q2	85.70%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.78%	-
IAPT Recovery (Target 50%)	33.30%	-
IAPT 6 Weeks (75% Target)	83%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, wheelchair return (QWC1), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

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

COVID Vaccination Update

The Southport & Formby COVID-19 vaccination programme continues to offer dose 1 and dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Southport and Ainsdale Health & Well Being centres were closed at the end of June having successfully administered Dose 1 & 2 vaccinations to the majority of patients in cohorts 1-9, along with care home residents and staff and the local homeless population. The vaccination programme continues to offer vaccinations to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 are now eligible and vaccinations for the 12-15 cohort will commence in October. At the end of Sept 2021 there have been 90,498 (or 80.3%) first dose vaccinations and 85,520 (75.9%) second dose vaccinations. Phase 3 Booster vaccinations for vulnerable and at-risk populations has begun and there have been 1,970 (1.74%) booster vaccinations given at the end of September 21.

Planned Care

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

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

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible and with priority given to clinically urgent patients and long waiters (52 week plus). Outpatient validation is another expected area of focus to support Elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referrals in 2021/22 are significantly higher than in the equivalent period of the previous year. At the lead provider, trends show that total secondary care referrals in September-21 have increased by 380/13% when compared to the previous month for Southport Hospital and are the second highest monthly total of 2021/22 (the highest totals reported since the COVID-19 pandemic began). GP referrals have seen significant increases in 2021/22 and are reporting a 136/9% increase in September-21 when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 6 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 6,610/60%. Analysis suggests a recovery of two week wait referrals with the 670 reported in September-21 representing the highest monthly total reported since July-20 (which immediately followed the initial COVID-19 national lockdown period).

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

The CCG failed the less than 1% target for Diagnostics in September, recording 31.54%, a small improvement performance from last month when 32.15% was reported. Along with failing the national target, the CCG is measuring above the national level of 26.1%. Southport and Ormskirk reported 35.74%, which is another decline compared to last month when 34.73% was reported. The decline in performance is across all modalities. This has been impacted by increased demand and changes to the urgency of requests. Capacity and demand reviews are ongoing and the Trust has successfully recruited to an MRI Specialist Radiographer post. The Trust is also currently utilising imaging network capacity at St Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan. 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 September was 77.38%, a 1% decline on last month's performance (78.32%). The CCG is also reporting well above the national level of 66.5%. Southport & Ormskirk Hospital reported 82.07%, 1% lower than last month's performance when 83.03% was recorded. As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going.

There were a total of 910 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 354 patients were waiting over 52 weeks, an increase on last month when 342 breaches were reported. Included in the long waiters there are 5 patients waiting over 104 weeks. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches.

Of the 354 breaches for the CCG, there were 86 at Southport & Ormskirk, 113 at LUHFT and 155 at 15 other Trusts. The 342 52+ week CCG breaches represent 2.74% of the total waiting list, which is well below the national level of 5.15%.

Southport & Ormskirk had a total of 135, 52-week breaches in September, showing a small decline from 132 reported in the previous 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 12,912 in September (August reported 13,069). Previously there had been a sustained increase month on month.

The Trust has reported 4 cancelled operations in September, a decline from last month when only 1 cancelled operation was reported. The Trust indicated the cancelled operations were for 2 equipment failures, 1 where the list over ran and 1 ward bed was unavailable. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG and Trust are achieving 3 of the 9 cancer measures year to date and 2 in September. The Trust are achieving 4 measures year to date and 3 in September.

Southport and Ormskirk Hospital continues to fail the 2-week standard reporting 78.53%.

For 2 week wait breast services, performance declined again to 83.33% in September and is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 89.86% under target in September, with 21 breaches out of a total of 207 patients seen.

For Cancer 62 Day standard the CCG is measuring below the national level of 70.74% recording 57.14% in September and failing the 85% operational target.

For patients waiting over 104 days, the CCG reported 6 patients in September. Of the 6 the longest waiting patient was in gynaecological, delay was health care provider-initiated delay to diagnostic test/treatment planning, number of days waiting was 144. There were a further 3 gynaecological patients, 1 lower gastro patients and 1 skin patient. The CCG receives Root Cause Analyses (RCAs) and harm reviews for long waiting patients which are discussed at the Performance, Quality & Incident Review Panel (PQIRP) meeting.

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

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 19.6% in August 2021 at 27.5% (latest data). The percentage of patients who would

recommend the service has increased to 93%, which is below the England average of 94% and the percentage who would not recommend has increased to 5% but still above the England average of 3%. The COVID-19 pandemic resulted in substantially fewer patients and visitors attending the Trust. The CCG Quality Team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust are due to present their bi-annual Patient Experience update to the Patient Experience Group (PEEG) in the new year and a wider PEEG Provider focussed Patient Experience workshop is planned for January 2022.

The CCG have reported 161 Personal Health Budgets (PHBs) in quarter 2, previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/IT's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB.

Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 2 recording 8.55% of pregnant women smoking at time of their delivery. But the Trust are achieving the local aim of 8.7% in quarter 2.

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 49% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during September-21 also represents an increase of 2% to that in September-19 with 2019/20 activity being the applied baseline to operational planning levels for H1 2021/22. CCGs were expected to plan for 85% of 2019/20 activity levels being completed from July-21 and available contracting data suggests this has been achieved.

Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in September, reporting 76.86% and 78.08% respectively which is similar to what was reported last month. The CCG and Trust are slightly above the nationally reported level of 75.2%. The main issue remains increased attendances with public reporting difficulties in accessing alternatives to ED. The system are working to implement care navigators utilising NHS digital streaming tool.

The Trust also reported 49, 12-hour breaches in September, an increase from August when 14 were reported. The Trust continue to submit 48-hour reviews within the agreed timescales. No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported. However, the CCG have noted concerns with the number of breaches being reported month on month, with this number expected to increase heading towards the winter season.

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 September 2021, there was an average response time of 10 minutes, 48 seconds not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 1 hour, 8 minutes, 24 seconds against a target of 18 minutes. 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 16 hours 45 minutes but huge improvement from July of around 6 and a half hours. Improvement work continues with the acute Trust and NWAS, this issue of overcrowding in the ED department is causing delays in ambulance handovers however the estates changes, direct streaming initiatives are assisting with clearance times. The work with Patient Transport Service (PTS) and reducing aborted journeys continues. Southport are currently an outlier for the purchasing of alternative transport to support discharge.

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

For ambulance handovers, Southport & Ormskirk reported an increase in ambulance handover times in September for handovers of 30 and 60 minutes from 50 to 104, along with those above 60 minutes increased from 8 to 28. So, a decline in performance. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets.

The Trust have reported 10 mixed accommodation breaches locally to the CCG in September. The Trust report that 2 delays relate to transferring patients from Critical Care to ward beds due to bed capacity issues and 8 related to the CDU area impacted by bed occupancy, these were escalated at the daily bed meetings.

The stroke indicator is currently 1 month in arrears. Southport & Ormskirk reported 65.5% of patients who had a stroke spending at least 90% of their time on a stroke unit in August, similar to previous month when 65.6% was recorded. This is below the 80% target. TIA was reported at 28.9% against the 60% target with 11 out of a total of 38 patients treated within 24 hours, an improvement in performance from last month when 15.8% was reported. A Stroke Improvement Group has been established with membership from clinical and operational teams; there are a number of underpinning workstreams including a dedicated team to review patient flow processes.

The CCG and Trust reported no new cases of MRSA in September and a total of 2 for year- to-date against a zero-tolerance plan so have failed for 2021/22. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For *C. difficile*, the CCG reported 7 new cases in September (32 year to date) against a year-to-date plan of 14. The CCG now have the new objectives/plans for *C. Difficile* for 2021/22, year-end target is 30 cases. Southport & Ormskirk Trust is also failing with 6 new cases (31 year to date), against a year-to-date target of 15.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in *E. coli* in 2018/19, the CCG have the new objectives/plans for *E. coli* for 2021/22 along with new Trust objectives to monitor. In September there were 14 cases (59 year to date) against a year-to-date target of 76 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 3 new cases in September (26 year to date) against their year-to-date plan of 35 and are also achieving.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 9.7% in August 2021 reporting 22% (latest data reported). The percentage of patients who would recommend the service increased to 84% and remains above the England average of 77%. The percentage who would not recommend remained at 12%, below the England average of 16%. The CCG Quality Team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust are due to present their bi-annual Patient Experience update to EPEG in November 2021 and a wider EPEG Provider focussed Patient Experience workshop is planned for January 2022.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 73.2 by the Trust in September, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Year to date levels at month 6 of 2021/22 represents an increase of 33% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during September-21 was also 9% above that in September-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

Mental Health

Patients on CPA follow up within 2 days reported below the 95% target in quarter 2 for South Sefton CCG recording 91.7%. Out of the 12 patients 1 was not followed up within 2 days. Overall, the Trust had 3 patient breaches out of a total of 53 in quarter 2 reporting 90.6% and under the 95% target.

The Eating Disorder service has reported 32.5% of patients commencing treatment within 18 weeks of referral in September, compared to a 95% target. Only 13 patients out of 40 commenced treatment within 18 weeks. This shows a small improvement from last month when 31.4% was reported. Demand for the services continues to increase and to exceed capacity.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.78% in September and has therefore failed to achieve the 1.59% target.

The percentage of people who moved to recovery was 33.3% in September, which is below the 50% target a decline from 40% reported last. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider is planning to allocate the recently recruited HIT resource to address a ringfenced cohort of internal waiters. The established resource is working to prevent additional internal waiters "tip" over the 18-week threshold.

Southport & Formby CCG is recording a dementia diagnosis rate in September of 66%, which is under the national dementia diagnosis ambition of 66.7%, similar to last month's performance of 66.2% but is closer to achievement of the ambition.

For the percentage of people on general practice SMI register who have had a physical health check the CCG reported 27.3% in quarter 2 against a plan of 50%. The COVID-19 pandemic has impacted the delivery of some of the 6 interventions which made up the indicator e.g., blood bottle shortage.

The CCG reported 22.09% of patients with learning disabilities receiving their health checks as at quarter 2 against a target of 35%, so failing the year-to-date target.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service is also intending to remodel and the expectation is that this will generate additional assessment capacity. In addition, the service is recruiting an assistant psychologist to enhance existing post diagnostic support.

The Trust has developed a waiting list initiative aimed at reducing ADHD wait times which were reported as being 65 weeks in September 2021. The waiting list cleanse has been completed and the list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource a minimum of 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff. The Trust has recently contacted the CCG to report that for reasons outside their control they are unable to progress sub-contracting with the original provider identified and are looking for an alternative provider to address the waiting list.

Adult Community Health Services

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

Month 6 assurance supplied by the Trust indicates that across a number of community services 10 patients are waiting over 18 weeks (19-24 weeks) and 18 patients are waiting 21 weeks plus. The CCG continues to monitor waiting times and has requested that the Trust provide exception narrative for those patients waiting above 18 weeks.

Children's Services

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

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. As previously reported, the SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. Whilst referrals have reduced over the summer holiday period, the backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged September 18 weeks is at 34.5% for Southport & Formby. The position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. From mid-September, the service will be fully staffed and it is anticipated that if referral levels begin to return to pre-covid levels, improvements will be seen in subsequent months.

Physiotherapy and dietetics continue to perform better than the 92% KPI. Occupational Therapy and Continence perform better than 92% KPI in Southport & Formby, partially attributable to staff absences and delays in recruitment but both are improvements on previous performance.

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. Plans for investing the full amount of additional funding flowing via Service Review Funding (SRF), Service Development Funding (SDF) and Mental Health Investment Standard (MHIS) for children and young people's mental health have been agreed with the provider Alder Hey Children's Hospital (AHCH). Process of recruitment has begun but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the trust focuses on those children and young people who have been waiting the longest for assessment and treatment. However, there has been some improvement in performance notably against 18 weeks KPI, which has improved from 25% in August to 68.18% in September.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identifying opportunities for further improvement.

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

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced.

Referral rates for Autism Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within the agreed timescales. Despite this the service is still currently complying with the 12-week triage NICE requirement. ADHD waiting times are increasing and have

fallen below target for completed assessments within 30 weeks reporting 85% against the 90% target. Also 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 September and fell to 63%. The Trust has a number of mitigating actions in place to manage this and is undertaking a deep dive of the drivers for the increase. The CCGs will review the outcomes from the deep dive alongside the Trust's paper which details the current position, mitigations and options for consideration.

CQC Inspections

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

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%
April	570	1531	961	168.6%	886	1950	1064	120.1%	1874	4375	2501	133.5%
May	677	1503	826	122.0%	1127	1987	860	76.3%	2217	4396	2179	98.3%
June	1035	1597	562	54.3%	1641	2278	637	38.8%	3134	4843	1709	54.5%
July	1350	1537	187	13.9%	1780	2227	447	25.1%	3681	4651	970	26.4%
August	1052	1435	383	36.4%	1669	1872	203	12.2%	3298	4190	892	27.0%
September	1346	1571	225	16.7%	1904	2117	213	11.2%	4052	4635	583	14.4%
October	1462				1710				3913			
November	1357				1804				3910			
December	1242				1805				3828			
January	1234				1644				3558			
February	1203				1747				3672			
March	1485				2217				4531			
Monthly Average	1168	1529	361	30.9%	1661	2072	411	24.7%	3472	4515	1043	30.0%
YTD Total Month 6	6030	9174	3144	52.1%	9007	12431	3424	38.0%	18256	27090	8834	48.4%
Annual/FOT	14013	18348	4335	30.9%	19934	24862	4928	24.7%	41668	54180	12512	30.0%

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



Month 6 Summary:

- A focus on elective restoration has ensured that Southport & Formby CCG referrals in H1 of 2021/22 are 48% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -12% lower as at month 6.
- GP referrals have seen significant increases in 2021/22 and are reporting a 136/9% increase in September-21 when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 3 additional GP referrals per day in month 6 when comparing to August-21.
- At the lead provider, trends show that total secondary care referrals in September-21 have increased by 380/13% when compared to the previous month for Southport Hospital and are the second highest monthly total of 2021/22 (the highest totals reported since the COVID-19 pandemic began).
- Referrals to Southport Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -16% below pre-pandemic (i.e. 2019/20) levels.
- Ophthalmology was the highest referred to speciality for Southport & Formby CCG in 2020/21. Referrals to this speciality in month 6 of 2021/22 are approximately 1,580/97% higher than in the equivalent period of the previous year. However, they are -301/-9% below pre-pandemic (i.e. 2019/20) levels. Much of the recent increase is a result of referrals to Isight.
- In terms of referral priority, all priority types have seen an increase at month 6 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 6,610/60%.
- Analysis suggests a recovery of two week wait referrals with the 670 reported in September-21 representing the highest monthly total reported since July-20 (which immediately followed the initial COVID-19 national lockdown period). Referrals to the Breast Surgery speciality make up much of this recent increase with Gastroenterology also contributing significantly.

