



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report Summary – February 2022

## 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	
<b>E-Referrals</b> - NB Reporting suspended on this metric currently															
<b>NHS e-Referral Service (e-RS) Utilisation Coverage</b> 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													
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<b>% of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	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%	39.28%	33.34%		
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<b>% of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	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%	70.48%	70.50%		
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<b>Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> 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	R	R	R		
		Actual	412	355	335	320	342	354	350	339	357	377	410		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<b>Cancellations for non-clinical reasons who are treated within 28 days</b> 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	R	R	R	
		Actual	3	6	3	4	1	4	4	11	4	4	7	51	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> 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	G	G	G	
		Actual	0	0	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															
<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R		R
		Actual	87.80%	85.52%	85.82%	81.23%	76.79%	80.42%	67.42%	64.20%	63.95%	69.95%	64.41%		75.26%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	R		R
		Actual	92.31%	83.33%	80%	100%	88.89%	83.33%	47.62%	25.00%	23.08%	13.64%	22.22%		54.46%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R		R
		Actual	95.35%	97.89%	97.80	97.56%	89.04%	94.95%	96.34%	95.88%	95.74%	95.24%	92.42%		95.47%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 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	G		R
		Actual	80%	85.71%	93.33%	100%	100%	90.91%	91.67%	76.92%	100%	92.86%	100%		91.72%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	G	G	G	R	G	R		G
		Actual	100%	100%	95.24%	100%	100%	100%	100%	100%	92.86%	100%	94.12%		98.49%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 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	G		G
		Actual	100.00%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%	96.0%		99.20%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within 2 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	R		R
		Actual	79.59%	76.60%	65.85%	70.73%	66.67%	57.14%	76.47%	66.67%	71.11%	54.84%	41.03%		66.52%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	R		R
		Actual	50%	60%	86.67%	77.78%	28.57%	64.29%	40%	80%	70%	31.25%	50.0%		59.80%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % 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		G			R
		Actual	91.30%	100%	85.19%	84.21%	82.35%	66.67%	71.43%	92%	75%	90.48%	75.0%		83.83%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> % 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	R		R
		Actual	84.02%	80.16%	80.33%	76.14%	76.11%	76.86%	76.25%	77.77%	77.13%	75.28%	74.56%		77.70%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b> <span style="float: right;">Paused from April 2020 due to COVID-19 – resumed October 2021</span>															
<b>Mixed sex accommodation breaches - All Providers</b> 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	G		R
		Target	0	0	0	0	0	0	1	3	0	3	0		7
<b>Mixed Sex Accommodation - MSA Breach Rate</b> 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	G		R
		Target	0	0	0	0	0	0	0.2	0.6	0	0.6	0		0.5
<b>HCAI</b>															
<b>Number of MRSA Bacteraemia</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	R	R	R	R	R	R	R	R		R
		YTD	0	0	0	1	2	2	3	3	3	3	3		3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		YTD	8	13	17	22	25	32	38	39	39	40	42		42
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
<b>Number of E.Coli</b> Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		YTD	8	17	24	32	44	59	65	79	88	97	110		110
		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		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> 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	G		G	
		Actual	100%	100%	100%	100%	80%	100%	100%	100%	100%	90.9%	100%	100%		97.35%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within 2 weeks of referral</b> The % of people experiencing a 1st 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%	
<b>Eating Disorders</b>																
<b>Eating Disorders Service (EDS)</b> Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	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%	22.9%	20.60%	17.6%		27.9%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b>IAPT Access</b> 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	R		R	
		Actual	0.48%	0.47%	0.57%	0.50%	0.63%	0.78%	0.80%	0.78%	0.55%	0.67%	0.61%		6.84%	
		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%	
<b>IAPT Recovery Rate</b> 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	R		R	
		Actual	42.40%	53.2%	40.9%	55.9%	40.0%	33.3%	50%	31.6%	30.8%	42.9%	36.2%		41.0%	
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
<b>IAPT Waiting Times - 6 Week Waiters</b> 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	R	R		G	
		Actual	98.00%	95%	88%	74.0%	80%	83%	79%	75%	70%	59.0%	73.0%		80.0%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
<b>IAPT Waiting Times - 18 Week Waiters</b> 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	G		G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	95%	96%	98%		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	
<b>Dementia</b>															
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	R		R
		Actual	64.54%	64.58%	65.23%	65.6%	66.2%	66%	65%	63.6%	63.7%	63.5%	64.1%		64.73%
		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%
<b>Learning Disability Health Checks</b>															
No of people who have had their Annual LD Health Check cumulative	Southport & Formby CCG	RAG	R			R			R						R
		Actual	12.09%			22.39%			48.81%						48.81%
		Target	18%			35%			52%			70%			70%
<b>Severe Mental Illness - Physical Health Check</b>															
<b>Rolling 12 month as at end of quarter</b>															
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%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<b>Rolling 12 month as at end of quarter</b>															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G			G			G						
		Actual	37.0%			41.3%			41%						
		Target	35%			35%			35%			35%			
<b>Children and Young People with Eating Disorders</b>															
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		
<b>SEND Measures</b>															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey - KPI 5/5	Sefton	RAG	R	R	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%	22.5%	60%		48.2%
		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 - KPI 5/6	Sefton	RAG	R	R	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%	69.2%	50%		55.8%
		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 - KPI 5/9	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%		99.5%
		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 - KPI 5/10	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%	52%		66.3%
		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 - KPI 5/12	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	100%	100%		99.5%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey - KPI 5/13	Sefton	RAG	G	G	G	G	R	R	R	R	R	R	R		R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%	86%		87.7%
		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 - KPI 5/15	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7	11.5	8.8		
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/16	Sefton	RAG													
		Actual	77.9	77.4	79.3	78.6	79.6	81.3	90.2	87.7	88.2	89.8	89.3		
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9	60.5	57.1		
		Target													

## Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 11 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for February & Q3 2021/22	CCG	S&O
Diagnostics (National Target <1%)	33.34%	35.58%
Referral to Treatment (RTT) (92% Target)	70.50%	79.12%
No of incomplete pathways waiting over 52 weeks	410	159
Cancelled Operations (Zero Tolerance)	-	7
Cancer 62 Day Standard (Nat Target 85%)	41.03%	58.95%
A&E 4 Hour All Types (National Target 95%)	74.56%	75.33%
A&E 12 Hour Breaches (Zero Tolerance)	-	195
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	192
Ambulance Handovers 60+ mins (Zero Tolerance)	-	98
Stroke (Target 80%) (January data - reported a month in arrears)	-	43.3%
TIA Assess & Treat 24 Hrs (Target 60%) (January data - reported a month in arrears)	-	6.9%
Mixed Sex Accommodation (Zero Tolerance)	0	0
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)	0.61%	-
IAPT Recovery (Target 50%)	36.20%	-
IAPT 6 Weeks (75% Target)	73.00%	-
IAPT 18 Weeks (95% Target)	98%	-

### To Note:

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

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

### COVID Vaccination Update

The Southport & Formby COVID-19 vaccination has now successfully fully vaccinated the majority of patients in cohorts 1-9 and continues to offer booster vaccinations to eligible patients in these cohorts. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17, 12 to 15 and 5 to 11 are now eligible and being offered vaccinations. At the end of February-22 there have been 95,790 (or 79.1%) first dose vaccinations and 91,138 (75.2%) second denominator populations now include under 16s as they are eligible for dose 1&2. 68,424 (75.1%) of eligible patients had booster vaccinations given at the end of February-22.



