



Southport and Formby
Clinical Commissioning Group

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Integrated Performance Report December 2021

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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	R	R					
		Actual	15.1%	18.41%	18.43%	17.37%	32.15%	31.54%	30.31%	32.85%	39.85%				
		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%	73.88%				
		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	357				
		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	4				40
		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				0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	87.80%	85.52%	85.82%	81.23%	76.79%	80.42%	67.42%	64.20%	63.95%					76.94%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	R	R	R	G	R	R	R	R	R				R	
		Actual	92.31%	83.33%	80%	100%	88.89%	83.33%	47.62%	25.00%	23.08%					63.01%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	R	G	G	G	R	R	G	R	R				R	
		Actual	95.35%	97.89%	97.80	97.56%	89.04%	94.95%	96.34%	95.88%	95.74%					95.74%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	R	R	R	G	G	R	R	R	G				R	
		Actual	80%	85.71%	93.33%	100%	100%	90.91%	91.67%	76.92%	100%					90.68%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	G	G	G	R				G	
		Actual	100%	100%	95.24%	100%	100%	100%	100%	100%	100%	92.86%				98.68%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100%	95.45%	100%	100%	100%	100%	100%	100%					99.49%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	79.59%	76.60%	65.85%	70.73%	66.67%	57.14%	76.47%	66.67%	71.11%					69.97%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	50%	60%	86.67%	77.78%	28.57%	64.29%	40%	80%	70%					65.48%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG	G	G	G						G				R	
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%	71.43%	92%	75%					83.66%
		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	R	R				R
Actual		84.02%	80.16%	80.33%	76.14%	76.11%	76.86%	76.25%	77.77%	77.13%				78.26%	
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	G				R	
Target		0	0	0	0	0	0	1	3	0				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	G				R	
Target		0	0	0	0	0	0	0.2	0.6	0				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				R
YTD		0	0	0	1	2	2	3	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				R
YTD		8	13	17	22	25	32	38	39	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				G
YTD		8	17	24	32	44	59	65	79	88				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																
<u>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</u> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	R				G	
		Actual	100%	100%	100%	100%	80%	100%	100%	100%	100%	90.9%				97.14%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
<u>First episode of psychosis within 2 weeks of referral</u> 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%			90.9%					85.5%		
		Target	60%			60%			60%			60%			60%	
Eating Disorders																
<u>Eating Disorders Service (EDS)</u> Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	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%	22.90%				29.9%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
IAPT (Improving Access to Psychological Therapies)																
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	0.48%	0.47%	0.57%	0.50%	0.63%	0.78%	0.80%	0.78%	0.55%				5.56%	
		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%	
<u>IAPT Recovery Rate</u> The % of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G	R	G	R	R	G	R	R				R	
		Actual	42.40%	53.2%	40.9%	55.9%	40.0%	33.3%	50%	31.6%	30.8%				45.05%	
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
<u>IAPT Waiting Times - 6 Week Waiters</u> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G	R	G	G	G	G	R				G	
		Actual	98.00%	95%	88%	74.0%	80%	83%	79%	75%	70%				83%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
<u>IAPT Waiting Times - 18 Week Waiters</u> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G				G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	95%				99%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
Actual		64.54%	64.58%	65.23%	65.6%	66.2%	66%	65%	63.6%	63.7%				64.93%	
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					R	
Actual		12.54%			22.39%			48.81%					48.81%		
Target		18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of quarter															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R			R						
Actual		26.5%			27.3%			33.1%							
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%			Q3 data due 10 th March 2022					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							R					R	
Actual		Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to less than 2 referrals in the quarter			38.3%					38.3%		
Target		95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG							R					R	
Actual		Data suppressed due to less than 2 referrals in the quarter			Data suppressed due to less than 2 referrals in the quarter			91.7%					91.7%		
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				R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%				49.8%
		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				R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%				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				G
		Actual	96%	98%	100%	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				R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%				69.3%
		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				G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%	99%				99.4%
		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				R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%				88.3%
		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	9.7				
		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	57.9				
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 9 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for December & Q3 2021/22	CCG	S&O
Diagnostics (National Target <1%)	39.85%	42.00%
Referral to Treatment (RTT) (92% Target)	73.88%	80.11%
No of incomplete pathways waiting over 52 weeks	357	136
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	71.11%	62.18%
A&E 4 Hour All Types (National Target 95%)	77.13%	78.27%
A&E 12 Hour Breaches (Zero Tolerance)	-	85
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	103
Ambulance Handovers 60+ mins (Zero Tolerance)	-	49
Stroke (Target 80%) (November data - reported a month in arrears)	-	67.5%
TIA Assess & Treat 24 Hrs (Target 60%) (November data - reported a month in arrears)	-	25.0%
Mixed Sex Accommodation (Zero Tolerance)	0	1
CPA 7 Day Follow Up (95% Target) 2021/22 - Q3	90.90%	-
EIP 2 Weeks (60% Target) 2021/22 - Q3	90.90%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.55%	-
IAPT Recovery (Target 50%)	30.80%	-
IAPT 6 Weeks (75% Target)	70.00%	-
IAPT 18 Weeks (95% Target)	95%	-

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 December-21 there have been 94,755 (or 78.1%) first dose vaccinations and 90,719 (74.8% denominator populations now include under 16s as they are eligible for dose 1&2) second dose vaccinations. 74,812 (82.5%) of eligible 18+ pts had booster vaccinations given at the end of December-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. A focus on elective restoration has ensured that Southport & Formby CCG referrals at the mid-point of H2 of the 2021/22 financial year are 43.3% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic). However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -11.7% lower as at month 9. GP referrals have seen significant increases in 2021/22 and are reporting a -333/-22.6% decrease in December-21 when comparing to the previous month which is in line with usual trends in previous years

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

The CCG is over the less than 1% target for Diagnostics in December, recording 39.85%, a decline of 7% in performance from last month when 32.85% was reported. Along with being above the national target of 29%. Southport and Ormskirk reported 42%, which is also a decline compared to last month when 34.73% was reported. The decline in performance is across all modalities, however, recent staffing issues, increase 2ww referrals and an overall increase in Endoscopy waiting list cited as a significant contributor to that decline. Overall, increased demand, changes to the urgency of requests across all modalities and effects of IPC guidance impacting performance. Capacity and demand reviews are ongoing and the Trust has successfully recruited to an MRI Specialist Radiographer post. The Trust is also currently utilising imaging network capacity at St Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan which the CCG 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.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in December was 73.88%, just under 2% decline to last month's performance (75.71%). The CCG is reporting well above the national level of 63.84%. Southport & Ormskirk Hospital

reported 80.11%, lower last month's performance when 81.65% 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 957 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 357 patients were waiting over 52 weeks, a small decrease on last month when 339 breaches were reported. Included in the long waiters there are 10 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.

Southport & Ormskirk had a total of 136, 52-week breaches in December, the same as reported last month. The overall good performance in the low numbers of 52-week waiters is due to the continuation of services during the COVID surges at the Trust.

The Trust has reported 4 cancelled operations in December, 7 less than last month. The Trust indicated the cancelled operations were for theatre staff being unavailable (2), ICU/HDU bed unavailable (1) and 1 ward bed 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 December. The Trust are achieving 3 measures year to date and 2 in December.

The CCG continue to fail the 2-week cancer measure in month and year to date. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 77.18%. 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.

For 2-week wait breast services, performance declined significantly again to 23.08% in December which is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 24.05% under target in December, with 221 breaches out of a total of 291 patients seen. Demand increased significantly in month. 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. The median wait in the reporting period was 23 days. 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 above the national level of 69.75% recording 71.11% in December, below the 85% operational target.

For patients waiting over 104 days, the CCG reported 2 patients in December. The longest waiting patient was in urology, number of days waiting was 123. The other breach was an upper gastro patient who waited 118 days. 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.

Systems to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In December and year to date, the CCG performed above the 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 65.59% for December and 69.38% year to date, just under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

Performance against recovery trajectories demonstrates that in December the CCG is below plan for numbers of first outpatients seen following an urgent referral is exceeding the 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 18.6% in November 2021 at 30.9% (latest data). The percentage of patients who would recommend the service remained at 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 CCG Quality team continue to monitor trends and request assurances from providers when exceptions are noted. The Trust are due to present an update at the CCGs March 2022 Patient Experience Group (EPEG) meeting.

The CCG have reported 211 Personal Health Budgets (PHBs) in quarter 3, previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB.

Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 3 recording 9.05% of pregnant women smoking at time of their delivery.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there 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 36% when compared to the equivalent period in the previous year but is -12% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during December-21 saw a decrease to the previous month and was also -6% below that reported in December-19.

Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk remain under the 95% target in December, reporting 77.13% and 78.27% respectively similar performance to what was reported last month. The CCG and Trust are above the nationally reported level of 72.26%.

The Trust also reported 85, 12-hour breaches in December, a decrease of 33 from last month when 118 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 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 December 2021,

there was an average response time of 10 minutes, 2 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, 22 minutes, 3 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, no data available for Cat 4 90th percentile in December.

For ambulance handovers, Southport & Ormskirk reported a small decrease in ambulance handover times in December for handovers of 30 and 60 minutes from 118 to 103, but with those above 60 minutes decreasing from 88 to 49. So, an improvement in performance for both measures. This is a Cheshire & Merseyside trend with Southport performance being better than most other Trusts. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG reported no breaches and the Trust have reported 1 mixed accommodation breach in December, the Trust report their delay relate to transferring the patient from Critical Care to ward bed 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 67.9% of patients who had a stroke spending at least 90% of their time on a stroke unit in November, an improvement on the previous month when 56.5% 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 25% against the 60% target with 11 out of a total of 44 patients treated within 24 hours, an improvement in performance from last month when 11.1% was reported. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues to meet and the public consultation period has now commenced led by Liverpool CCG which will end on the 14th February. A new Project Manager at LUHFT will support pathway development across the system. Internal Trust group will be focussing on workstreams including: TIA, early support discharge (ESD), Rehab and Radiology.

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

For *C. difficile*, the CCG reported no new cases in December (39 year to date) against a year-to-date plan of 22. 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 above target with 1 new case (39 year to date), against a year-to-date target of 21. 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 December there were 9 cases (88 year to date) against a year-to-date target of 115 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 3 new cases in December (37 year to date) against their year-to-date plan of 52 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 November 2021 reporting 22.1% (latest data reported). The percentage of patients who would recommend the service increased to 85% but remains above the England average of 77%. The

percentage who would not recommend decreased to 12%, but also 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 presenting their Patient Experience update to EPEG in March 2022.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 73.63 by the Trust in December, 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 9 of 2021/22 represents an increase of 33% when comparing to the equivalent period in the previous year but is -4% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, December-21 decreased to the previous month and in month activity was -9% below that in November-19 with CCGs expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22. Type 1 attendances reported during this month are the lowest of 2021/22 to date.

Mental Health

For patients on a care programme approach (CPA) discharged from inpatient care follow up within 7 days the Trust report, for the CCG under the 95% target, having 1 breach out of a total 11 patients reporting 90.9%. Overall, the Trust had 3 patient breaches out of a total of 52 in December reporting 94.2% and under the 95% target.

The Eating Disorder service has reported 22.90% of patients commencing treatment within 18 weeks of referral in December, compared to a 95% target. Only 8 patients out of 35 commenced treatment within 18 weeks. This shows a decline from last month when 31.40% 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.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.55% in December 2021, below the monthly target standard of 1.59%. The service has recruited several trainee Psychological Wellbeing Practitioners (PWP) and High Intensity Therapists (HIT) who have commenced in post, along with a new clinical lead.

The percentage of people who moved to recovery was 30.8% in December, which hits the 50% target a small decline in performance from the 31.6% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The new clinical lead will have oversight in reviewing planned discharges to ensure optimum recovery is achieved.

In December, the CCG dipped below the national target in respect of cases discharged in the month being seen with 6 weeks at the start of treatment. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, a situation that is reflected nationally. It is this team that predominantly carry out assessments.

Southport & Formby CCG is recording a dementia diagnosis rate in December of 63.7%, which is under the national dementia diagnosis ambition of 66.7%, similar to last month's performance of 63.6%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

For the percentage of people on general practice SMI register who have had a physical health check the CCG reported 33.1% in quarter 3 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 48.81% of patients with learning disabilities receiving their health checks as at quarter 3 against a target of 52%, so is below 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 with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 57.9 weeks in December 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.

Children's Services

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

As previously reported, the SALT 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 continues to be challenged. The service has continued to focus on recovery and has developed an improvement plan which includes a trajectory that will see a return to a maximum wait of 18 weeks by end of July 2022. Whilst it is expected that improved performance will continue to be seen over subsequent months, COVID 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, Occupational Therapy (OT) and Continence continue to perform better than the 92% KPI in December.

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 increases in mental health investment are ongoing. 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.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23.

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

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. To support the increased numbers of high-risk inpatients, the service was 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 and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. Service recovery plans are in development to mobilise this. 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. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a 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 and will be finalised in due course.

CQC Inspections

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

NHS Oversight Frame (NHS OF)

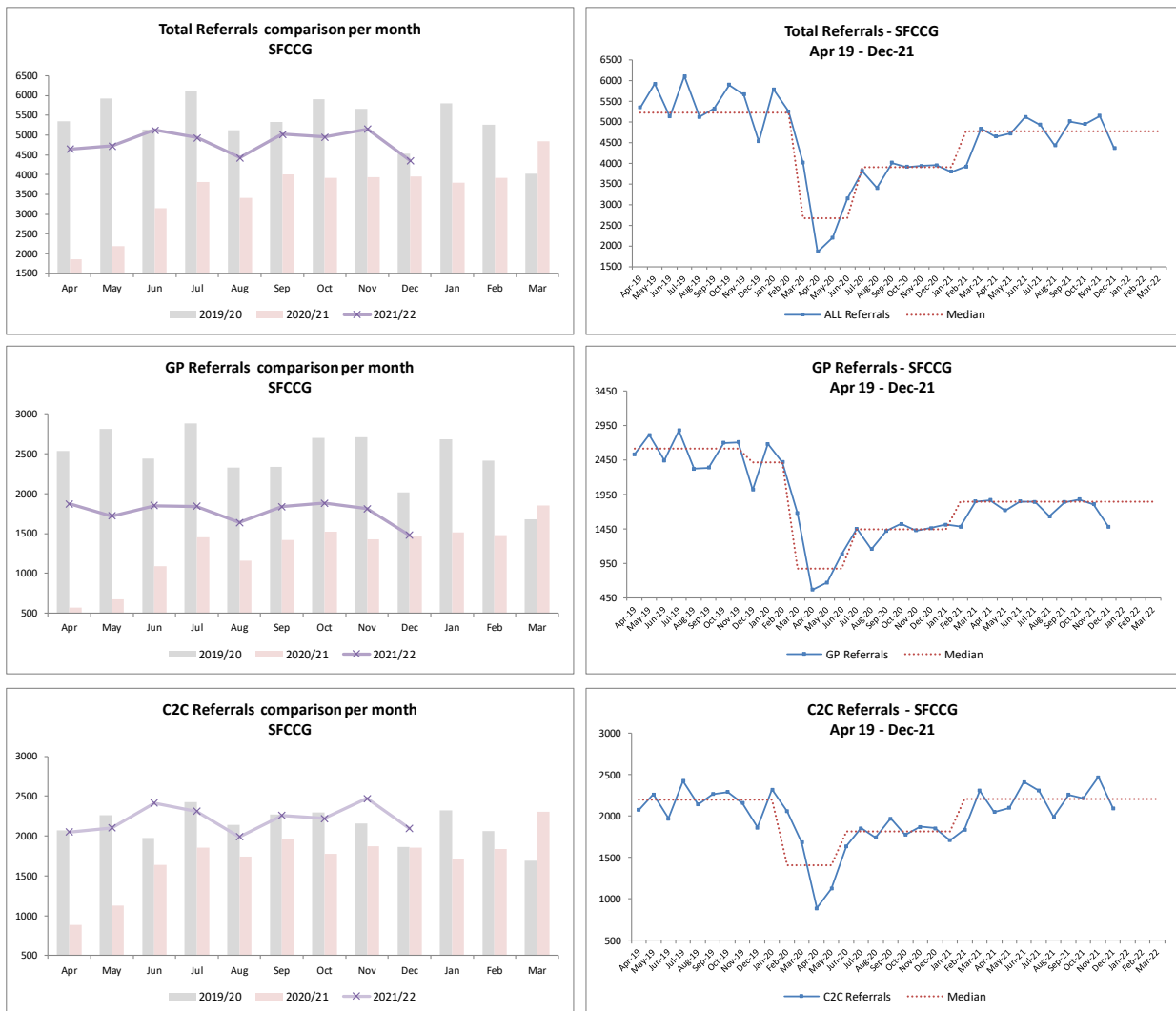
The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working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

