



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Summary – November 2021

Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG													
		Actual													
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	15.1%	18.41%	18.43%	17.37%	32.15%	31.54%	30.31%	32.85%					
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	77.41%	79.17%	79.68%	79.32%	78.32%	77.38%	75.59%	75.71%					
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	412	355	335	320	342	354	350	339					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	R	R	R	R	R	R	R				R	
		Actual	3	6	3	4	1	4	4	11					36
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G	G	G				G	
		Actual	0	0	0	0	0	0	0	0					0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	87.80%	85.52%	85.82%	81.23%	76.79%	80.42%	67.42%	64.20%					78.36%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R	R	R	G	R	R	R	R				R	
		Actual	92.31%	83.33%	80%	100%	88.89%	83.33%	47.62%	25.00%					70.07%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	R	G	G	G	R	R	G	R				R	
		Actual	95.35%	97.89%	97.80	97.56%	89.04%	94.95%	96.34%	95.88%					95.74%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R	R	G	G	R	R	R				R	
		Actual	80%	85.71%	93.33%	100%	100%	90.91%	91.67%	76.92%					89.32%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	G	G	G				G	
		Actual	100%	100%	95.24%	100%	100%	100%	100%	100%					99.32%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100%	95.45%	100%	100%	100%	100%	100%					99.43%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	79.59%	76.60%	65.85%	70.73%	66.67%	57.14%	76.47%	66.67%					69.83%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	50%	60%	86.67%	77.78%	28.57%	64.29%	40%	80%					64.86%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G	G					G				R	
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%	71.43%	92%					84.62%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	84.02%	80.16%	80.33%	76.14%	76.11%	76.86%	76.25%	77.77%					78.39%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	R	R					R
		Target	0	0	0	0	0	0	1	3					4
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	R	R					R
		Target	0	0	0	0	0	0	0.2	0.6					0.4
HCAI															
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	R	R	R	R	R					R
		YTD	0	0	0	1	2	2	3	3					3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	8	13	17	22	25	32	38	39					39
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	8	17	24	32	44	59	65	79					79
		Target	16	30	42	54	65	76	87	100	115	130	142	152	152

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G					G
		Actual	100%	100%	100%	100%	80%	100%	100%	100%					97.5%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG	G			G									
		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	R					R
		Actual	25.00%	29.40%	30.30%	30.3%	31.4%	32.5%	35.90%	31.40%					30.77%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	0.48%	0.47%	0.57%	0.50%	0.63%	0.78%	0.80%	0.78%					4.23%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate The % of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G	R	G	R	R	G	R					R
		Actual	42.40%	53.2%	40.9%	55.9%	40.0%	33.3%	50%	31.6%					45.05%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G	R	G	G	G	G					G
		Actual	98.00%	95%	88%	74.0%	80%	83%	79%	75%					84%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%					100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	64.54%	64.58%	65.23%	65.6%	66.2%	66%	65%	63.6%				65.09%	
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R			R									R
		Actual	12.09%			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			R									G
		Actual	22.1%			7.7%									41.0%
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG													
		Actual	Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to 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	Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to less than 2 referrals in the quarter									
		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	R					R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%					52.1%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R					R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%					54.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G					G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%					99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R					R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%					71.1%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G					G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%					99.5%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R	R	R					R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%					89.4%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6					
		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	63.7	61.9					
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 8 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for November & Q2 2021/22	CCG	S&O
Diagnostics (National Target <1%)	32.85%	34.73%
Referral to Treatment (RTT) (92% Target)	75.71%	81.65%
No of incomplete pathways waiting over 52 weeks	339	136
Cancelled Operations (Zero Tolerance)	-	11
Cancer 62 Day Standard (Nat Target 85%)	66.67%	66.95%
A&E 4 Hour All Types (National Target 95%)	77.77%	79.03%
A&E 12 Hour Breaches (Zero Tolerance)	-	118
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	118
Ambulance Handovers 60+ mins (Zero Tolerance)	-	88
Stroke (Target 80%) (October data - reported a month in arrears)	-	56.5%
TIA Assess & Treat 24 Hrs (Target 60%) (September data - reported a month in arrears)	-	11.1%
Mixed Sex Accommodation (Zero Tolerance)	3	4
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%)	31.60%	-
IAPT 6 Weeks (75% Target)	75%	-
IAPT 18 Weeks (95% Target)	98%	-

To Note:

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

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

COVID Vaccination Update

The Southport & Formby COVID-19 vaccination has now successfully fully vaccinated the majority of patients in cohorts 1-9 and continues to offer booster vaccinations to eligible patients in these cohorts. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 and 12-15 are now eligible. At the end of October-21 there have been 93,566 (or 83%) first dose vaccinations and 87,507 (77.7%) second dose vaccinations. Phase 3 Booster vaccinations for vulnerable and at-risk populations continues and there have been 44,850 (39.8%) booster vaccinations given at the end of November-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).