2.2 NHS e-Referral Service (e-RS)

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

2.3 Diagnostic Test Waiting Times



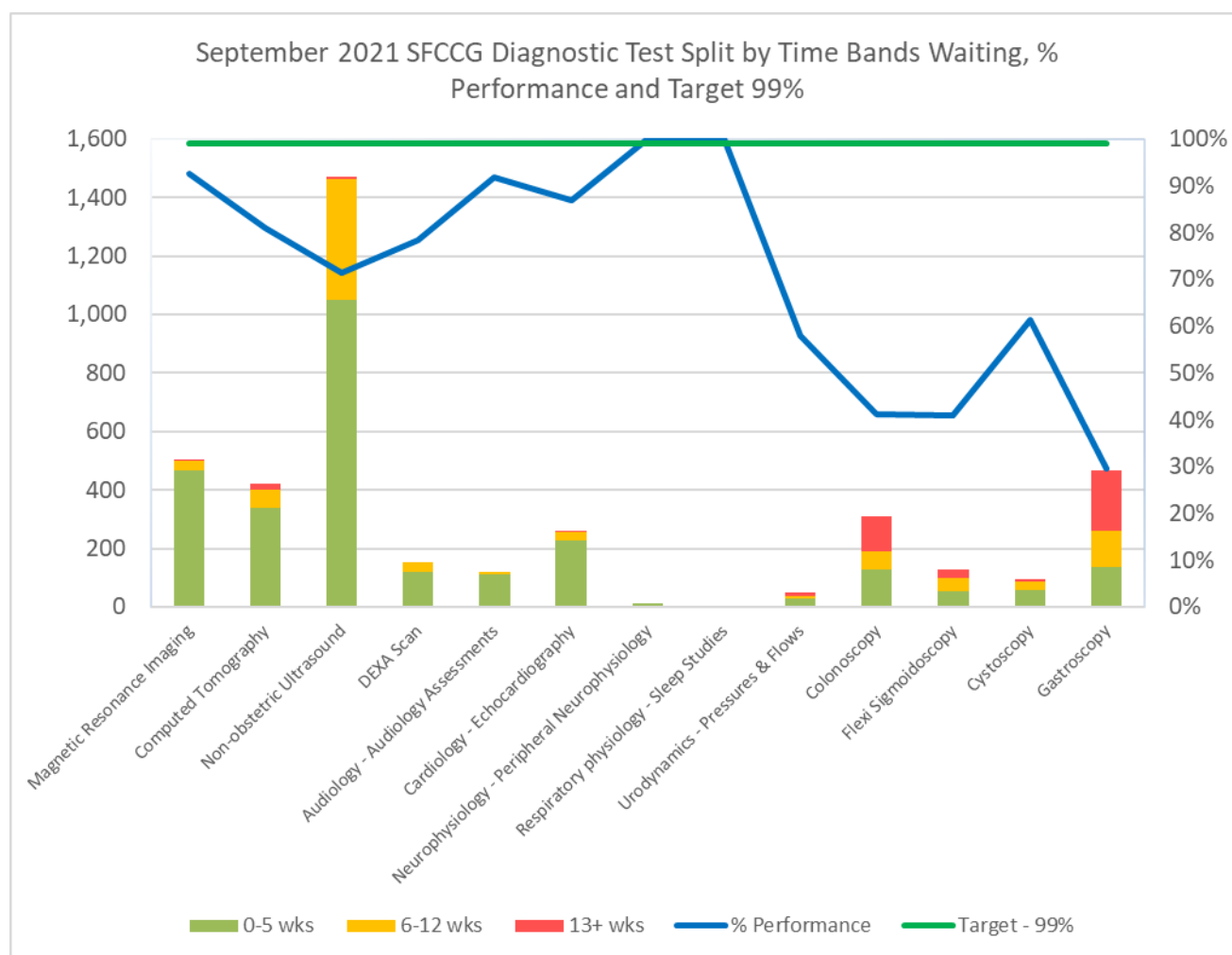
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Jun-21	Jul-21	Aug-21	Sep-21	
		CCG	18.43%	17.37%	32.15%	31.54%	
		S&O	19.25%	20.49%	34.73%	35.74%	
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20	
		CCG	51.17%	32.35%	27.02%	22.43%	
		S&O	49.84%	30.20%	22.06%	16.52%	
National Target: less than 1%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG and Trust saw a significant decline in performance in August which has continued into September compared to previous months. For the CCG, out of 3,992 patients, 1,259 patients were waiting over 6 weeks, (of those 417 were waiting over 13 weeks) for their diagnostic test. In comparison, September last year had a total waiting list of 2,559 patients, with 574 waiting over 6 weeks (of those 188 were waiting over 13 weeks). The majority of long waiters were for Non-obstetric Ultrasound (421) Gastroscopy (327), Colonoscopy (183) and makes up 73.95% of the breaches. The CCG and Trust are now reporting above the national level of 26.1%. The IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. The Trust performance continues to be impacted by high demand and staffing challenges. Situation, Background, Assessment, Recommendations (SBAR's) and recovery plans are being developed for each of the modalities. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy, in addition to prioritisation of diagnostics with the implementation of 'D' codes to indicate patients to be prioritised. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing In a positive way. Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. Submit funding bids for additional capital monies to develop diagnostic capacity (i.e. CT capacity). 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

Figure 2 – September CCG Diagnostics Chart and Table

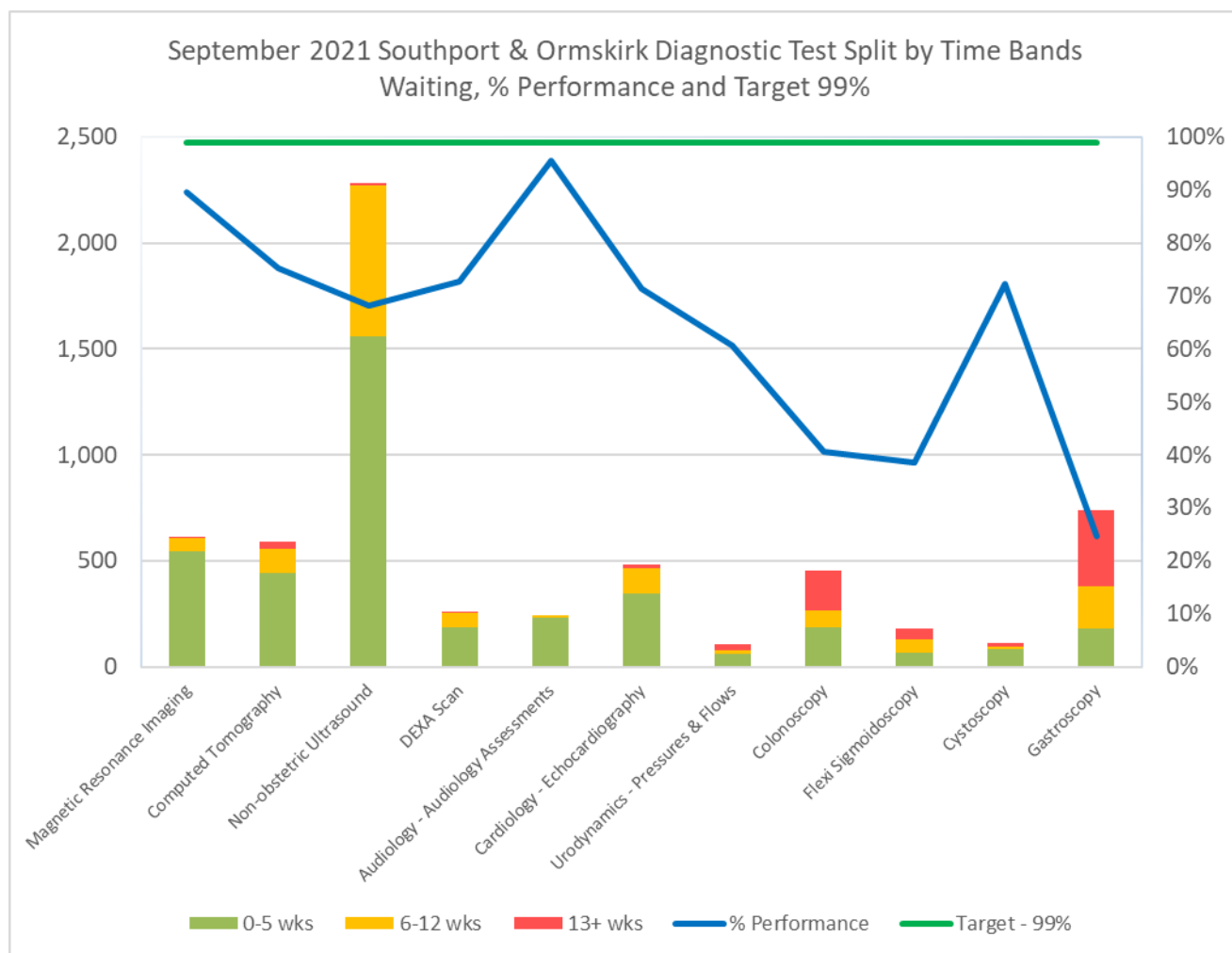


Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	467	35	3	92.48%	99%
Computed Tomography	340	61	19	80.95%	99%
Non-obstetric Ultrasound	1,049	413	8	71.36%	99%
DEXA Scan	120	33	0	78.43%	99%
Audiology - Audiology Assessments	111	10	0	91.74%	99%
Cardiology - Echocardiography	227	28	6	86.97%	99%
Neurophysiology - Peripheral Neurophysiology	12	0	0	100.00%	99%
Respiratory physiology - Sleep Studies	1	0	0	100.00%	99%
Urodynamics - Pressures & Flows	29	7	14	58.00%	99%
Colonoscopy	128	61	122	41.16%	99%
Flexi Sigmoidoscopy	52	46	29	40.94%	99%
Cystoscopy	59	26	11	61.46%	99%
Gastroscopy	138	122	205	29.68%	99%
Total	2,733	842	417	68.46%	99%

Overall, the CCG is reporting 68.46%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy with a number of other tests also showing proportionally high levels.



National levels overall at 73.91% and proportion waiting over 13wks nationally at 10%. The CCG performing worse on both counts.

Figure 3 – September Southport & Ormskirk NHS Trust Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	543	62	1	89.60%	99%
Computed Tomography	442	117	29	75.17%	99%
Non-obstetric Ultrasound	1,557	712	12	68.26%	99%
DEXA Scan	187	67	3	72.76%	99%
Audiology - Audiology Assessments	234	11	0	95.51%	99%
Cardiology - Echocardiography	344	122	16	71.37%	99%
Urodynamics - Pressures & Flows	63	16	25	60.58%	99%
Colonoscopy	184	81	188	40.62%	99%
Flexi Sigmoidoscopy	69	61	49	38.55%	99%
Cystoscopy	81	14	17	72.32%	99%
Gastroscopy	182	200	358	24.59%	99%
Total	3,886	1,463	698	64.26%	99%

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	79.68%	79.32%	78.32%	77.38%		
		S&O	83.51%	83.76%	83.03%	82.07%		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	58.28%	54.96%	61.68%	70.53%		
		S&O	60.15%	57.62%	66.04%	75.21%		
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> For the CCG September is showing a further small decline in performance from the previous month. The challenged specialties include Plastic Surgery (53.1%), ENT (58.7%) and Cardiothoracic Surgery (63.6%). Included in the long waiters there were 31 patients waiting over 104 weeks. Of the 5 there was 2 T&O, 1 ENT, 1 Plastic Surgery and 1 Gynaecology. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The CCG and Trust are reporting well above the national level of 66.5%. IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity, including reduced throughput in theatre, however, the Trust are endeavouring to maximise capacity with current staff and utilising bank staff as necessary. Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week) Renacres has been under national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters although RTT the Trust reported 91% in September and is also supporting S&O with elective recovery to improve the overall RTT within the CCG. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration and improving quality of services and ensure resilience with the health care system, working to support providers on area's identified as 'fragile'. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. CCG attendance at ICS/OOH cell gold command meetings, to gain assurances regarding recovery trajectories. CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery. The CCG is working with providers to ensure assurance on clinical prioritisation and understanding of the waiting lists and key actions to mitigate patient harm. 								
System:								
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H2, CCGs submitted final expected activity/financial assumptions in October 2021. System partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. 								
Trust Actions:								
<ul style="list-style-type: none"> Renacres have provided details/assurance related to 18 week breaches and are prioritising the waiting list. Breach reasons vary and include COVID impact, patient choice, patient not contactable and theatre delays due to patient undergoing other treatments at the same time. Support to S&O continues with T&O long waiters. Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Rheumatology identified as a pilot service, with initial scoping of the project jointly progressing with CCG colleagues. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. Trust participating in national work to develop system modelling tool in Ophthalmology. 								
When is performance expected to recover:								
No dates for recovery provided.								
Quality:								
No quality issues raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Rob Caudwell			Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Jun-21	Jul-21	Aug-21			Sep-21
		CCG	335	320	342			354
		S&O	128	101	132			135
		Previous year	Jun-20	Jul-20	Aug-20			Sep-20
		CCG	17	36	62			85
		S&O	7	12	38			53
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 354 breaches for the CCG, there were 86 at Southport & Ormskirk, 113 at LUHFT and 155 at 15 other Trusts. • The 354 breaches reported also represent 2.74% of the total waiting list, which is well below the national level of 5.15%. • Of the 135 breaches at Southport & Ormskirk (catchment), 50 were in General Surgery, 47 in T&O and the remainder over spanned over the other specialties. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. • Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised. 								
System:								
<ul style="list-style-type: none"> • See RTT section. 								
Trust Actions:								
<ul style="list-style-type: none"> • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. • Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters. • Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. • National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		Rob Caudwell		Terry Hill				

Figure 4 – CCG RTT Performance & Activity Trend

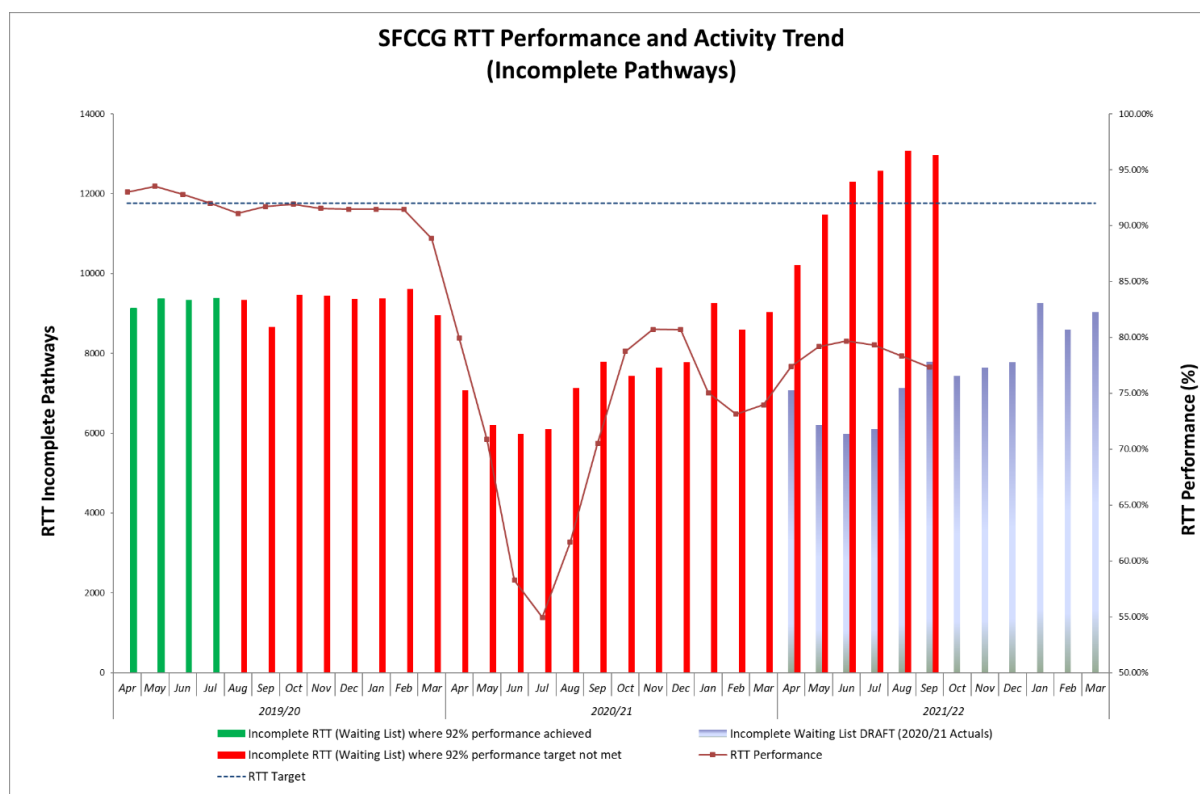


Figure 5 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	7,794
2021/22	10,203	11,474	12,290	12,576	13,069	12,912							12,912
Difference	3,131	5,270	6,307	6,475	5,934	5,118							5,118
52 week waiters - Plan (last year's actuals)*	6	10	17	36	62	85	71	99	112	226	401	519	
52 week waiters - Actual	412	355	335	320	342	354							
Difference	406	345	318	284	280	269							

S&O

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

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

There were a total of 910 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 354 patients were waiting over 52 weeks, an increase on last month when 342 breaches were reported. Southport & Ormskirk had a total of 135, 52-week breaches in September, showing a small decline from 132 reported last month.