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%
	Month											
April	2532	1869	-663	-26.2%	2074	2050	-24	-1.2%	5348	4647	-701	-13.1%
May	2816	1718	-1098	-39.0%	2264	2101	-163	-7.2%	5928	4722	-1206	-20.3%
June	2443	1848	-595	-24.4%	1971	2413	442	22.4%	5132	5129	-3	-0.1%
July	2879	1842	-1037	-36.0%	2426	2309	-117	-4.8%	6109	4937	-1172	-19.2%
August	2325	1635	-690	-29.7%	2141	1989	-152	-7.1%	5127	4432	-695	-13.6%
September	2338	1838	-500	-21.4%	2269	2261	-8	-0.4%	5325	5019	-306	-5.7%
October	2700	1878	-822	-30.4%	2294	2218	-76	-3.3%	5903	4953	-950	-16.1%
November	2708	1809	-899	-33.2%	2161	2471	310	14.3%	5666	5148	-518	-9.1%
December	2018	1476	-542	-26.9%	1865	2096	231	12.4%	4532	4363	-169	-3.7%
January	2685				2322				5792			
February	2417				2058				5260			
March	1676				1686				4016			
Monthly Average	2461	1768	-693	-28.2%	2128	2212	84	4.0%	5345	4817	-528	-9.9%
YTD Total Month 9	22759	15913	-6846	-30.1%	19465	19908	443	2.3%	49070	43350	-5720	-11.7%
Annual/FOT	29537	21217	-8320	-28.2%	25531	26544	1013	4.0%	64138	57800	-6338	-9.9%

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



Month 9 Summary:

- A focus on elective restoration has ensured that Southport & Formby CCG referrals at the mid-point of H2 of the 2021/22 financial year are 43.3% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -11.7% lower as at month 9.
- GP referrals have seen significant increases in 2021/22 compared to the same period last year, but are not yet at the levels seen before the pandemic with a -6846/30.1% variance compared to 2019/20.
- At the lead provider, trends show that total secondary care referrals in December-21 have decreased by -414/-11.9% when compared to the previous month for Southport Hospital.
- Referrals to Southport Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -14.2% below pre-pandemic (i.e. 2019/20) levels.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2020/21. Referrals to this speciality in month 9 of 2021/22 are approximately 1,086/62.6% higher than in the equivalent period of the previous year. However, they are -619/-18.0% below pre-pandemic (i.e. 2019/20) levels.
- In terms of referral priority, all priority types have seen an increase at month 9 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 8,237/44.9%.
- Analysis suggests a recovery of two week wait referrals with the 670 reported in September-21 representing the highest monthly total reported since July-20 (which immediately followed the initial COVID-19 national lockdown period). Referrals to the Breast Surgery speciality make up much of this recent increase with Gastroenterology also contributing significantly.
- The providers which have not submitted data for November-21 and have therefore been excluded from the snapshot are Spire, Countess of Chester and Isight.

2.2 NHS e-Referral Service (e-RS)

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

2.3 Diagnostic Test Waiting Times



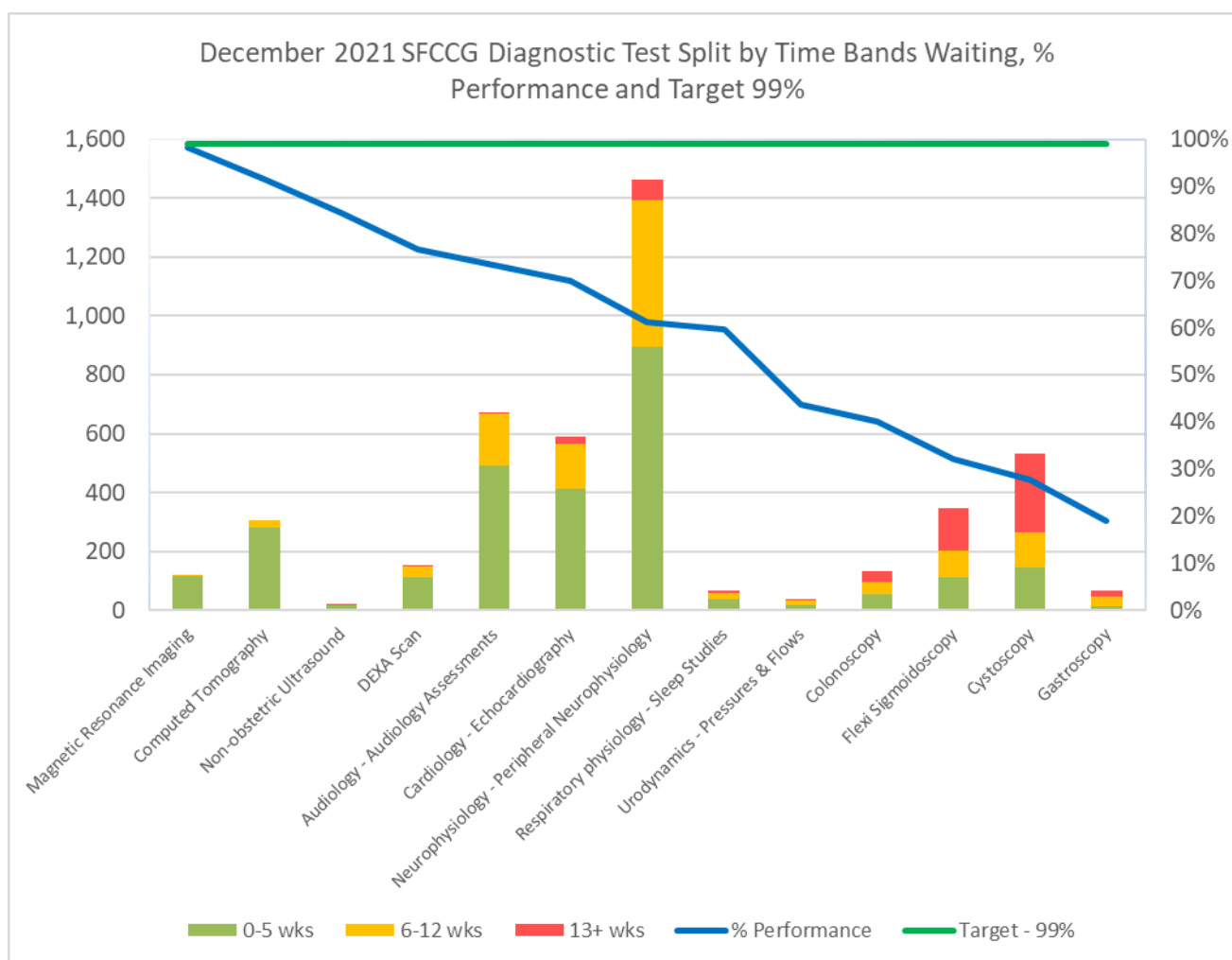
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.	
RED	TREND		Sep-21	Oct-21	Nov-21			Dec-21
		CCG	31.54%	30.31%	32.85%			39.85%
		S&O	35.74%	33.58%	34.73%			42.00%
		Previous year	Sep-20	Oct-20	Nov-20			Dec-20
		CCG	22.43%	22.17%	16.74%			18.44%
		S&O	16.52%	17.36%	11.97%			13.43%
National Target: less than 1%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG and Trust saw a further decline in performance in December, from August the CCG has reported over 30% against the less than 1% target. For the CCG, out of 4,507 patients, 1,796 patients were waiting over 6 weeks, (of those 588 were waiting over 13 weeks) for their diagnostic test. In comparison, December last year had a total waiting list of 2,288 patients, with 422 waiting over 6 weeks (of those 124 were waiting over 13 weeks). The majority of long waiters were for Non-obstetric Ultrasound (568) Gastroscopy (384), Colonoscopy (237), MRI (179) and CT (177) makes up 86.02% of the breaches. The CCG and Trust are still reporting well above the national level of 29%. The IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. The Trust performance continues to be impacted by high demand and staffing challenges. Situation, Background, Assessment, Recommendations (SBAR's) and recovery plans are being developed for each of the modalities. Further decline in diagnostic performance cited as relating to endoscopy with wait times increasing due to the demand of the 2week waits, recent reduced/cancelled activity due to the sickness within the nursing team and increase in overall demand (Trust endoscopy waiting list increased by 182% since November 2021). 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership/ The Hospital Cell to establish recovery and innovation for longer term sustainability is on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Priorities will be aligned to forthcoming planning guidance requirements. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy, in addition to prioritisation of diagnostics with the implementation of 'D' codes to indicate patients to be prioritised. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. CCG commissioning managers working with the Trust and Cancer Alliance to confirm start date for 2WW pathways. Discussions at Cheshire and Mersey (C&M) footprint via C&M imaging network with a local focus on how system can make performance improvements. Establishment of a C&M Endoscopy operational recovery team with membership from the cancer alliance, the hospital cell, clinical leads, COO's from key providers. CCG viewing waiting list/referral trends to analyse provider positions comparable with national picture. 								
Trust Actions:								
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Weekly PTL meetings to track patients and escalate issues. OSM daily monitoring. Ongoing validation of lists to ensure duplications are removed. Use of virtual appointments where possible. Submit funding bids for additional capital monies to develop diagnostic capacity (i.e. CT capacity). The Endoscopy Estates work is underway with a predicted completion date of Mid – March. Surveillance scope FIT test project has commenced, with aim discharging patients not appropriate to remain on surveillance register. Expectation are that FIT testing will be rolled out across 2WW pathways also. Overarching modality specific improvement plan to be developed. 								
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 – December CCG Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	117	2	0	98.32%	99%
Cardiology - Echocardiography	282	26	0	91.56%	99%
Neurophysiology - Peripheral Neurophysiology	16	2	1	84.21%	99%
DEXA Scan	114	34	1	76.51%	99%
Magnetic Resonance Imaging	490	178	1	73.24%	99%
Computed Tomography	413	151	26	70.00%	99%
Non-obstetric Ultrasound	896	497	71	61.20%	99%
Cystoscopy	40	20	7	59.70%	99%
Urodynamics - Pressures & Flows	17	16	6	43.59%	99%
Flexi Sigmoidoscopy	54	43	38	40.00%	99%
Colonoscopy	112	90	147	32.09%	99%
Gastroscopy	147	116	268	27.68%	99%
Respiratory physiology - Sleep Studies	13	33	22	19.12%	99%
Total	2,711	1,208	588	60.15%	99%

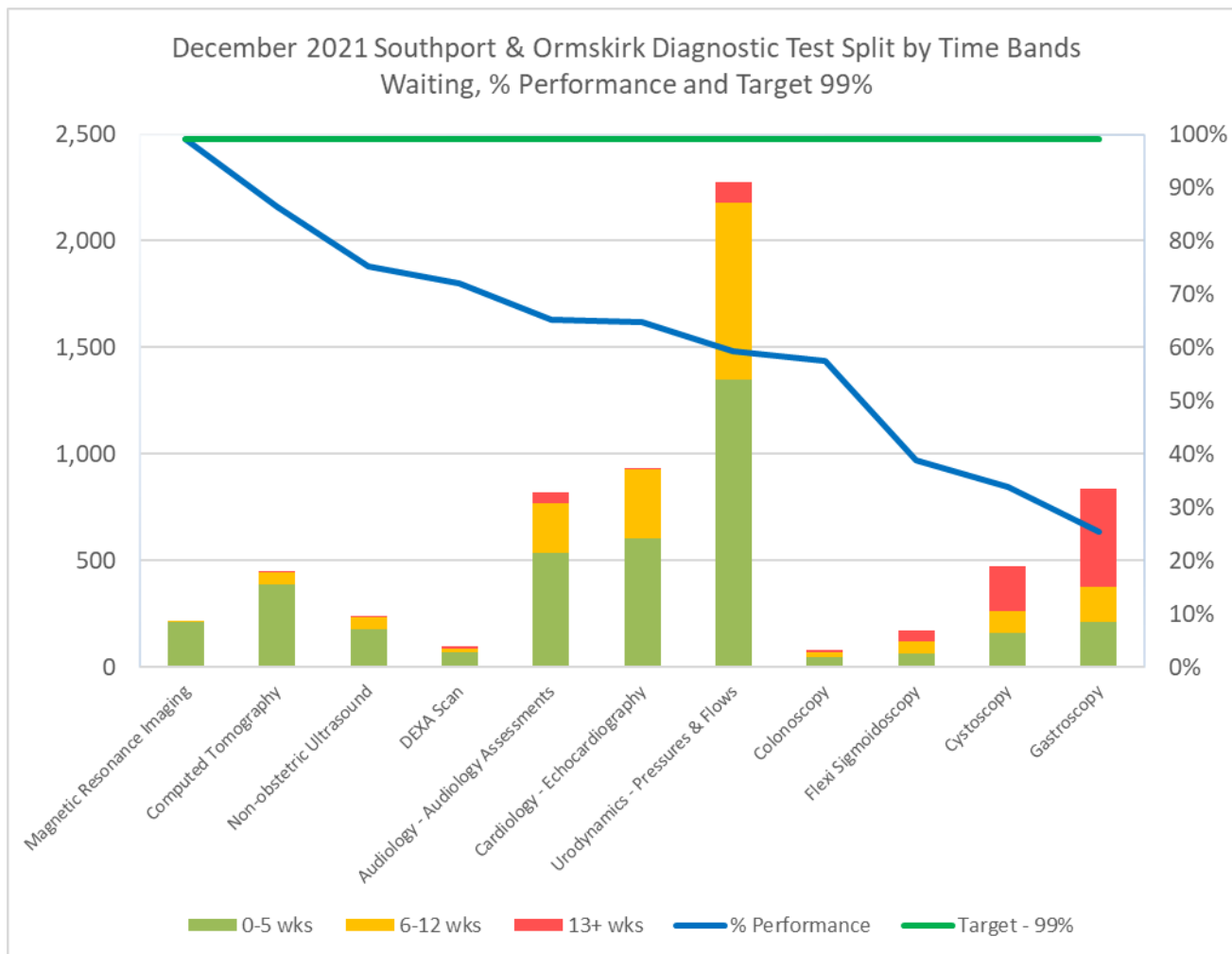
Overall, the CCG is reporting 60.15%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Respiratory Physiology with a number of other tests also showing proportionally high levels.

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 70.98% and the proportion waiting over 13 weeks nationally at 10.48%. The CCG is performing worse on both counts.