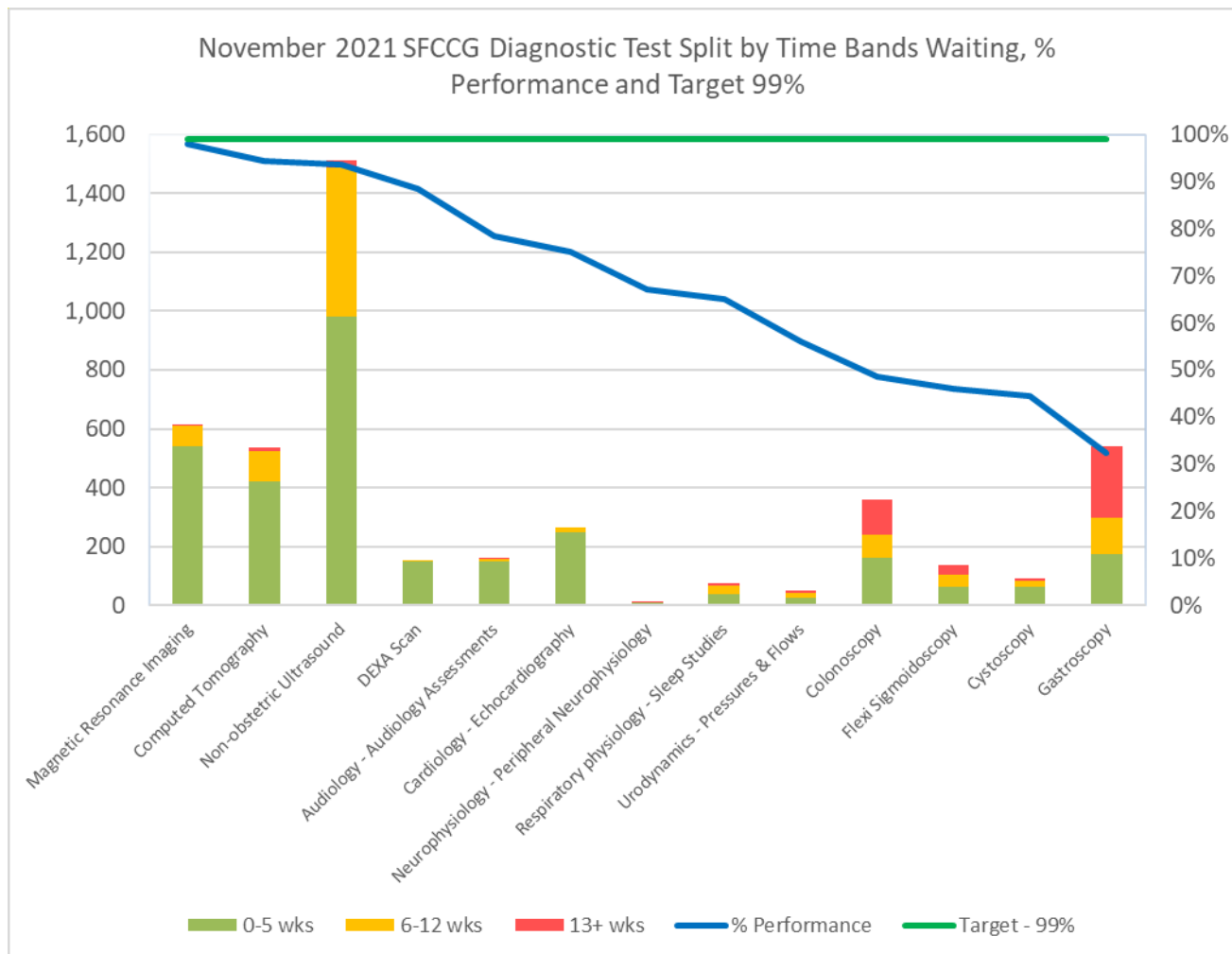
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referrals in 2021/22 are significantly higher than in the equivalent period of the previous year. At the lead provider, trends show that total secondary care referrals in November-21 have increased by 6.5% when compared to the previous month for Southport Hospital and remain some of the highest totals reported since the COVID-19 pandemic began. This is in contrast to trends at some other providers such as the independent sector (Renacres and Isight) and Liverpool Heart & Chest, which have seen decreases in referrals at month 8, the latter reporting a significant reduction for Southport & Formby patients. GP referrals for the CCG have seen significant increases in 2021/22 and have increased in month. However, year-to-date GP referrals are also -30% below 2019/20 (pre-pandemic) levels. In terms of referral priority, all priority types have seen an increase at month 8 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals. However, analysis suggests a recovery of two week wait referrals with the 610 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 November, recording 32.85%, a small decline in performance from last month when 30.31% was reported. Along with failing the national target, the CCG is measuring above the national level of 25%. Southport and Ormskirk reported 34.83%, which is a small decline compared to last month when 33.58% 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 which the CCG will request to see via contract meetings and review accordingly. Additional trend analysis will be conducted to understand causality. 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.