Included in the long waiters there are 5 patients waiting over 104 weeks. Of the 5 there was 2 T&O, 1 ENT, 1 Plastic Surgery and 1 Gynaecology. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The Trust continue to undertake RCAs which are reviewed internally at the Trust Patient Safety Meeting. If harm has been identified, this will be reported as a Serious Incident and investigated as per the SI Framework. There have been no SIs reported as a result of a 104-day breach. The CCG are due to review a sample of 104 Day breach RCAs December 2021.

The 335 52+ week CCG breaches represent 2.74% of the total waiting list, which is well below the national level of 5.15%. 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 decreased to 12,912 (August reported 13,069).



2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	150	113	The Trust has worked to maintain outpatient activity where possible and has seen a significant shift from face to face appointments to virtual appointments where it is clinically appropriate; mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme continues to focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance and the gateway criteria access to Elective Restoration Funding. The Trust has been working closely with system partners to maintain access to elective treatment for those patients who have a diagnosis of cancer or who are clinically urgent. This includes access to treatment at LUHFT, independent sector and mutual aid partners in Cheshire and Merseyside. The Trust continues to assess clinical prioritisation in line with national guidance on prioritisation codes 1 to 4 (P-codes). Focus remains on P1 and P2. As restrictions to the elective programme are lifted, focus will include P3 and P4 categories
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	219	86	The Trust is in a positive position regarding the elective restoration targets, with in-patient activity above target. The 52-week waiters will continue to decrease with the plan of opening further theatre lists. There is a continued focus on dating all P2 patients across all specialities. Recovery plans are in place across all specialties and a restoration plan has been submitted. The Trust continues to clinically prioritise surgical waiting lists as per the Federation of Surgical Specialty Association. Weekly PTL meetings taking place to track patients and escalate issues. Ongoing validation of lists to ensure duplications are removed. The Trust continues to use virtual appointments where possible. Gynaecology has pre-COVID theatres back to capacity. Theatres have now reverted to a six week notice period and looking to provide extra weekend sessions in Ophthalmology, Urology and T&O. Management of sickness absence within the theatres and organisational development is being undertaken. The Trust is now a sub group with Renacres to deliver activity as part of the Trust recovery plan.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	28	44	All elective performance measures incrementally improving as the Trust delivers its recovery plans and the situation will be continually monitored to prioritise the most clinically urgent patients. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All theatres are now fully re-opened. All long wait patients are monitored individually, and the additional capacity will enable them to be booked as soon as feasible or when the patient agrees. Urgents, cancers and long waiters remain the priority patients for surgery at Whiston. Achievement of the elective activity recovery trajectories by March 2022 have been agreed with Cheshire and Merseyside ICS.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	47	39	Regular reviews of risk stratification are undertaken according to clinical priority in accordance with Royal College recommendations. Additional clinical check has been introduced in the Division of Surgery where the largest volume of long waits are. The Greater Manchester Elective Recovery Reform Group is now in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.
RENACRES HOSPITAL	45	24	Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	19	18	The Trust continues with weekly performance tracking for Cancer and RTT. An escalation policy is in place to respond to increases in occupancy. Weekly long length stay of reviews process continues. A Restoration and Recovery Plan has been developed to respond to the requirement to restore elective activity lost during the pandemic with clinical prioritisation of patients awaiting treatment, using national clinical prioritisation guidance.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	7	6	The restoration and recovery of elective services has progressed well with all services being fully restored, other than a small number of community outpatient settings. Performance against the recovery trajectories remains strong. All patients are clinically triaged to make sure it is safe for the procedure to be delayed. The 52 week wait performance remains in line with expected levels but there are challenges in a number of sub-specialty areas namely; aortic surgery, left atria appendage occlusion and electrophysiology. This has also been compounded by the shortfall in anaesthetic capacity due to unplanned absence. It is forecast that performance will remain in line with the trajectory subject to no further impact of COVID-19.










Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	0	6	The Trust is constantly monitoring waiting list movements alongside capacity available for clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services. For Spinal Disorders mutual aid discussions are on-going. A number of workforce actions are being undertaken inclusive of a locum consultant being appointed and a registrar also being recruited to support. An additional Senior Fellow will also join the cohort in February for 6 months. Further workforce actions also being explored and progressed. Planning guidance documents that the Trust should hold or where possible reduce the number of patients waiting over 52 weeks.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	5	5	The Manchester Emergency & Elective Surgical Hub has been mobilised to ensure that the patients with urgent clinical needs are treated and maintain oversight and effective use of resources across Manchester University sites. The potential to utilise private sector capacity continues. Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue and there is ongoing outpatient Improvement work as part of the Recovery Programme to develop transformation opportunities. The Trust ensures that there is a consistent, safe approach to the development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	13	3	The Trust performance for 52 week position has plateaued, largely due to reduced planned theatre sessions due to sickness absence. This has been compounded by continued increases in 2 week urgent referrals. Whilst the Trust continue to meet this urgent target to do so takes capacity from routine day case. Plans are in place to increase this capacity in H2. Elective priority is given to the most urgent cases. A further additional compounding factor is the reduction of elective sessions for oncology at Liverpool University due to their ongoing pressures. Regular review of long-waiting patients continue to ensure that actions towards ensuring management/treatment is taken in a timely way. There are weekly PTL meetings reviewing all patient queues. Regular WLI sessions are planned through October to December 2021. There is careful monitoring of clinic utilisation to ensure all available appointments are filled.
SALFORD ROYAL NHS FOUNDATION TRUST	2	2	The Northern Care Alliance Clinical Prioritisation Group continues with strong clinical engagement on dating all priority 1 & 2 patients, and teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience. The Elective Care Strategy will drive sustainable improvement over the next few years and significant engagement has been undertaken within the Northern Care Alliance and across localities to create system wide ownership of solutions. A new Northern Care Alliance Chief of Surgery has been appointed to support both the surgical recovery plans and drive excellence across surgical services.
SPIRE LIVERPOOL HOSPITAL	5	2	Spire Liverpool has commenced a waiting list recovery working group with support from the Spire national clinical team, the teams focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing level to support the inpatient booking team to best utilise all available theatre/OPD capacity.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	2	The Trust continues with daily tracking and management of all Trust PTLs and data quality checks. There are weekly meetings between operations teams and central teams to support divisions and weekly Operational Delivery Group meetings take place for the oversight of overdue follow-up appointments, overdue planned patients and all RTT long waiters. The clinical prioritisation process has been implemented. Review of P2 patients at regional hubs continue via the established Harm Review Process. There is insourcing and outsourcing of activity where clinically appropriate. The Trust has implemented a Trust wide training programme for the management of elective care. There is also a regular forum between information and Business Intelligence to ensure data quality and completeness.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	1	The trust remains limited to 11 Orthopaedic contained beds and P2 cases is prioritised to those. Suitable cases are offered the Independent Sector, but the growing longest waiting group are those not clinically appropriate for that setting. Mutual Aid with NWAFT will support faster treatment for some of these longest waiting patients There are a number of projects in outpatients to improve communication with patients around appointments,
EUXTON HALL HOSPITAL	2	1	Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
ROYAL FREE LONDON NHS FOUNDATION TRUST	0	1	Good progress is being made on managing the trust's 52 week breaches. Since the start of the Trust's return to national reporting, the Trust has reduced its 52 week breaches by 40%. There still remain, however, a large amount of patients on the trust's Patient Tracking List that required treatment and Plastics remains challenging due to the specialist intervention required.
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	1	Admitted clock stops remained broadly on trend, with clock stops performing better than plan despite a planned reduction in activity. An increase in available theatre capacity from July allowed continued improvements in Day case and Elective activity. Network support is in place to reduce the number of patients waiting over 78 weeks as soon as possible with current risks within Cardiology, ENT, General Surgery and Plastics. Consultant, nursing and Operating Department Practitioner recruitment is underway. The Golden Patient process has been re-launched to reduce late starts, cancellations and overruns.
OTHER TRUSTS	13	0	No Trust Information.
	556	354	

2.5 Cancelled Operations



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		3	4	1	4	
		Jun-20	Jul-20	Aug-20	Sep-20	
		0	4	3	5	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Trust information show there was a decline in cancelled operations in September (4) after reporting 1 in August. The Trust indicated the cancelled operations were for 2 equipment failures, 1 where the list over ran and 1 ward bed was unavailable. 						
Actions to Address/Assurances:						
CCG Actions:						
<ul style="list-style-type: none"> Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported. 						
System:						
<ul style="list-style-type: none"> ICS/HCP partners developing a programme of work called 'Theatre lite/Theatre smart', to develop principles that will support more effective use of theatre capacity, potentially increasing available capacity and reducing theatre cancellations. 						
Trust Actions:						
<ul style="list-style-type: none"> As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. Additionally the CCG have been informed that the Trust reviewed opportunities to insourced anaesthetist activity subject to demands/staffing issues resulting from a second surge of COVID-19. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity. Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres. 						
When is performance expected to recover:						
Recovery anticipated next month.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Terry Hill		




2.6 Cancer Indicators Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-21	Jul-21	Aug-21	Sep-21	YTD		
	2 Week Wait (Target 93%)	CCG	85.82%	81.23%	76.79%	80.42%	82.75%		
		S&O	87.51%	82.52%	76.74%	78.53%	82.76%		
	2 Week breast (Target 93%)	CCG	80.00%	100%	88.89%	83.33%	87.76%		
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	97.80%	97.56%	89.04%	94.95%	95.63%		
		S&O	100%	100%	95.65%	98.21%	98.91%		
	31 day subsequent - drug (Target 98%)	CCG	95%	100%	100%	100%	99.10%		
		S&O	100%	No Pats	No Pats	100%	100%		
	31 day subsequent - surgery (Target 94%)	CCG	93.33%	100%	100%	90.91%	91.03%		
		S&O	100%	No Pats	100%	No Pats	100%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	95%	100%	100%	100%	99.26%		
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats		
	62 day standard (Target 85%)	CCG	65.85%	70.73%	66.67%	57.14%	69.58%		
		S&O	70.65%	77.14%	57.89%	54.21%	67.63%		
	62 Day Screening (Target 90%)	CCG	86.67%	77.78%	28.57%	64.29%	66.67%		
		S&O	100%	50%	No Pats	0%	62.50%		
	62 Day Upgrade (Local Target 85%)	CCG	85%	84.21%	66.67%	66.67%	85.29%		
		S&O	93.33%	76.00%	78.95%	73.47%	87.50%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date and 2 measures in September. The Trust is achieving 4 of the 9 cancer measures year to date and 3 measures in September. The 2 week standard for breast symptoms has failed again in September reporting 83.33% (10 out of 12 patients seen within 14 days). For Cancer 62 Day standard the CCG is measuring below the national level of 68% recording 57.14% in September. Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays. 									
Key points to note:									
<ul style="list-style-type: none"> Urgent suspected cancer referrals remain high with latest reported period at 20% above pre-pandemic levels. Significant pressure areas for cancer pathways include outpatient capacity for gynaecology, histology reporting turnaround times and access to endoscopy single sex lists. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> 2021/22 Priorities and Operational Planning Guidance for October 21 to March 22 asks the system to accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022. Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests. 									
When is performance expected to recover:									
Trajectories have been submitted by providers for first appointments and first treatments to meet the expectation that the number of 62 day waits will return to pre pandemic levels by March 2022.									
Quality:									
Root cause analyses and harm reviews are undertaken on long waiting pathways. Southport and Ormskirk Hospital will present a Cancer Improvement Plan at a tumour site level at the December Clinical Contract Quality Review Meeting (CCQRM). A piece of work is also being undertaken to look at conversion rates from 14 day to 62 day pathways ie the proportion of suspected cancer referrals which result in a positive diagnosis and whether this has changed alongside increased rates of 2 week wait referrals which are now consistently at 120% of pre pandemic levels.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Dr Graeme Allan			Sarah McGrath			



2.6.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - SFCCG		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		1	5	6	6	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The CCG reported 6, 104 day breaches in September the longest waiting patients was in gynaecological, number of days waiting was 144. There were a further 3 gynaecological patients, 1 lower gastro patient and 1 skin patient. The CCG receives harm reviews for long waiting patients which are discussed at the Performance & Quality Investigation Review Panel (PQIRP) monthly. <p>Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region.</p>						
Key messages:						
<ul style="list-style-type: none"> 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template. 						
When is performance expected to recover:						
Providers have submitted trajectories for months 7-12 to reduce all over 62 day waits to pre pandemic levels.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. Southport and Formby CCG has worked closely with the provider to strengthen the assurance process around harm reviews for very long waiting cancer patients and feed thematic reviews into the CCQRM. Harm reviews and Root Cause Analyses of pathway breaches are reviewed by the CCG's PQIRP Group.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-21	Jul-21	Aug-21	Sep-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	73.60%	73.83%	74.02%	68.25%	72.90%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	88.24%	100%	100%	91.67%	93.48%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	56.10%	42.42%	56.00%	20.59%	47.39%		
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In September and year to date, the CCG performed above the proposed target for the 28- Day FDS breast symptom indicator. However, 2 week wait referral and the two week and screening referral indicators performed below target. RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. 28 Day FDS overall is reporting 66.33% for September and 71.57% year to date, just under the proposed 75% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. A data validation exercise has been undertaken across the Cheshire and Merseyside Cancer Alliance to prepare for submission of data against the 28 day standard live from October 2021. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			

2.7 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	May-21	Jun-21	Jul-21	Aug-21		
		RR	23.1%	23.2%	27.2%		27.5%
		% Rec	89.0%	90.0%	92.0%		93.0%
		% Not Rec	7.0%	5.0%	4.0%		5.0%
		2021/22 England Averages Response Rates: 19.6% % Recommended: 94% % Not Recommended: 3%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Friends and Family was paused during the COVID pandemic it has since resumed. Southport & Ormskirk Trust has reported a response rate for inpatients of 27.5% in August 2021 and above the England average of 19.6%. The percentage of patients who would recommend the service improved to 93%, but remains below the England average of 94%. The percentage who would not recommend increased to 5%, above the England average of 3%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Trust are reporting above the national average currently for response rates. The CCG Quality team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust continue to provide 6 monthly patient experience updates at EPEG with a Provider focussed event planned for January 2022. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2021-22.							
Quality:							
FFT figures remain consistent as the previous month for S&O. The provider continues to provide assurance to the CCG via bi-annual EPEG Patient Experience presentations. The introduction of the PALS service was noted during the pandemic. This has had a positive impact in de-escalating potential complaints and reaching early resolutions.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

2.8 Personal Health Budgets (PHBs)

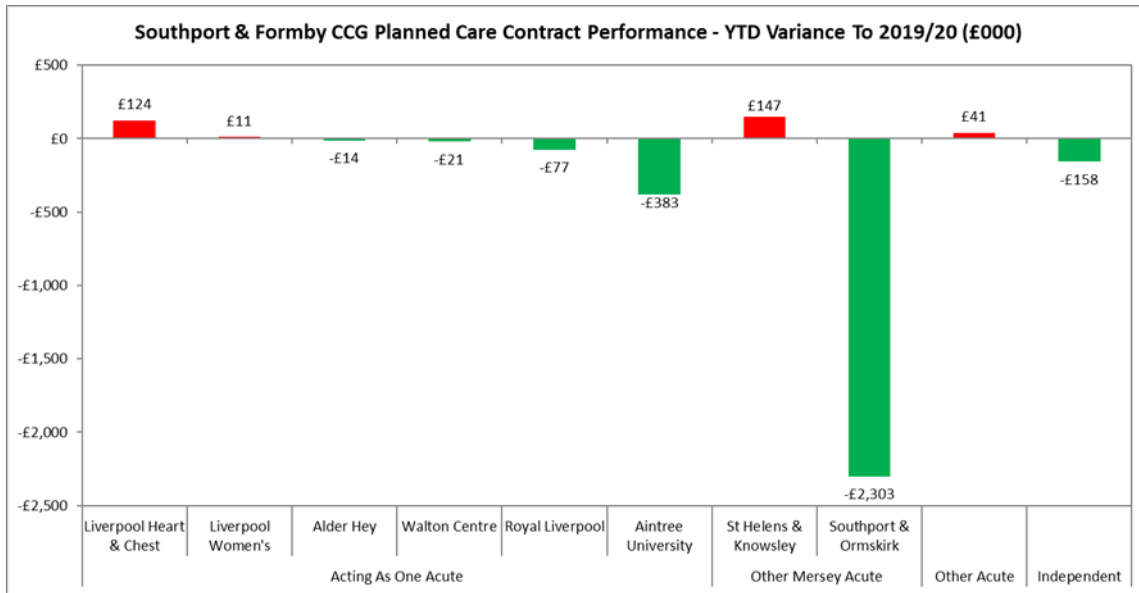
The CCG have reported 161 Personal Health Budgets (PHBs) in quarter 2, previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/II's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2021/22, but the CCG will continue to measure and monitor on a quarterly basis. The CCG is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

In terms of development of PHBs:

- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Development of CCG website and promotional materials.
- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- Further meetings are taking place with; CCG, MLCSU and LA to support the process for PHB's or Children and Young People
- Contract award has been made to a provider to support the CCG as a PHB support service, which is subject to contractual arrangements. The contract award is for 3 years +2 years. This will replace the arrangements the CCG had in place with Sefton Carers Centre as a pilot.