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



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	211	2	0	99.06%	99%
Cardiology - Echocardiography	388	57	4	86.41%	99%
DEXA Scan	177	57	1	75.32%	99%
Cystoscopy	72	17	11	72.00%	99%
Computed Tomography	535	235	50	65.24%	99%
Magnetic Resonance Imaging	605	324	4	64.84%	99%
Non-obstetric Ultrasound	1,350	831	97	59.26%	99%
Urodynamics - Pressures & Flows	46	24	10	57.50%	99%
Flexi Sigmoidoscopy	68	54	53	38.86%	99%
Colonoscopy	162	104	211	33.96%	99%
Gastroscopy	214	162	464	25.48%	99%
Total	3,828	1,867	905	58.00%	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		Sep-21	Oct-21	Nov-21	Dec-21	
		CCG	77.38%	75.59%	75.71%	73.88%	
		S&O	82.07%	80.87%	81.65%	80.11%	
		Previous year	Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	70.53%	77.73%	80.71%	80.69%	
		S&O	75.21%	81.14%	83.93%	84.36%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG December is showing a decline in performance to the previous month. The challenged specialties include Plastic Surgery (46%), Cardiothoracic Surgery (61.9%) ENT (59.3%), (66.4%) and Gynaecology (67.5%). Included in the long waiters there were 10 patients waiting over 104 weeks. Of the 10 there was 5 T&O, 2 ENT, 1 General Surgery, 1 Neurology Service and 1 Other - surgical services. The CCG meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The CCG and Trust are reporting well above the national level of 63.84%. IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity, including reduced throughput in theatre, however, the Trust are endeavouring to maximise capacity with current staff and utilising bank staff as necessary. Renacres has its own backlog of waiters however is still performing well at 83.80% whilst still supporting S&O with elective recovery to improve the overall RTT within the CCG. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration and improving quality of services and ensure resilience with the health care system, working to support providers on area's identified as 'fragile'. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery. The CCG is working with providers to ensure assurance on clinical prioritisation and understanding of the waiting lists and key actions to mitigate patient harm. 							
System:							
<ul style="list-style-type: none"> System partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics including restoration of waitlist positions with a focus on long waiters and clinically urgent patients - priority 1 & 2s (P1 & P2s) 							
Trust Actions:							
<ul style="list-style-type: none"> Renacres have provided details/assurance related to 18 week breaches and are prioritising the waiting list. Breach reasons vary and include COVID impact, patient choice, patient not contactable and theatre delays due to patient undergoing other treatments at the same time. Support to S&O continues with T&O long waiters. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Trust developing plans to support fragile services, including collaborations with system partners. Haematology being one notable success with collaboration with LUHFT that has now enabled the service to be de-classified from being 'fragile'. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. Trust/CCG applied to be early adopters of the National Eye Care Recovery & Transformation Programmes (NECRTP) Optometry first schemes. A comprehensive offer of Ophthalmology care outside of hospital, supporting the Trust in its efforts to deliver a sustainable service by freeing up capacity which will be used to prioritise clinical urgent patients. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality issues raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Sep-21	Oct-21	Nov-21			Dec-21
		CCG	354	350	339			357
		S&O	135	134	136			136
		Previous year	Sep-20	Oct-20	Nov-20			Dec-20
		CCG	85	71	99			112
		S&O	53	35	36			39
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 357 breaches for the CCG, there were 78 at Southport & Ormskirk, 136 at LUHFT and 143 at 14 other Trusts. • The 357 breaches reported also represent 2.92% of the total waiting list, which is well below the national level of 5.12%. • Of the 136 breaches at Southport & Ormskirk (catchment), 67 were in General Surgery, 34 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"> • The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. • System focus on prioritising long waiters (52+ weeks). 								
Trust Actions:								
<ul style="list-style-type: none"> • 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

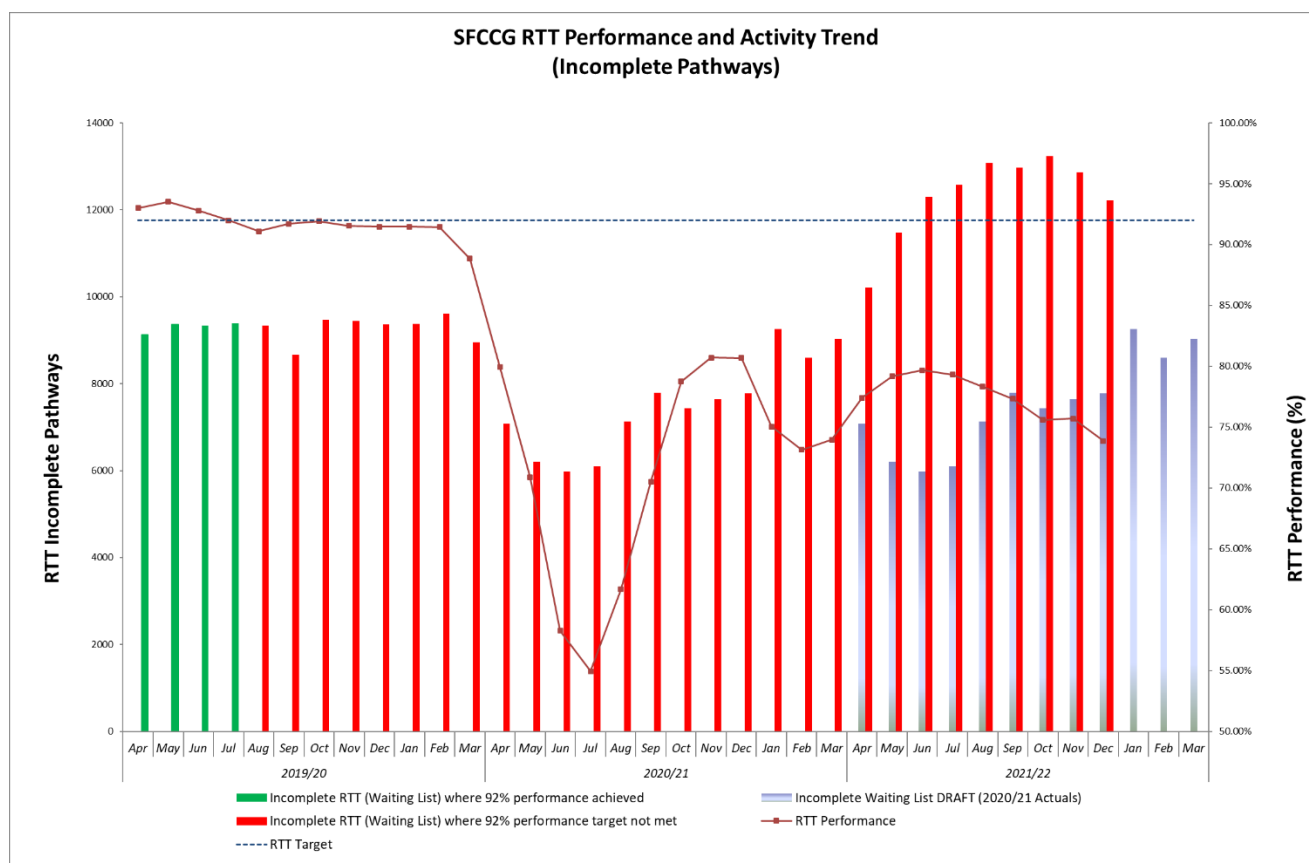


Figure 5 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

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	7,782
2021/22	10,203	11,474	12,290	12,576	13,069	12,912	13,237	12,870	12,218				12,218
Difference	3,131	5,270	6,307	6,475	5,934	5,118	5,514	5,224	4,436				4,436
52 week waiters - Plan (last year's actuals)*	6	10	17	36	62	85	71	99	112	226	401	519	
52 week waiters - Actual	412	355	335	320	342	354	350	339	357				
Difference	406	345	318	284	280	269	279	240	245				

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	7,800
2021/22	10,351	11,104	11,636	11,810	12,591	12,922	12,679	12,344	11,575				11,575
Difference	2,748	4,619	5,496	5,347	5,688	5,126	4,574	5,786	3,775				3,775

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

There were a total of 957 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 357 patients were waiting over 52 weeks, a small decrease on last month when 339 breaches were reported. Included in the long waiters there are 10 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 357 breaches for the CCG, there were 78 at Southport & Ormskirk, 136 at LUHFT and 143 at 14 other Trusts. The 357 52+ week CCG breaches represent 2.92% 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 December, the same as last month. The overall good performance in the low numbers of 52-week waiters is due to the continuation of services during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG decreased to 12,218 in December (November reported 12,870). The CCG conducted further trend analysis into RTT incomplete pathways, which has been shared with the CCG Senior Management Team (SMT).

2.4.2 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	42		<i>Trust comment:</i> 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.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	100: GENERAL SURGERY	40		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted, and currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. Weekly PTL meetings to track patients and escalate any issues continue. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is now a sub group with Renacres to deliver activity as part of the Trust recovery plan.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120: ENT	38	1	<i>Trust Comment:</i> 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 has worked to maintain outpatient activity where possible and has seen a significant shift from face to face appointments to virtual appointments where it is clinically appropriate; mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	34	3	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	26		<i>Trust Comment:</i> See LUHFT comment above
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	21		<i>Trust Comment:</i> Robust and realistic recovery plans had been developed and the Trust is currently performing well against these. The Greater Manchester Elective Recovery Reform Group is in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	110: TRAUMA & ORTHOPAEDICS	19		<i>Trust Comment:</i> See Southport & Ormskirk comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	17		<i>Trust Comment:</i> See LUHFT comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	X05: ALL OTHER - SURGICAL	12		<i>Trust Comment:</i> See Southport & Ormskirk comment above
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	10		<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	502: GYNAECOLOGY	6		<i>Trust Comment:</i> The Trust continues with weekly performance tracking for Cancer and RTT. A number of long waiters had been offered treatment in other Trusts as part of the mutual aid approach. In addition, some patients with oral and maxillofacial conditions have been offered care with primary dental practitioners.



Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	6		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	6		<i>Trust Comment:</i> See LUHFT comment above
RENACRES HOSPITAL	502: GYNAECOLOGY	5		<i>Trust Comment:</i> See Renacres comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	502: GYNAECOLOGY	5		<i>Trust Comment:</i> See Southport & Ormskirk comment above
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	4		<i>Trust Comment:</i> Performance is monitored weekly through the Executive Committee. 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. The Trust is one of the highest performers in the region. and performance against the recovery trajectories remains strong. The 52 weeks wait performance remains in line with expected levels but there are challenges in a few sub-specialty areas namely, aortic surgery, left atria appendage occlusion and electrophysiology.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	4		<i>Trust Comment:</i> There has been significant improvements in activity delivery and the Trust is working to sustain activity delivery to reach projected forecasts. A continued focus on theatre staff recruitment will be maintained. In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have a clinical triage and patients on the admitted pathway have all had Consultant review to prioritise patients. PTL meetings are held weekly and all patients offered any cancellations or next available date. Additional weekend capacity is being implemented to support.
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	4		<i>Trust Comment:</i> See Renacres comment above
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	4		<i>Trust Comment:</i> The Trust is constantly monitoring waiting list movements alongside capacity, available for the 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 and a registrar being appointed. An additional Senior Fellow joined the cohort in February for 6 months. Further workforce actions also being explored and progressed.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	160: PLASTIC SURGERY	3		<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X02: ALL OTHER - MEDICAL	3		<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100: GENERAL SURGERY	3		<i>Trust Comment:</i> See LUHFT comment above
RENACRES HOSPITAL	100: GENERAL SURGERY	3		<i>Trust Comment:</i> See Renacres comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	110: TRAUMA & ORTHOPAEDICS	3	1	<i>Trust Comment:</i> See St Helens & Knowsley comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	2		<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	2		<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	2	1	<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	330: DERMATOLOGY	2		<i>Trust Comment:</i> See LUHFT comment above

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	2		<i>Trust Comment:</i> The Manchester Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated, and maintain oversight and effective use of resources across University. The Trust continues to maximise Trafford General Hospital as a green site. The potential to utilise private sector capacity and Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue. Ongoing Outpatient Improvement work as part of the Recovery Programme continues to develop transformation opportunities. Weekly RTT oversight and performance meetings holding hospitals to account on delivery. Group Chief Operating Officer teams (Transformation and RTT) continue in place to support hospitals, including consistent, safe approach to development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes. Additional timely validation of waiting lists by Hospital sites and Group resource continues.
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	2		<i>Trust Comment:</i> Spire Liverpool is continuing with the waiting list recovery working group with support from the Spire national clinical team. The team's focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing levels to support the inpatient booking team to best utilise all available theatre/OPD capacity.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> Suitable Trauma and Orthopaedic cases are offered the Independent Sector, but the growing longest waiting group are those that are not clinically appropriate for that setting. Mutual Aid with North West Anglia will support faster treatment for some of these longest waiting patients. A new 40-bed unit is also planned to create additional elective capacity to deliver elective Orthopaedic activity.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	1		<i>Trust Comment:</i> Insourcing for General Surgery, Ophthalmology and Gynaecology continues with plans to maximise the use of independent providers. Mutual aid for Plastic Surgery with Whiston and Gynaecology Surgery with Liverpool Women's has been agreed. Requests for mutual aid is ongoing with Wirral. There is now an increased theatre and outpatient productivity focus with the engagement of an Elective Recovery Director and the formulation of a formal Trust-wide elective recovery plan, with an established Programme Management Office (PMO). The Patient Initiated follow up (PIFU) has been successfully implemented and remote clinical appointments established using Attend Anywhere. Capital acquisitions of equipment will increase productivity. There is increased recruitment in challenged areas, particularly Endoscopy, Radiology and Anaesthesia.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment:</i> See Countess of Chester comment above
EUXTON HALL HOSPITAL	X02: ALL OTHER - MEDICAL	1		<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1	1	<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	120: ENT	1	1	<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
MANCHESTER UNIVERSITY NHS FOUNDATION	160: PLASTIC SURGERY	1		<i>Trust Comment:</i> See Manchester University comment above
MANCHESTER UNIVERSITY NHS FOUNDATION	502: GYNAECOLOGY	1		<i>Trust Comment:</i> See Manchester University comment above

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> There is continued validation of waiting list and an on-going improvement action, with the Chief of Surgery leading discussions in moving to a single Northern Care Alliance Clinical Prioritisation Group. There is increased independent sector capacity and the 104 weeks wait trajectory was met for the third consecutive month. Theatres Excellence Programme launched in Dec with over 350 virtual attendees across the Northern Care Alliance. The clinical pathway board is now in place and focussing on Orthopaedics and Breathlessness (Cardio/Respiratory pathways) with the aim of reducing hospital referral and first outpatient appointments .
NORTHERN CARE ALLIANCE NHS FOUNDATION	330: DERMATOLOGY	1		<i>Trust Comment:</i> See Northern Care Alliance comment above
RENACRES HOSPITAL	120: ENT	1		<i>Trust Comment:</i> See Renacres comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	101: UROLOGY	1		<i>Trust Comment :</i> See Southport & Ormskirk comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	120: ENT	1		<i>Trust Comment :</i> See Southport & Ormskirk comment above
SPAMEDICA SKELMERSDALE	130: OPHTHALMOLOGY	1		<i>Trust Comment:</i> Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	1		<i>Trust Comment:</i> See Spire Liverpool comment above
SPIRE LIVERPOOL HOSPITAL	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment:</i> See Spire Liverpool comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	101: UROLOGY	1		<i>Trust Comment:</i> See St Helens & Knowsley comment above
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	400: NEUROLOGY		1	<i>Trust Comment:</i> See Lancashire Teaching Hospitals comment above
MANCHESTER UNIVERSITY NHS FOUNDATION	100: GENERAL SURGERY		1	<i>Trust Comment:</i> See Manchester University comment above
		347	10	
	Total		357	

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	Sep-21	Oct-21	Nov-21	Dec-21	
		4	4	11	4	
		Sep-20	Oct-20	Nov-20	Dec-20	
		5	4	10	1	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Trust information show there was an improvement in cancelled operations in December (4) after reporting 11 in November. The Trust indicated the cancelled operations were for theatre staff unavailable (2), 1 ICU/HDU bed unavailable 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. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. System focus on prioritising long waiters (52+ weeks). 						
Trust Actions:						
<ul style="list-style-type: none"> As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. 						
When is performance expected to recover:						
Recovery anticipated next month.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Terry Hill		