Figure 1 – November CCG Diagnostics Chart and Table



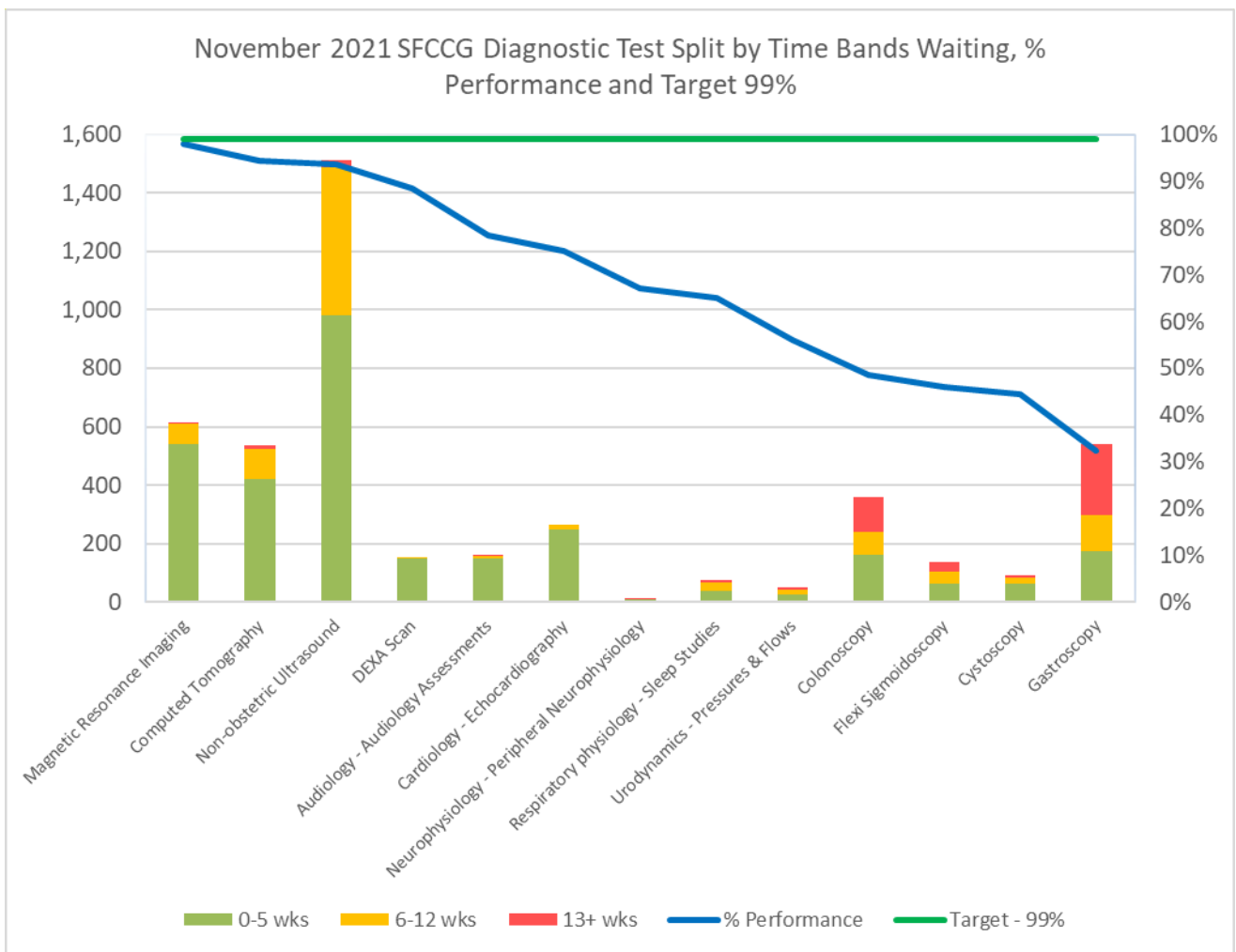
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	542	68	3	98.03%	99%
Computed Tomography	420	103	12	94.34%	99%
Non-obstetric Ultrasound	980	505	25	93.58%	99%
DEXA Scan	149	3	0	88.42%	99%
Audiology - Audiology Assessments	150	6	3	78.50%	99%
Cardiology - Echocardiography	248	17	0	75.00%	99%
Neurophysiology - Peripheral Neurophysiology	9	2	1	67.02%	99%
Respiratory physiology - Sleep Studies	37	30	9	64.90%	99%
Urodynamics - Pressures & Flows	28	16	6	56.00%	99%
Colonoscopy	160	80	119	48.68%	99%
Flexi Sigmoidoscopy	64	41	34	46.04%	99%
Cystoscopy	63	19	12	44.57%	99%
Gastroscopy	175	123	243	32.35%	99%
Total	3,025	1,013	467	67.15%	99%

Overall, the CCG is reporting 67.15%, 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.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential advice & guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on the service and have an impact on the performance.

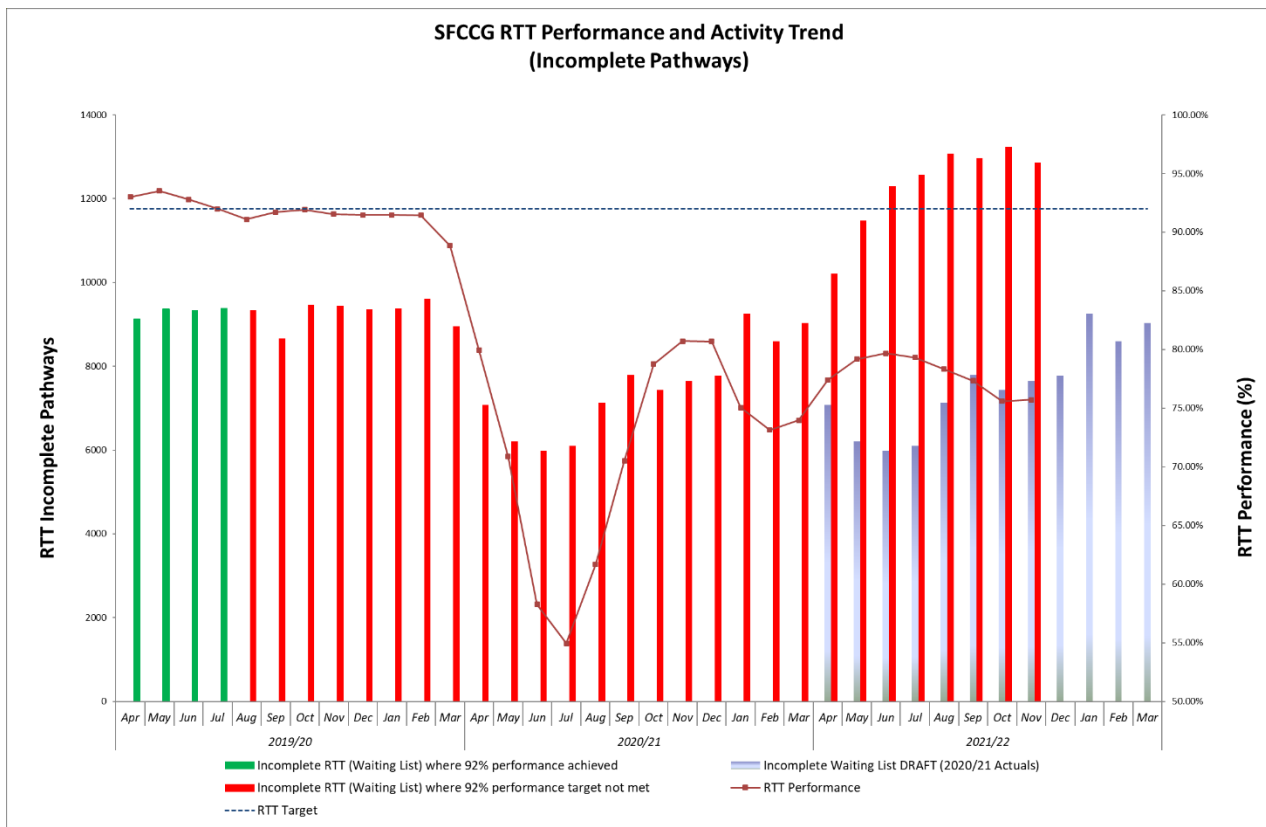
National levels overall are currently at 74.98% and the proportion waiting over 13 weeks nationally at 9.33%. The CCG is performing worse on both counts.

