Agenda Item	**2.1.5**	**Summary of Performance against Constitutional Standards - August 2021**			
Reference	GB21-22/0012	Meeting Date	7th September 2021	Type	Public
Lead Officer / Author	Nesta Hawker	Director of Commissioning and Transformation		Date of Report	23rd August 2021
Contributors	Steve Cocks Siju George Heather Harrington Sue Borrington	Assistant Director Performance and Delivery Head of Estates & Contracts (Primary Care) Head of Urgent Care Commissioning Head of Planned Care Commissioning			
Purpose; to:	**Discuss** ☐	**Inform** ☒	**Assure** ☒	**Approve** ☐	**Endorse** ☐

Executive Summary

This summary highlights the latest, nationally, published performance data (June 2021) along with more current, locally sourced, data which is subject to validation nationally.

Recommendations

The Governing Body is asked to note the content of this paper.

Risk	Performance features within NHS Wirral Clinical Commissioning Group's (CCG) Risk Register which is reviewed monthly at the Quality and Performance Committee (Q&P) as well as other groups across Wirral Health and Care Commissioning (WHCC). NHS Wirral CCG's risk rating remains 'High' due to the effects of the COVID-19 pandemic, a system wide Strategic Restart Oversight Group continues to monitor plans to improve performance and the effects elsewhere within the system. Risk ratings, and narrative, are reviewed in line with current NHS England/Improvement (NHSE/I) published guidance.

GB Assurance Framework Reference:	B1, B2, B3, B4, B5, and B6	Rating	HIGH

Clinical engagement	No		Patient and public involvement	No	
Equality Analysis / Impact Assessment	No		Quality Impact Assessment	No	

Strategic Themes

Working as One, Acting as One: we will work together with all partners for the benefit of the people of Wirral.	Yes
Listening to the views of local people: we are committed to working with local people to shape the health and care in Wirral.	Yes
Improving the health of local communities and people: Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	Yes
Caring for local people in the longer term: we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	Yes
Getting the most out of what we have to spend*: we will always seek to get the best value out of the money we receive.*	Yes

This section details where this paper has previously been submitted, the outcome and its development path i.e. other documents that are related to the paper under discussion. Copies of these related documents should be included in the submission to the Governing Body Meeting

Governance route prior to Governing Body	**Meeting Date**	**Objective / Outcome**
CCG Governing Body		
Quality & Performance Committee	31/08/21	
Finance Committee		
Audit Committee		
Remuneration Committee		
Health and Wellbeing Board		

Business Management Group		

Monthly summary of Performance against Constitutional Standards
August 2021

1. INTRODUCTION

Since the outbreak of the COVID-19 pandemic normal reporting against the full set of constitutional standards ceased with a requirement for Clinical Commissioning Group (CCGs) to only report on the following four standards:

- Accident & Emergency (A&E);
- Ambulance, including NHS 111;
- Referral To Treatment (RTT);
- Cancer.

Prior to the pandemic, CCGs were required to submit a monthly narrative to NHS England/Improvement (NHSE/I) who would arrange, if necessary, monthly conference calls to further explore the submitted narrative around cause and recovery.

Since the outbreak of the pandemic, on the instruction of NHSE/I, normal Contract Performance Monitoring (CPM) meetings have been suspended. It would have been at these meetings that existing performance, and proposed corrective actions, would have been discussed and agreed. The ratified minutes, and / or action plans, would have been shared with WCCGs Q&P Committee. Although the main CPM meetings were suspended NHS Wirral CCG continued with its Clinical Quality Performance Group (CQPG) meetings at which various dashboards were reviewed. At the time of writing this paper all the above remains in place.

The next section gives a summary of our constitutional performance standards; Appendix 1 contains the full report which has been presented to the Quality and Performance (Q&P) Committee.

2. KEY ISSUES / MESSAGES

Summary of Constitutional Performance Standards

2.1. A&E

2.1.1. Has the performance improved or declined over the last 6 months?

Performance against the A&E 4 hour constitutional standard improved during June 2021 achieving 78.02%. This is above the average for the previous 6 months (73%) however remains significantly below the constitutional standard.