2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Sep-21	Oct-21	Nov-21	Dec-21		
	2 Week Wait (Target 93%)	CCG	80.42%	67.42%	64.20%	63.95%	76.94%	
		S&O	78.53%	78.54%	78.46%	77.18%	81.19%	
	2 Week breast (Target 93%)	CCG	83.33%	47.62%	25.00%	23.08%	63.01%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	94.95%	96.34%	95.88%	95.74%	95.74%	
		S&O	98.21%	96.88%	97.18%	93.10%	97.86%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	93%	98.76%	
		S&O	100%	No Pats	No Pats	No Pats	100%	
	31 day subsequent - surgery (Target 94%)	CCG	90.91%	91.67%	76.92%	100%	90.68%	
		S&O	No Pats	100%	100%	100%	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	99.49%	
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats	
	62 day standard (Target 85%)	CCG	57.14%	76.47%	66.67%	71.11%	69.97%	
		S&O	54.21%	66.33%	66.95%	62.18%	66.74%	
	62 Day Screening (Target 90%)	CCG	64.29%	40.00%	80.00%	70.00%	65.48%	
		S&O	0%	0%	No Pats	100%	60.00%	
	62 Day Upgrade (Local Target 85%)	CCG	66.67%	71.43%	92.00%	75.00%	83.66%	
		S&O	73.47%	70.97%	85.45%	75.00%	84.09%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 2 of the 9 cancer measures year to date and 3 measures in December. The Trust is achieving 3 of the 9 cancer measures year to date and 2 measures in December. The CCG continue to fail the 2-week cancer measure in month and year to date. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 77.18%. The main reason for the breaches is inadequate outpatient capacity associated with increased demand. For 2-week wait breast services, performance declined significantly again to 23.08% in December which is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 24.05% under target in December, with 221 breaches out of a total of 291 patients seen. Demand for breast services increased significantly in month 7 and 8, likely driven by national Breast Awareness month in October and the death of a celebrity from breast cancer in September 2021. For Cancer 62 Day standard the CCG is measuring slightly above the national level of 69.75% recording 71.11% in December after failing in previous months. 								
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 access to radiology and endoscopy and histology reporting turnaround times 								
Local focus areas:								
<ul style="list-style-type: none"> Implementation of high risk FIT testing to enable triage and prioritisation of endoscopy for those most at risk of colorectal cancer. Communications with primary care around breast services to ensure realistic patient expectations on waiting times and to aid demand management and promote provision of full clinical information to ensure that the triage process prioritises those most at risk of breast cancer. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 2021/22 Priorities and Operational Planning Guidance for October 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 through Clinical Contract Quality Review Meetings (CCQRM). A piece of work has been 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. Overall there has been little difference in conversion rates which gives assurance that 2ww are being appropriately used. Further analysis is needed at tumour site level.								
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	Sep-21	Oct-21	Nov-21	Dec-21	
		6	2	8	2	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The CCG reported 2, 104 day breaches in December the longest waiting patient was in urology, number of days waiting was 123. The other breach was an upper gastro patient who waited 118 days. The CCG receives harm reviews for long waiting patients which are discussed at the Performance & Quality Investigation Review Panel (PQIRP) monthly. 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template. 						
When is performance expected to recover:						
Providers will submit trajectories in line with planning guidance requirements for 2022/23 to reduce over 62 day waits to pre pandemic levels.						
Quality:						
Southport and Formby CCG are meeting with the provider on a regular basis to gain assurance around the harm review process for very long waiting cancer patients. Root Cause Analyses of pathway breaches are sent to the CCGs quality team who will review for quality assurance purposes. The CCG are currently awaiting several RCAs from the Trust for Q1/Q2 21/22. Southport and Ormskirk Hospital is still experiencing tracking workforce gaps and is focussing this resource on proactive management of active cancer pathways rather than retrospective review of breached pathways. The CCG Quality team will continue to request assurances via CCQRM in relation to progress or management of this process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Sep-21	Oct-21	Nov-21	Dec-21			YTD
	28-Day FDS 2 Week Wait Referral	CCG	64.19%	68.47%	64.55%	65.28%			66.63%
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	90.91%	97.14%	76.74%	87.23%			90.56%
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	36.11%	57.14%	43.75%	28.30%			42.13%
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. In December and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating the measures achieving now the 75% target is live. 28 Day FDS overall reporting for December is 64.18% and 66.35% year to date, 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. 									
When is performance expected to recover:									
Trajectories will be submitted in line with planning guidance requirements or 2022/23.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Martin McDowell		Dr Debbie Harvey			Sarah McGrath				

2.7 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Aug-21	Sep-21	Oct-21	Nov-21		
		RR	27.5%	29.6%	29.0%		30.9%
		% Rec	93.0%	93.0%	92.0%		92.0%
		% Not Rec	5.0%	6.0%	6.0%		6.0%
		2021/22 England Averages Response Rates: 18.6% % 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 30.9% in November 2021 and above the England average of 18.6%. The percentage of patients who would recommend the service has remained at 92%, but remains below the England average of 94%. The percentage who would not recommend remained at 6%, 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 are due to present an update at the CCGs March 2022 Patient Experience Group (EPEG) meeting. 							
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)

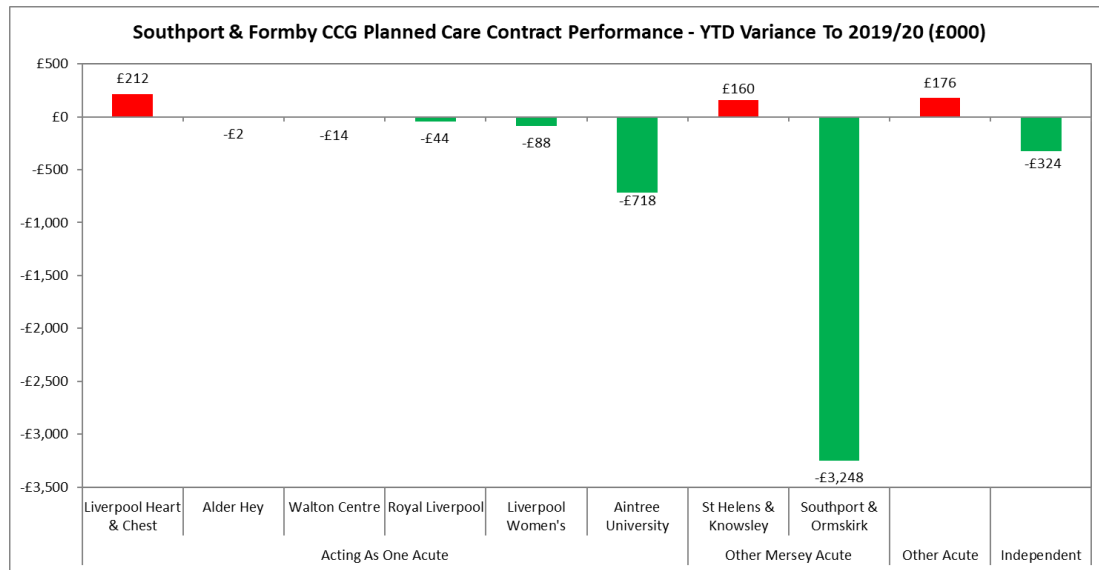
The CCG have reported 211 Personal Health Budgets (PHBs) in quarter 3, previously this measure was paused due to the COVID-19 pandemic. Due to a change in personnel, the Q3 data missed the NHSE deadline. The CCG has reviewed the internal processes to prevent future occurrence. The CCG has notified NHSE/I Cheshire & Merseyside and provided the Q3 data to support assurance. The Q3 data will be submitted along with the Q4 in April 2022. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2021/22, but the CCG will continue to measure and monitor on a quarterly basis. The CCG is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

In terms of development of PHBs:

- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Development of CCG website and promotional materials.
- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- 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 36% when compared to the equivalent period in the previous year but is -12% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during December-21 saw a decrease to the previous month and was also -6% below that reported in December-19.

Figure 7 - Planned Care Activity Trends

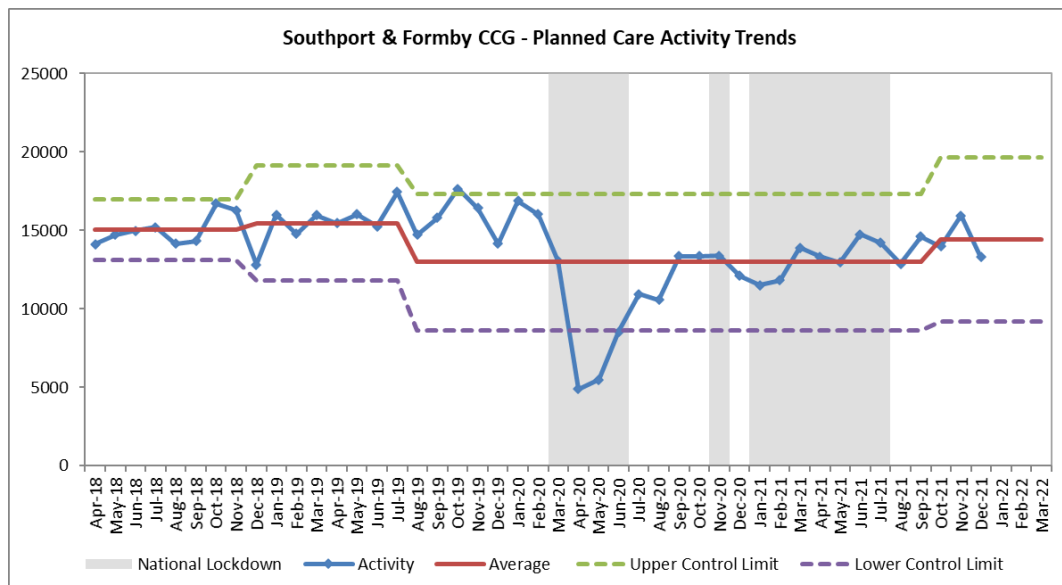


Figure 8 – Elective Inpatient Variance against Plan (Previous Year)

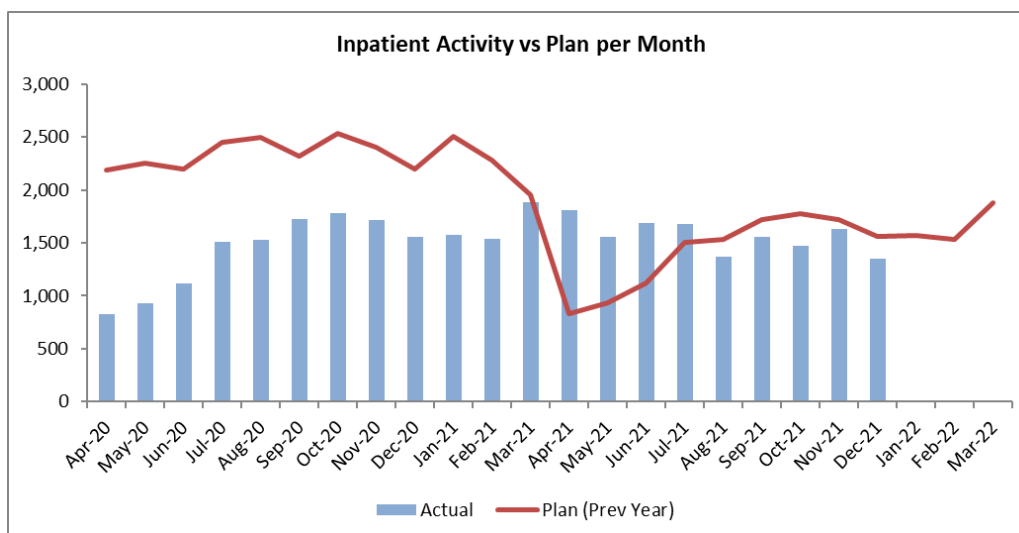
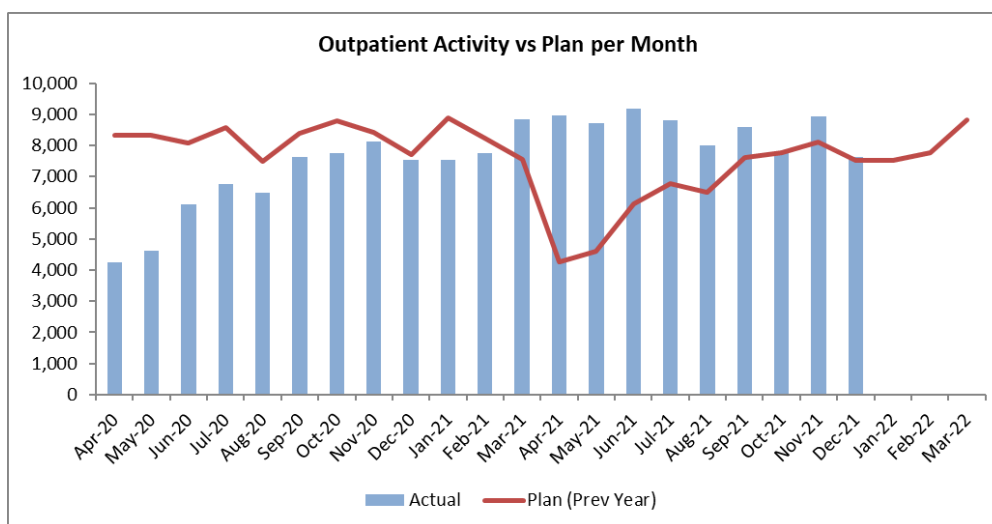


Figure 9 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Southport & Ormskirk Hospital NHS Trust

Figure 10 - Planned Care – Southport & Ormskirk Hospital

	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 Planned Care*								
Daycase	8,362	6,144	-2,218	-27%	£4,407	£3,320	£-1,088	-25%
Elective	827	759	-68	-8%	£2,507	£1,987	£-519	-21%
Elective Excess Bed Days	178	95	-83	-47%	£47	£25	£-22	-46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	621	358	-263	-42%	£126	£74	£-52	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	11,901	10,658	-1,243	-10%	£2,091	£1,886	£-205	-10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	686	776	90	13%	£77	£90	£13	17%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,391	23,300	-10,091	-30%	£2,936	£1,984	£-952	-32%
Outpatient Procedure	20,144	15,972	-4,172	-21%	£2,752	£2,256	£-496	-18%
Unbundled Diagnostics	8,981	8,855	-126	-1%	£855	£929	£74	9%
Grand Total	85,091	66,917	-18,174	-21%	£15,798	£12,550	£-3,248	-21%

*PbR only

When comparing to 2019/20 (pre-pandemic) levels of activity, underperformance at Southport & Ormskirk Hospital is evident against the majority of the (PbR - national tariff) planned care points of delivery with a total variance of -£3.2m/-21% for Southport & Formby CCG at month 9. In line with planned restoration of elective services, Southport & Formby CCG referrals to Southport & Ormskirk Hospital have been on a general increasing trend with November-21 seeing the highest number of monthly referrals (3,471) reported since February-20. Despite this, year to date referrals in 2021/22 remain -14% 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 Southport & Ormskirk Hospital. 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	1,249	940	-309	-25%	£692	£640	-£52	-8%
OPFAMPCL - Outpatient first attendance multi professional consultant led	0	1	1	#DIV/0!	£0	£0	£0	#DIV/0!
OPFASPCL - Outpatient first attendance single professional consultant led	1,222	1,216	-6	0%	£168	£171	£2	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3	0	-3	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,985	2,927	-58	-2%	£179	£180	£0	0%
Outpatient Procedure	1,388	2,646	1,258	91%	£95	£203	£108	113%
Grand Total	6,847	7,730	883	13%	£1,134	£1,193	£58	5%

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 November-21 representing the highest monthly total of the last three years.