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



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	703	130	1	97.15%	99%
Computed Tomography	527	153	33	96.92%	99%
Non-obstetric Ultrasound	1,511	791	33	84.52%	99%
DEXA Scan	220	7	0	84.29%	99%
Audiology - Audiology Assessments	307	6	3	73.91%	99%
Cardiology - Echocardiography	344	59	4	73.53%	99%
Urodynamics - Pressures & Flows	48	36	10	64.71%	99%
Colonoscopy	208	93	182	51.06%	99%
Flexi Sigmoidoscopy	72	55	57	43.06%	99%
Cystoscopy	75	13	14	39.13%	99%
Gastroscopy	252	150	440	29.93%	99%
Total	4,267	1,493	777	65.27%	99%

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



For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in November was 75.71%, similar to last month's performance (75.59%). The CCG is also reporting well above the national level of 65.5%. Southport & Ormskirk Hospital reported 81.65%, slightly higher than last month's performance when 80.87% 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 ongoing.

There were a total of 915 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 339 patients were waiting over 52 weeks, a small decrease on last month when 350 breaches were reported. Included in the long waiters there are 11 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 339 breaches for the CCG, there were 70 at Southport & Ormskirk, 129 at LUHFT and 140 at 13 other Trusts. The 339 52+ week CCG breaches represent 2.63% of the total waiting list, which is well below the national level of 5.12%.

Southport & Ormskirk had a total of 136, 52-week breaches in November, similar to last month when 134 were reported. 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 12,870 in November (October reported 13,237). The CCG is conducting further trend analysis into RTT incomplete pathways, which will be to be reported to the CCG Senior Management Team (SMT) meeting in January 2022.

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

Southport & Formby CCG													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	7,646
2021/22	10,203	11,474	12,290	12,576	13,069	12,912	13,237	12,870					12,870
Difference	3,131	5,270	6,307	6,475	5,934	5,118	5,514	5,224					5,224
52 week waiters - Plan (last year's actuals)*	6	10	17	36	62	85	71	99	112	226	401	519	
52 week waiters - Actual	412	355	335	320	342	354	350	339					
Difference	406	345	318	284	280	269	279	240					

S&O													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078	8,615	9,896	6,558
2021/22	10,351	11,104	11,636	11,810	12,591	12,922	12,679	12,344					12,334
Difference	2,748	4,619	5,496	5,347	5,688	5,126	4,574	5,786					5,776

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

The Trust has reported 11 cancelled operations in November, the same as last month. The Trust indicated the cancelled operations were for equipment failures (4), list over run (4) and 3 ward beds being unavailable. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

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

The CCG continue to fail the 2-week cancer measures in month and year to date. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 78.46%. The main reason for the breaches for both measures is inadequate outpatient capacity associated with sustained growth in 2-week referrals of 120% of pre-pandemic levels. The Trust is developing a Cancer Improvement Plan to be presented through CCQRM meetings and has provided a position statement and risks and issues log by tumour site. The provider expects to see a gradual increase in performance for the 2-week standard reliant on delivery of planned diagnostics improvements across endoscopy, radiology and pathology. It is interesting to note that conversion rates from 14 day to 62-day pathways have increased slightly over the pandemic period which provides some assurance that 2-week pathways are being appropriately used.

The 2-week breast symptom measure has reached the lowest reported position since this measure was introduced reporting 25% in November, out of 28 patients only 7 were seen within 2 weeks for the CCG, the median wait in the reporting period was 19.5 days. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 27.11% under target in November, with 199 breaches out of a total of 273 patients seen. Demand increased significantly in month. This is a national position estimated at 15-20% additional referrals and it is considered that this is likely due to a combination of Breast Awareness Month, pause in the national screening programme during the early days of the pandemic and the death of a celebrity from breast cancer. The provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer

risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Communications have gone out to primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared.

For Cancer 62 Day standard the CCG is now measuring below the national level of 67.5% recording 66.67% in November and failing the 85% operational target. Southport and Ormskirk Hospital will present a speciality level Cancer Improvement Plan at the December Clinical Contract Quality Review Meeting (CCQRM). Most tumour groups are challenged. Delays in the 14-day pathway impact on achievement of 28 days and for 62 days for those patients who have a positive cancer diagnosis.

For patients waiting over 104 days, the CCG reported 8 patients in November. The longest waiting patient was in urology, number of days waiting was 215. There were a further 3 urological patients, 1 gynae patient, 1 lung patient 1 skin patient and 1 other patient (cancer of unknown primary). New North West guidance has been issued to ensure any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait.

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

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

In November 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. 28 Day FDS overall is reporting 64.4% for November and 69.84% year to date, just under the proposed 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

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

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 18.9% in October 2021 at 29% (latest data). The percentage of patients who would recommend the service has decreased to 92%, which is below the England average of 94% and the percentage who would not recommend has remained at 6% 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 (EPEG) in the new year and a wider EPEG Provider focussed Patient Experience workshop is planned for January 2022.

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 48% when compared to the equivalent period in the previous year but is -7% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during November-21 saw an increase to the previous month and represents the highest monthly total since the pandemic began. Activity in month was also 2% above that reported in November-19.