## 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 has been another area of focus to support elective recovery. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity', elective theatre utilisation within the following specialities: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with CCG and Trust leads. The expectation that these programmes will provide additional capacity by either reducing demand or making better use of current resources. The National Getting it Right First Time (GIRFT) Lead – Professor Tim Briggs and his team are expected to meet clinical and programme leads for C&M in the coming weeks to support the system in progressing elective recovery. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

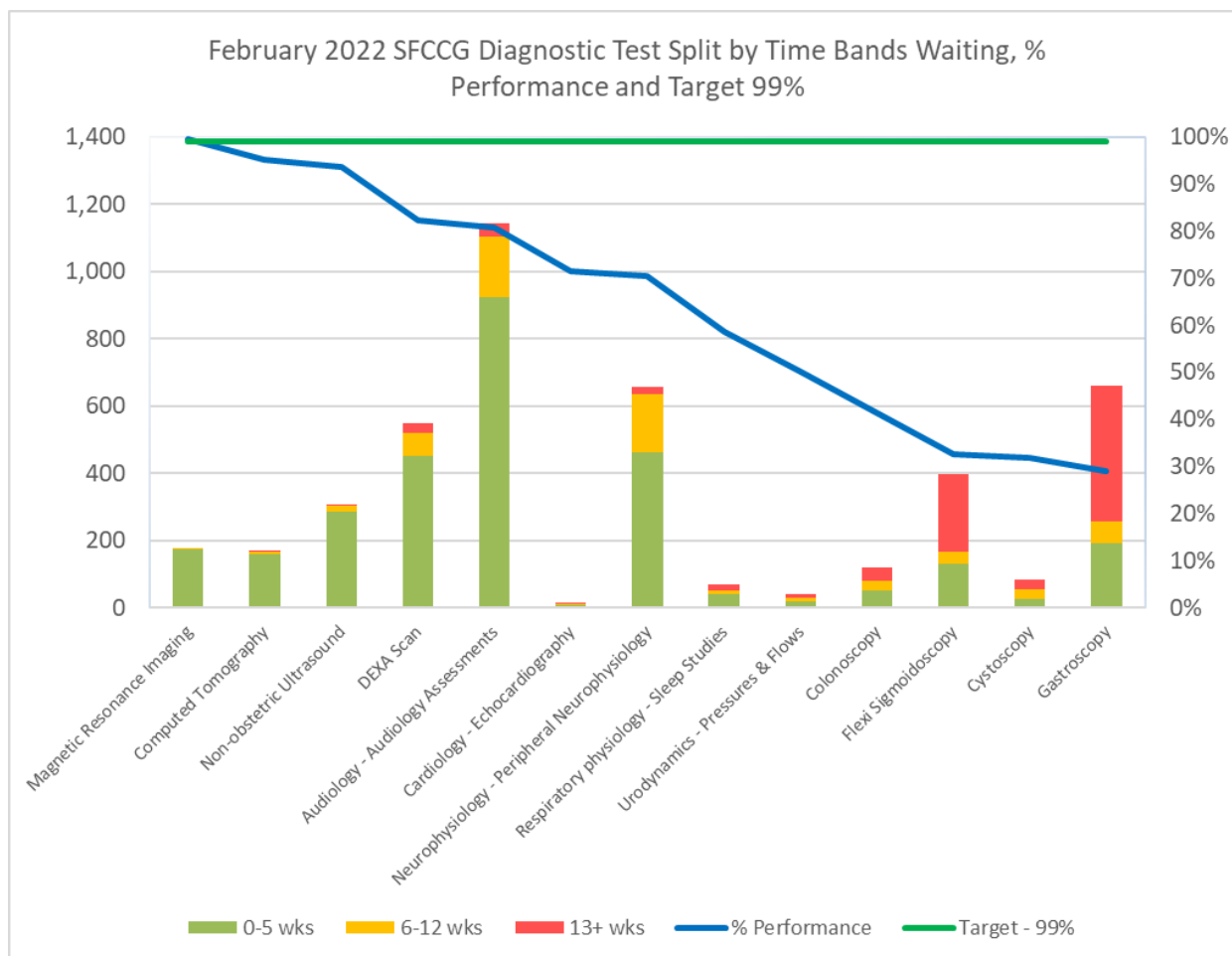
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. A focus on elective restoration has ensured that Southport & Formby CCG referrals in the 2021/22 financial year are 40.3% higher than in the equivalent period of the previous year (a period in 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 -11.2% lower as at month 11. GP referrals are also seeing a significant decrease compared to 2019/20 and are reporting a year to date decrease of -30%.

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 February, recording 33.34%, around a 6% improvement in performance from last month when 39.28% was reported. Along with being above the target, the CCG is measuring above the national level of 24%. Southport and Ormskirk reported 35.58%, over a 6% improvement to last month when 42.18% was reported. 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 has formally requested via contract meetings. The expectation being that the improvement plan details a performance trajectory for improvement for individual modalities, areas of risk and concern, plans to utilise independent sector and where performance is not likely to achieve national targets, assurance that patient safety is prioritised. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. However, planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside in the coming months and the Trusts own plans are expected to deliver additional capacity and improve performance across the system.