Arrowe Park Hospital A&E and Walk In Centre Activity			
Month	Total Attendances	Breaches >4 hours	% Attendances <4 hours
December 2020	8,017	2,262	71.78%
January 2021	7,142	2,513	64.81%
February 2021	6,783	1,583	76.60%
March 2021	8,810	2,001	77.29%
April 2021	10,362	2,479	76.06%
May 2021	11,023	2,919	73.52%
June 2021	11,094	2,439	78.02%

Local data demonstrates deterioration in performance for July 2021 (69.96%) and August 2021 (65.01%) to date.

2.1.2. What is the prediction for performance over the coming 3 months?

It is unlikely that performance is unlikely to significantly improve in the coming months. A breakdown of the Cheshire and Merseyside (C&M) position (all types) shows deterioration in our performance compared to other areas as well as against trajectory. The previous two reports highlighted that Wirral were in the top performing Trusts however, we are now at the lower end with 5 Trusts now performing better than Wirral.

2.1.3. What is causing poor performance / what is aiding good performance?

- A significant increase in A&E attendances is a major factor in current performance levels, the levels currently being experienced are above pre-COVID activity levels.
- Increasing demand on local healthcare services across primary, community and acute care contributing to this position.
- Local infection rates for COVID-19 have increased over recent a week, which has resulted in increased COVID-19 positive and suspected COVID-19 patients.
- Periods of increased occupancy affecting flow through the hospital.

2.1.4. What actions is NHS Wirral CCG taking to improve performance?

NHS Wirral CCG has oversight and involvement in the improvement work outlined below:

- The SAFER implementation project has now been rolled out to 8 wards, this is continuing to be embedded and performance is being monitored to ensure delivery and sustainability.
- Alongside this, small Plan, Do, Study, Act (PDSA) exercises have been carried out to identify quick wins that can then be rolled out e.g. blood tests at 7:30 am and sent direct to lab rather than batched.
- A turnaround team has been put in place responsible for taking patients down to discharge lounge and then clearing bed etc. ready for next admission.
- The team have been working with junior doctors to brief on SAFER principles to ensure no setbacks following new intake.
- Process for notice to assess being reviewed which was previously used to alert the Integrated Discharge Team (IDT) to a patient who would need IDT involvement at an early stage.
- IDT nurses and discharge trackers continuing to track all with a length of stay of 7 days or more.
- Continuation of Long Length of Stay (LLOS) reviews (Medicine 3 times a week, surgical twice a week).
- Weekend system wide planning meetings continuing alongside twice weekly discharge cell to mitigate any avoidable weekend delays.
- Discharge cell has stepped up to three times a week following surge in pressure across the system.
- MADE (Multi Agency Discharge Event) held on 12th August to boost discharges and ease pressures on flow throughout the Trust. This event was proactively scheduled in advance to boost flow as August is known to have flow issues which have been further exacerbated by COVID-19. A follow up event was scheduled ahead of the August Bank Holiday weekend.
- A MADE event will also be held across all Transfer to Assess (T2A)/Discharge to Assess (D2A) beds.
- Key themes will be shared across system partners and an action plan formulated.

2.1.5. How and when will we know if this is having the desired effect?

With the implementation of the preceding bullet points, along with the others within the main report, should have a positive effect on performance in the coming months. This is obviously dependent on COVID-19 activity levels.

2.2. Ambulance, including NHS 111

2.2.1. Has the performance improved or declined over the last 6 months?

Performance during May has deteriorated significantly as anticipated across all metrics with only category 1 (90th Centile) achieving the required standard.

Standard	Target	Dec-20	Jan -21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
WCCG Cat 1 (mean)	<7mins	00:07:20	00:08:47	00:07:02	00:06:58	00:07:45	00:08:17	00:09:01
WCCG Cat 1 (90th percentile)	<15mins	00:12:08	00:14:11	00:11:20	00:11:48	00:12:20	00:13:40	00:13:42
WCCG Cat 2 (mean)	<18mins	00:21:07	00:41:24	00:21:31	00:18:08	00:23:31	00:28:21	00:37:41
WCCG Cat 2 (90th percentile)	<40mins	00:43:55	01:29:25	00:44:32	00:36:42	00:48:43	01:00:38	01:20:31
WCCG Cat 3 (90th percentile)	<120mins	01:55:55	04:33:00	01:23:17	01:40:33	02:40:51	03:28:24	06:17:40
WCCG Cat 4 (90th percentile)	<180mins	03:33:14	06:14:10	02:44:40	04:22:31	05:27:04	06:30:24	11:25:52

Two of the three Ambulance handover targets were missed in June.