2.9 Planned Care Activity & Finance, All Providers

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



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there 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 49% when compared to the equivalent period in the previous year. Total planned care activity (incorporating day case, elective and outpatient attendances) during September-21 also represents an increase of 2% to that in September-19 with 2019/20 activity being the applied baseline to operational planning levels for H1 2021/22. CCGs were expected to plan for 85% of 2019/20 activity levels being completed from July-21 and available contracting data suggests this has been achieved.

Figure 7 - Planned Care Activity Trends

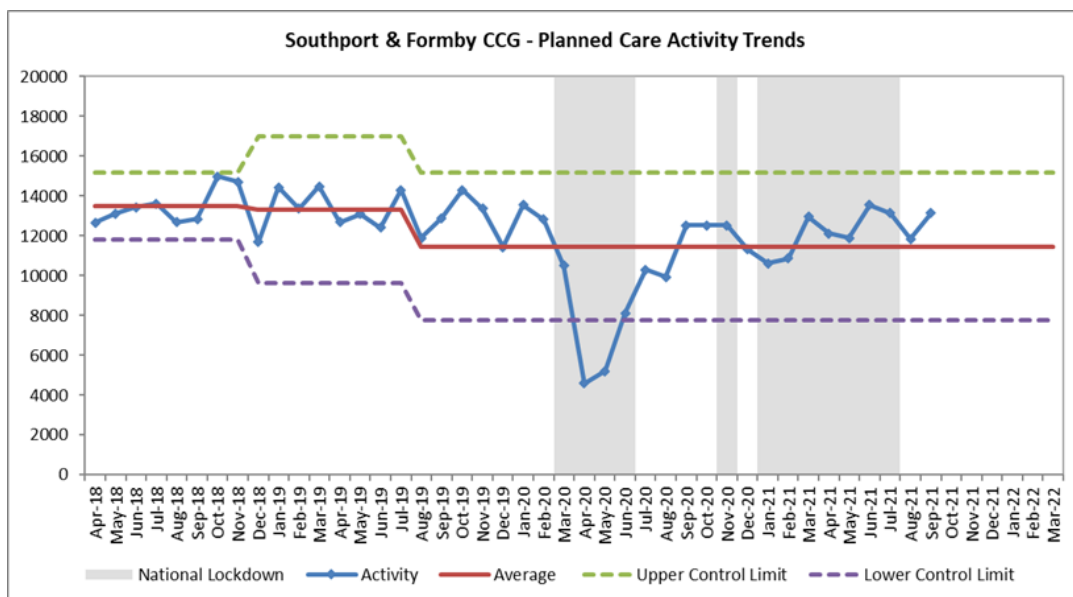


Figure 8 – Elective Inpatient Variance against Plan (Previous Year)

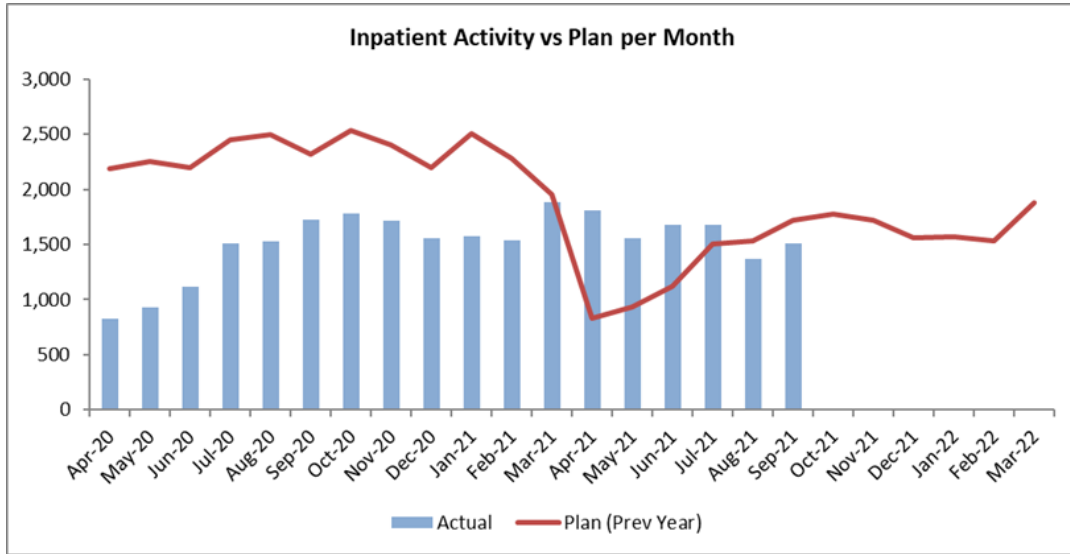
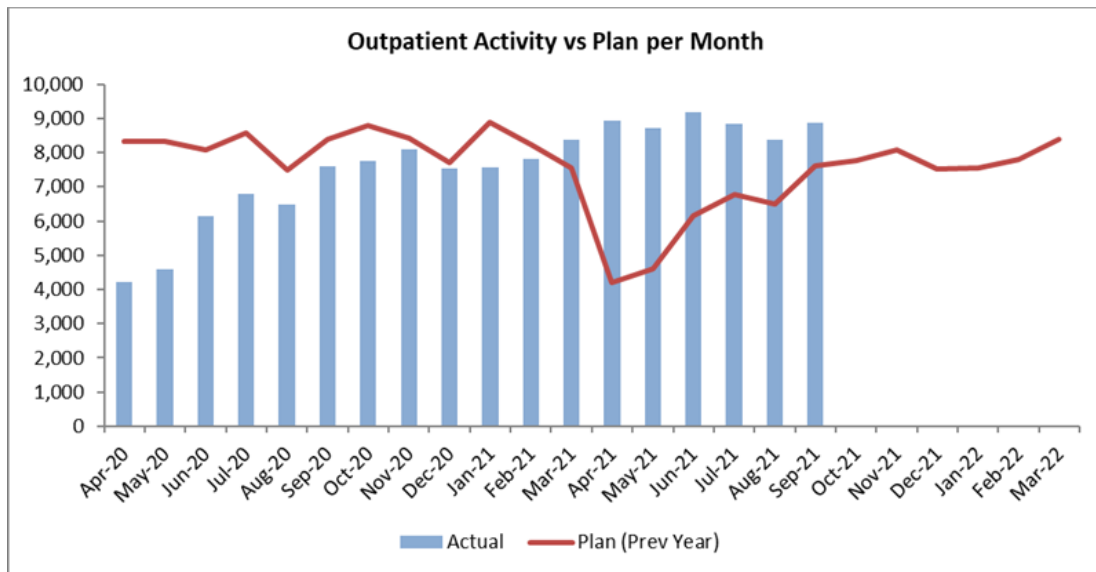


Figure 9 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Southport & Ormskirk Hospital NHS Trust

Figure 10 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,580	4,057	-1,523	-27%	£2,922	£2,129	-£793	-27%
Elective	542	484	-58	-11%	£1,588	£1,305	-£283	-18%
Elective Excess Bed Days	166	33	-133	-80%	£44	£9	-£35	-80%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	467	249	-218	-47%	£95	£50	-£45	-47%
OPFASPCL - Outpatient first attendance single professional consultant led	7,933	7,051	-882	-11%	£1,384	£1,240	-£144	-10%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	427	524	97	23%	£48	£61	£13	28%
OPFUPSPCL - Outpatient follow up single professional consultant led	22,237	14,905	-7,332	-33%	£1,960	£1,267	-£693	-35%
Outpatient Procedure	13,421	10,436	-2,985	-22%	£1,836	£1,468	-£368	-20%
Unbundled Diagnostics	5,977	5,800	-177	-3%	£566	£610	£44	8%
Grand Total	56,750	43,539	-13,211	-23%	£10,443	£8,140	-£2,303	-22%

*PbR only

When comparing to 2019/20 (pre-pandemic) levels of activity, underperformance at Southport & Ormskirk Hospital is evident against the majority of the (PbR - national tariff) planned care points of delivery with a total variance of -£2.3m/-22% for Southport & Formby CCG at month 6. In line with planned restoration of elective services, Southport & Formby CCG referrals to Southport & Ormskirk Hospital have been on a general increasing trend with July-21 seeing the highest number of monthly referrals (3,317) reported since February-20. Despite this, year to date referrals in the first half of 2021/22 remain -16% below that reported in the equivalent period of 2019/20.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This reflects a change in service delivery at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients).

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

NB. Plan values in the above table relate to 2019/20 actuals.

2.9.2 Isight

Figure 11 - Planned Care – Isight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	830	684	-146	-18%	£461	£430	-£31	-7%
OPFASPCL - Outpatient first attendance single professional consultant led	820	800	-20	-2%	£113	£111	-£2	-2%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2	0	-2	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,833	1,916	83	5%	£110	£116	£6	5%
Outpatient Procedure	880	1,616	736	84%	£59	£119	£59	100%
Grand Total	4,365	5,016	651	15%	£743	£776	£32	4%

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

A secondary peak in activity has occurred in September-21 with the number of outpatient procedures recorded during this month (353) representing the highest monthly total of the last three years. This was driven in the main by activity relating to *Contrast Fluoroscopy Procedures with duration of less than 20 minutes*. However, Southport & Formby CCG have been in the process of reviewing aspects of coding at this provider and are looking to implement coding changes in any future contracts. This has resulted in a proportion of day case activity (Minor Vitreous Retinal Procedures) now being recorded as an outpatient procedure (Intermediate Vitreous Retinal Procedures) from month 4 of 2021/22 onwards. This change in recording has also contributed to the overall increase in outpatient procedures seen in month 6 of 2021/22.

In 2019/20 (pre-pandemic), Isight overperformance for Southport & Formby CCG had been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*. When comparing monthly averages for the first half of 2021/22 to the equivalent period in 2019/20, activity relating to this procedure has shown to be at comparable levels.

NB. Plan values in the above table relate to 2019/20 actuals.

2.9.3 Renacres Hospital

Figure 12 - Planned Care – Renacres

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	923	811	-112	-12%	£862	£735	£-127	-15%
Elective	118	120	2	2%	£540	£589	£49	9%
Outpatient First Attendance - Face to Face	1,465	913	-552	-38%	£254	£157	£-97	-38%
Outpatient First Attendance - Non Face to Face	0	250	250	#DIV/0!	£0	£29	£29	#DIV/0!
Outpatient Follow Up Attendance - Face to Face	1,903	930	-973	-51%	£140	£66	£-73	-53%
Outpatient Follow Up Attendance - Non Face to Face	0	1,184	1,184	#DIV/0!	£0	£63	£63	#DIV/0!
Outpatient Procedure	1,067	448	-619	-58%	£189	£82	£-108	-57%
Outpatient Pre-op	572	1,253	681	119%	£35	£76	£41	116%
Physio	852	712	-140	-16%	£26	£22	£-5	-17%
Unbundled Diagnostics	632	530	-102	-16%	£62	£48	£-15	-24%
Grand Total	7,532	7,151	-381	-5%	£2,109	£1,867	£-242	-11%



For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that Southport & Formby CCG is currently underperforming by approximately -£242k/-11% at month 6. This underperformance is also reflected in the overall Renacres catchment position (the key outlier being South Sefton CCG). Referrals to Renacres Hospital are currently -29% below 2019/20 levels but month 6 saw the highest number of monthly referrals reported since February-20. A number of services saw increased referrals during this month including General Surgery, Gynaecology, Urology and Trauma & Orthopaedics.

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

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

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



2.10 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		8.76%	6.47%	7.96%	8.55%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		7.73%	11.30%	14.01%	9.38%		
		National ambition of 6% or less of maternities where mother smoked by 2022 Local aim for Q2 8.7% - Actual 8.55% so achieved local plan					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 2 Southport and Ormskirk have achieved 8.55%, against the National ambition of 6%; with 234 maternities, of which 20 were smokers at the time of delivery. • Despite being a 0.59% decline in performance since the last quarter, it is a 0.83% improvement against the same time period last year. And more importantly; measuring against the locally plotted target by the CCG, the Trust has more than achieved the Quarter 2 target plotted at 8.7%, which is in line with the ambition to meet the ideal by 2022. • COVID has taken its toll on families and impacted the delivery of usual health services particularly in Sefton which has prevented the full range of support available. Home visits have recommenced where appropriate to do so. 							
Actions to Address/Assurances:							
S&O Trust Maternity Unit from Quarter 2 notes:							
<ul style="list-style-type: none"> • Specialist midwife remains in a full time post. • Carbon monoxide (CO) monitoring continues to increase at booking and 36 weeks. • Further CO monitors purchased by Local Authority Public Health Team to support smoking in pregnancy agenda. • Monthly smoking infographics produced and distributed to staff with feedback and information provided. • Specialist midwife continues to attend local and national discussions around smoking in pregnancy to inform best practice. • Referrals into stop smoking teams remains steady. • Maternity bookings have moved back to face to face appointments in the Sefton area allowing for CO monitoring and Very Brief Advice about smoking in pregnancy to be carried out at the first maternity appointment. • Enhanced Home visits from the specialist midwife and the stop smoking teams has recommenced where appropriate. • Training for Smokefree pregnancies has remained mandatory for all maternity staff. 							
CCG							
<ul style="list-style-type: none"> • The Smoking Cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. • The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. 							
When is performance expected to recover:							
Performance is currently on target for year end achievement of 6% or less.							
Quality:							
As previously reported, the council have re-ignited the Sefton Tobacco Control Group which includes the hospital Trust in its partnership members and the CCG submitted a bid for NHSE funding late October that has been made available to further support the Smoking cessation in Pregnancy programme. The bid results have not yet been announced .							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