**Figure 1 – February CCG Diagnostics Chart and Table**



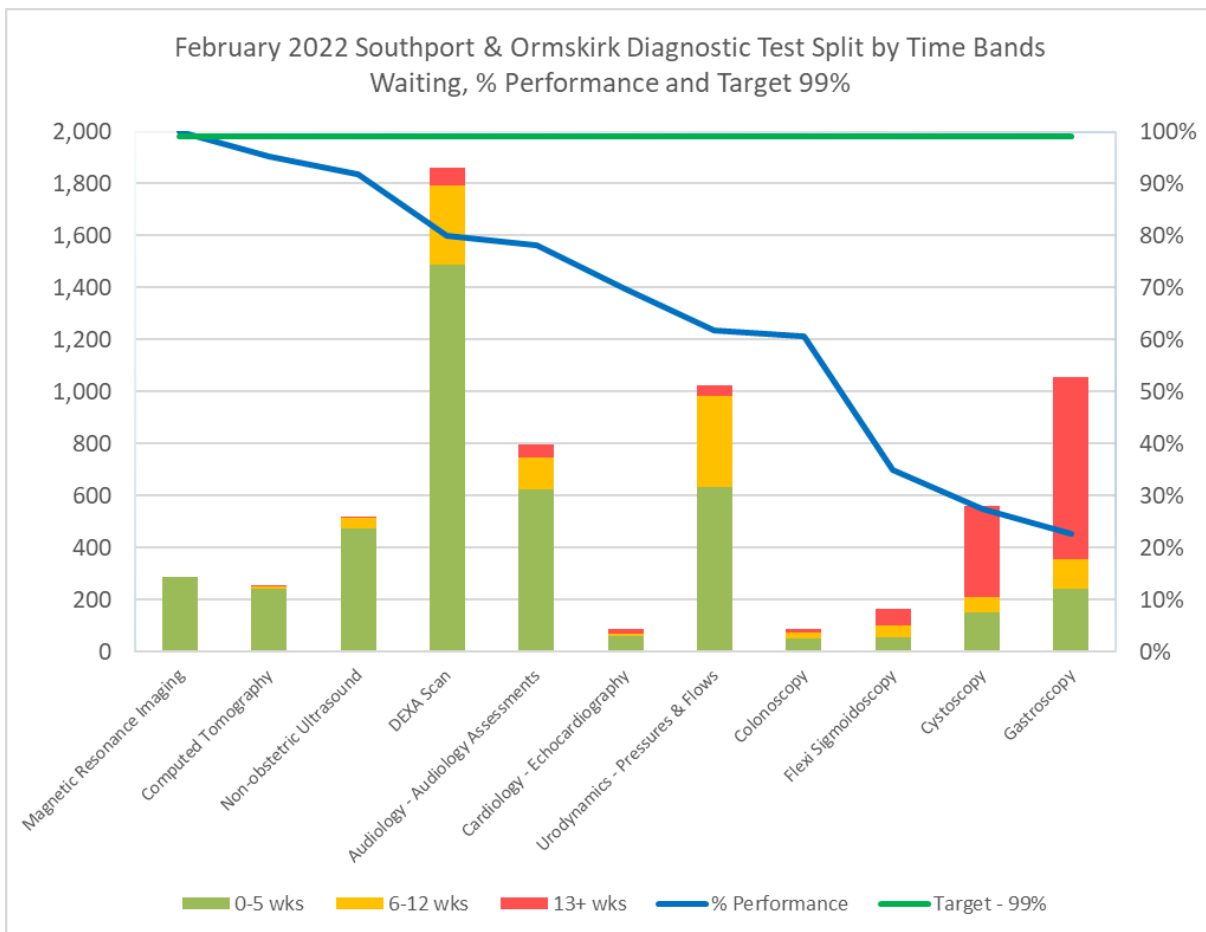
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	173	1	0	99.43%	99%
DEXA Scan	160	7	1	95.24%	99%
Cardiology - Echocardiography	285	17	3	93.44%	99%
Computed Tomography	450	68	29	82.27%	99%
Non-obstetric Ultrasound	924	179	41	80.77%	99%
Neurophysiology - Peripheral Neurophysiology	10	2	2	71.43%	99%
Magnetic Resonance Imaging	462	172	23	70.32%	99%
Cystoscopy	41	11	18	58.57%	99%
Urodynamics - Pressures & Flows	20	11	9	50.00%	99%
Flexi Sigmoidoscopy	50	31	40	41.32%	99%
Colonoscopy	130	38	231	32.58%	99%
Respiratory physiology - Sleep Studies	27	27	31	31.76%	99%
Gastroscopy	191	67	403	28.90%	99%
<b>Total</b>	<b>2,923</b>	<b>631</b>	<b>831</b>	<b>66.66%</b>	<b>99%</b>

For diagnostics overall, the CCG is reporting 66.66%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 18.95%. National levels overall are currently at 75.98% and the proportion waiting over 13 weeks nationally at 10.18%. The CCG is performing worse on both counts.

For the CCG there are significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy and with a number of other tests also showing proportionally high levels.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on the service and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside with exception of Southport & Ormskirk. Clinical resource to support the programme was cited, however, progress has been made with an expectation that high risk 'FIT' to be introduced by the end of April 2022. This is expected to reduce the number of 2ww referrals and create capacity that will be focused on managing waiting lists.

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



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	290	0	0	100.00%	99%
DEXA Scan	241	10	2	95.26%	99%
Cardiology - Echocardiography	474	40	2	91.86%	99%
Non-obstetric Ultrasound	1,489	305	68	79.97%	99%
Computed Tomography	624	122	52	78.20%	99%
Cystoscopy	62	9	18	69.66%	99%
Magnetic Resonance Imaging	633	353	37	61.88%	99%
Urodynamics - Pressures & Flows	54	22	13	60.67%	99%
Flexi Sigmoidoscopy	58	43	65	34.94%	99%
Colonoscopy	154	56	351	27.45%	99%
Gastroscopy	241	114	704	22.76%	99%
<b>Total</b>	<b>4,320</b>	<b>1,074</b>	<b>1,312</b>	<b>64.42%</b>	<b>99%</b>

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

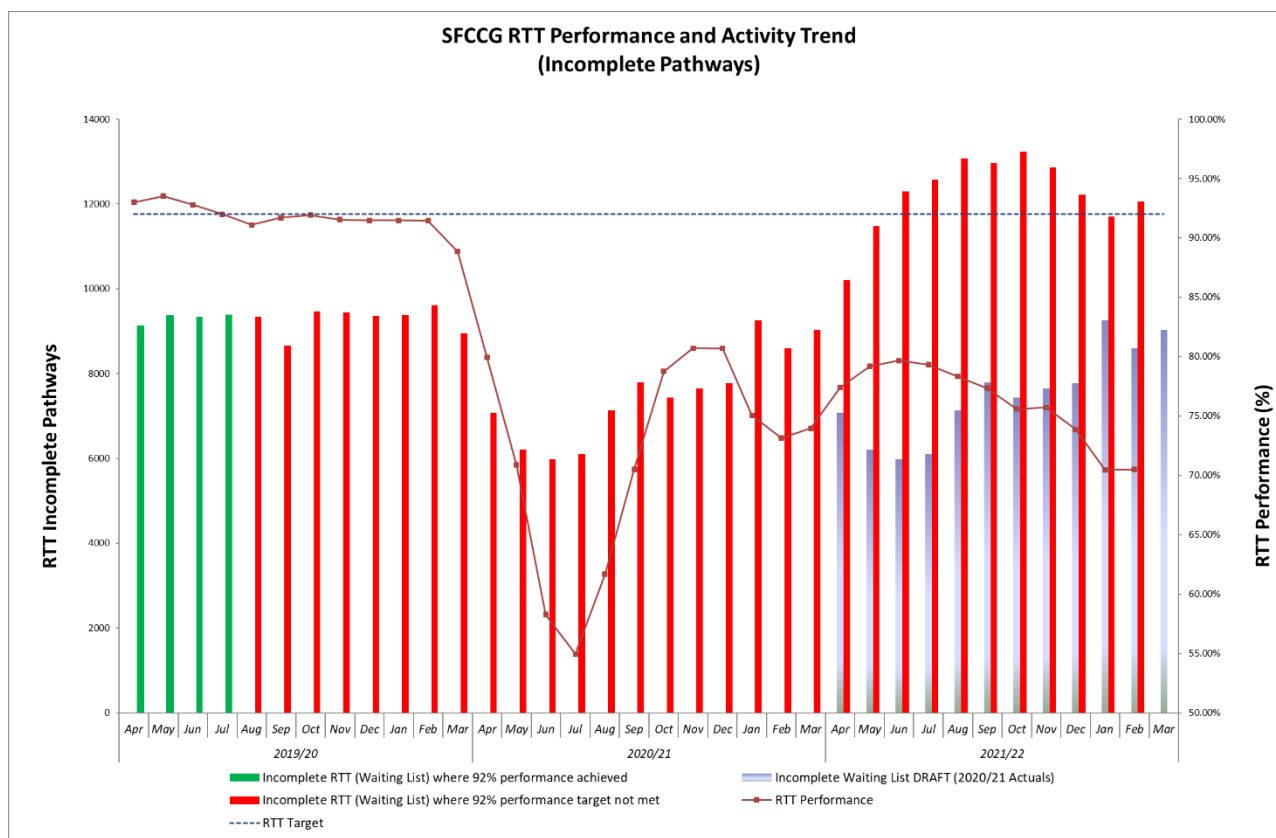


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (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	8,601
2021/22	10,203	11,474	12,290	12,576	13,069	12,912	13,237	12,870	12,218	11,706	12,055		12,055
<b>Difference</b>	<b>3,131</b>	<b>5,270</b>	<b>6,307</b>	<b>6,475</b>	<b>5,934</b>	<b>5,118</b>	<b>5,514</b>	<b>5,224</b>	<b>4,436</b>	<b>2,452</b>	<b>3,454</b>		<b>3,454</b>
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	377	410		
<b>Difference</b>	<b>406</b>	<b>345</b>	<b>318</b>	<b>284</b>	<b>280</b>	<b>269</b>	<b>279</b>	<b>240</b>	<b>245</b>	<b>151</b>	<b>9</b>		