	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Avg Arrival to Handover (Arrowe Park)	<15m	00:24:04	00:29:00	00:17:38	00:17:01	00:18:43	00:17:57	00:17:55
Avg Handover to Clear Time (Arrowe Park)	<15m	00:11:13	00:11:42	00:11:49	00:12:14	00:11:48	00:12:42	00:12:26
Avg Overall Arrival to Clear Time all Attends (Arrowe Park)	<30m	00:36:05	00:40:31	00:29:19	00:29:25	00:31:04	00:31:04	00:30:07

NHS 111 performance has deteriorated significantly during June compared to the last 6 months. This is an area of increasing concern across Wirral.

North West		Jan	Feb	March	April	May	June
Calls answered within 60 seconds	>=95%	68.6%	76.1%	67.6%	62.0%	46.0%	32.9%
Abandoned calls	<5%	6.8%	4.1%	6.4%	7.7%	13.7%	21.2%
Calls warm transferred	>=75%	13.6%	14.0%	12.7%	11.6%	11.6%	13%
Calls backs within 10m	>=75%	8%	9.6%	6.2%	6.0%	5.7%	4.8%

2.2.2. What is the prediction for performance over the coming 3 months?

The challenging position observed during the last few months is anticipated to continue for the coming weeks. Improvement trajectories were raised at the last contract meeting with the provider, however due to the volatile nature of the current position; it is acknowledged that it is difficult to set any realistic trajectories.

2.2.3. What is causing poor performance / what is aiding good performance?

- A significant increase in A&E attendances is a major factor in current performance levels. The levels currently being experienced are above pre-COVID-19 activity levels.
- Increasing demand on local healthcare services across primary, community and acute care contributing to this position.
- Local infection rates for COVID-19 have increased significantly over recent weeks, which has resulted in increased COVID-19 positive and suspected COVID-19 patients.
- Periods of increased occupancy affecting flow through the hospital.

2.2.4. What action is NHS Wirral CCG taking to improve performance?

NHS Wirral CCG has oversight and involvement in the improvement work highlighted below:

- Rapid Assessment and Triage PDSA completed, with a review of performance ongoing.
- A transfer team will be established linked to the patient flow team to enhance flow through the hospital.
- Public communications stepped up to promote the alternatives to ED including the multiple walk in centres/minor injuries units available to walk in.
- Principles being developed with primary care with the Local Medical Committee (LMC) regarding patient access.
- Arrowe Park Urgent Treatment Centre (UTC), Victoria Central Hospital (VCH), Eastham Walk in Centre (WIC) and Miriam Minor Illness and Injuries are now fully re-opened to walk in access.

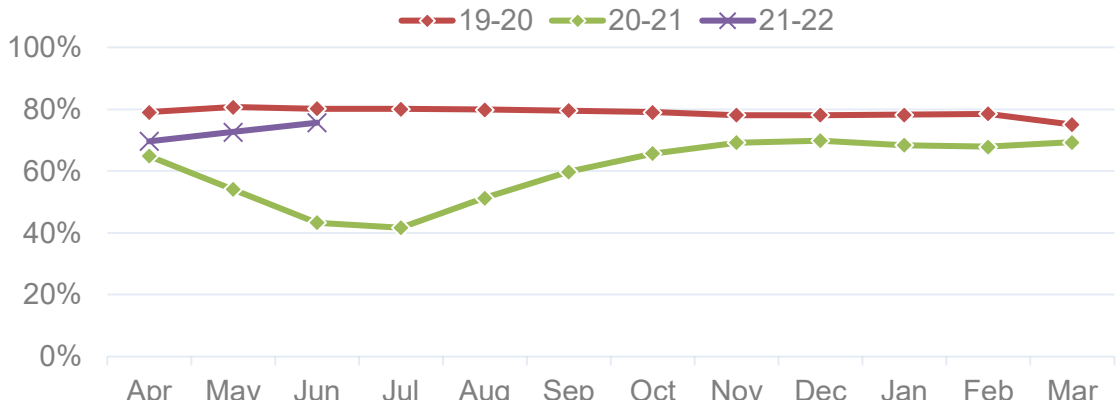
2.2.5. How and when will we know if this action is having the desired effect?