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

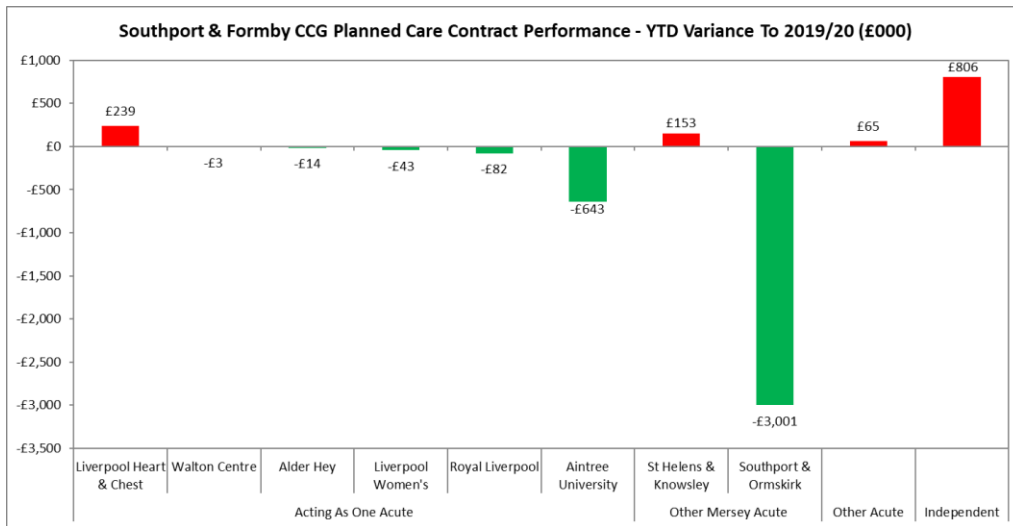


Figure 6 - Planned Care Activity Trends

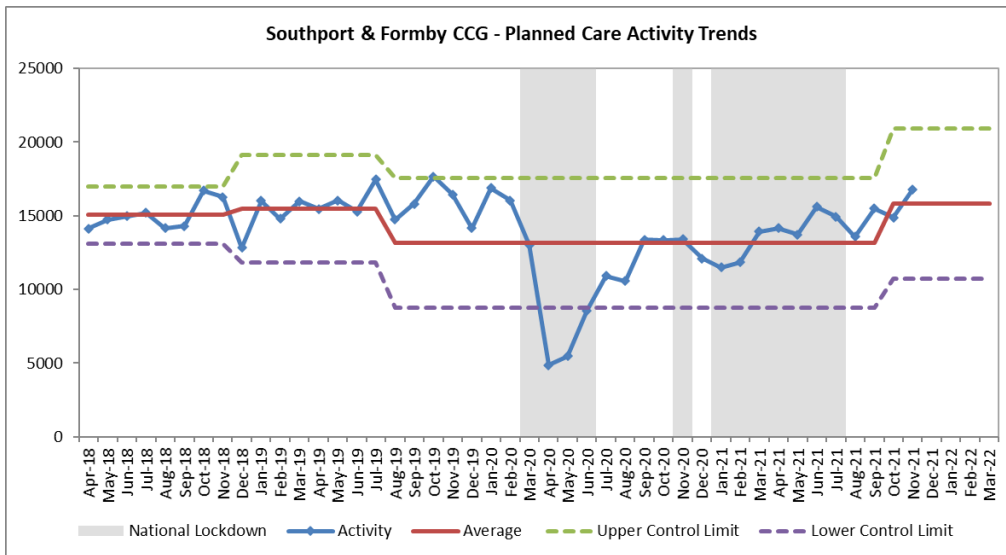


Figure 7 – Elective Inpatient Variance against Plan (Previous Year)

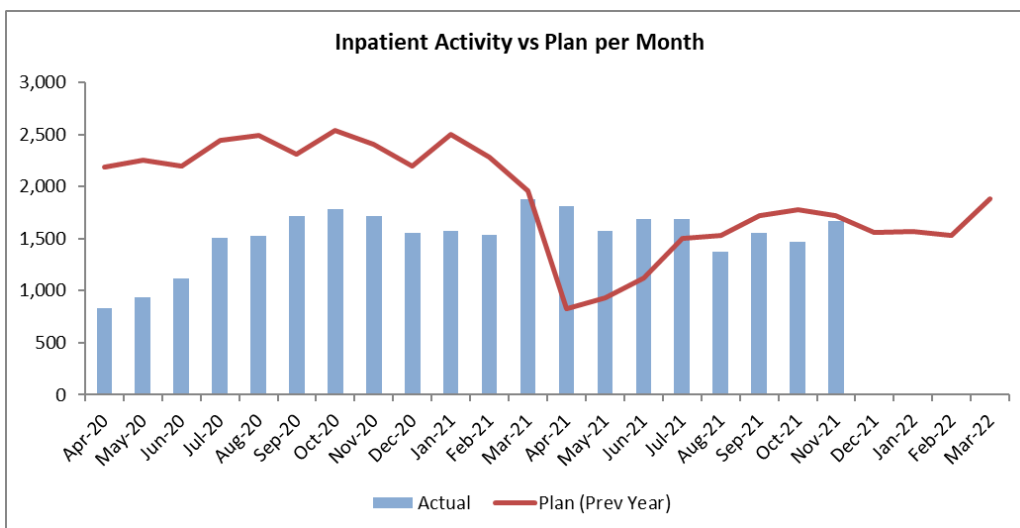
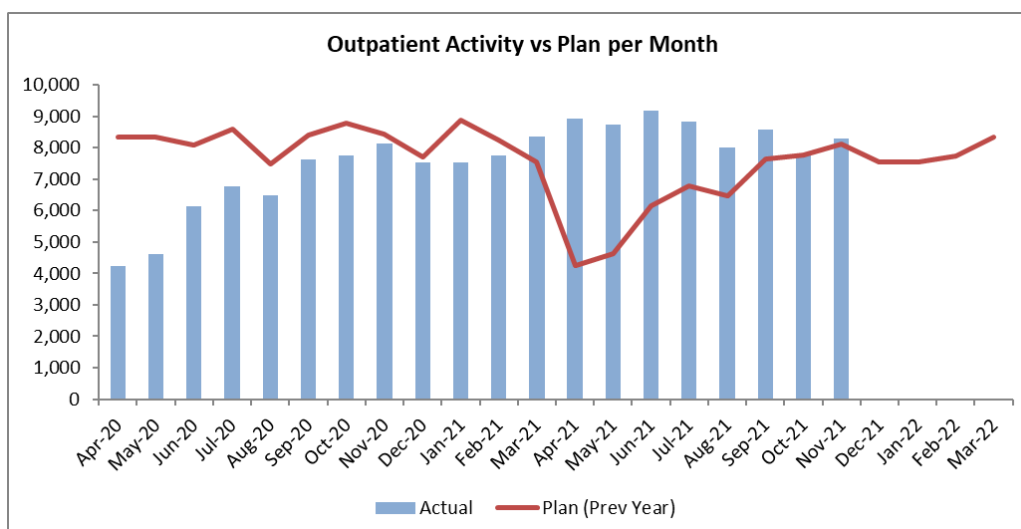