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	8,615
2021/22	10,351	11,104	11,636	11,810	12,591	12,922	12,679	12,344	11,575	11,551	11,813		11,813
<b>Difference</b>	<b>2,748</b>	<b>4,619</b>	<b>5,496</b>	<b>5,347</b>	<b>5,688</b>	<b>5,126</b>	<b>4,574</b>	<b>5,786</b>	<b>3,775</b>	<b>3,473</b>	<b>3,198</b>		<b>3,198</b>

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

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in February was 70.50%, similar to last month's performance (70.48%). The CCG is reporting well above the national level of 62.61%. Southport & Ormskirk Hospital reported 79.12%,

also similar to last month's performance when 79.25% was recorded. As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going with meetings to be held in May 2022 between the HCP and place leads to ascertain the level of support required by place to support elective recovery.

There were a total of 1,136 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 410 patients were waiting over 52 weeks, an increase on last month when 377 breaches were reported. Included in the long waiters there are 33 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. The hospital cell has established a weekly system review group for 104 week waits, with the expectation that providers deliver against targets set in the recently published operational planning guidance 2022/23, specifically that the system eliminates 104 week waits by July 2022.

Of the 410 breaches for the CCG, there were 88 at Southport & Ormskirk, 147 at LUHFT and 175 at 19 other Trusts. The 410 52+ week CCG breaches represent 3.40% of the total waiting list, which remains below the national level of 4.84%.

Southport & Ormskirk had a total of 159, 52-week breaches in February, 19 more than reported last month. The overall good performance in the low numbers of 52-week waiters is due to the continuation of services during the COVID surges at the Trust.

Overall, the number of patients waiting on an incomplete pathway for the CCG decreased to 12,055 in February (January reported 11,706). The CCG conducted further trend analysis into RTT incomplete pathways, which was shared at senior management team in April 2022.

The Trust has reported 7 cancelled operations in February, 3 more than reported last month. The Trust indicated the cancelled operations were 3 Anaesthetists unavailable, 2 Surgeons unavailable, 1 list overrun and 1 in emergency trauma. 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 2 in February. The Trust are achieving 3 measures year to date and 3 in February.

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 77.13%. 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.

For 2-week wait breast services, performance improved to 22.22% in February, from 13.64% in the previous month and remains significantly under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 26.91% in February, with 201 breaches out of a total of 275 patients seen but Trust level performance has improved from the previous month. Demand for breast services nationally has increased significantly over the last quarter but now looks to be slowing down. The local provider is also experiencing challenges with capacity due to gaps in radiology workforce. Median wait for the CCG against the breast symptomatic standard was 24 days. Performance against the 28-day standard for patients referred with breast symptoms is under the 75% standard at 73.33%.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider is planning a series of actions in order to deliver a trajectory for improvement. Actions include recruitment, pursuit of Elective Recovery Funding for delivery of additional clinics and re-design of the diagnostic pathway. Pathway changes are being worked through to prioritise radiology capacity for

those with the most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Consideration is also being given to dedicated breast pain clinics as breast pain, in the absence of other symptoms, is rarely attributable to cancer. This model has been successful in improving performance in other areas of the country.

For Cancer 62 Day standard the CCG is measuring below the national level of 69.75% recording 41.03% in February, also below the 85% operational target. The Trust has developed a tumour-site specific Cancer Improvement Plan presented through CCQRM meetings. Key themes from the plan include improvements to endoscopy estate to increase capacity, which has already had a significant benefit, strengthening of service level agreements and mutual aid arrangements with partner providers for cancer pathways. There is also ongoing recruitment to radiology, cancer nurse specialist and cancer navigator and pathway tracker roles. The Trust has successfully recruited to 3 full time cancer tracker roles. Performance is expected to meet the operational standard by the end of 22/23.

Gynaecology performance at Southport and Ormskirk is currently of particular concern. Access to both outpatient and day case hysteroscopy has been compromised by workforce gaps. The provider has sought mutual aid from other local Trusts.

For patients waiting over 104 days, the CCG reported 6 patients in February which is 5 more than last month. The longest waiting patient was in lower gastro, number of days waiting was 138. North West guidance asks that any patients who experience a long wait are reviewed to assess whether harm has occurred as a result of the long wait and that a root cause analysis is undertaken to identify all causes of delay in the pathway. These harm reviews and RCAs are shared with the CCG and themes should be addressed within the Trust's cancer improvement plan.

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

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

Trajectories have been submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62-day waits will return to pre pandemic levels by the end of 22/23

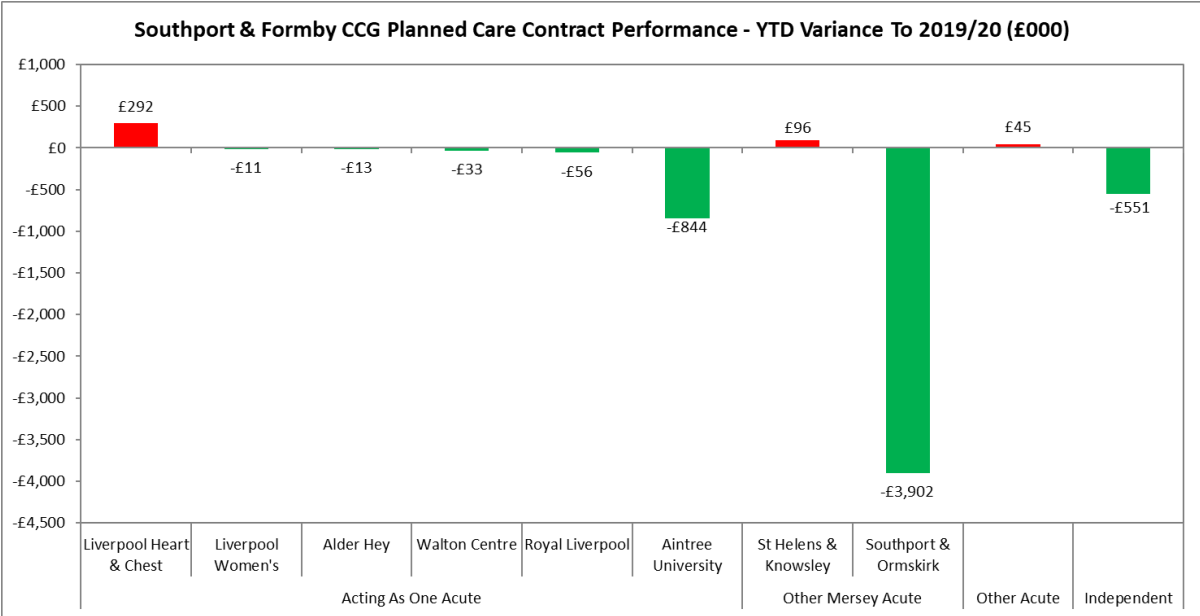
Systems to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. Year to date, the CCG performed above the target for the 28-Day FDS breast symptom indicator. However, 2 week wait referral and the two week and screening referral indicators performed below target. 28 Day FDS overall is reporting 65.35% for February and 68.54% year to date, 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 February the CCG is below plan for numbers of first outpatients seen following an urgent referral and also for patients receiving a first cancer treatment within 31 days of a decision to treat.