With the implementation of the preceding bullet points, along with the others within the main report, should have a positive effect on performance in the coming months. This is obviously dependent on COVID-19 activity levels.

2.3. Referral to Treatment

2.3.1. Has the performance improved or declined over the last 6 months?

NHS Wirral CCG performance continues to show a steady improvement in June 2021 (reporting month) performing at 76.5% compared to 73.5% in May 2021.



Currently (June) 29,089 patients are on the waiting list, compared to 28,199 last month. Patients waiting over 52+ weeks at WUTH as at end of June was 691, which is a reduction of 114 on the previous month. Currently we have three patients waiting over 104 weeks and at the time of writing this report a further four are likely to exceed 104 weeks wait.

2.3.2. What is the prediction for performance over the coming 3 months?

It is predicted that the number of patients on the waiting list will rise although the 52+ waits are likely to continue to decrease.

2.3.3. What is causing poor performance / what is aiding good performance?

The increase in waiting list numbers is as a result of the effect of COVID-19 and the pausing of elective care. The reduction in those waiting over 52 weeks is due to the management of the waiting list and ensuring that those waiting the longest are prioritised after being deemed to be a clinical priority.

2.3.4. What action is NHS Wirral CCG taking to improve performance?

NHS Wirral CCG has oversight and involvement in the improvement work highlighted below:

- Ongoing active tracking of all patient pathways, following up consultant reviews and proactively managing the outcome of every clinical activity.
- Micromanagement of all 40 week+ patients.
- Actively pushing next steps and escalating any risks/issues.
- Clinical priority and then chronological booking of all clinical sessions.
- Additional capacity utilised from the independent sector is ongoing.
- Senior operations teams working closely to ensure actions required are undertaken timely for non-admitted pathways.
- Oversight by Chief Operating Officer with weekly board report submitted.

2.3.5. How and when will we know if this action is having the desired effect?

With system wide close monitoring, we expect to see continued improvement in the coming months. Obviously this is subject to no further, significant, increase in COVID-19 activity and a pausing of elective care.

2.4. Cancer

2.4.1. Has the performance improved or declined over the last 6 months?

For NHS Wirral CCG and our population, overall Cancer services continue to perform well, except in two areas.

		2020/2021									2021/22		
	Target	Qtr 2			Qtr 3			Qtr 4			Qtr 1		
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Wirral CCG 2 Weeks	>= 93%	95.3%	89.8%	92.6%	94.6%	90.7%	96.9%	95.8%	97.6%	98.8%	96.7%	97.6%	**97.1%**
Wirral CCG 2 Weeks Breast	>= 93%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	N/A	75.0%	100.0%	100.0%	80.0%	N/A
Wirral CCG 28 Day Faster Diagnosis 2WW	>= 75%	74.8%	74.2%	76.4%	78.9%	81.4%	82.4%	76.1%	79.3%	85.2%	80.5%	80.8%	**80.9%**
Wirral CCG < 31 Days First	>= 96%	94.6%	93.2%	94.2%	96.9%	96.7%	97.0%	97.4%	96.8%	96.7%	96.4%	96.3%	**98.5%**
Wirral CCG < 31 Days subsequent Surgery	>= 94%	84.6%	83.8%	91.1%	92.1%	81.8%	96.3%	90.0%	100.0%	93.3%	85.2%	95.2%	**87.5%**
Wirral CCG < 31 Days subsequent Drugs	>= 98%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**
Wirral CCG < 31 Days subsequent Radiotherapy	>= 94%	96.4%	97.9%	100.0%	93.6%	100.0%	100.0%	100.0%	94.0%	100.0%	100.0%	95.9%	**100.0%**
Wirral CCG < 62 Days	>= 85%	80.0%	76.3%	83.5%	79.8%	84.7%	85.7%	77.3%	80.7%	85.7%	80.7%	83.2%	**83.6%**
Wirral CCG < 62 Days (Screening)	>= 90%	66.7%	66.7%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	66.7%	87.5%	75.0%	**100.0%**
Wirral CCG < 62 Days (Upgrade)	N/A	84.6%	90.0%	90.0%	100.0%	90.0%	88.9%	91.7%	61.5%	100.0%	100.0%	85.7%	**90.9%**

NHS Wirral CCG failed on two performance targets in June 2021, these being:

- 31 day subsequent surgery breached.
- 62 day failed to meet the threshold for the 3rd month running, although performance is improving marginally month on month

.