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in November, reporting 77.77% and 79.03% respectively which is a small improvement to what was reported last month. The CCG and Trust are above the nationally reported level of 74.01%. The system is on track to deliver the care navigator programme in line with NHS digital and 111 first. Work has commenced as part of the Ageing Well programme and the improved 2-hour Urgent Care Response (UCR) service will be ready to be launched by April-22. Communications campaign and winter wraps published and posted with local media and online media in preparation for alternative to ED.

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

The CCG is preparing to commission additional community bed capacity to support expected system pressures and pressures created by the omicron variant.

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

The Trust also reported 118, 12-hour breaches in November, a significant increase of 61 from last month when 57 were reported. The avoidance of 12-hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The Trust continue to submit 48-hour reviews within the agreed timescales.

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. Recovery would be expected as we move towards March/April 2022.

The CCGs Urgent Care lead and Performance Manager for Quality and Risk has met 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. The CCG has noted that the provider has continued to complete and submit 48-hour review forms for all breaches despite working under increased pressure and under full capacity protocol.

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

Actions to reduce 12-hour breaches:

1. Internal working group commenced to relaunch safer start and red to green principles. Test proof of concept on general medicine older people's wards, championed by general medical consultant. Examine use of technology and improved communication to facilitate discharge sooner. Opportunity to refresh board round Standard Operation Procedures (SOP) and red to green documentation using IT.
2. Review consultant cover and board rounds at the weekend to ensure pathway discharges are maximised.
3. Review Ready for Discharge daily meetings to ensure weekend discharges are planned for care homes to ensure admission can happen on the weekend.
4. Commence Home First bridging team as part of winter plan as proof of concept and examine data for patients require lower-level packages of care.
5. Establishment of a Frailty Assessment Hub from January.
6. In the process of establishing a Local System Discharge Steering Group which will report into the Capacity and Flow Group. The group will have focussed attention on reducing length of stay from ready for discharge per pathway. Identify system opportunities to work differently and maximise resources. Identify blocks in the system which prevent patient's discharge. Review of the Trusted Assessor documentation and ensure completed and sent in timely manner.

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 November 2021, there was an average response time of 9 minutes, 17 seconds not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 57 minutes, 14 seconds against a target of 18 minutes. Category 3 90th percentile has also shown a decline in the target of less than or equal to 120 minutes reporting just over 4 hours, the biggest improvement being for Cat 4 90th percentile recording 8 hours 8 minutes compared to almost 18 hours in the previous month. See above action plan. The above plan directly relates to the overcrowding of ED and ability to clear crews in a timely manner. This work is ongoing and so no change to this month's performance report the Trust's Internal Urgent Care Improvement Group continues to focus on improved handover times. There is a Discharge Subgroup which has commenced and tasked to improve discharges before lunch and utilise the patient transport services in a more efficient way.

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

For ambulance handovers, Southport & Ormskirk reported a small decrease in ambulance handover times in November for handovers of 30 and 60 minutes from 126 to 118, but with those above 60 minutes increasing from 37 to 88. So, a decline in performance for the second measure. This is a Cheshire & Merseyside trend with Southport performance being better than most other Trusts. Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG reported 3 breaches and the Trust have reported 4 mixed accommodation breaches in November, the Trust report their 4 delays relate to transferring patients from Critical Care to ward beds due to bed capacity issues and are escalated at the daily bed meetings.

The stroke indicator is currently 1 month in arrears. Southport & Ormskirk reported 56.5% of patients who had a stroke spending at least 90% of their time on a stroke unit in October, an improvement on the previous month when 48.1% was recorded. This is below the 80% target. This metric continues to

be influenced by overall occupancy. The new Standard Operating Procedure (SOP) is now being used which should impact this metric going forward. The Stroke Improvement Group continues to meet. TIA was reported at 11.1% against the 60% target with 5 out of a total of 45 patients treated within 24 hours, another decline in performance from last month when 27.3% was reported. Early indications are that November reported an improvement of 25% for TIA. 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. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues and the public consultation period has now commenced led by Liverpool CCG.