This was driven in the main by outpatient first/follow up appointments as well as activity relating to *Contrast Fluoroscopy Procedures with duration of less than 20 minutes*. Southport & Formby CCG have also been in the process of reviewing aspects of coding at this provider and are looking to implement coding changes in any future contracts. This has resulted in a proportion of day case activity (Minor Vitreous Retinal Procedures) now being recorded as an outpatient procedure (Intermediate Vitreous Retinal Procedures) from month 4 of 2021/22 onwards. This change in recording has also contributed to the overall increase in outpatient procedures seen at 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 up to month 9 of 2021/22 to the equivalent period in 2019/20, activity relating to this procedure has increased by approximately 4%.

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	1,431	1,189	-242	-17%	£1,289	£1,031	£-258	-20%
Elective	168	168	0	0%	£770	£841	£71	9%
Outpatient First Attendance - Face to Face	2,296	1,369	-927	-40%	£394	£239	£-155	-39%
Outpatient First Attendance - Non Face to Face	0	384	384	#DIV/0!	£0	£45	£45	#DIV/0!
Outpatient Follow Up Attendance - Face to Face	3,089	1,426	-1,663	-54%	£224	£103	£-121	-54%
Outpatient Follow Up Attendance - Non Face to Face	0	1,572	1,572	#DIV/0!	£0	£85	£85	#DIV/0!
Outpatient Procedure	1,676	696	-980	-58%	£290	£123	£-167	-58%
Outpatient Pre-op	770	1,592	822	107%	£47	£98	£51	109%
Physio	1,263	999	-264	-21%	£38	£31	£-8	-20%
Unbundled Diagnostics	986	845	-141	-14%	£95	£77	£-18	-19%
Grand Total	11,679	10,240	-1,439	-12%	£3,146	£2,671	£-475	-15%



For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that Southport & Formby CCG is currently underperforming by approximately -£475k/-15% at month 9. This underperformance is also reflected in the overall Renacres catchment position (the key outlier being South Sefton CCG). Referrals to Renacres Hospital are currently -31% below 2019/20 levels but October-21 saw the highest number of monthly referrals reported since February-20. A number of services saw increased referrals during this month including General Surgery, Gynaecology, Urology and Trauma & Orthopaedics.

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

The significant increase in outpatient pre-op appointments during H1 of 2021/22 is partly a result of patients receiving a PCR COVID-19 test. This is in addition to a usual pre-op attendance for diagnostic tests and has a £60 tariff. 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	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		6.47%	7.96%	8.55%	9.05%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		11.30%	14.01%	9.38%	8.76%		
		National ambition of 6% or less of maternities where mother smoked by 2022					<u>Risk to Patients</u> 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.
		Local aim for Q3 6.8% - Actual 9.05% so failed local plan					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 3 Southport and Ormskirk have achieved 9.05%, against the National ambition of 6%; with 210 maternities, of which 19 were smokers at the time of delivery. • Although there is a slight rise this quarter, the year to date SATOD has decreased by 2.2% (from 10.7% YTD 20/21) to 8.5% YTD 21/22 since the same period last year which a massive amount in terms of SATOD which is notoriously slow to decline. • Measuring against the locally plotted target by the CCG, the Trust has not quite reached the plotted at 6.80% but Southport & Formby remain 0.5% below the England figure of 9% of women smoking at time of delivery and 2.7% below SATOD in Cheshire & Mersey. • Also to be noted that at last published data (Q2) Southport & Formby had the lowest year to date SATOD within the whole of the Cheshire & Mersey group. 							
Actions to Address/Assurances:							
<p>Within the maternity unit the following is being done to maintain the progress made within Southport & Formby and also with our smaller numbers within South Sefton:</p> <ul style="list-style-type: none"> • Specialist Midwife for smoking cessation remains in post and funded by Public Health Sefton Council. • Close relationships between the maternity unit and local stop smoking teams. • Risk Prevention Intervention introduced at the dating scan for women who continue to smoke. • Home visits undertaken by the specialist midwife for hard to reach/engage pregnant smokers. • Carbon Monoxide (CO) monitoring reintroduced in Q1 and now around 90% at booking and 70% at 36 weeks. • Staff training on smoking in pregnancy remains mandatory each year. • Training also provided to medical staff within the maternity unit. • Specialist midwife reviews each pregnant smoker who comes for USS and provides VBA/NRT/Referral/intensive support. <p>The Smoking Cessation service is commissioned by Public Health via the Local Authority and CCG however there has been recent contact with the Service Provider and discussion to working more closely with their dedicated Maternity Lead in the near future as well as liaising more closely with Primary Care and the C&M Tobacco Control Group.</p>							
When is performance expected to recover:							
Performance is currently on target for year end achievement of 6% or less.							
Quality:							
<p>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 which was sadly not successful as they felt the model was not necessarily the best model for the LMS.</p> <p>The CCG have an excellent rapport and work closely with the S&O Trust maternity team, there are no concerns re Quality or performance.</p> <p>The Smoking Cessation service ABL Health have recently been contacted by the CCG managerial lead and discussion has commenced to working more closely with their dedicated Maternity Lead in the near future as well as liaising more closely with Primary Care and the C&M Tobacco Control Group.</p>							
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

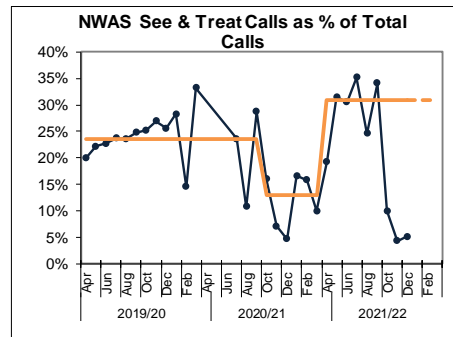
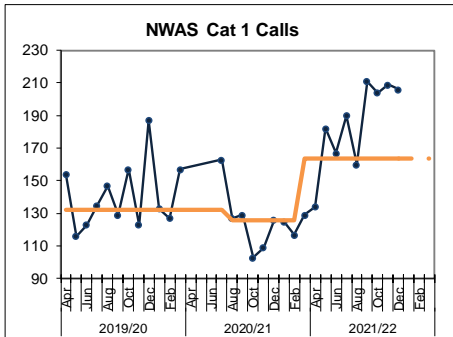
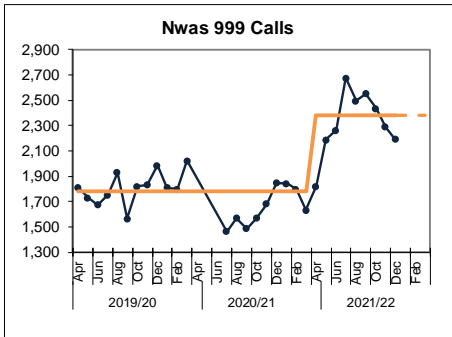
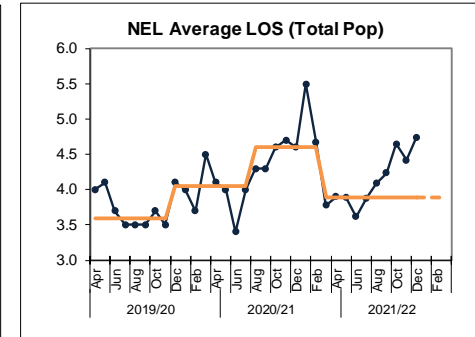
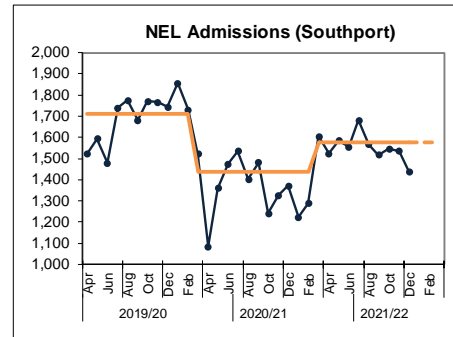
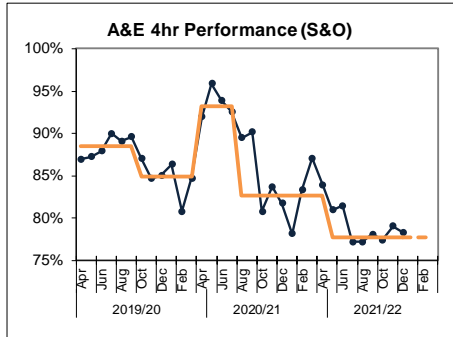
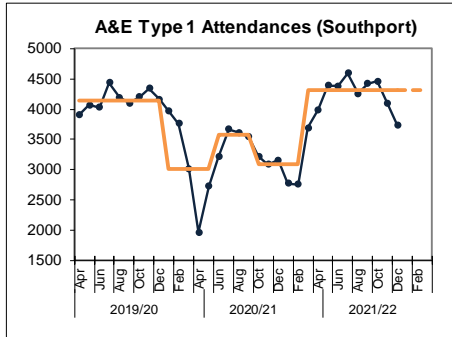
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors					
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients 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	Sep-21	Oct-21	Nov-21	Dec-21	YTD							
		CCG All Types	76.86%	76.25%	77.77%	77.13%	78.26%						
		CCG Type 1	70.01%	68.98%	71.21%	70.02%	72.15%						
		Previous year	Sep-20	Oct-20	Nov-20	Dec-20	YTD						
		CCG All Types	89.61%	80.47%	82.96%	81.74%	88.69%						
			Sep-21	Oct-21	Nov-21	Dec-21	YTD						
		S&O All Types	78.08%	77.42%	79.03%	78.27%	79.23%						
S&O Type 1	71.71%	70.59%	72.94%	71.75%	73.55%								
Performance Overview/Issues: <ul style="list-style-type: none"> December data shows the CCG and Trust remain under the 95% target. In December 2021, the total number of A&E attendances reported for the Trust was 8,919, a decrease from the 10,155 attendances reported in November. CCG A&E performance in December is higher compared to the national level of 72.26%. There was no mandate from NHSI to work towards an improvement trajectory for 4 hour performance, so no new trajectory has been received from the Trust. Monitoring will continue. 													
Actions to Address/Assurances: <p>The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department.</p>													
CCG Actions: <p>4-hour standard has remained below target in December - actions include:</p> <ul style="list-style-type: none"> Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Impact monitoring via the CCG S&O. Expedited discharge remains the focus of the S&O system to improve patient flow out of the trust. Main risk remains the short fall in domiciliary care packages. CCG and local authority have commissioned additional bed capacity to mitigate the risk of delays. The Local Authority have block booked additional hours however situation remains challenged due to workforce sickness and absence rates due the Omicron variant. Additional funding to support discharge and 14/21 day reduction in length of stay has been allocated and system schemes are currently in recruitment stage. Schemes include in reach trusted assessors, increase domiciliary care provision, private PTS and more resource within discharge and intermediate service provision. 													
Trust Management Actions: <ul style="list-style-type: none"> A&E performance continues to be impacted by high bed occupancy, high levels of walk-in attendances and delays discharging patients due to pressures in the community. In order to support ambulance handover delays during periods of surge, the use of CDU has been flexed to assist with earlier release of cubicles in the main ED department on a number of occasions. The NHS 111 Deflection Tool (Care Navigator) came into effect at the beginning of December. AQUA QI events for flow and discharge commenced in December. Winter plans implemented continued. 													
When is performance expected to recover: <p>Recovery is uncertain currently due to unknown expected pressures from COVID-19 and diminished workforce across all health and social sectors. Nationally in level 4 escalation management and daily gold escalation meetings are in situ. Possible recovery projected in February 2022.</p>													
Quality: <p>There were 85, 12 hour trolley waits reported by the Trust in December, which is less than the 118 reported in previous month.</p>													
Indicator responsibility: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Leadership Team Lead</th> <th style="width:33%;">Clinical Lead</th> <th style="width:33%;">Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Martin McDowell</td> <td>Annette Metzmacher</td> <td>Sharon Forrester</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Martin McDowell	Annette Metzmacher	Sharon Forrester
Leadership Team Lead	Clinical Lead	Managerial Lead											
Martin McDowell	Annette Metzmacher	Sharon Forrester											

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








Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		49	57	118	85		
		Sep-20	Oct-20	Nov-20	Dec-20		
		0	8	17	23		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Southport & Ormskirk reported 85, 12-hour breaches in December, showing another decrease on last month. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. • The provider continues to submit 48-hour review forms to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. • No harms have been identified for the latest 12 hour breaches, resulting in no serious incidents being reported. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Additional medical consultant presence during the day into ED increasing senior decision-making capacity available. • Dedicated medical team on site to review patients appropriate for discharge. • Dedicated medical team on site undertaking COVID ward rounds. • Acute Physician present in ED during the daytime reviewing medically referred patients to consider alternative pathways to admission. • ED managed ambulant majors (see and treat) stream through ED. • 2 Matrons on duty reviewing nurse staffing levels across the 2 sites and undertaking walk throughs of all areas to ensure patients safety remained paramount at all times. • Additional onsite management presence secured. • Chief Operating Officer (COO) Exec on call and operationally overseeing decision making across the 2 sites. • System huddle held with system partners. • Infection Prevention Control (IPC) undertook ward rounds to assist with side room bed allocation and ongoing monitoring of closed areas. • Additional medical reviews undertaken in ED to review patients who were seen yesterday to consider whether admission is still clinically required. 							
When is performance expected to recover:							
Performance recovery in Q4 2021/22.							
Quality:							
12 hour breach forms continue to be monitored via the Quality Team and feedback/concerns provided to the Trust. CCG noted improved ambulance handover times (all within 30 minutes) and allowing relatives to remain with patients.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		