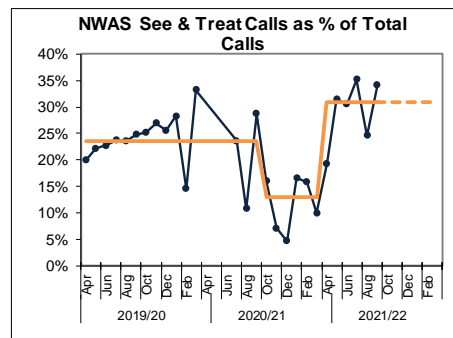
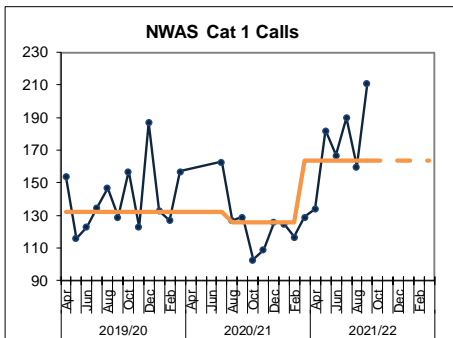
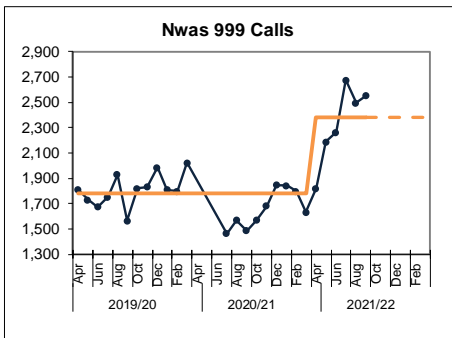
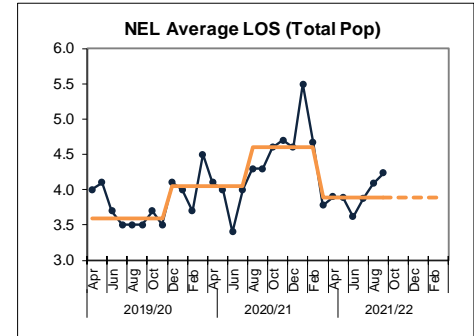
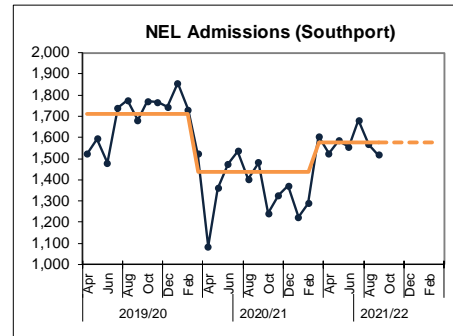
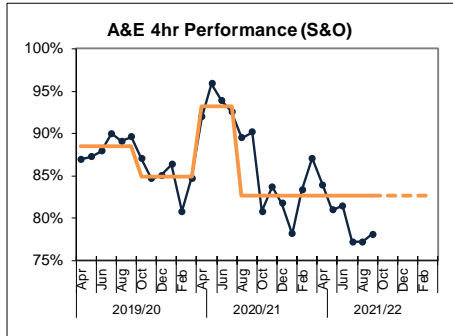
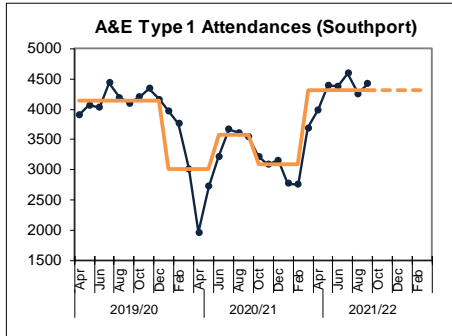
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	YTD		
		CCG All Types	80.33%	76.14%	76.11%	76.86%	78.88%	
		CCG Type 1	75.75%	70.16%	69.25%	70.01%	73.19%	
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20	YTD	
		CCG All Types	95.77%	93.39%	89.02%	89.61%	92.38%	
			Jun-21	Jul-21	Aug-21	Sep-21	YTD	
		S&O All Types	81.46%	77.16%	77.19%	78.08%	79.74%	
S&O Type 1	77.30%	71.64%	70.87%	71.71%	74.42%			
Performance Overview/Issues:								
<ul style="list-style-type: none"> September data shows the CCG and Trust remain under the 95% target. In September 2021, the total number of A&E attendances reported for the Trust was 10,032, an increase from the 9,147 attendances reported in August. CCG A&E performance in September is now higher compared to the national level of 75.2%. The CCG have requested new trajectory from the Trust after failing the 85% one set for July 2021. 								
Actions to Address/Assurances:								
The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department.								
CCG Actions:								
4-hour standard has remained below target in September - actions include:								
<ul style="list-style-type: none"> CCG has now secured funding to implement care coordinators and ED streaming tool at the front door. Implementation date in November 21 subject to recruitment. Bed occupancy level remain >95% despite ongoing efforts from the system to expedite discharges. There is an issue with domiciliary care capacity and the Local Authority are looking to block book packages of care, this will be in place for October going into November. Transitional beds are being utilised to off set the short fall and there is ample capacity in Southport and Formby. Ready for discharge reviews and daily board rounds continue. Workforce continues to be the main issue making it difficult to staff additional capacity and has been escalated on the risk register via the Southport and Formby operational assurance group and into the AED executive delivery board. The system has been in preparation for winter planning from end of August and assessment is being worked on to baseline where we are in terms of the UEC 10 point Improvement plan. Each organisation is forming their winter plan and any additional requirements for funding. 								
Trust Actions:								
<ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
When is performance expected to recover:								
Southport & Ormskirk ED trajectory has been requested from the Trust.								
Quality:								
There were 49, 12 hour trolley waits reported by the Trust in September, which is on an upward trajectory.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

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








Indicator		Performance Summary				Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		7	6	14	49	
		Jun-20	Jul-20	Aug-20	Sep-20	
		1	0	1	0	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Southport & Ormskirk reported 49, 12-hour breaches in September, showing another increase on last month. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. • The provider continues to submit 48-hour review forms to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. • No harms have been identified for the latest 12 hour breaches, resulting in no serious incidents being reported. However, have noted concerns with the number of breaches being reported month on month, with this number expected to increase heading towards the winter season. The CCGs Urgent Care lead and Performance Manager for Quality and Risk will be meeting with the provider to gain an understanding of the key concerns/issues that need to be addressed and what assurances are being put in place to manage this. 						
Actions to Address/Assurances:						
CCG actions:						
<ul style="list-style-type: none"> • The CCG are meeting with the provider to understand system pressures and actions being taken as we move towards the winter season. • Breaches are reported in clusters and have recently been due to occupancy issues within the Trust and on transfer to mental health facilities. Also, common themes highlighted include delays in discharge due to Care Homes unable to receive residents back into the home due to COVID outbreaks, Community Care provision, managing flow of COVID/non-COVID patients. • Where harm has been identified as a result of the breach the provider must declare this as serious incident and undertake a root cause analysis investigation to identify the appropriate learning. 						
When is performance expected to recover:						
Performance recovery in Q4 2021/22.						
Quality:						
Concerns highlighted regarding number of breaches continuing to be reported. Monitored via Performance & Quality Investigation Reporting Panel (PQIRP) on a monthly basis and follow-up meeting with provider to gain further assurances.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Annette Metzmacher		Sharon Forrester		

3.2 Urgent Care Dashboard



SOUTHPORT & FORMBY URGENT CARE DASHBOARD





Definitions

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

3.3 Ambulance Performance Indicators


Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Jul-21	Aug-21	Sep-21		
		Cat 1 mean	<=7 mins	00:10:28	00:11:00	00:10:48		
		Cat 1 90th Percentile	<=15 mins	00:22:58	00:23:03	00:21:22		
		Cat 2 mean	<=18 mins	01:00:20	00:59:20	01:08:24		
		Cat 2 90th Percentile	<=40 mins	02:14:43	02:13:52	02:21:27		
		Cat 3 90th Percentile	<=120 mins	08:08:30	07:06:19	07:58:09		
		Cat 4 90th Percentile	<=180 mins	23:15:48	13:34:41	16:45:23		
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and into 2021/22. In September 2021 there was an average response time in Southport & Formby of 10 minutes, 48 seconds not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 1 hour, 8 minutes, 24 seconds against a target of 18 minutes. 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 16 hours 45 minutes but huge improvement from July of around 6 and a half hours. The deteriorating position for ambulance is in line with the increased NWAS 999 calls, this is a system issue and not a localised. 								
Actions to Address/Assurances:								
<p>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.</p> <p>The following actions are part of an ongoing work programme:</p> <ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First and direct booking into ED: GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding. Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWAS will encourage greater utilisation of SDEC/ACU at Southport Hospital and avoid A&E (Implement July/August 21). Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right all at the right time. Latest cumulative data shows around 78% of incidents have avoided A&E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes. The above actions have been reviewed for September and remain in place in place into the winter period. 								
When is performance expected to recover:								
<p>The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.</p>								
Quality:								
<p>CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers

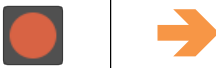
Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Jul-21	Aug-21	Sep-21		
 		(a) 30-60 mins	54	50	104		
		(b) 60+ mins	21	8	28		
		Indicator	Jul-20	Aug-20	Sep-20		
		(a) 30-60 mins	10	37	20		
		(b) 60+ mins	0	16	2		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times. Ambulance handovers have shown a decline in performance for 30-60 minutes and 60+ minutes in September. 							
Actions to Address/Assurances:							
CCG Actions							
<p>NHSE ambulance turnaround improvement programme commence pre pandemic and work has continued throughout. Improvements tested include:</p> <ul style="list-style-type: none"> Small steps improvements - (eg moving linen closer to the front door, minimising crews transferring patients into cubicles, moving the HAS screens closer to the front door to minimise crews needing to come further into the dept, procuring more wheelchairs and more trolleys etc). Permanent ambulance liaison officer. Estates improvements – increase in majors cubicles from 11 to 25 has maintained flow within the ambulance bays. Ring fenced ACU – implemented direct access for NWS and primary care to ambulatory care unit and therefore bypassing ED completely. Command and Control improved with 2 consultants now covering surge times which has created senior decision making at triage which has provided better streaming and prompted diagnostics at point of triage enabling robust and timely management plans. Roll out of electronic handover in May 2021 and green paper handovers gives greater visibility of presenting complaints to assist with creating space prior to the patient arriving (more work to do with this) NWS have secured resources to assist with cleaning of the vehicles whilst the crews are in ED handing over their patients to enable the crews to get back on the road quicker Still working on training programme to increase nurse led triage to deal with unprecedented number of self presenters which is the main cause of ED overcrowding and surges at the moment. <p>The above actions remain in place. The issue is surge management and the number of attends to ED who arrive on foot, causing ED crowding. This effects the ability for crews to handover. In addition to the above the CCG have commissioned care navigators to implement and embed the ED streaming tool at the front door and should be in place November. This is to signpost self-presenters to the most appropriate disposition. The CCG are working with NHSEI and the ICS to implement a more robust 2 hr crisis response service which will expand referral routes to NHS 111, NHS 999, Care homes to admission avoid.</p>							
SERV Vehicle Update for September:							
Number of patients seen to date – 2295 Percentage of patients NOT conveyed – 72% Average age of patient seen – 79 yrs							
When is performance expected to recover:							
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.							
Quality:							
Performance has improved due to redirection of resource within NWS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place. There has been no reports through to the CCG of any serious untoward incidents.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	May-21	Jun-21	Jul-21	Aug-21		
	a)	68.2%	69.2%	65.6%	65.5%		
	b)	35.5%	34.9%	15.8%	28.9%		
	Previous year	May-20	Jun-20	Jul-20	Aug-20		
	a)	72.7%	86.4%	65.8%	78.0%		
	b)	40.0%	66.7%	100.0%	No patients		
Stroke Plan: 80% TIA Plan: 60%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> This indicator 1 month in arrears. The recommendations from the MIAA audit included the change to reporting from the time the patient arrives at A&E. 19 out of the 29 patients spent more than 90% of their hospital stay on a stroke unit in September, similar performance being reported in the previous month. For patients who are admitted straight to the stroke ward, compliance continues to be impacted by the length of time the patient is in ED, coupled with an average length of stay (LOS) of less than 2 days. Several patients in July and August were impacted by delayed diagnosis and late or no referral to the Stroke Team, signalling the need to improve education of the pathway. TiA reported 28.9%, 11 out of 38 patients treated within 24 hours an improvement of 13.1% from previous month. The Trust have reported that performance against this metric continues to present challenges. 							
Actions to Address/Assurances:							
Trust Actions:							
A Stroke Improvement Group has been established with membership from clinical and operational teams; there are a number of underpinning workstreams including a dedicated team to review patient flow processes. Following the MIAA audit it was recognised that a full review of the pathway is required including benchmarking with other trusts to understand how they are working to achieve this very stringent target.							
Key actions for delivery include: <ol style="list-style-type: none"> Timely and accurate identification of patients who have suffered a stroke in ED and on the wards to assist admission to the Acute Stroke Unit (ASU). Enhancements to Medway to include a Stroke Alert. Acute Medical Unit (AMU) ensuring speciality patients are escalated timely to ensure admission to specialty beds including ASU. Expansion of Early Supported Discharge for West Lancashire residents and continuation of the Southport and Formby service to ensure effective flow in and out of the ASU. Recruitment to Stroke Nurse vacancies. Vulnerability of Stroke provision raised at system executive level. 							
CCG Actions:							
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board continues with recent presentations to local Oversight and Scrutiny Committees (OSCs). And successful outcome of Stage 2 NHSE assurance process The Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both with funding agreed recurrently. It is anticipated however that due to staff maternity leave and emigration there may be pressure in SaLT in the future. The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited. Failure to meet targets for stroke and the lack of identified TIA patients continues to be escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk. 							
When is performance expected to recover:							
Relies upon Stroke Board work above.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Dr Nigel Taylor		Billie Dodd			



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)					<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</p>
RED	TREND		Jun-21	Jul-21	Aug-21	Sep-21	
		CCG	0	1	2	2	
		S&O	0	0	1	1	
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20	
		CCG	1	1	1	1	
		S&O	1	1	1	1	
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG and Trust reported no new cases in September, but have failed the zero tolerance target for 2021/22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For any reported cases a full root cause analysis (RCA) is completed and any lessons learnt and outcomes are reported through the Infection Control Assurance Committee at the Trust. As with all the Infection Prevention Control (IPC) indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery is not possible in 2021-22.							
Quality:							
Any further cases will be reviewed by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): C. Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)				<p>2021/22 Plans</p> <p>New National Objectives: CCG: <= 30 YTD Trust: S&O <= 27 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust</p>	
RED	TREND		Jun-21	Jul-21	Aug-21		Sep-21
		CCG	17	22	25		32
		S&O	17	22	25		31
		Previous year	Jun-20	Jul-20	Aug-20		Sep-20
		CCG	12	12	17		19
		S&O	10	12	15		15
CCG - Actual 32 YTD - Target 14 YTD S&O - Actual 31 YTD - Target 15 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG now have new objectives/plans for c.difficile for 2021/22. The CCG and Trust are over the monthly plan in September. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2021/22 and will provide further assurance. Twice weekly meeting are held to monitor the action plan which has been developed and progressed. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Further assurance has been requested and a trajectory for recovery although this is an issue facing a number of trusts due to the increased antibiotic prescribing due to COVID. 							
Quality:							
<ul style="list-style-type: none"> An action plan has been developed which includes, senior oversight of junior doctors prescribing/ceasing of treatment; reviewing the usage of prebiotic and probiotic treatment pathways that other Trusts have initiated; antimicrobial resistance (AMR) usage has increased due to COVID in both acute and primary care settings including care homes; review of cleaning pathways in line with revised national guidance. Oversight of the action plan will continue from the CCG to ensure assurance and all risks are mitigated, reducing any harm. Further assurance has been requested from the Regional IPC team to ensure nothing has been missed from the action plan and what if any actions can be put in place. Also to note that the prescribing of proton pump inhibitors (PPI) which reduce stomach acid production also increase the risk of C Diff. A look back exercise is underway to check how many of the patients had been prescribed these. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					<p>2021/22 Plans New National Objectives: CCG: <= 152 YTD Trust: S&O <= 70 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
GREEN	TREND		Jun-21	Jul-21	Aug-21	Sep-21	
		CCG	25	33	45	59	
		S&O	15	20	23	26	
		Previous year	Jun-20	Jul-20	Aug-20	Aug-20	
		CCG	30	38	53	66	
		S&O	40	55	79	100	
CCG - Actual 59 YTD - Target 76 YTD S&O - Actual 26 YTD - Target 35 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor. The spinal unit continues to remain an outlier within the Trust due to the level of care required within the unit. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing. The Trust have rolled out plans which include the usage of the catheter passport, monitoring of catheter care and its appropriateness of use. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance. 							
Quality:							
<ul style="list-style-type: none"> This is being monitored through the Bi-monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Doug Callow		Jennifer Piet			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 13 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Sept	100	73.2	↓

HSMR is at 73.2 (with last month reporting 74) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 0.98 and within expected parameters, for reporting period May 2020 - April 2021. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 2 2021/22

Number of Serious Incidents Open for Southport & Formby CCG

As of Q2 2021/22, there are a total of 12 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. This is a reduction from 19 the previous quarter. See table below for breakdown by Provider.