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

For *C. difficile*, the CCG reported 1 new case in November (39 year to date) against a year-to-date plan of 19. The CCG have failed the new objectives/plans for *C. Difficile* for 2021/22, year-end target was 30 cases. Southport & Ormskirk Trust is also failing with 2 new cases (38 year to date), against a year-to-date target of 19. Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2021/22 and will provide further assurance. Twice weekly meeting are held to monitor the action plan which has been developed and progressed.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in *E. coli* in 2018/19, the CCG have the new objectives/plans for *E. coli* for 2021/22 along with new Trust objectives to monitor. In November there were 14 cases (79 year to date) against a year-to-date target of 100 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 5 new cases in November (34 year to date) against their year-to-date plan of 47 and are also achieving. The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks, although due to COVID they had been stood down in December and January. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of *E. Coli* and themes include lack of catheter insertion, monitoring and timely diagnostic testing. The Trust have rolled out plans which include the usage of the catheter passport, monitoring of catheter care and its appropriateness of use.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 9.7% in October 2021 reporting 22.8% (latest data reported). The percentage of patients who would recommend the service decreased to 83% but remains above the England average of 75%. The percentage who would not recommend increased to 15%, but also below the England average of 17%. The CCG Quality Team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust are presenting their Patient Experience update to EPEG in March 2022.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 73.2 by the Trust in November, 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 8 of 2021/22 represents an increase of 33% when comparing to the equivalent period in the previous year but is -3% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, November-21 decreased to the previous month and in month activity was -5% below that in November-19 with CCGs expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

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

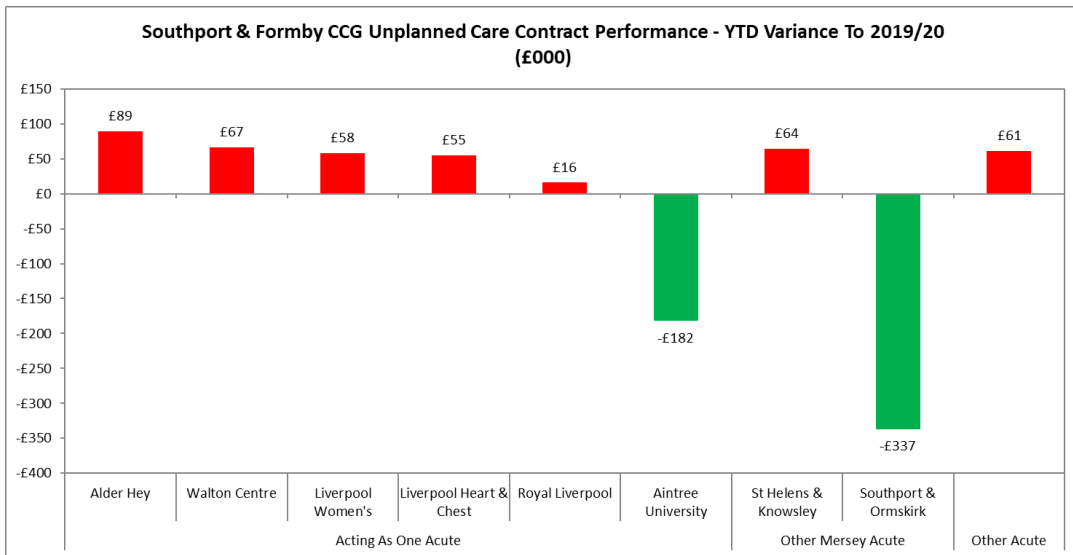


Figure 10 - Unplanned Care Activity Trends

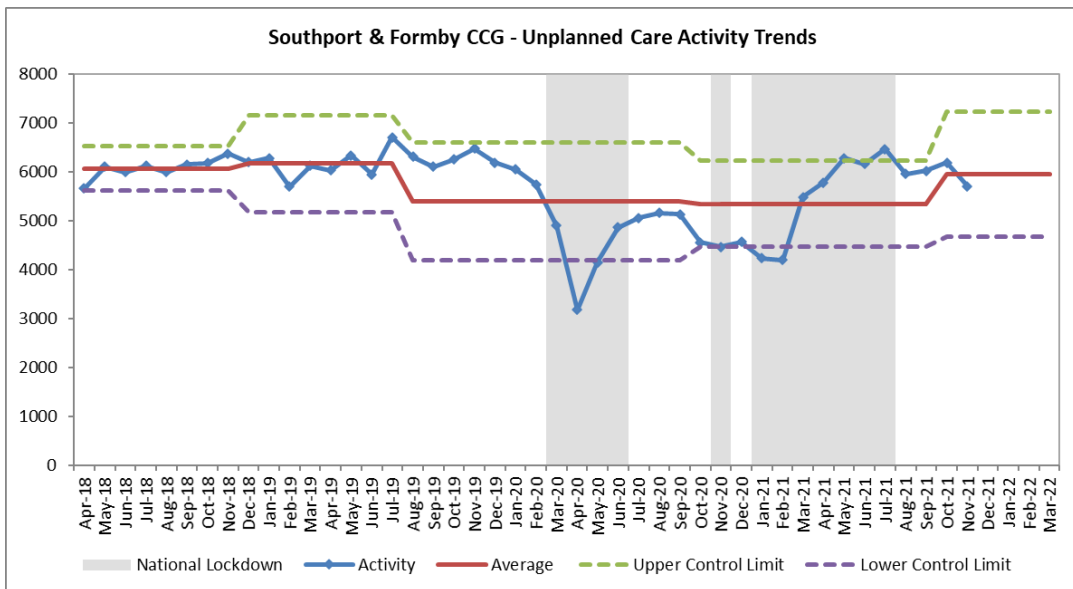


Figure 11 - A&E Type 1 against Plan (Previous Year)