2.4.2. What is the prediction for performance over the coming 3 months?

Performance continues to be on track for full recovery and Wirral continues to perform well on a regional basis. The 62 day performance remains a challenge, however performance is steadily improving month on month.

2.4.3. .What is causing poor performance / what is aiding good performance?

- Complex diagnostic pathways continue to be a key reason for patients breaching the 62 day pathway; this is across a number of tumour groups.
- Theatre access (includes staffing) continues to be a challenge.
- Robotic surgery capacity for Wirral cancer patients has been reduced as the robot has been opened up for non-cancer gynae and also Welsh patients are now being accepted by Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) for treatment (3 – 4 patients a month). Capacity and prioritisation for cancer patients is being raised internally within WUTH.

2.4.4. What action is NHS Wirral CCG taking to improve performance?

NHS Wirral CCG has oversight and involvement in the improvement work highlighted below:

- NHS Wirral CCG are providing general support to providers and the Cancer Alliance to implement improvements.
- A new referral form has been issued for breast and an education session to support this is taking place in September 2021.
- Work is commencing with The Clatterbridge Cancer Centre NHS Foundation Trust to improve care of cancer patients suffering Lymphedema. NHS Wirral CCG will be facilitating discussion and education with primary care to improve local dressing and garment prescribing.

2.4.5. How and when will we know if this action is having the desired effect?

Publication of the coming months performance data should support the expected improvements, continued close monitoring will continue to enable corrective action being taken at the earliest opportunity to ensure performance level are reach the required levels.

3. IMPLICATIONS

The arrangements to seek assurance around performance, improvement plans, quality and safety remain in place and a high priority.

The A&E performance that is referenced earlier in this paper continues to increase the risk of harm for patients requiring emergency department care and treatment and those awaiting onward admission. The Clinical Quality and Performance Group (CQPG) continue to review the processes for safe care within ED at WUTH.

RTT recovery performance is detailed above and the recovery of the current position of the waiting list continues to be monitored in the CCGs Activity Management Group and also the Strategic Restart Oversight Group. The Strategic Restart Oversight Group is to become the Wirral system Elective Care Oversight Group and will oversee performance and transformation of elective care. Whilst the recovery of performance at WUTH, our main acute provider, continues to meet improvement trajectories this oversight will continue to ensure opportunities to further improve the position are actioned across our system. In relation to potential harm, the CQPG meeting receives assurance that harm review process is being followed and continues to seek assurance that the process is managing the increasing number of long waiters.

4. CONCLUSION

Governing Body is asked to:

- Note the content of this report and actions being taken to improve performance.

APPENDIX 1 - MONTHLY REPORT ON PERFORMANCE OF CONSTITUTIONAL STANDARDS

1. INTRODUCTION

This paper provides NHS Wirral Clinical Commissioning Group's (WCCG) Quality & Performance Committee (Q&P) with a report on the key performance issues in the four key NHS Constitutional standards - Accident & Emergency (A&E), Ambulance and NHS 111, Referral To Treatment (RTT) and Cancer.

2. KEY ISSUES

2.1. Latest Published Data Analysis and Trends

The following dashboard demonstrates the performance against the national standards in June 2021 for the above standards and includes a trend analysis (July 2020 to June 2021).