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	9
Awaiting RCA – overdue (stop the clock applied due to HSIB investigation)	1
Awaiting RCA – on target	3
RCA reviewed, closure agreed, awaiting Patient CCG closure	2
SI downgraded – awaiting confirmation of removal from STEIS	3
SOUTHPORT AND FORMBY CCG	2
The Hollies – RCA extension granted	1
The Hollies – RCA overdue – confirmed this will be submitted in November 2021	1
Mid Lancashire CSU	1
Hampton Court – RCA extension granted	1
TOTAL	12

Number of SIs Closed during Q2 2021/22

The Southport and Formby Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all Southport and Formby CCG commissioned providers. During Q2 2021/22, the SIRG panel closed 6 SIs.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q2 2021/22 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported in Quarter 2 2021/22

There have been a total of 5 SIs reported in Q2 2021/22 where Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and SI Type	YEAR 20/21	Q1 21/22	Q2 21/22
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	26	9	4
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	4	0	0
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	3	0	0
Sub-optimal care of the deteriorating patient meeting SI criteria	3	1	1
Slips/trips/falls meeting SI criteria	4	3	1
Maternity/Obstetric incident meeting SI criteria: baby only	3	4	1
Major incident/ emergency preparedness, resilience and response/ suspension of services	0	1	0
Pressure ulcer meeting SI criteria	3	0	0
Treatment delay meeting SI criteria	5	0	1
HCAI/infection control incident meeting SI criteria	1	0	0

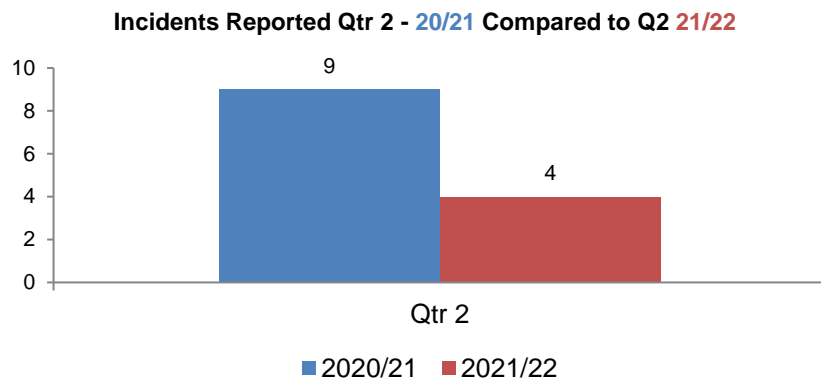
SOUTHPORT AND FORMBY CCG*	3	3	1
Confidential Information Breach (The Hollies)	0	0	1
Pending Review (Parklands – reported at request of NHSE/I)	1	0	0
Commissioning Incident Meeting SI Criteria	0	1	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	1	1	0
Sub-optimal care of the deteriorating patient meeting SI criteria (Hampton Court)	0	1	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0	0
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	1	0	0
Sub-optimal care of the deteriorating patient meeting SI criteria	1	0	0
CHESHIRE WIRRAL PARTNERSHIP	1	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	0	0
TOTAL	26	12	5

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

Southport and Ormskirk Hospital NHS Trust

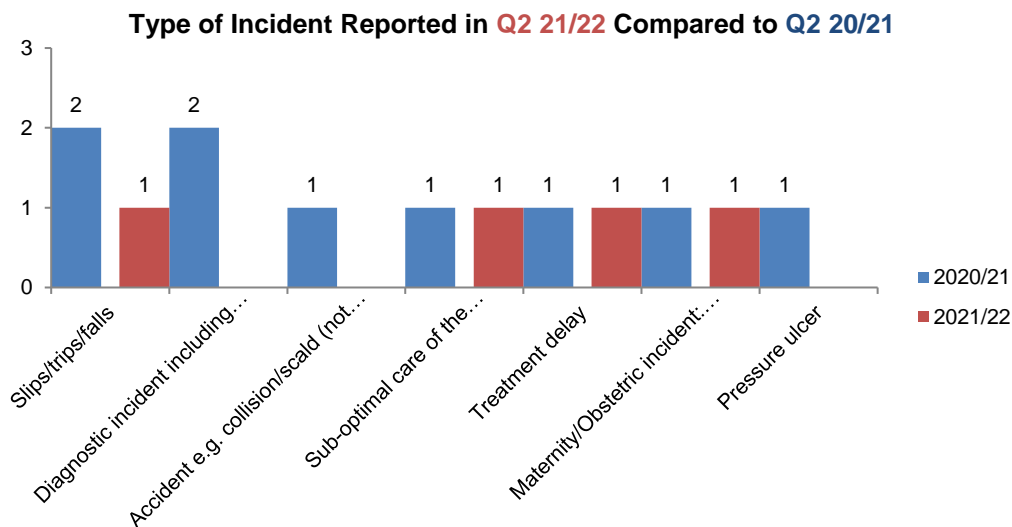
Total SIs reported for Q2 2021/22 compared with Q2 2020/21

The following graph shows the number of SIs reported in Q2 2021/22 compared with Q2 2020/21, this shows a decrease in the reporting of SIs.



Total SIs reported for Q2 2020/21 and Q2 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q2 2021/22 compared to Q2 2020/21.



There has been a decrease noted in the number of SIs reported from Q2 2020/21, no particular theme has been noted with the types of SIs reported. There was also a decrease in the number of SIs reported from Q1 2021/22 from 9 SIs to 4 SIs in Q2. A decrease in SIs could be due to system/service improvements having a positive impact on patient safety, however, the CCG will continue to monitor this trend via analysis of SI reports and monthly meetings with the trust, to ensure a safety culture is being maintained by the provider.

Number of Never Events reported

There haven't been any Never Events reported in 2021/22.

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

SIs reported within 48 Hour Timescale

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

72 Hour report submitted

The SI framework requires the submission of a 72-hour report following the reporting of an SI. This should be submitted to the CCG by the reporting organisation within 72 hours. Of the 4 SIs reported in Q2 2021/22, all 72-hour reports were submitted.

RCAs due during Q2 2021/22

The Trust have continued to achieve 100% for RCA submission within the 60-day timescale throughout Q2 21/22. There were 9 RCAs due for Q2 2021/22 which were received within the 60-day timescale and have been reviewed by the CCGs SIRG panel.

Provider Quality Improvement/Patient Safety update

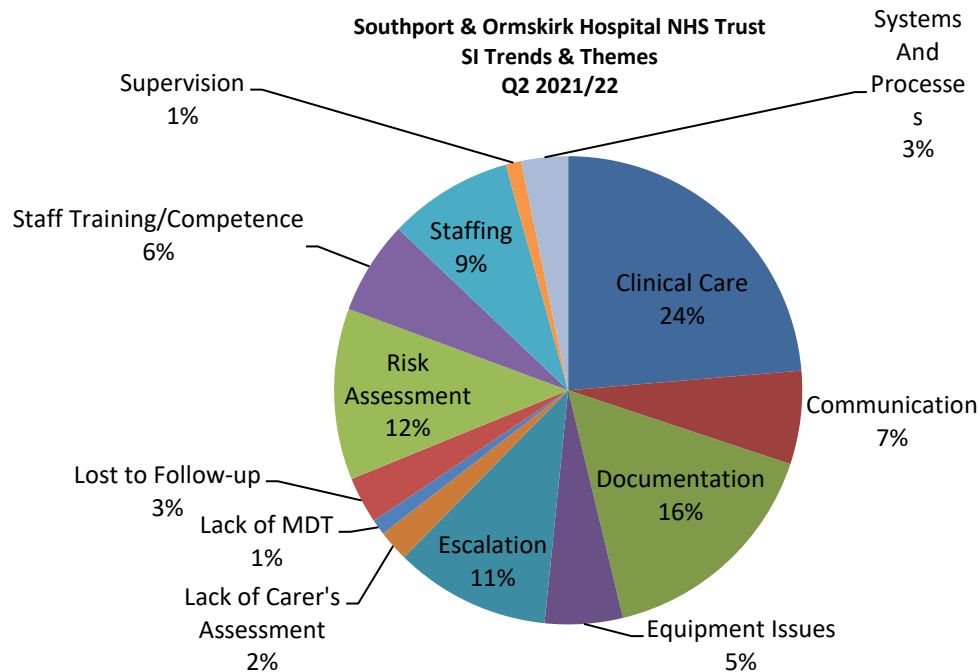
Serious Incident Management

The provider continues to provide assurance in relation to adherence to the SI framework and process timescales. The CCG were pleased to note 100% performance against the SI acknowledgement target and the 60-day RCA response target. The CCG have resumed monthly SI meetings with the provider following a changeover of staff at the trust.

Trends and Themes

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

N.B. In some cases, reviewed multiple trends and themes may have been identified.



Cheshire & Merseyside Maternity Escalation & Divert Policy

Due to significant variation across the C&M area relating to the application of the policy, it was reviewed at the Cheshire & Merseyside Maternity Escalation & Divert Policy Task & Finish Group. With representation from NHSE/I Nursing & Quality, NHSE/I Emergency preparedness and resilience and response (EPRR), CCGs, Local Maternity System (LMS), Maternity Providers & NWAS. Agreement was achieved on the updated policy, which was published and took effect from 1-09-21.

The policy supports improved communication across the system, to ensure the safe transfer of pregnant women between maternity providers. The CCGs serious incident policy has been updated to reflect the changes which was submitted to JQPC in September for approval.

Southport and Formby CCG

SI's reported during Q2 2021/22

Southport and Formby CCG will report any Serious Incidents on behalf of Providers who do not have access to STEIS or for any incident the CCG has been made aware of that meets the SI criteria. During Q2 21/22, the CCG reported 1 SI which relates to the following:

Organisation	Type of SI
The Hollies (GP Practice)	Information Governance Breach

This is the second SI reported by the CCG on behalf of The Hollies for this financial year following a quality site visit undertaken by the primary care team and quality team. It was in relation to a missing safe that was subsequently found with the contents intact and accounted for. However, due to this seriousness of the potential impact of the breach and the clear opportunity for learning, this was reported as an SI.

Ongoing SI's

There are currently 2 SI's ongoing for Southport and Formby CCG which both relate to The Hollies. There has been an extension granted for 1 SI and the other remaining SI is overdue. The provider has confirmed that this will be submitted in November 2021.

Closed SI's

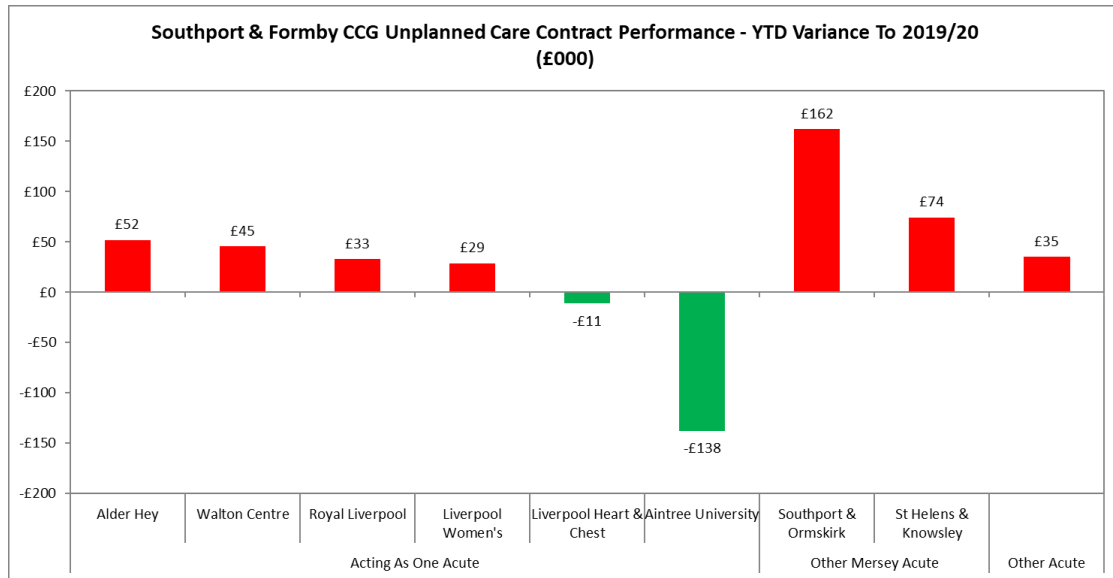
During Q2 2021/22, the CCG closed 6 SI's for the following Providers:

- Southport and Ormskirk Hospitals NHS Trust (5)
- Mental Health Matters (2)

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

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



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Year to date levels at month 6 of 2021/22 represents an increase of 33% when comparing to the equivalent period in the previous year. Focussing specifically on A&E type 1 attendances, activity during September-21 was also 9% above that in September-19 with 2019/20 activity being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

Figure 15 - Unplanned Care Activity Trends

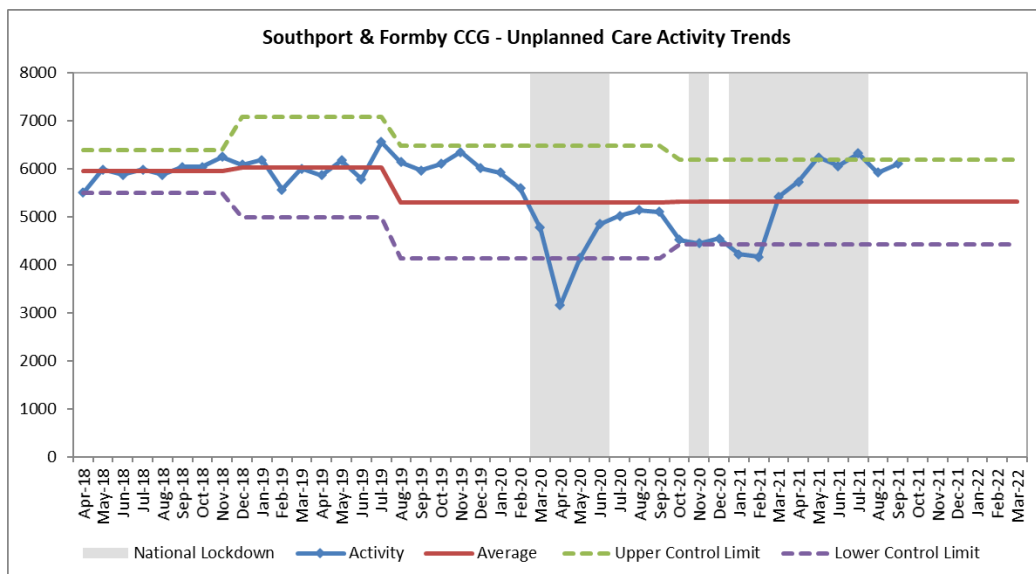


Figure 16 – A&E Type 1 against Plan (Previous Year)