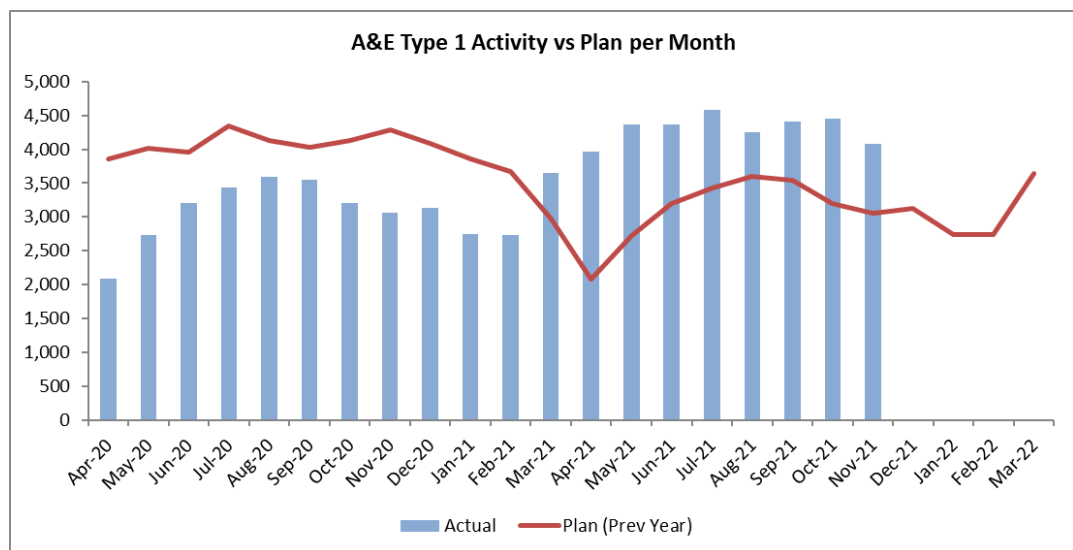
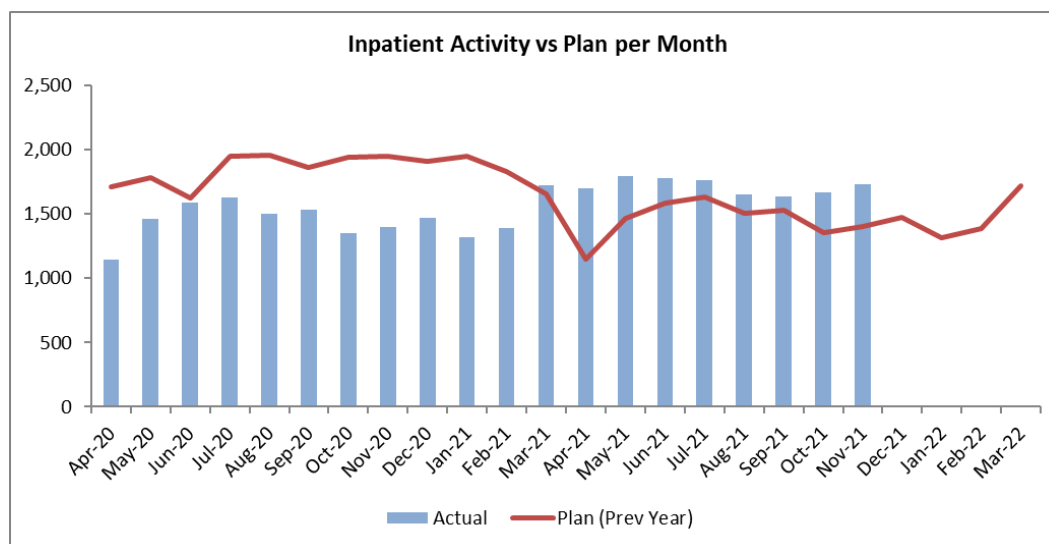


Figure 12 – Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 31.4% of patients commencing treatment within 18 weeks of referral in November, compared to a 95% target. Only 11 patients out of 35 commenced treatment within 18 weeks. This shows a small decline from last month when 35.9% was reported. Demand for the services continues to increase and to exceed capacity. The Trust and CCG recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. The service has recruited the following posts: Assistant psychologists, Band 7 Nurse Therapist, Band 7 Dietician along with some Cognitive Behavioural Therapists posts advertised in November.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.78% in November and has therefore failed to achieve the 1.59% target. The Cheshire & Merseyside system level work has identified 22 additional trainee post (15 x Psychological Wellbeing Practitioners (PWP) and 7 x High Intensity Therapists (HITs) for the Sefton service, of whom 4 PWP have commenced in post, with 7 HITs to commence training in January 2022 with a the remaining 11 PWP to commence in March 2022.

The percentage of people who moved to recovery was 31.6% in November, which hits the 50% target a decline in performance from the 50% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider has recruited 2/5 agency HITs from internal slippage to address the long 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 November of 63.6%, which is under the national dementia diagnosis ambition of 66.7%, lower to last month’s performance of 65%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. In line with a Cheshire & Merseyside system approach to improving Memory Assessment waits Mersey Care NHS Foundation Trust have established memory weekend clinics with intention of continuing the clinics until the end of March 2022 along with a bank band 7 Nurse Practitioner who is working an additional 2 days per week.

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 with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 61.9 weeks in November 2021. 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 and is engaging with an external provider in this regard.

Adult Community Health Services (Mersey Care NHS Foundation Trust)

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

Month 8 assurance supplied by the Trust indicates that across a number of community services 16 patients are waiting over 18 weeks (19-24 weeks) and 27 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 periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. For November the 18-week performance stood at 33% for Southport & Formby. The service has continued to focus on recovery and has developed an improvement plan which has been recently shared and agreed, including a trajectory that will see a return to a maximum wait of 18 weeks by end of Quarter 1 2022/23. In November the plan has focused on those children who have waited the longest who have their initial appointments booked in November and December. Whilst it is expected that improved performance will continue to be seen over subsequent months in line with the planned trajectory, COVID-19 continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics and Continence continue to perform at 100% regarding the 18 weeks KPI. Occupational Therapy continues to exceed the 92% for 18 weeks and are also now reporting 100% in November.

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 is progressing but it 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 service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required. However, there has been some improvement in performance notably against the 18 weeks KPI, which has improved to 75.5% and the 6-week KPI which increased to 50.8% in November.

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

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

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

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. 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 the fourth month 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 November and fell 3% to 60%. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and waiting times. Plans to mobilise this are in development. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

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

CQC Inspections

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

NHS Oversight Frame (NHS OF)

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