3.2 Urgent Care Dashboard



SOUTHPORT & FORMBY URGENT CARE DASHBOARD





Definitions

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

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					<p>Category 1 - Time critical and life threatening events requiring immediate intervention</p> <p>Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport</p> <p>Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering</p> <p>Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport</p>	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Oct-21	Nov-21	Dec-21		
		Cat 1 mean	<=7 mins	00:10:49	00:09:17	00:10:02		
		Cat 1 90th Percentile	<=15 mins	00:20:48	00:18:50	00:19:52		
		Cat 2 mean	<=18 mins	01:14:08	00:57:14	01:22:03		
		Cat 2 90th Percentile	<=40 mins	02:39:07	02:05:13	03:02:49		
		Cat 3 90th Percentile	<=120 mins	08:43:05	08:15:02	11:21:33		
		Cat 4 90th Percentile	<=180 mins	17:50:50	08:08:38	Not submitted		
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 December 2021 there was an average response time in Southport & Formby of 10 minutes, 2 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, 22 minutes, 3 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 over 4 hours, not data was submitted for Cat 4 90th percentile in December. The deteriorating position for ambulance is in line with the increased NWS 999 calls, this is a system issue and not a localised. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. NWS planning to redeploy Patient Transport Service (PTS) vehicles in preparation for the expected spike in COVID-19 incidents and probably winter surge. In early discussions regarding support from military services to increase capacity within emergency services and to support timely discharge from both secondary care and intermediate care services. And to support staff sickness and absence rates. This is to support the performance of Cat 1 and 2 response times. Plans also in place to implement a push model into the community 2hr UCR services for cat 3, 4 and 5 to reduce waits and release NWS capacity. NWS NHS 111 first and direct booking services remain in place to triage and redirect away from NWS 999 services. 								
When is performance expected to recover:								
Uncertain recovery trajectory. Service performance and delivery will recovery when staff sickness and absence rates improve and when external capacity and support is in place via the military services which is expected to be in place in January.								
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			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					
RED	TREND		Indicator	Oct-21	Nov-21	Dec-21	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches) Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
		(a)	30-60 mins	126	118	103	
		(b)	60+ mins	37	88	49	
			Indicator	Oct-20	Nov-20	Dec-20	
		(a)	30-60 mins	74	45	26	
		(b)	60+ mins	13	7	5	
		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 small improvement in performance for 30-60 minutes and for 60+ minutes in December. 							
Actions to Address/Assurances:							
CCG Actions:							
NHSE ambulance turnaround improvement programme commenced pre pandemic and work has continued throughout. Improvements tested include: <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 NAWAS 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). NWAS 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>All the above actions remain in place for December. ED overcrowding and flow impacted by C19 infection prevention measures which is impacting on the ability to off load ambulances and release crews within the target time. Daily ambulance liaison officer support in situ on the Southport and Formby hospital site.</p> <p><u>SERV Vehicle Update for December:</u> Number of patients seen in December – 119 Percentage of patients NOT conveyed – 58.8% position worsened from November Attendance to care home residents – 13 in total for December Avoided non elective admission estimated – 69 Avoided AED attendances – 86</p>							
When is performance expected to recover:							
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour. Situation remains unchanged for December.							
Quality:							
Performance has improved due to redirection of resource within NAWAS 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	Aug-21	Sep-21	Oct-21	Nov-21		
 	a)	65.5%	48.1%	56.5%	67.9%		
	b)	28.9%	27.3%	11.1%	25.0%		
	Previous year	Aug-20	Sep-20	Oct-20	Nov-20		
	a)	78.0%	89.3%	27.8%	42.9%		
	b)	No patients	60.0%	No patients	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 28 patients spent more than 90% of their hospital stay on a stroke unit in November, an improvement in 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. 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 reported 25%, 11 out of 44 patients treated within 24 hours an improvement from previous month. Although early indications are that December reported a decline of 16.7 % for TiA. 							
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 Stoke 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 Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both with funding agreed recurrently. Looking jointly to recruit SALT and also train other health professionals in basics of the same. The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited. Failure to meet targets for stroke and the lack of identified TIA patients continues to be escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk. 							
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)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
RED	TREND		Sep-21	Oct-21	Nov-21	Dec-21		
		CCG	2	3	3	3		
		S&O	1	1	1	1		
		Previous year	Sep-20	Oct-20	Nov-20	Dec-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 reported no new cases in December, they are reporting 3 overall for the year and have failed the zero tolerance target for 2021/22. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> For any reported cases a full root cause analysis (RCA) is completed and any lessons learnt and outcomes are reported through the Infection Control Assurance Committee at the Trust. 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		Sep-21	Oct-21	Nov-21	Dec-21	
		CCG	32	38	39	39	
		S&O	31	36	38	39	
		Previous year	Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	19	20	24	27	
		S&O	15	16	22	27	
CCG - Actual 39 YTD - Target 22 YTD S&O - Actual 39 YTD - Target 21 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 December. 							
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. The Trust continued the improving trajectory and was under target in December with one Hospital Onset Hospital Acquired infection reported of the 39 cases 25 have no identifiable lapses in care; lapses in care include issues related to antimicrobial prescribing, delay in isolation of symptomatic patients, or delay in sample acquisition. 							
Quality:							
<ul style="list-style-type: none"> The Trust continued the improving trajectory and was under target in December with no new Hospital Onset Hospital Acquired infections reported. An action plan 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. 							
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	Sep-21	Oct-21	Nov-21	Dec-21		
		CCG	59	65	79		88
		S&O	28	29	34		37
		Previous year	Sep-20	Oct-20	Nov-20		Dec-20
		CCG	66	77	89		96
		S&O	100	116	129		144
CCG - Actual 88 YTD - Target 115 YTD S&O - Actual 37 YTD - Target 52 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 - Dec	100	73.63	↓

HSMR is at 73.63 (with last month reporting 73.60) 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 1.0 and within expected parameters, for reporting period October 2020 - September 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 3 2021/22

Number of Serious Incidents Open for Southport and Formby CCG

As of Q3 2021/22, there are a total of 7 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. This is a reduction from 17 the previous quarter. See table below for breakdown by Provider.

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	6
Awaiting RCA – overdue (stop the clock applied due to HSIB investigation)	1
Awaiting RCA – on target	3
RCA reviewed; closure agreed at the time of writing this report	1
RCA reviewed at SIRG panel – Further assurances requested for March 22 SIRG panel	1
Mid Lancashire CSU	1
RCA reviewed at SIRG panel – further assurances requested	1
TOTAL	7

Number of Serious Incidents (SIs) by Type Reported in Quarter 3 2021/22

There have been a total of 7 SIs reported in Q3 2021/22 where Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

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

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

Provider and SI Type	YEAR 20/21	Q1 21/22	Q2 21/22	Q3 21/22
Pressure Ulcer meeting SI criteria	N/A	0	1	1
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	N/A	0	0	1
Pending Review (error involving the accidental cutting of PICC line)	N/A	0	0	1
CHESHIRE WIRRAL PARTNERSHIP	1	0	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	0	0	0
TOTAL	30	12	6	7

Serious Incident Process – Arrangement for ICS transition

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

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

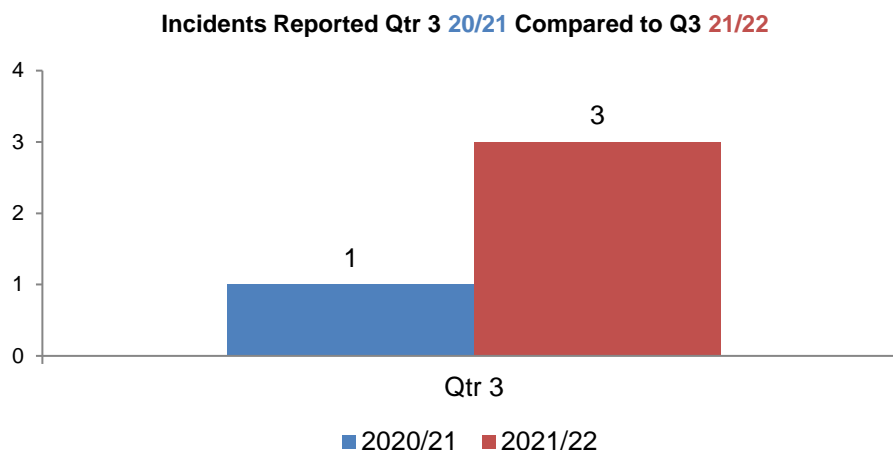
Process mapping of the proposals and discussions are currently ongoing between the CCGs with a confirmed process expected by March 2022. Once the process has been agreed and signed off by all CCGs, this will be communicated to all appropriate providers accordingly.

Southport and Ormskirk Hospital NHS Trust (SOHT)

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

Total SIs reported for Q3 2021/22 compared with Q3 2020/21

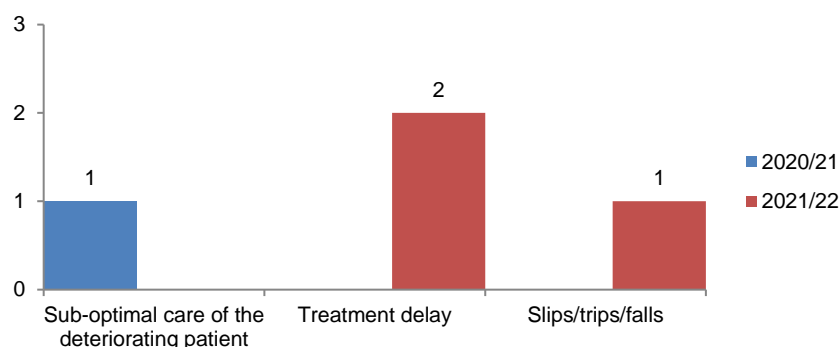
The following graph shows the number of SIs reported in Q3 2021/22 compared with Q3 2020/21, this shows a decrease in the reporting of SIs.



Total SIs reported for Q3 2020/21 and Q3 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q3 2021/22 compared to Q3 2020/21.

Type of Incident Reported in Q3 21/22 Compared to Q3 20/21



Number of Never Events reported

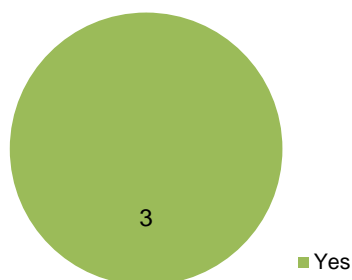
There have been no Never Events reported in 2021/22.

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

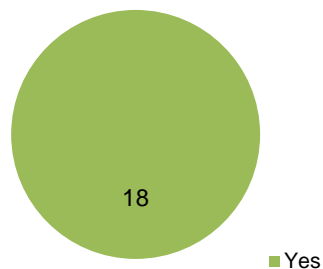
SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q3 2021/22. The provider maintained 100% target of reporting all SIs within 48 hours for the whole of 2020/21 and for 2021/22 to date.

Number of Incidents Reported within 48 Days - Q3 21/22



Number of Incidents Reported within 48 Days - FY 21/22



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 3 SIs reported in Q3 2021/22, all 72-hour reports were submitted.

RCA performance against 60-day timescale

The trust has continued to achieve 100% for RCA submission within the 60-day timescale throughout Q3 21/22. There were 3 RCAs due for Q3 2021/22 which were received within the 60-day timescale and have been reviewed by the CCG SIRG panel. There are currently 4 RCAs due for the trust, 3 are on target and 1 has been granted an extension as it is subject to external review by the Healthcare Safety Investigation Branch (HSIB).

Provider Quality Improvement/Patient Safety update

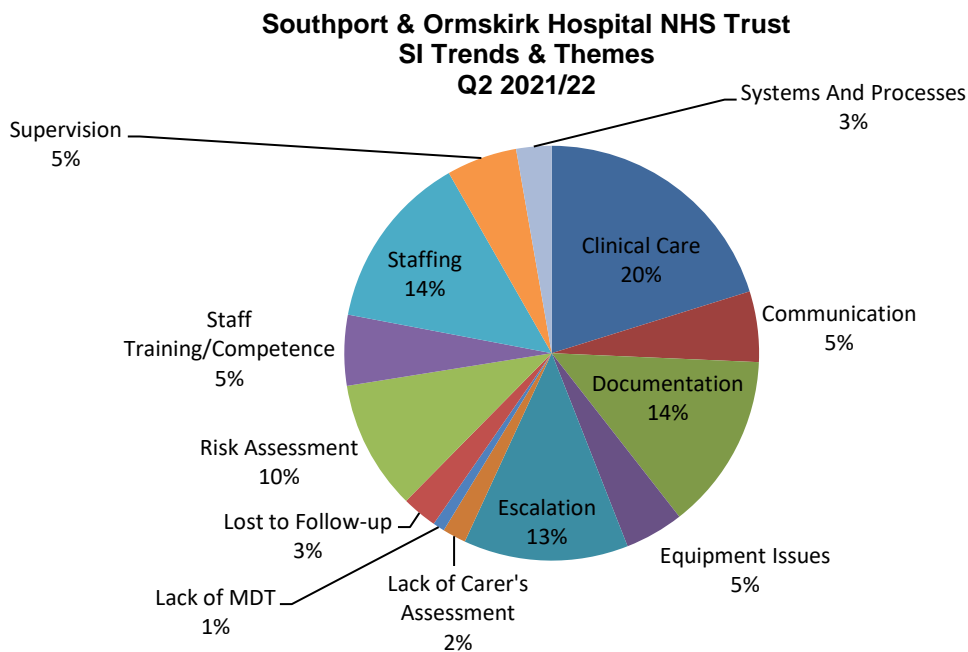
Serious Incident Management

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 has 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, a number of trends and themes have been identified.

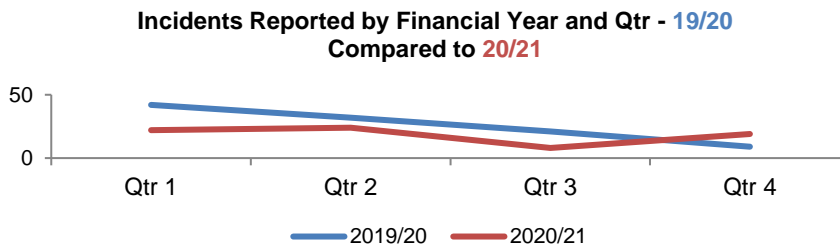


Mersey Care NHS Foundation Trust (MCFT)

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

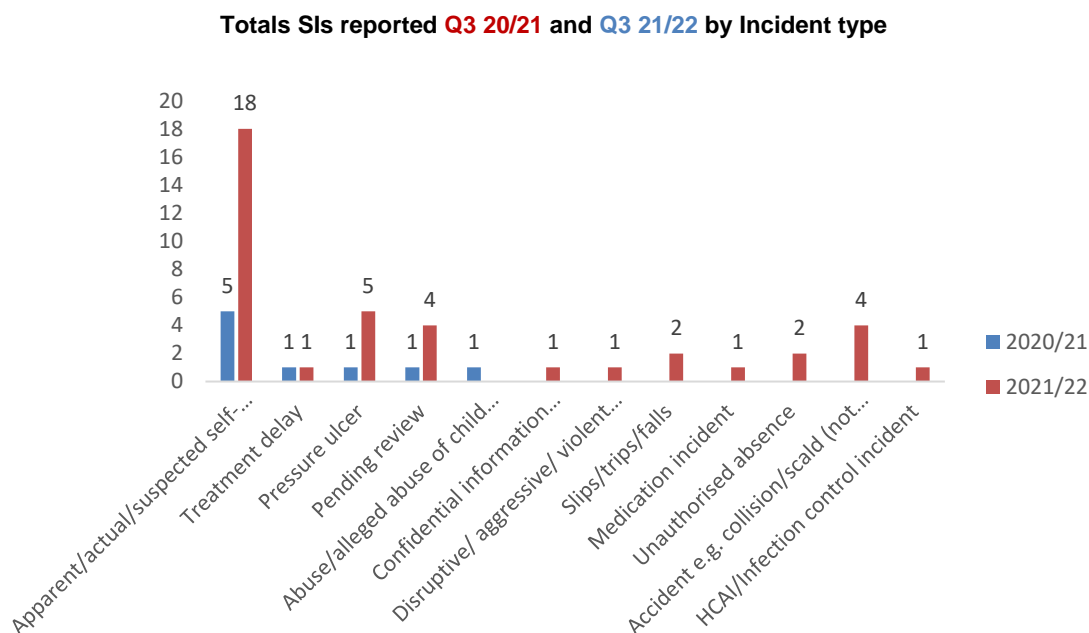
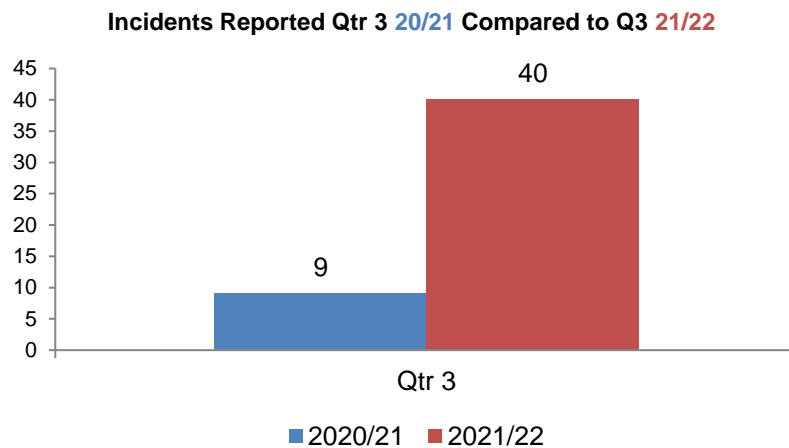
Total SIs reported for 2020/21 and 2019/20

The following graph shows the number of SIs reported during 2020/21 compared with 2019/20.