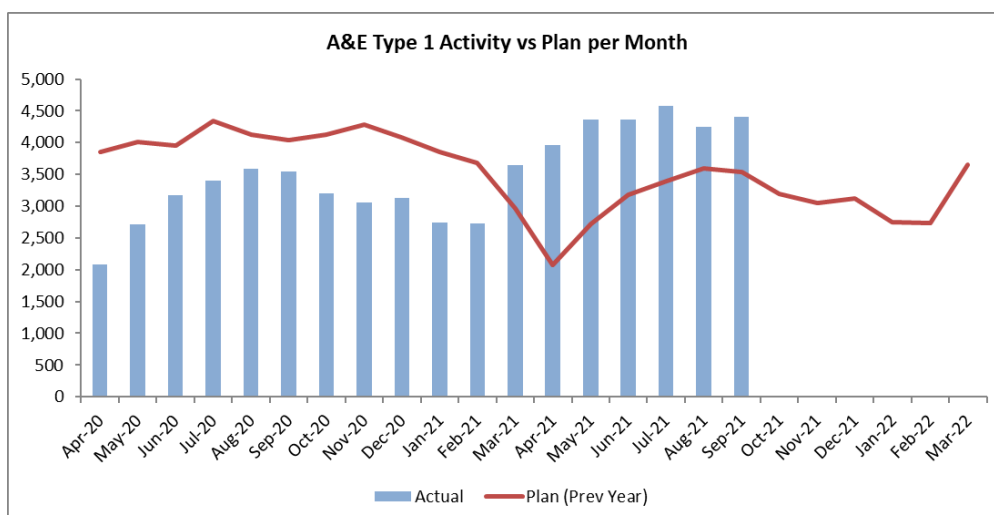
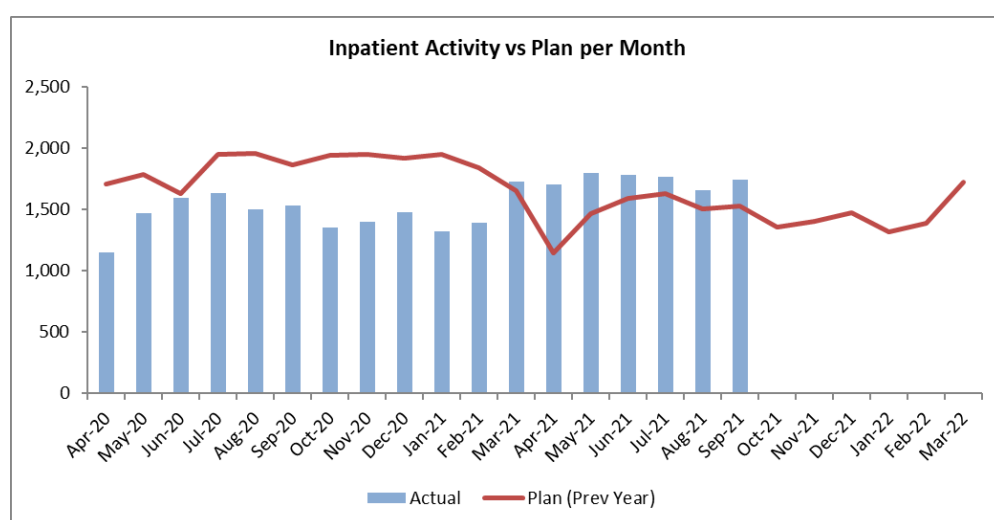


Figure 17 – Non-elective Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

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

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care*								
A and E	22,295	23,439	1,144	5%	£3,689	£3,770	£81	2%
NEL - Non Elective	6,992	6,806	-186	-3%	£15,084	£15,276	£191	1%
NELNE - Non Elective Non-Emergency	539	535	-4	-1%	£1,194	£1,369	£175	15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	38	30	-8	-21%	£12	£4	£-9	-70%
NELST - Non Elective Short Stay	1,679	1,461	-218	-13%	£1,189	£1,096	£-93	-8%
NELXBD - Non Elective Excess Bed Day	1,620	867	-753	-46%	£413	£229	£-184	-45%
Grand Total	33,163	33,138	-25	0%	£21,581	£21,743	£162	1%

*exclude ambulatory emergency care POD

Overperformance at Southport & Ormskirk Hospital is evident against the A&E department when comparing to the equivalent period in 2019/20 (pre-pandemic). There were 4,176 A&E attendances

recorded for Southport & Formby patients in July-21, which represents a historical peak and attendances have remained above a pre-pandemic monthly average of 3,637.

The increased A&E attendances has also had a negative impact on A&E performance for Southport & Ormskirk hospital in 2021/22 to date with performance decreasing to an average of 77% from July-September 21 and the average time to treatment recording the highest levels for a number of years. There was also a significant increase in 12-hour trolley waits in A&E during September-21 with 49 recorded, an increase of 35 to the previous month. (See 3.1.2).



Both A&E sites are still seeing record levels of attendances over the first 6 months of the financial year. Delayed transfers of care are also increasing due to the high level of patients attending A&E. Walk in Centre arrivals and referrals onto A&E remain considerably lower than the levels seen pre-COVID.

In terms of COVID admissions, Southport & Formby CCG saw peaks in admissions to Southport & Ormskirk Hospital during April-20 and January-21 mirroring local and national trends for increasing cases. There were 33 COVID related admissions recorded in September-21 compared to the last peak of 128 seen in January-21.



NB. Plan values in the above table relate to 2019/20 actuals.

4. Mental Health



4.1.1 Care Programme Approach (CPA) Follow Up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams.		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	
		100.0%	100.0%	100.0%	91.7%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is failing the 95% target reporting 50% for Southport & Formby CCG. This equated to just 1 out of a total of 12 patients not being followed up by an appropriate team. Overall the Trust had 3 patient breaches out of a total of 53 in quarter 2 reporting 90.6% and under the 95% target. The breaches were attributed to 3 individuals, one which occurred due to failed access from the community team following repeated attempts. Two further discharges to alternative providers did not receive follow up within the timescale. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance on all follow ups post discharge continues to be discussed and reviewed in the weekly Divisional Safety Huddle. Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Quarter 3 2021/22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		



4.1.2 Eating Disorder Service (EDS)

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patient safety. Reputation.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		30.30%	30.30%	31.43%	32.50%	
		Jun-20	Jul-20	Aug-20	Sep-20	
		33.75%	25.88%	31.61%	33.86%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 40 Service Users, just 13 started treatment within the 18 week target (32.5%), which shows a very small improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 1.36 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. • Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. • 2 x Clinical Psychologists have been recruited to and are due to commence in October 2021. • 1 x Assistant Psychologist (6 month fixed term) has been recruited to from underspend and this has been extended. • The Trust and CCGs recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. This investment will support a dietitian post and psychology post. Discussions will be expected to take place shortly on phased investment for 2022/23 and 2023/24. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q3 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool (inpatients) within 24 hours of admission		Previous 3 months and latest				KPI 6a	Patient safety
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		100.0%	100.0%	100.0%	76.9%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust reported 76.9% and have failed the 98% target, 10 out of the 13 patients assessed. A decline from quarter 1 when 100% was reported. The Trust overall had 32 out of 50 inpatients risk assessed using an appropriate tool in quarter 2 reporting 64%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance to improve in Q3 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.1.4 Falls Management & Prevention: Of the inpatients identified as a risk of falling to have a care plan in place



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients assessed and identified at risk of falling should have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient safety.
GREEN	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		100%	100%	84.6%	100%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		62.50%	88.90%	100%	100%		
		Plan: 98% - 2021/22					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust had 13 inpatients who had their care plan in place in quarter 2 reporting 100% and achieving the 98% target. The Trust overall reported 87.3% with 55 out of 63 inpatients at risk having a care plan in place. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance back on target in Q2.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

4.2 Mental Health Matters (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21		
		0.57%	0.50%	0.63%	0.78%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		0.70%	0.73%	0.72%	0.89%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
<p>To address underperformance the following actions are being undertaken:</p> <ul style="list-style-type: none"> The service has recruited to long standing clinical lead vacancy. 1 x Psychological Wellbeing Practitioner (PWP) agency staff commenced in June and 0.6 WTE agency PWP also commenced in July 2021. 3 x PWP posts are currently vacant and are being advertised, however, it should be noted that there are national workforce pressures that are impacting on PWP recruitment and the provider is recruiting PWP trainees, with 4 commencing in October 2021 and a further 14 planned to commence in March 2022 as part of the Cheshire & Merseyside Health Care Partnership (HCP) system wide plan to improve access rates based on a 25% access rate in line with Long Term Plan expectations. The 4 x PWP trainees commencing in October are expected to take up clinical duties in January 2022. 3 x agency High Intensity Therapists (HIT) have been recruited. 2 x HIT agency staff are due to commence in December 2021. Agency staff will have a primary focus on reducing lengthy internal waits. 4 x HIT trainees are due to commence in January 2022 as part of the Cheshire & Merseyside HCP system wide plan to improve access rates. The service has recruited to a counsellor post vacancy. Ongoing marketing of IAPT at local and planned regional level. 							
When is performance expected to recover:							
Achievement of the 19% access standard remains challenging in Q3.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner. The provider has deployed agency resource to prevent internal waiters from breaching 18 weeks whilst deploying substantive resource to reduce the very long internal waiters.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21		
		40.9%	55.9%	40.0%	33.3%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		59.1%	56.2%	58.3%	52.9%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Recovery rate saw a very significant difference of 6.7 percentage points in September from previous month and is still failing the target. There is also a decrease of 19.6 percentage points from previous year. The new provider Mental Health Matters took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Long standing clinical lead vacancy has been recruited to. The postholder will have oversight in reviewing planned discharges to ensure optimum recovery is achieved Agency HIT resource is being deployed to address long internal waiters. Recruitment to previously vacant posts will have an impact on recovery. 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 3 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21		
		65.2%	65.6%	66.2%	66.0%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		63.7%	64.0%	64.0%	64.0%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) was impacted by the Government's COVID-19 restrictions. This had a severe impact on dementia assessments and dementia diagnosis ambition. Compared to last year the measure has declined by 2%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced face to face activity which is contributing to improved waits. SFCCG have received £57k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is using the allocation for agency and staff overtime to reduce the waiting list. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts are resuming, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
It is possible the CCG will achieve the target in December 2021.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Gordon Jones		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		59.0%	79.2%	12.39%	22.09%		
		2021/22 - Q2 Target 35% Year End Target: 70% National target by the end of 2023/24 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 470 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 2 2021/22, the total performance for the CCG was 22.09%, below the Q2 the planned 35%. 670 patients were registered, with 148 being checked against a Q2 plan of 235 resulting in the CCG failing the quarter 2 target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. GP practices can sub-contract the LD DES to the GP Federation, all Southport and Formby practices have opted to do their own annual health checks Practices usually undertake this work towards the end of the year, however they are being encouraged to spread this work throughout the year The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, previously extractions were quarterly. 							
When is performance expected to recover:							
Quarter 3 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Geraldine O'Carroll			

4.5 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				123g	<p>Risk that CCG is unable to achieve nationally mandated target.</p> <p>SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.</p>
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		25.4%	22.4%	26.5%	27.3%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		34.2%	38.2%	32.1%	28.0%		
		Plan: 50%				As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 2 of 21/22, 27.3% of the 1,457 of people on the GP SMI register in Southport & Formby CCG (398) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. Spending Review funding of £64k has been identified to support physical health SMI. Funding will support HCA posts who will work closely with primary care and identify those individuals on SMI registers who require health checks. These posts are being recruited to. 							
When is performance expected to recover:							
Performance should improve in Quarter 3 2021/22 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

5. Community Health

5.1 Adult Community Services – (Mersey Care Foundation Trust)

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

Month 6 assurance supplied by the Trust indicates that across a number of community services 10 patients are waiting over 18 weeks (19-24 weeks) and 18 patients are waiting 21 weeks plus. The CCG continues to monitor waiting times and has requested that the Trust provide exception narrative for those patients waiting above 18 weeks.

5.1.1 Quality

From September all Mersey Care meetings have been combined across the Mersey footprint and include both Mental Health and Community with one Clinical Quality & Performance Group meeting (CQPG) and one combined Collaborative Commissioning Forum (CCF).

It is acknowledged that this does not always allow for operational issues to be discussed in detail and currently with primary care, commissioning and quality we are scoping how we can address this gap.

5.2 Any Qualified Provider (AQP)

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification. Work is taking place on updating the specification and CCGs are engaging with providers.

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

Activity reports for M6 2021/22 indicate:

Specsavers activity is over 2019/20 levels for Southport and Formby



S&O - activity is close to over 2019/20 levels for Southport and Formby

6. Children's Services



6.1 Alder Hey NHS FT Children's Mental Health Services

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



Quarter 2 data is available 13th December 2021, there will be an update in the next report. Latest update below:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and rolling 12 month				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Rolling 12 Mth Rate	
		6.1%	5.0%	22.1%	41.3%	
		Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate	
		4.8%	5.9%	17.8%	34.1%	
		Annual Access Plan: 35% (Q1 8.75%) (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 1 2021/22 CYP Access rate was 22.1% which is a significant increase on the previous quarter and a seasonal trend. The rolling 12 month rate is currently 41.3% compared to 34.1% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



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

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only. * suppressed data meaning less than 2 referrals in the quarter	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		96.7%	89.7%	*	*		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		82.6%	89.3%	86.7%	96.0%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q1 and Q2 the Trust were unable to report any data due to the data being suppressed. RAG rating is on Q4 2020/21, last reported information. As the service has relatively small numbers breaches have a large impact on performance. The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been agreed with AHCH. Recruitment is ongoing. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to COVID. This is being monitored. The service has made adaptations in response to COVID and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	
		100.0%	100.0%	*	*	
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	
		75.0%	100%	100%	100%	
National standard 95%				* suppressed data meaning less than 2 referrals in the quarter		
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q1 and Q2 the Trust were unable to report any data due to the data being suppressed. RAG rating is on Q4 2020/21, last reported information. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been agreed with AHCH. Recruitment is ongoing. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitored. The service has made adaptations in response to covid and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In September 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referral rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The CCG and Alder Hey Children's Hospital (AHCH) in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		77%	72%	66%	63%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 63% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 6 of months. • Performance has declined since December due to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To mitigate the risk of increasing demand, the service is making greater use of independent sector providers Axia and Healios to support the assessment process. • Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. • To understand the drivers for the continued increase in demand the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
The Trust has stated that performance will continue to be challenged if referral rates continue at current levels. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		100%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In September, 99% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • The CCG and Alder Hey Children's Hospital (AHCH) in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Performance is on target, but the Trust has stated that performance is likely to worsen if referral rates continue at current levels. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		91%	90%	88%	85%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 85% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 5 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • Waiting times are being closely monitored to understand the impact of this increase in demand. • The CCG and AHCH in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
The Trust has stated that performance is likely to worsen if referral rates continue at current levels. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		54.2%	56.5%	38.2%	37.8%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a decline in compliance to 37.8% in September. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. There has been an increase in the number of urgent cases referred to the service. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. Noting a significant improvement on 18 week KPI from 25-68%. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		72.2%	45.5%	25.0%	68.2%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in September reporting 68.2%. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • There has been an increase in the number of urgent cases referred to the service. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. • In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					<p>The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID.</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				<=92%: Green > 92%: Red	
		Jun-21	Jul-21	Aug-21	Sep-21		
		56.20%	49.40%	43.10%	45.00%		
		Total Number Waiting					
		Jun-21	Jul-21	Aug-21	Sep-21		
		315	341	339	356		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in September is 22.2 weeks compared to 25.7 weeks last month. For open pathways, the longest waiter was 45 weeks in September compared to 43 weeks in August. Overall there has been a steady increase in new referrals since September when the schools reopened, the service received 55 in September compared to 33 in August. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. Whilst referrals have reduced over the summer holiday period, the backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Families sent information on how to access resources including those on the service web page whilst waiting to be seen. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. 							
When is performance expected to recover:							
From mid-September, the service will be fully staffed and it is anticipated that if referral levels begin to return to pre-COVID levels, improvements will be seen in subsequent months.							
Quality:							
There are no identified quality issues.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				<p><=92%: Green > 92%: Red</p>	
		Jun-21	Jul-21	Aug-21	Sep-21		
		100.0%	100.0%	100.0%	100.0%		
Total Number Waiting							
		Jun-21	Jul-21	Aug-21	Sep-21		
		30	33	24	28		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in September is 5.3 weeks compared to 4.6 weeks last month. For open pathways, the longest waiter was 9 weeks in September compared to 12 in August. New referrals to the service remain steady, 25 were received in September and 22 in August. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the ninth consecutive month. 							
When is performance expected to recover:							
Performance on target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				<p><=92%: Green > 92%: Red</p>	
		Jun-21	Jul-21	Aug-21	Sep-21		
		100.0%	100.0%	100.0%	96.8%		
Total Number Waiting							
		Jun-21	Jul-21	Aug-21	Sep-21		
		80	97	65	62		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in September is 9.5 weeks compared to 8 last month. For open pathways, the longest waiter was 20 weeks in September compared to 16 weeks in August. Overall there has been a steady increase in referrals since August, the service received 55 in August compared to 53 in July. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the seventh consecutive month. 							
When is performance expected to recover:							
Performance is achieving the target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Jun-21	Jul-21	Aug-21	Sep-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Jun-21	Jul-21	Aug-21	Sep-21	
		17	19	11	17	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in September is 7.7 weeks compared to 6.7 weeks reported last month. For open pathways, the longest waiter was 13 weeks in September the same as last month. Referrals to the service remain steady, 16 were received in September and 11 in August. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically as performance is currently back within target. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions thus reducing demand for specialist support. 						
When is performance expected to recover:						
Performance on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Latest and previous 3 months				<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Jun-21	Jul-21	Aug-21	Sep-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Jun-21	Jul-21	Aug-21	Sep-21	
		38	47	40	39	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in September is 9.36 weeks compared to 6.16 weeks last month. For open pathways, the longest waiter was 12 weeks in August 11 weeks reported in July. New referrals to the service remain steady, 32 were received in July and 25 in June. 						
Actions to Address/Assurances:						
None specifically as performance is currently within target.						
When is performance expected to recover:						
Performance is on target.						
Quality:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

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

All results are listed below:

Figure 19 - CQC Inspection Table

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

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

8. Third Sector – Quarter 2 2021/22

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q1 & Q2 2021-22. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during the year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton

The service has now been able to resume some face-to-face contact with clients. All are receiving, either one phone call or visit per week and during Q2 the team provided befriending support to 159 clients.