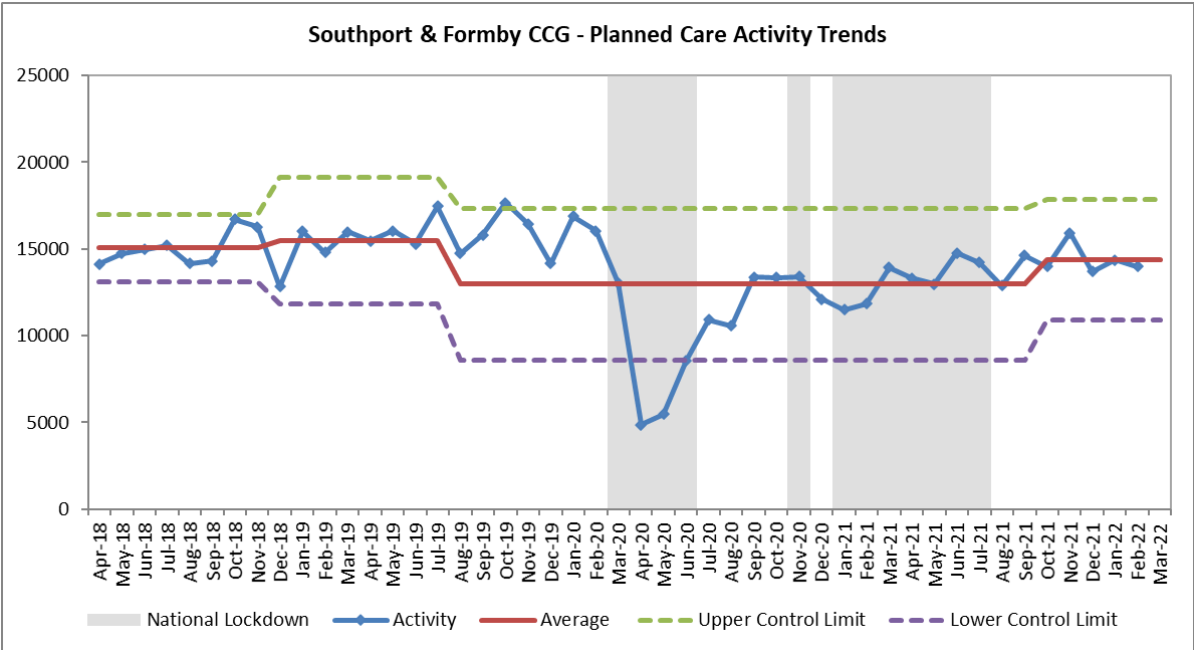
For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 17.9% in January 2022 at 32.7% (latest data). The percentage of patients who would recommend the service has remained at 94%, which is the same as the England average and the percentage who would not recommend has remained at 5% but still above the England average of 3%. The Trust recently provided a Patient Experience update at the CCGs Patient Experience Group (EPEG) meeting in March 2022. This included actions put in place directly from patient feedback on the ward as well as the steps taken to reintroduce visiting times for relatives/carers following the recent lifting of restrictions.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. This has resulted in an increase in planned care activity of 33% when compared to the equivalent period in the previous year but is -12% below that seen during 2019/20 (pre-pandemic).

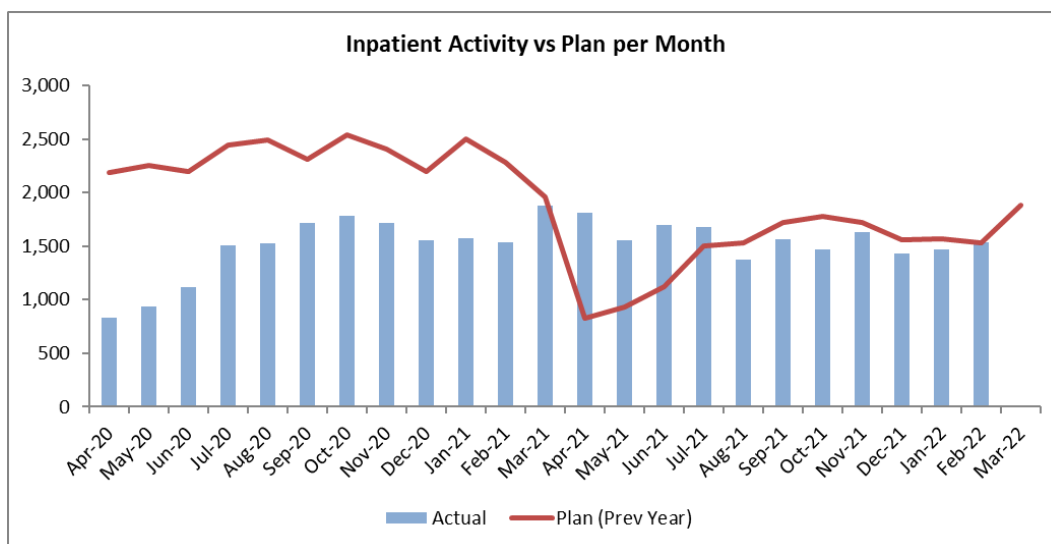
**Figure 5 – Planned Care All Providers – Contract Performance Compared to 2019/20**



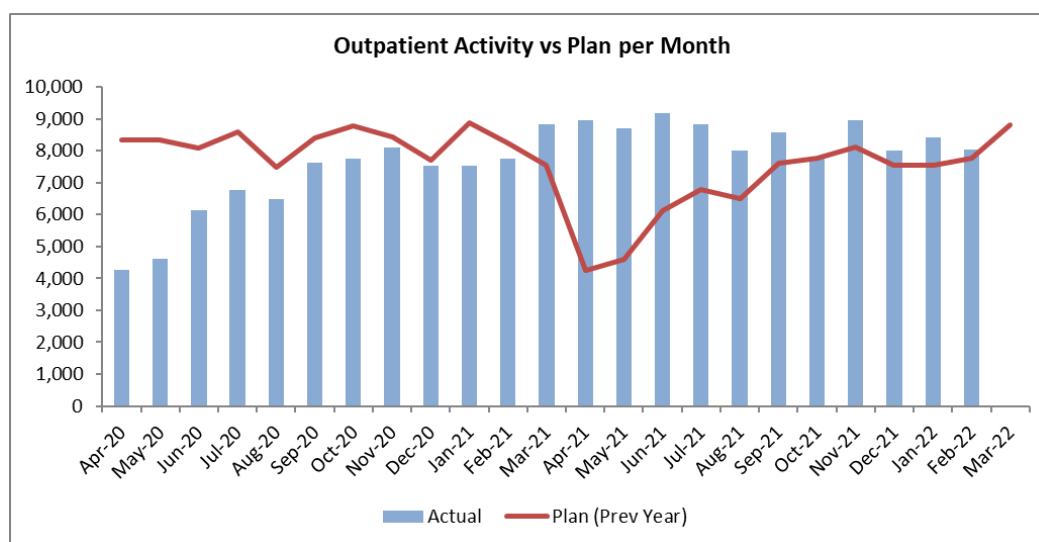
**Figure 6 - Planned Care Activity Trends**



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



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



**Unplanned Care**

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk continue to report under the 95% target in February, reporting 74.56% and 75.33% respectively – slightly lower performance to what was reported last month. The CCG and Trust are above the nationally reported level of 73.28%. The ED Streaming Tool and Care Navigators project is being monitored and developed with the Care Navigator roles enabling patients to make more informed decisions of the Southport A&E waiting times and other urgent care services such as Ormskirk and Litherland UTC. Work has commenced as part of the Ageing Well programme and the improved 2-hour Urgent Community Response (UCR) service will be ready to be launched by April-22. Communications campaign and winter wraps published and posted with local media and online media in preparation for alternative to ED.