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

The following graph shows the type of SIs reported in Q3 2021/22 compared to Q3 2020/21.



During the month of January 2022, MCFT were operating under business continuity, but continued to report SIs. A significant increase has been noted in relation to apparent/actual/suspected self-inflicted harm with an increase also noted for pressure ulcers.

Self-Harm Incidents

In relation to self-harm incidents, the Trust are progressing with the Zero Suicide plan and are due to provide an update in March 2022. Progress to date includes:

- Strategy and policy now developed
- Overall reduction in suicides 22%
- Co-produced staff training and safety planning intervention
- 48hr/7 day consistent follow up
- Analysis of themes following incidents
- 55% reduction in self-harm incidents through Partnership for Patient Protection (P4P2)
- Devised measures for benchmarking progress

The Trust are moving forward from phase 1 and have identified the following learning to incorporate into the next phase:

- A more systematic approach is required for broader implementation

- Data on suicide is not sufficient to benchmark impact, so need to include metric on suicide attempts
- Follow up care needs further definition, structure and increased intensity for some service users
- Greater availability needed for, training and brief interventions for self-harm and suicidal crisis
- Transition management and adequate pathways for continuity required

Pressure Ulcers

In terms of pressure ulcers, the trust have identified the challenges and next steps which have been outlined below:

Challenges

- Reduction strategies for pressure ulcers are complex as such the programme has many interdependencies
- Increasing complexity of patients and the growth in rapid discharges has seen additional pressure added to community teams
- Shared learning across physical and mental health has identified challenges which the community division continue to work through.

Next Steps

- Standardising processes where appropriate across all Divisions.
- Roll out of NHSI Core Competency Frameworks across all disciplines as appropriate.
- Roll out of Digital Training across the Trust.
- Further development of Datix Incident Reporting System.
- Continued monitoring of pressure ulcer data in line with national guidance.
- Further development of dashboard to capture Trust-wide reporting.

Progress will continue to be monitor by commissioners via CCQRM.

Number of Never Events reported

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

SI's reported for Southport and Formby (Community Services) Q3 21/22

There have been 3 SI's reported for Southport and Formby Community Services for Q3 21/22. SI's reported for this contract continued to be managed centrally by Liverpool CCG as Lead Commissioner for MCFT, with RCAs being reviewed by the Southport and Formby CCG Serious Incident Review Group (SIRG) Panel. As highlighted earlier in the report, this arrangement is currently under review and will be confirmed in due course.

Two of the SI's reported have expected RCA due dates for March 2022 and one relates to a Sudden Unexpected Death of an Infant (SUDI) and is subject to parallel safeguarding processes.

SI's reported for Southport and Formby (Mental Health Services) Q3 21/22

There has been 1 SI (apparent/actual/suspected self-inflicted harm meeting SI criteria) reported for Southport and Formby Mental Health for Q3 21/22. SI's reported for this contract continued to be managed centrally by Liverpool CCG as Lead Commissioner for MCFT, with RCAs being reviewed by the Liverpool CCG SIRG Panel. As highlighted earlier in the report, this arrangement is currently under review and will be confirmed in due course.

Southport and Formby CCG Ongoing SI's

There were 2 SI's ongoing for Southport and Formby CCG which both relate to Chapel Lane Surgery (previously The Hollies). At the time of writing this report, both RCAs have been received, reviewed

and closure agreed by the CCGs SIRG panel. The panel commended the quality of the RCAs and resulting action plans submitted by Chapel Lane which has been communicated to the practice.

The RCAs have been shared with NHSE and their approval for closure is awaited.

Closed SIs

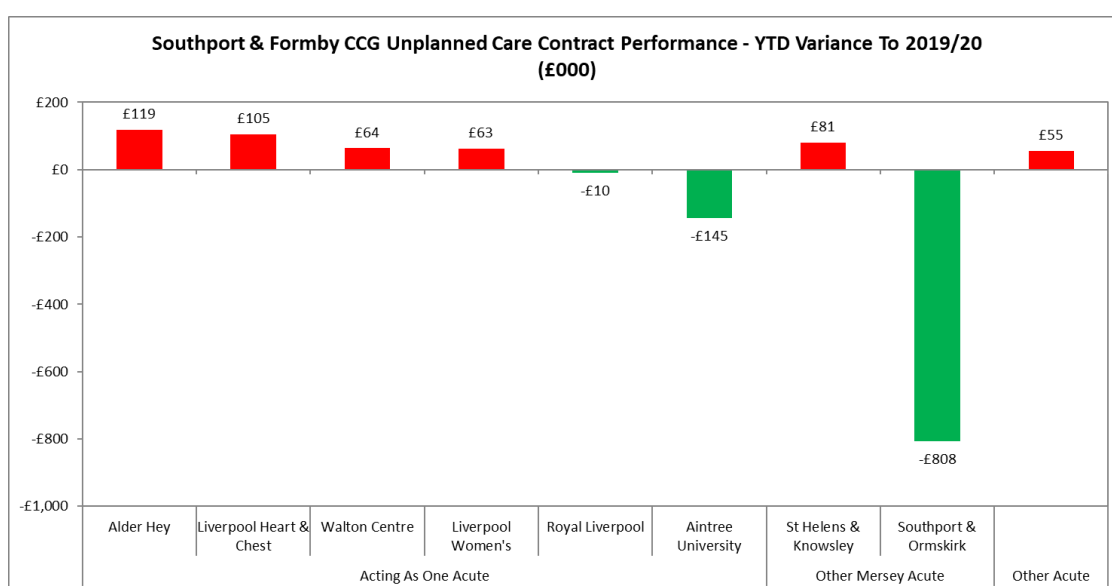
During Q3 2021/22, the CCG closed 15 SIs for the following Providers:

- Southport and Ormskirk Hospitals NHS Trust (13)
- Mersey Care NHS Foundation Trust (Community Services) (1)
- Cheshire and Wirral Partnership NHS Foundation Trust (1)

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

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



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. 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 9 of 2021/22 represents an increase of 33% when comparing to the equivalent period in the previous year but is -4% below 2019/20 (pre-pandemic). Focussing specifically on A&E type 1 attendances, December-21 decreased to the previous month and in month activity was -9% below that in November-19 with CCGs expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22. Type 1 attendances reported during this month are the lowest of 2021/22 to date.

Figure 15 - Unplanned Care Activity Trends

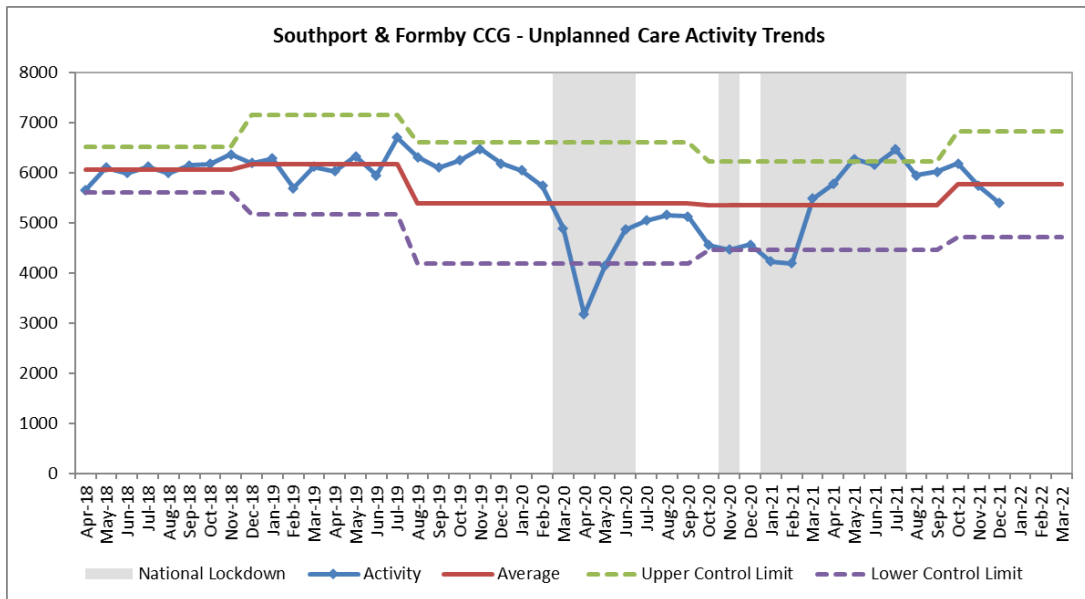


Figure 16 – A&E Type 1 against Plan (Previous Year)

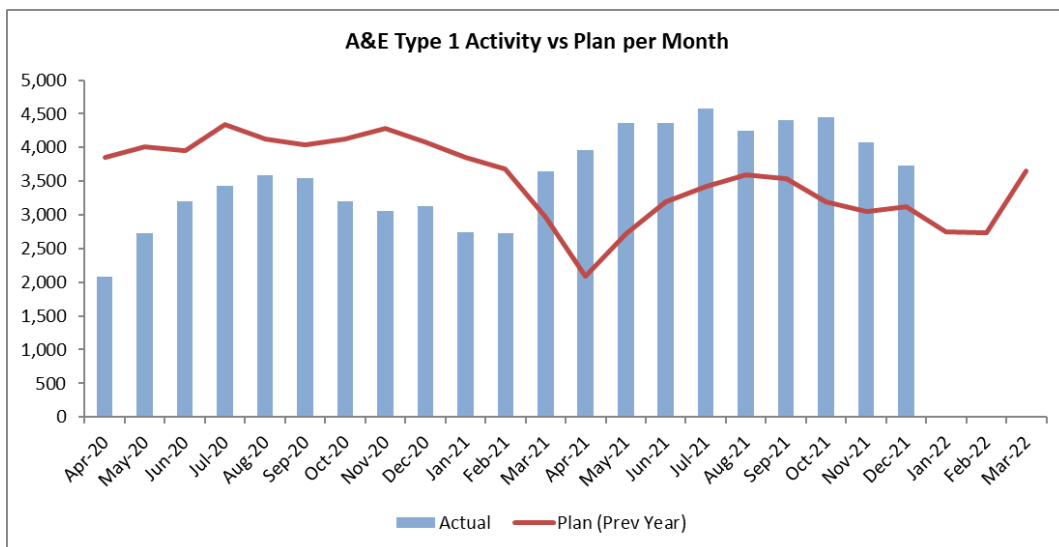
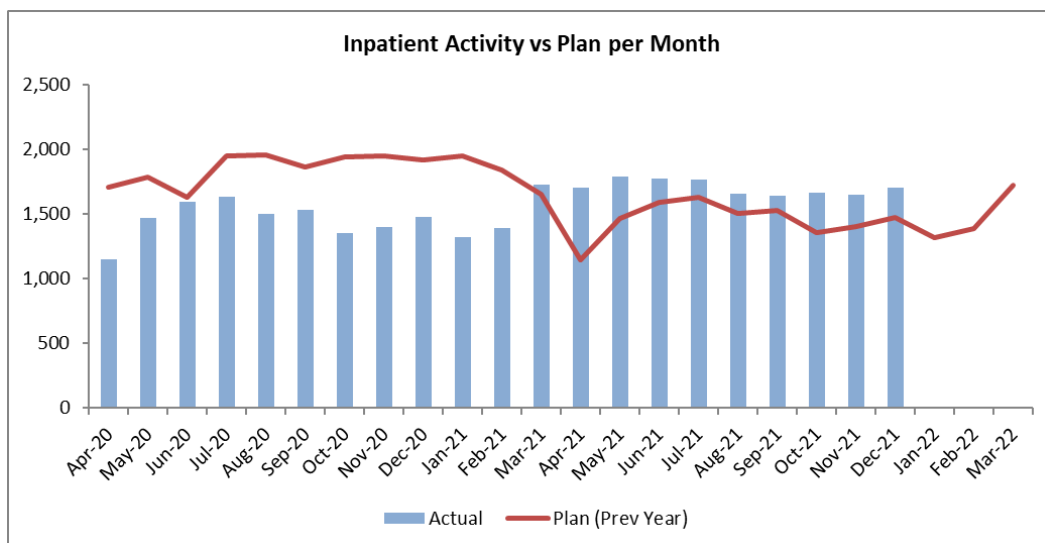


Figure 17 – Non-elective Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

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

S&O Hospital Unplanned 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
A and E	33,886	34,523	637	2%	£5,601	£5,466	£-134	-2%
NEL - <i>Non Elective</i>	10,902	9,793	-1,109	-10%	£23,407	£22,863	£-544	-2%
NELNE - <i>Non Elective Non-Emergency</i>	777	806	29	4%	£1,742	£2,060	£319	18%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	46	41	-5	-11%	£14	£6	£-8	-59%
NELST - <i>Non Elective Short Stay</i>	2,554	2,082	-472	-18%	£1,811	£1,544	£-267	-15%
NELXBD - <i>Non Elective Excess Bed Day</i>	2,219	1,474	-745	-34%	£569	£397	£-172	-30%
Grand Total	50,384	48,719	-1,665	-3%	£33,144	£32,336	£-808	-2%

*exclude ambulatory emergency care POD

Overperformance at Southport & Ormskirk Hospital is evident against the A&E department when comparing to the equivalent period in 2019/20 (pre-pandemic). There were 4,153 A&E attendances recorded for Southport & Formby patients in July-21, which represents a historical peak and attendances have remained largely above a pre-pandemic monthly average until a decrease was evident in December-21.

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 71.5% from July-21 onwards 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 November-21 with 118 recorded, an increase of 61 to the previous month. (See 3.1.2).



Both A&E sites are still seeing record levels of attendances over the first 9 months of the financial year. Delayed transfers of care are also increasing due to the high level of patients attending A&E.

In terms of COVID admissions, Southport & Formby CCG saw peaks in admissions to Southport & Ormskirk Hospital during April-20 (122) and January-21 (128) mirroring local and national trends for increasing cases. There were 12 COVID related admissions recorded in December-21.