Recruitment of volunteer befrienders is slightly down on Q1. Promotion and recruitment events have also recommenced to help increase the number of volunteers in the service. Referrals to the service have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly.

The service has supported clients with the following:

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

Alzheimer's Society

All activities provided by the service remain on a virtual basis such as singing for the brain, this remains popular with around 16-20 attendances per week. Memory cafes and peer support groups are currently still on hold. Regular welfare calls are made by staff and volunteers, continuing to assess support needs, checking client safety, providing important advice and signposting to other essential services in the absence of face-to-face contact.

The service received 153 new referrals during Q1 & Q2, during the period 224 Welfare Calls were made.

The service continues to work with Southport Memory Clinic, negotiations are still underway for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

Citizens Advice Sefton

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

During Q1 & Q2 41 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this period, Sefton

residents received a total of £80,101 in new or backdated awards as a result of the work carried out by the advisor.

Crosby Housing and Reablement Team (CHART)

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

CHART are continuing with a mixture of working from home and office. Face to face appointments are being carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 122 new referrals during the period.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 & Q2 an average of 80 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. A booking system for attendance at the centre has been put in place and appears to be working well. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine Independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catchups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

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

Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

The need for IPS services, including employment retention is vital due to the high volume of clients being Furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

Netherton Feelgood Factory

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

Staff & Volunteers at the centre are coping well and adjusting to change in service provided.

A shopping service has been provided this has been particularly popular but is now starting to tail off due to the lockdown ease of restrictions. Letters from local schoolchildren to the elderly and vulnerable have been included within food parcels helping to keep morale up amongst the vulnerable and isolated. The befriending service continues to be extremely busy, demand for this service has been overwhelming at times but staff have adjusted well.

A number of issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Issues have also been identified amongst some service users who have been shielded who did not have agoraphobic symptoms prior to lockdown now feel they have and are worried about leaving the home. Increased support has been given for families where children would have received a meal at school now receive packed lunch from the centre.

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance with government guidelines

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Counselling sessions have now resumed and a total of 452 sessions have been delivered since April. Self-referrals remain the largest source but GP referrals and recommendation are the second largest source of referrals to the service.

Smaller groups were introduced back into the centres but the cost of hosting more groups has increased; the organisation are actively seeking extra funding from charitable sources to help with the shortfall.

The service envisage issues for those experiencing lifestyle changes particularly for some children who had been privately educated and parents may not be able to continue to pay for this following COVID-19. Family debt is also an issue; Furloughed parents spending during lockdown then are made redundant with no means of paying off debts.

Sefton Advocacy

Sefton Advocacy continues to receive a high volume of referrals. Some staff are still working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. Personal Health Budget assessments have now recommenced, and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

The service has had greater success with a number of DWP claims appealed against, then granted. Concerns have been raised around people suffering with cancer and not attending appointments, this continues to be an issue and the increased waiting times for some treatments are posing potential for risk to lives.

The service anticipates the increased needs for people requiring social care needs, suffering poor mental health and experiencing unemployment, physical and mental well-being are likely to suffer as further economic hardship takes hold. There has also been an increase of emotional and physical abuse taking place in the home during the lockdown period.

The base for Sefton Advocacy has also relocated to Houghton Street, Southport making the venue accessible to all and reducing rent charges.

Sefton Carers Centre

During the first half of the year a total of 466 new carers were registered with the Centre. The centre made 3,159 telephone calls to carers, this has been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 101 remote Counselling sessions delivered and a further 735 hours of support given by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £351K of benefits for Carers. There are

currently 561 registered tier 2 young carers receiving support from the centre. Face to face support has been re-introduced on a basis of need.

Sefton Council for Voluntary Service

BAME Service update

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

High Intensity Users

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

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

A worrying gap in provision has been identified for those families who usually work but have had to reduce hours. Coping with balance of home schooling and working from home, Furlough or made redundant as a result of businesses going into liquidation. Debt is starting to pose a problem to many households across Sefton.

Reablement Service

All members of the Health and Wellbeing team remain working remotely but have also now been assigned 2 bubbles for office working. Sefton CVS has issued the staff with PPE masks, visors and hand gel so that they can resume home visits, as appropriate. The team remains at full capacity with all positions filled. The team have continued to support remotely and make calls to check welfare, support and refer to other organisations and services if needed the team continue to support patients with the many various issues that impact on their health and wellbeing in order that they are able to make more positive lifestyle choices.

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

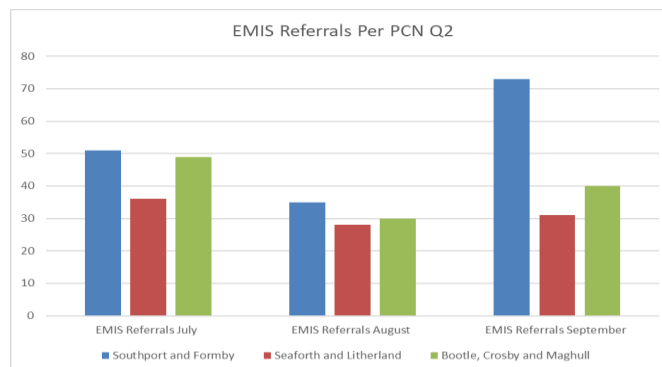
Social Prescribing

During the first half of the year there have been a total of 780 referrals to the service. This quarter saw a large increase in face-to-face community-based activity, a return to 'more normal' activity with referrals onto community activity increasing. There has been an increased focus on personal goals / care plans and good case management by Social Prescribing Link Workers (SPLW), increasing discharge rates. Current caseloads are still very high in most areas, with an average of 51 active cases per full time member of staff in September, partly due to a vacant post.

All SPLWs are now meeting in the community and conducting home visits and returning to more 'normal' SPLW activity. Supporting people to attend community-based activity is an important part of the work currently, as confidence has decreased through lockdown and anxiety has increased for our most vulnerable clients. This is time consuming as opposed to all telephone / virtual meetings and is taking time to adjust schedules and expectations.

With staff annual leave in August, referral numbers were slightly lower than previous months, mainly due to GP surgeries being aware of annual leave by individual SPLWs and holding referrals.

Referrals by Primary Care Network (PCN) Areas are shown in the table below:



From 1st November 2021, the individual PCN's will be taking over the grant agreements started by the CCGs, a full handover has been undertaken to enable services to continue seamlessly.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed or faced redundancy. A number of families have put off or have been afraid to access support available e.g. A&E and GP due to fear of catching COVID.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus, multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online.

Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

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

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

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is

supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

The post stroke service is currently under review, the contract has ceased on 30th June 2021, commissioning intentions are to be communicated shortly. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available but this is only a short-term arrangement (end of May).

Some face-to-face services with stroke survivors have recommenced, staff and volunteers are mostly providing online assessment of needs and online support is offered via telephone.

Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

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

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

Macmillan Cancer Support Centre – Southport

During Q1 the service received 83 new referrals. The highest source of referral continues to be from GP Practices within the Southport & Formby PCN area. The number of self-referrals has increased significantly to more than double, it is thought this is due to some promotions of face-to-face services and opening of appointments at the centre. There has also been an increase in referrals from Palliative care teams in the area. The level of support needed has varied but the centre is continuing to see more complex cases due to the pandemic and the impact this is having on the NHS and cancer services. There has been an increase in need for support for clients applying for Attendance Allowance and with onward referrals for benefits advice. In addition, the centre has made a number of referrals to the Clinical Psychology Service, this has jumped from 1 in Q4 to 9 in Q1. The demand for counselling services provided has also significantly increased during Q1.

Macmillan Cancer Support continue to make calls to vulnerable service users. Since January 2021 the service has supported 139 individuals making over 800 calls.

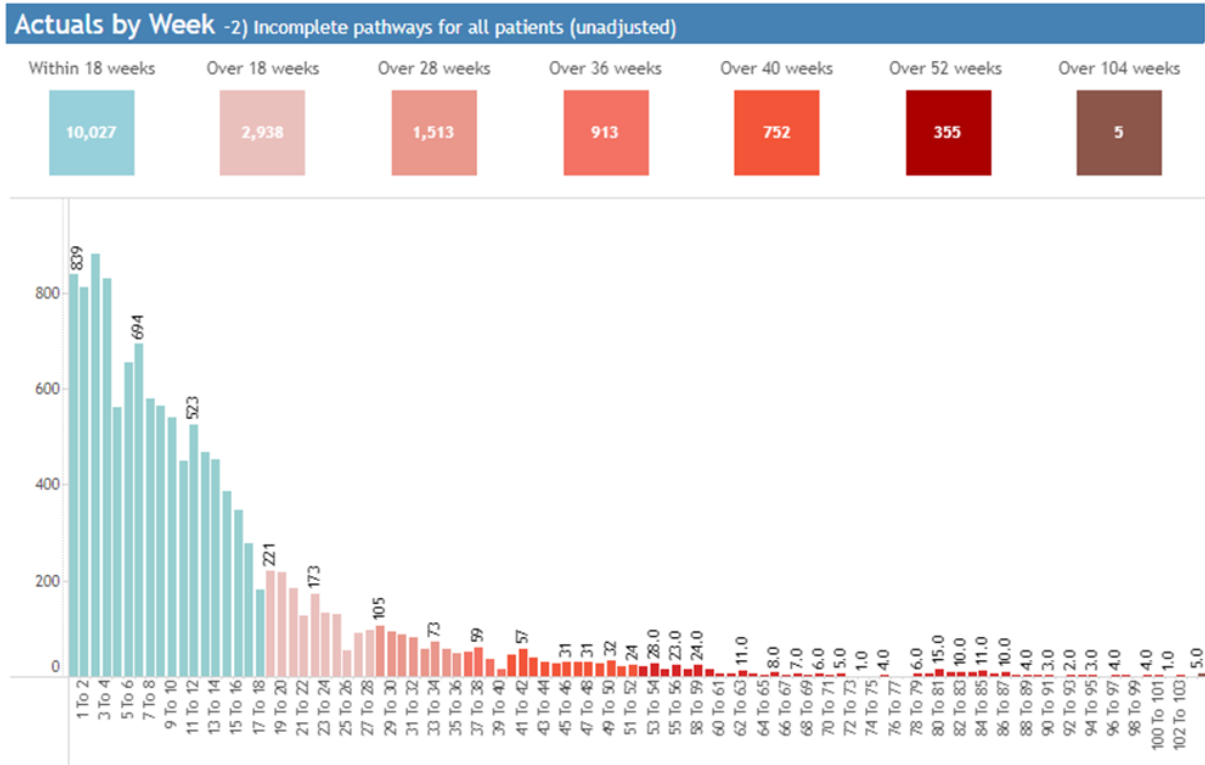
9. NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report has been done for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.

10. Appendices

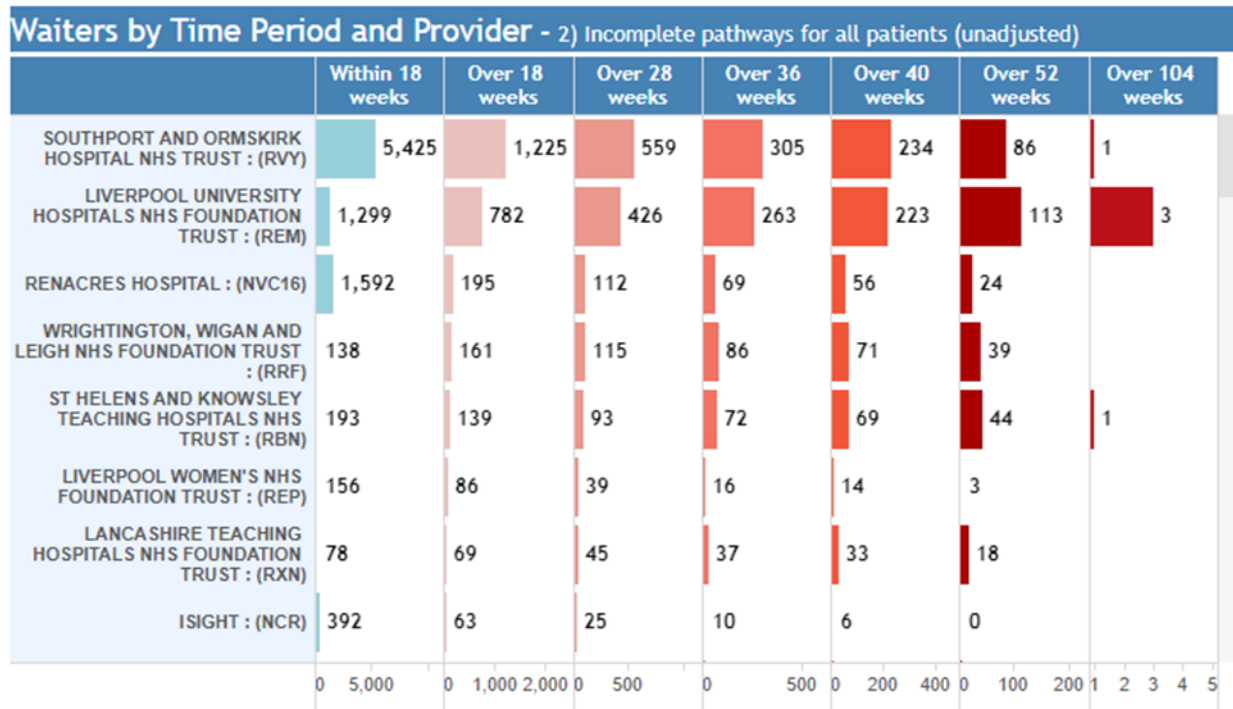
10.1.1 Incomplete Pathway Waiting Times

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



10.1.2 Long Waiters analysis: Top Providers

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



10.1.3 Long waiters analysis: Top Provider split by Specialty

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