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

- The CCG have commissioned additional therapy resource to support discharge.
- Trusted assessors to in reach into the acute Trust.
- Additional domiciliary care provision.
- Additional community 17 community bed capacity.



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

The Trust also reported 195, 12-hour breaches in February, an increase of 1 from last month when 196 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 12 Hour Breach forms within the agreed timescales. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported. There were 3 Mental Health (MH) 12-hour Breaches in February 2022. The patients were cared for and treated appropriately within the Department, with the delays being attributed to accessing secure MH beds.

The majority of the breaches continue to be attributed to COVID outbreaks and norovirus outbreaks resulting in reduced capacity of beds, a higher percentage of attendances that are triaged as majors, care home closures due to COVID outbreaks and staffing resource.

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

- Ward rounds across all areas.
- Point prevalence across all wards – matrons sent out to support to identify any areas where assistance required to expedite plans and facilitate discharges.
- Additional medical consultant presence for evenings to in-reach into ED increasing senior decision-making capacity available.
- Acute Physician in ED reviewing medical patients across the day and additional medical reviews undertaken in ED to review patients who were seen yesterday to consider whether admission is still clinically required.
- Senior specialty reviews of all patients in ED to consider alternative pathways to admission.
- Streaming to ACU and SAU.
- 2 Matrons on site to review nurse staffing levels across the 2 sites as well as undertaking walk throughs of all areas to ensure patients safety remained paramount at all times.
- System Huddles held.
- IPC undertook ward rounds to assist with side room bed allocation. Reviewed closed covid contact bays and covid bed base. IPC meetings held with Head of Patient Flow with decision making overseen by Medical Director.
- Additional medical reviews to be undertaken in ED to review patients who were seen yesterday to consider whether admission is still clinically required.
- System kept updated on pressures experienced and increasing numbers of patients identified on the Ready For Discharge (RDF) list.

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 February-22, there was an average response time of 10 minutes, 50 seconds recording over the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 47 minutes, 58 seconds against a target of 18 minutes. Category 3 90th percentile has shown no improvement to the target of less than or equal to 120 minutes reporting 5 hour 40 minutes, Cat 4 90th percentile recorded 15 hours 13 minutes in February an improvement in performance compared to the almost 24 hours recorded last month. See above action plan. The above plan directly relates to the overcrowding of ED and ability to clear crews in a timely manner. This work is ongoing and so no change to this month's performance report the Trust's Internal Urgent Care Improvement Group continues to focus on improved handover times. There is a Discharge Subgroup which has commenced and tasked to improve discharges before lunch and utilise the patient transport services in a more efficient way.

For ambulance handovers, Southport & Ormskirk reported an increase in ambulance handover times in February for handovers of 30 and 60 minutes from 108 to 192, for those above 60 minutes report 98 after 49 last month. 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 and Trust reported no breaches in February.

The stroke indicator is currently 1 month in arrears. Southport & Ormskirk reported 43.3% of patients who had a stroke spending at least 90% of their time on a stroke unit in January, a decline in performance on the previous month when 55.2% was recorded. This is below the 80% target. Compliance in January has been impacted by bed capacity issues, late referrals, delayed diagnoses, and stroke patients testing positive for COVID. The Stroke Operational Group continues to focus on quality and pathway improvements. Collaborative work with LUHFT continues as part of the North Mersey Stroke Transformation. Once established, the 90% stay on a stroke ward metric will no longer be held by Southport and Ormskirk NHS Trust. Stroke nurses continue to provide ad-hoc teaching in ED to support earlier diagnosis. Bed meetings take place 4 times daily where a plan for Stroke admissions and a contingency where there is a lack of ringfenced bed is established. TIA was reported at 6.9% against the 60% target with 2 out of a total of 29 patients treated within 24 hours, a decline in performance from last month when 16.7% 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 closed. Liverpool CCG are leading the evaluation of the consultation responses to support further development of the pre-consultation business case (PCBC). A new Project Manager at LUHFT continues to support pathway development across the system. Internal Trust group will be focussing on workstreams including: TIA, Early Support Discharge (ESD), Rehab and Radiology. In addition, and focusing on local provision, commissioners and quality lead have met with the Transformation Director at the Trust. There is a request to deep dive on stroke performance at April Contract meeting, along with a schedule of other vulnerable services. The CCG understand that the issue of stroke services has been escalated to ICS and Trust CEO's.

The CCG reported no new cases of MRSA in February 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 also failed the target for 2021/22.

For C.difficile, the CCG reported 2 new cases in February (42 year to date) against a year-to-date plan of 28. The CCG have failed the objectives/plans for C.difficile for 2021/22, year-end target was 30 cases. Southport & Ormskirk Trust reported 1 new case in February (40 year to date), against a year-to-date target of 25 so have also failed the plan for 2021/22. 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 February there were 13 cases (110 year to date) against a year-to-date target of 142 and achieving in month, year-end target 152 cases. Southport & Ormskirk reported 5 new cases in February (51 year to date) against their year-to-date plan of 64 and are also achieving. The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has recommenced with specific work identified including the inclusion of consistent healthcare associated infections reporting within each provider Trust being consistent across Cheshire and Mersey.

To Note: The Norovirus outbreak in Southport and Ormskirk Trust with the index case being linked to a care home outbreak but this was not communicated to the staff when attended A&E and subsequently they became an inpatient. As this was during the COVID surge also, the ward closed to new admissions and a number of staff also became affected. Total number of cases were 8 across 2

wards with no further cases and they have been able to empty the affected bays, clean with disinfectants and hydrogen peroxide vapour and reopen.