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

4. Mental Health



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	90.9%	
Plan: 95%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust reported 90.9% in December and therefore failing the 95% target. Out of 11 patients there was just 1 patient not following up within 7 days. Overall the Trust had 3 patient breaches out of a total of 52 in December reporting 94.2% and under the 95% target. The breaches occurred due to failed access from the community teams, with 1 service user refusing to be seen at the prearranged time set before discharge and the others unlocatable for follow up within the 7 day time period. All service users have since been followed up by service. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance on all follow ups post discharge continue to be discussed and reviewed in the weekly Divisional Safety Huddle. 						
When is performance expected to recover:						
Expectation is that performance will improve next month.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Ian Johnston		



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	Sep-21	Oct-21	Nov-21	Dec-21	
		32.50%	35.90%	31.40%	22.90%	
		Sep-20	Oct-20	Nov-20	Dec-20	
		35.71%	30.77%	37.90%	40.70%	
		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 35 Service Users, just 8 started treatment within the 18 week target (22.9%), which shows a decline in performance from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Comparing to last year there has been a decline of 17.8 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 been offered Therapy kitchen provision digitally via Attend Anywhere. Self-help material has been provided to service users (if appropriate). The service continues to be responsive, and patients are prioritised based on clinical need. With slippage money band 7 Nurse therapist has been employed to work 0.2 WTE (delivering EMDR). Staff member started 1st Nov 2021 – 31st March 2022. Band 7 dietician post has been recruited to. Awaiting candidate to complete pre-employment checks. CBT posts are currently being advertised. Closing date was 21st Nov 2021. 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. 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 Q4 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		Ian Johnston		

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
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		100.0%	100.0%	76.9%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust reported 100% and have achieved the 98% target, all 5 patients assessed. An improvement from quarter 2 when 76.9% was reported. The Trust overall had 56 out of 59 inpatients risk assessed using an appropriate tool in quarter 3 reporting 94.9% an improvement on 64% in quarter 2. 							
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 has improved in Q3 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		

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	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		100%	84.6%	100%	100%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		88.90%	100%	100%	100%		
		Plan: 98% - 2021/22					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust had 5 inpatients who had their care plan in place in quarter 3 reporting 100% and achieving the 98% target. The Trust overall reported 100% with all 56 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 remains on tract in Q3.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		

4.2 Mental Health Matters (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		0.78%	0.80%	0.78%	0.55%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		0.89%	0.88%	0.64%	0.49%		
		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 and has recently started in post, who has brought in a new CPD (continuing professional development) programme. 9 x trainee Psychological Wellbeing Practitioners (PWP) to start in March, which is added to the 17 that the service currently have. Hybrid working for staff is in operation based around the needs of the service, alongside a flexible working approach. Where possible, practitioners are matched to areas of interest such as military veterans and BAME. Agency staff will have a primary focus on reducing lengthy internal waits. 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			Ian Johnston		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		33.3%	50.0%	31.6%	30.8%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		52.9%	50.9%	52.7%	53.2%		
Recovery Plan: 50%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Recovery rate saw a very significant difference of 0.8 percentage points in December from previous month and still failing the 50% target. There is also a decrease of 22.4 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 High Intensity Therapist (HIT) resource is being deployed to address long internal waiters. A large proportion of those that were discharged without achieving 'Recovery' status in December was due to DNAs. Despite not achieving moving to recovery Service Users did see considerable improvements in their Anxiety and Depression questionnaire scores, but not being low enough to be classed as recovered. 							
When is performance expected to recover:							
Expectation is for recovery to improve from next month 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		Ian Johnston			



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

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT % 6 week waits to enter treatment		Latest and previous 3 months				
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		83.0%	79.0%	75.0%	70.0%	
		Plan: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Failing in December reporting 70%, but achieving year to date reporting 83% YTD. In December, the CCG dipped below the national target in respect of cases discharged in the month being seen with 6 weeks at the start of treatment. This percentage relates specifically to the time waiting for an assessment. As the CCG is aware, Talking Matters Sefton Psychological Wellbeing Practitioners (PWP's) team has been significantly understaffed, a situation that is reflected nationally. It is this team that predominantly carry out assessments. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> As a result of staff shortages, waiting times increased and this is now being reflected in the cases discharged in the month. The situation has now been rectified with the introduction of a new assessment process, a number of new trainees and additional agency practitioners. However, as this percentage figure relates to discharge, the improvements will not be seen immediately as cases will need to progress through therapy interventions in the first instance. 						
When is performance expected to recover:						
Expectation is for recovery to improve from next month onwards.						
Quality:						
No quality aspect reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Ian Johnston		



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		66.0%	65.0%	63.6%	63.7%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		64.0%	63.5%	63.5%	63.7%		
		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 reported the same percentage. 							
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. <ul style="list-style-type: none"> The CCG have appointed a lead who will start in March and will be working on the action plan to address the issues. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates continuing next quarter and beyond.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Ian Johnston		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		79.2%	12.54%	22.39%	48.81%		
		2021/22 - Q3 Target 52% 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 3 2021/22, the total performance for the CCG was 48.81%, below the Q3 the planned 52%. 670 patients were registered, with 327 being checked against a Q3 plan of 350 resulting in the CCG failing the quarter 3 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 4.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Ian Johnston			

4.5 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
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	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups called forward for COVID vaccination.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		22.4%	26.5%	27.3%	33.1%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		38.2%	32.1%	28.0%	25.4%	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.	
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 3 of 21/22, 27.3% of the 1,419 of people on the GP SMI register in Southport & Formby CCG (470) 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 4 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Ian Johnston		

5. Community Health

5.1 Adult Community Services – (Mersey Care Foundation Trust)

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

At Month 9 trust advised of escalating community prevalence rates of COVID- having an adverse impact on staffing especially in clinical services which impacted on the ability to maintain services. Trust staff sickness/absence rates increased to a rate of 10.76%. Key areas highlighted in the Community Services division, walk in centres, district nursing, Longmoor House, ICRAS, IV team and ICT. Division prioritising patients based on risk. On 31st December Trust advised the CCG that the whole Trust had entered into business continuity.

Month 9 assurance supplied by the Trust indicates that across a number of community services 3 patients are waiting over 18 weeks (19-24 weeks) and 8 patients are waiting 24 weeks plus. The Trust has reported that reports are not reflective of current position and highlighted data quality issues. This will be addressed as part of wider piece of work on EMIS migration work.

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. It has been recommended that contracts are rolled forward again in 2022-23 pending this work.

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 M9 2021/22 below:



Total Activity & Cost for Southport & Formby CCG By Provider At M9						
Provider Name	2019/20		2020/21		2021/22	
	Activity	Cost	Activity	Cost	Activity	Cost
Specsavers	55	£13,914	65	£18,269	74	£23,429
Liverpool University Hospitals	0	£0	0	£0	2	£720
Southport & Ormskirk	91	£27,759	56	£15,364	68	£6,869
Grand Total	146	£41,673	121	£33,633	144	£31,018

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		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	Q4 20/21	Q1 21/22	Q2 21/22	Rolling 12 Mth Rate	
		5.0%	22.1%	7.7%	41.0%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		5.9%	17.8%	8.0%	36.5%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 2021/22 CYP Access rate was 7.7% which is a decline on the previous quarter and a seasonal trend. The rolling 12 month rate is currently 41.0% compared to 36.5% 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				<p>Performance in this category is calculated against completed pathways only.</p> <p>* suppressed data meaning less than 2 referrals in the quarter</p> <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>
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		89.7%	*	*	38.3%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		89.3%	86.7%	96.0%	96.7%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q1 and Q2 the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 38.3%. As the service has relatively small numbers breaches have a large impact on performance. For quarter 3, of the 47 completed pathways, 2 patients started treatment within 1 week and 16 patients in weeks 1 to 4, leaving 29 patients starting their treatment between 4 and 12 weeks. <ul style="list-style-type: none"> Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey 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 week of referral

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	* suppressed data meaning less than 2 referrals in the quarter	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.
		100.0%	*	*	91.7%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		100%	100%	100%	100%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q1 and Q2 and the Trust were unable to report any data due to the data being suppressed. Quarter 3 shows a performance of 97.7% against the 95% target. All of 12 urgent cases 11 started treatment within 1 week and 1 within 1-4 weeks. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high-risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 							
When is performance expected to recover:							
Alder Hey 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	Sep-21	Oct-21	Nov-21	Dec-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 December 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referrals 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"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway 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	Sep-21	Oct-21	Nov-21	Dec-21	
		63%	63%	60%	55%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 55% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 8 of months. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. • In response to the increase in investment, the Trust is developing a waiting time recovery plan. • To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway 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	Sep-21	Oct-21	Nov-21	Dec-21	
		99%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December, 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 and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		

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	Sep-21	Oct-21	Nov-21	Dec-21	
		85%	85%	85%	80%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 80% 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 7 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"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care • In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				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	Sep-21	Oct-21	Nov-21	Dec-21	
		37.8%	40.3%	45.9%	31.1%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 14.8% decline in compliance to 31.1% in December. 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. 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 is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
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	Sep-21	Oct-21	Nov-21	Dec-21	
		68.2%	61.5%	67.7%	54.6%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 13% decline in waiting times in December reporting 54.6%. 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. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. 						
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> <p>Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Sep-21	Oct-21	Nov-21	Dec-21	
		34.30%	32.80%	33.00%	37.10%	
		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		356	372	393	407	
		Target 92%				
				<=92%: Red	> 92%: Green	
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 41.1 weeks compared to 33.1 weeks last month. For open pathways, the longest waiter was 55 weeks in December compared to 53 weeks in November. Overall there has been a steady increase in new referrals the service received 43 in December compared to 68 in November. 						
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. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a waiting time recovery plan which anticipates achieving the maximum 18 week waiting time target by end of July 2022. <p>Data from mid-January 2022 indicates that the recovery plan has started to take effect with no waits in excess of 52 weeks and appointments booked for all those over 46 weeks.</p> <p>In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.</p> <ul style="list-style-type: none"> Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 						
When is performance expected to recover:						
End of July 2022 as per waiting time recovery plan, but subject to any future COVID waves/impact.						
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				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		28	41	35	20	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 4.1 weeks compared to 5.1 weeks last month. For open pathways, the longest waiter was 11 weeks in December compared to 10 in November. New referrals to the service remain steady, 28 were received in December and 40 in November. 						
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				
		Sep-21	Oct-21	Nov-21	Dec-21	
		96.8%	97.9%	100.0%	100.0%	
		Total Number Waiting				
		Sep-21	Oct-21	Nov-21	Dec-21	
		62	48	53	35	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 6.4 weeks compared to 7.6 last month. For open pathways, the longest waiter was 17 weeks in December, 12 in November. Overall there has been a steady increase in referrals, the service received 22 in December compared to 46 in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the eighth 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				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Sep-21	Oct-21	Nov-21	Dec-21	
		16	16	19	18	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.4 weeks compared to 8.2 weeks reported last month. For open pathways, the longest waiter was 7.4 weeks in December compared to 8.2 in November. Referrals to the service remain steady, 9 were received in December and 11 in November. 						
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				
		Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
Total Number Waiting						
		Sep-21	Oct-21	Nov-21	Dec-21	
		39	47	54	52	
Target 92%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.01 weeks compared to 5.77 weeks last month. For open pathways, the longest waiter was 14 weeks in December, 10 weeks reported in November. New referrals to the service remain steady, 19 were received in December and 24 in November. 						
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

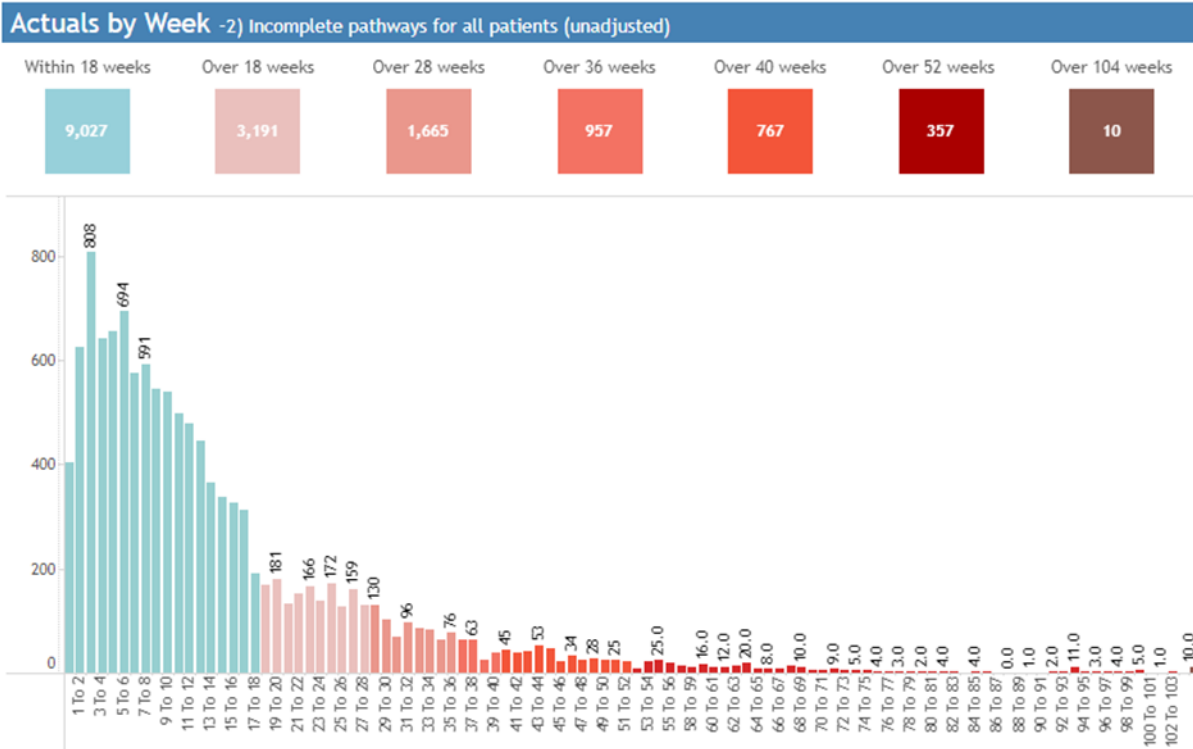
8. NHS Oversight Framework (NHS OF)

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

9. Appendices

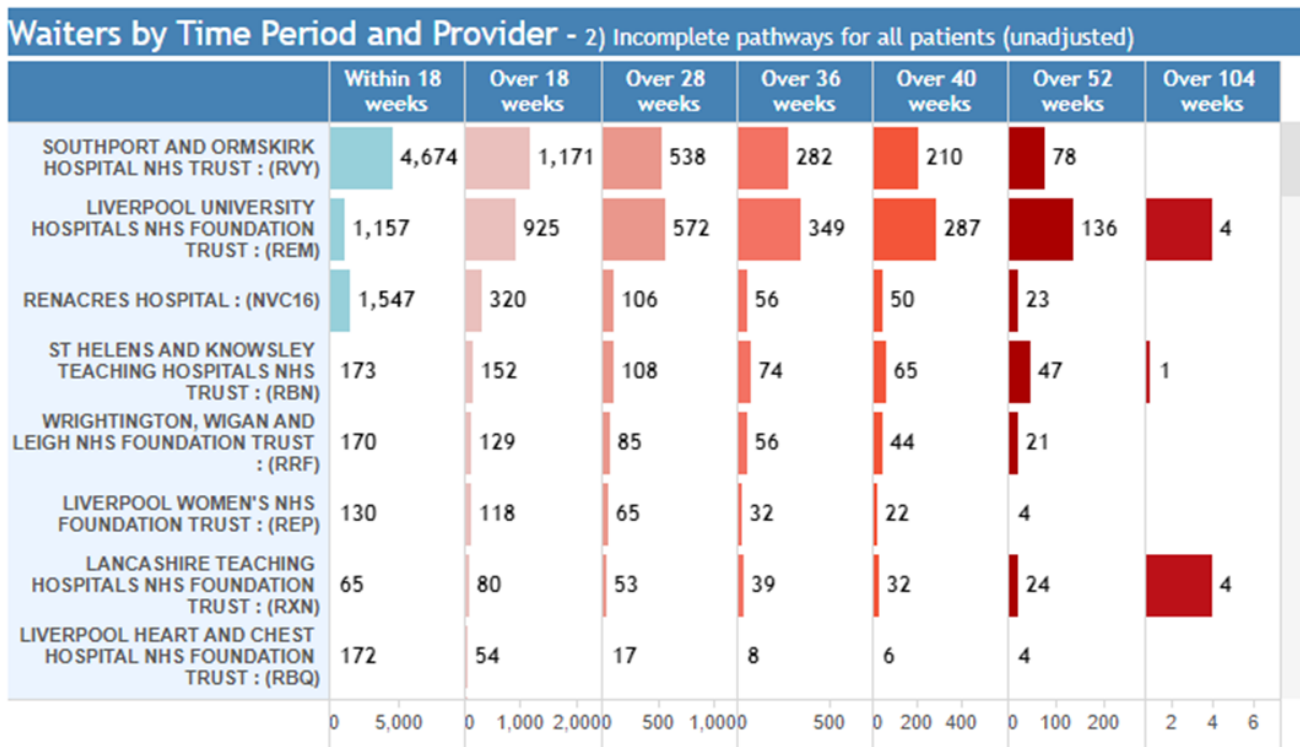
9.1.1 Incomplete Pathway Waiting Times

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



9.1.2 Long Waiters analysis: Top Providers

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



9.1.3 Long waiters analysis: Top Provider split by Specialty

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