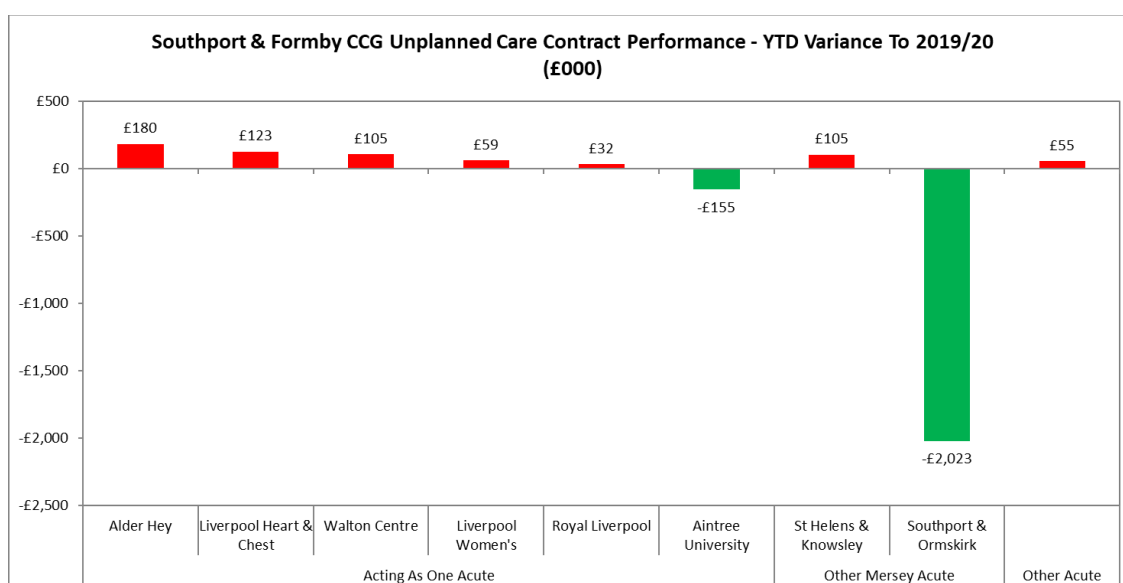
Capacity within the provider organisations remained under pressure with the COVID surge and in February 40 Hospital Acquired cases in Southport and Ormskirk and 48 in Liverpool University Hospitals. The increased transmissibility of the omicron variant, high bed occupancy rates and increased numbers of patients attending ED (with and without COVID-19) has created pressures across the whole system. A number of patients who are attending ED are not attending with COVID but as part of the screening process are identified and need to be managed effectively to prevent further transmission. As these variants have emerged with the different characteristics, Infection Prevention and Control Teams continue to review the measures implemented to reduce patient and staff risk while maintaining optimal patient flow.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 10.3% in January 2022 reporting 23.8% (latest data reported). The percentage of patients who would recommend the service decreased 1% to 87% but remains above the England average of 81%. The percentage who would not recommend remained at 9%, but also below the England average of 12%. The Trust identified this as an area for improvement and have taken steps to enhance patient experience within A&E which has been impacted due to long waiting times. This included the introduction of dedicated PALS Officer within Adults A&E to address any concerns in a more timely manner, and the establishment of a housekeeper role to address basic comfort needs of patient waiting long times in the department. The CCG will continue to liaise with the Trust to gain assurances on improvements and awareness of any challenges that arise.

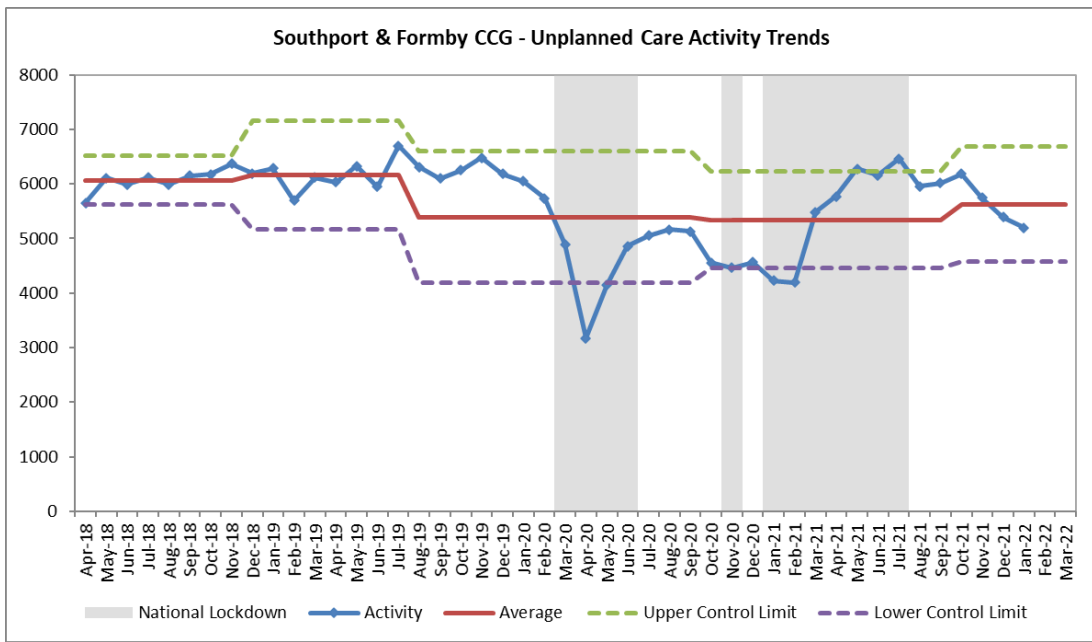
Southport & Ormskirk’s Hospital Standardised Mortality Ratio (HSMR) was reported at 76.9 by the Trust in February, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

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 in 2021/22 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions. Year to date levels at month 11 of 2021/22 represents an increase of 30% when comparing to the equivalent period in the previous year but is -5% below 2019/20 (pre-pandemic) and recent months have shown decreases in activity. Focussing specifically on A&E type 1 attendances, February-22 increased by 10% from the previous month when factoring in the number of days during the month and attendances were also 2% higher than February-20 (pre-pandemic).

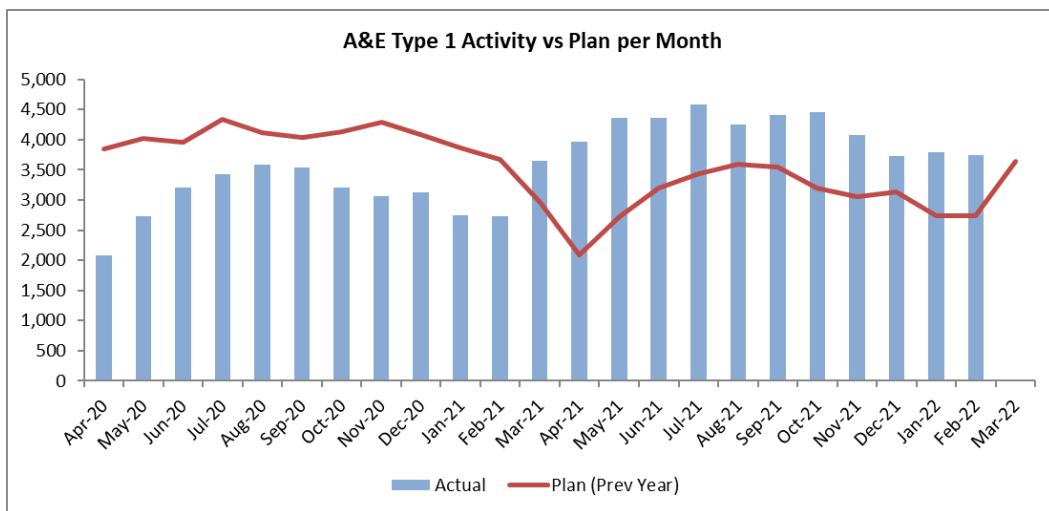
**Figure 9 – Unplanned Care All Providers – Contract Performance Compared to 2019/20**



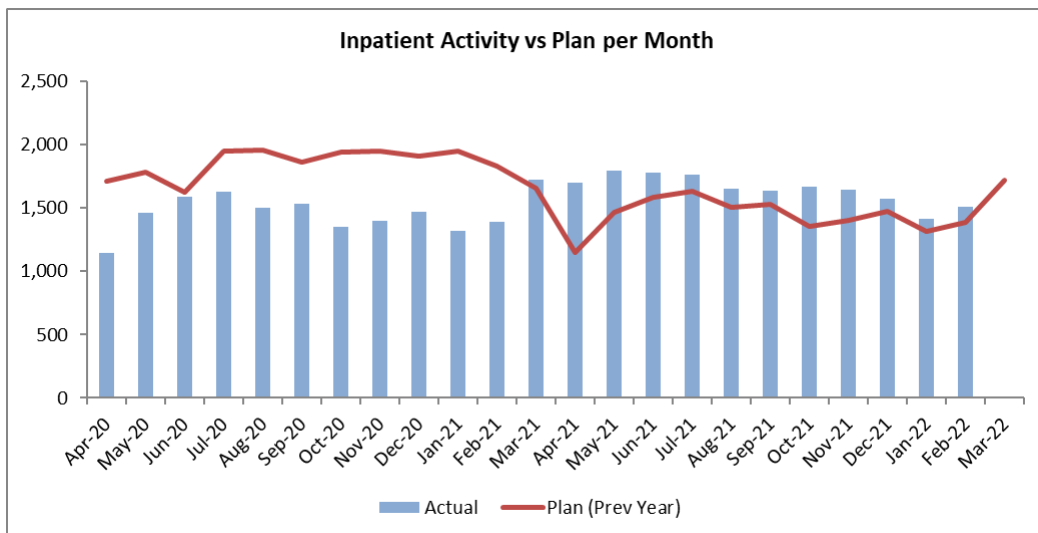
**Figure 10 - Unplanned Care Activity Trends**



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



**Figure 12 - Non-elective Inpatient Variance against Plan**



## **Mental Health**

The Eating Disorder service has reported 17.60% of patients commencing treatment within 18 weeks of referral in February 2022, compared to a 95% target. Only 6 patients out of 34 commenced treatment within 18 weeks. This shows a decline from last month when 20.60% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service launched a digital peer support platform on 4<sup>th</sup> April-22 which will benefit those individuals on the waiting list. The service is continuing to deliver therapy and assessment appointments via telephone or Attend Anywhere and alongside this is also increasing its face-to-face appointments offer. Risk mitigation is in place for those breaching the 18 weeks to treatment target. A wellbeing call is 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. CBT-E training has been organised and is due to be delivered 13<sup>th</sup> and 14<sup>th</sup> April. The service feel that this structured, manualised and evidence-based intervention will improve throughput. As a wider piece of work, the service continues to explore how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. The Trust and CCG recognise that considerable investment is required for the 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 confirmed an additional £112k of investment for 2022/23 and the service are preparing an update as to how this will be utilised and expected benefits realised. The service has been asked to put together an outline of an MDT-led service model and associated costings for consideration which remains ongoing. The service is completing a capacity and demand analysis which will inform the proposed service model.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.61% in February 2022 and has therefore under the 1.59% target. Staffing has historically been a challenging issue but the service now will have a full complement of staff (including new clinical lead) in place from March 2022 so is confident that performance will begin to improve, although it should be noted that this will take time to be reflected in the performance figures. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 36.2% in February 2022, which is under the 50% target a decline in performance from the 42.9% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The recovery action plan continues to be adhered to.

For IAPT 6 week waits to enter treatment, this measure has reported 73%, which is under the 75% target, this has now been under target for 3 months. 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, although performance is expected to now start improving with a full staffing compliment in place from March 2022.

The CCG is recording a dementia diagnosis rate in February 2022 of 64.1%, which is under the national dementia diagnosis ambition of 66.7%, similar to last month's performance of 63.5%. Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. The provider continues to operate weekend clinics in the memory service to address the backlog caused by COVID-19 and progress is being made against this with the expectation that it will be gone by the end of 2021/22. The current model means that the service are continuing to review patients who could be managed in primary care, thereby occupying capacity in the service to complete new assessments. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service.

For the month of February 2022, average waiting times for Autistic Spectrum Disorder (ASD) service diagnostic assessment for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 89.3 weeks in Sefton. This is similar to 89.8 weeks reported in January. The service continues to prioritise those individuals with a documented SEND requirement and the Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list, escalating any

concerns as per agreed pathways. £100k of additional funding was committed in 2021/22. This has enabled the service to recruit a further substantive band four assistant psychologist to support the post diagnostic group programmes. Through an organisational change process, the service has also uplifted two band five practitioner posts to band six to enable them to autonomously undertake diagnostic assessments. The service is currently out to recruitment for a further band six practitioner. The remaining monies are funding additional hours for the two part time team managers to provide clinical oversight of the junior clinicians as current staffing levels mean that only single practitioner assessments can be completed which is outside of NICE guidance for best practice, along with additional assessments. A funding bid for the Cheshire and Merseyside Transforming Care Partnership is currently being completed with the intention of applying for non-recurrent funding to increase capacity for diagnostic assessments and post-diagnostic support. Given that the Mersey Care service covers both Liverpool and Sefton, the bid is a North Mersey one. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges and also share the same provider in Mersey Care NHS Trust. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken. To note: the average of 8.8 weeks waiting times for ASD performance in February reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had their first seen appointment.

The CCG has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 57.1 weeks in February 2022. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April 2021 to their lowest reported level so far in February of this year. £137k of additional funding was committed in 2021/22 which enabled the Trust to complete a waiting list cleanse to identify those individuals who no longer either met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band seven non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider will commence assessments in May 2022. Capacity issues remain through the service having to complete annual reviews of patients who could be managed in primary care via the shared care framework. Discussions have begun between GP clinical leads and Mersey Care around how the shared care framework can be implemented effectively for all stakeholders. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges and also share the same provider in Mersey Care NHS Trust. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken.

### **Adult Community Health Services (Mersey Care NHS Foundation Trust)**

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

Month 11 assurance supplied by the Trust indicates that Continence service has 1 patient waiting 24 weeks plus. The Trust has previously 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.

## 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 performance continues to be challenged. A number of issues have impacted on the service. These include:

- Workforce gaps due to increase in maternity leave, short- and long-term sickness and challenges in recruitment.
- Impact of COVID-19 pandemic on throughput of patients.
- Impact of COVID-19 on the speech, language and communication needs of children and young people.
- Additional capacity impact of increasing caseload of children and young people and families with English not as first language (13% of overall caseload).
- Increased number of referrals/re-referrals over the past 2 years.

There have been significant efforts to address the capacity pressure and improve waiting times and there has been a further small improvement for the third consecutive month. Further actions are being implemented to return the performance to 18 weeks by March 2023, with the existing levels of commissioned resource. A paper about the service, its challenges and the improvement plan has been taken to Leadership Team.

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 report above the 92% KPI in February 2022.

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. Additional, investment has been agreed by the CCG in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing but it is likely to be May before all posts are filled and extra capacity is fully realised within the service offer – notwithstanding likely internal movement as posts are filled, and normal staff turnover. A detailed monthly trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve, however an initial timeline for returning to 6-week and 18-week KPIs is November 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In February there has been a notable improvement in 6-week KPI (i.e. assessment) up to 60% but a small reduction 18-weeks to treatment to 50%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

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. Although for both ASD and ADHD the KPI of 90% of assessments starting with 12 weeks (NICE requirement) is still being met. The increase referral rate 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. However, ADHD assessment performance has slightly improved to 86% and ASD stabilised at 52%. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. 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 February.

### **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 prepared 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.