Performance compared to previous month	Not Achieved Measures	Standard	Date	Results	Trend (Last 12 months)
↑	A&E 4hr wait (APH A&E & WIC combined site)	95% of patients, admitted, transferred or discharged within 4 hours	Jun 20/21	78.0%	
↓	Ambulance – Cat 1 (mean)	Category 1 (Life-threatening) ambulance response. Mean response time 7 minutes	Jun 20/21	00:09:01	
↓	Ambulance – Cat 1 (90th Centile)	Category 1 (Life-threatening) ambulance response. 90 % in 15 mins	Jun 20/21	00:13:42	
↓	Ambulance – Cat 2 (mean)	Category 2 (Emergency) ambulance response. Mean response team 18 minutes	Jun 20/21	00:37:41	
↓	Ambulance – Cat 2 (90th centile)	Category 2 (Emergency) ambulance response. 90 % in 40 mins	Jun 20/21	01:20:31	
↓	Ambulance – Cat 3 (90th Centile)	Category 3 (Urgent) ambulance response. 90 % in 2 hours	Jun 20/21	06:17:40	
↓	Ambulance – Cat 4 (90th Centile)	Category 4 (Non-Urgent) ambulance response. 90 % in 3 hours	Jun 20/21	11:25:52	
↓	111 – calls answered	95% of calls answered within 60 seconds – North West only	Jun 20/21	32.9%	
↓	111 – calls abandoned	Less than 5% of calls abandoned – North West only	Jun 20/21	21.2%	
↑	111 – warm transfers	At least 75% of the total calls that are transferred to a clinical advisor must be "warm transfers" i.e. transferred while the call was live or the caller was on hold.	Jun 20/21	13.0%	
↓	111 – call backs	75% of patients called back in 10 minutes – North West only	Jun 20/21	4.8%	
N/A	111 – Clinical Intervention	50% of total calls triaged not transferred to/answered by a trained clinician (without a lapsed professional certification) working within the Clinical Assessment	Jun 20/21	N/A	
↓	Cancer Waiting Times - 2 Weeks	93% of patients seen within 14 days from an urgent referral for suspect cancer	Jun 20/21	97.1%	
↓	Cancer Waiting Times - 2 Weeks Breast	93% of patients seen within 14 days from an urgent referral for suspect cancer - Breast	Jun 20/21	N/A	
↑	Cancer Waiting Times - 28 Day Faster Diagnosis	75% of all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis	Jun 20/21	80.9%	
↓	Cancer Waiting Times - < 31 Days First	96% of patients given first treatments for cancer within 31 days of decision to treat – First	Jun 20/21	98.5%	
↓	Cancer Waiting Times - < 31 Days subsequent Surgery	94% of patients given first treatments for cancer within 31 days of decision to treat – Surgery	Jun 20/21	87.5%	
↔	Cancer Waiting Times - < 31 Days subsequent Drugs	98% of patients given first treatments for cancer within 31 days of decision to treat – Drugs	Jun 20/21	100.0%	
↑	Cancer Waiting Times - < 31 Days subsequent Radiotherapy	94% of patients given first treatments for cancer within 31 days of decision to treat - Radiotherapy	Jun 20/21	100.0%	
↑	Cancer Waiting Times - < 62 Days	85% of patients given first treatment within 62 days from an urgent GP referral (inc rare)	Jun 20/21	83.6%	
↑	Cancer Waiting Times - < 62 Days (Screening)	90% cancer screening service within 62 days	Jun 20/21	100.0%	
↑	Cancer Waiting Times - < 62 Days (Upgrade)	No target	Jun 20/21	90.9%	
↑	RTT Incompletes % waiting <18w (commisioner data)	92% of incomplete pathways within 18 weeks	Jun 20/21	76.5%	
↓	Diagnostics % waiting >= 6w	99% of patients in within six weeks for a diagnostics test	Jun 20/21	96.4%	

2.2. Accident and Emergency (A&E)

2.2.1. Performance compared to the previous 6 months

Performance against the A&E 4 hour constitutional standard improved during June 2021 achieving 78.02%. This is above the average for the previous 6 months (73%) however remains significantly below the constitutional standard.

Arrowe Park Hospital A&E and Walk In Centre Activity			
Month	Total Attendances	Breaches >4 hours	% Attendances <4 hours
December 2020	8,017	2,262	71.78%
January 2021	7,142	2,513	64.81%
February 2021	6,783	1,583	76.60%
March 2021	8,810	2,001	77.29%
April 2021	10,362	2,479	76.06%
May 2021	11,023	2,919	73.52%
June 2021	11,094	2,439	78.02%

Wirral's performance increases to 84.26% (June 2021) if all urgent care centres are counted including A&E, the Arrowe Park Urgent Treatment Centre (UTC), Victoria Central Hospital (VCH) Walk in and Minor Injuries, Eastham Walk in Centre (WIC) and Miriam Minor Illness and Injuries.

2.2.2. Current and predicted performance for the next 3 months

Local data demonstrates deterioration in performance for July (69.96%) and August (65.01%) to date.

Type 1 A&E performance against the 4 hour standard for the last 6 months is illustrated below. The pattern of activity remains volatile however the recent deterioration is clearly evidenced with performance consistently falling below the average point for the 6 month period.

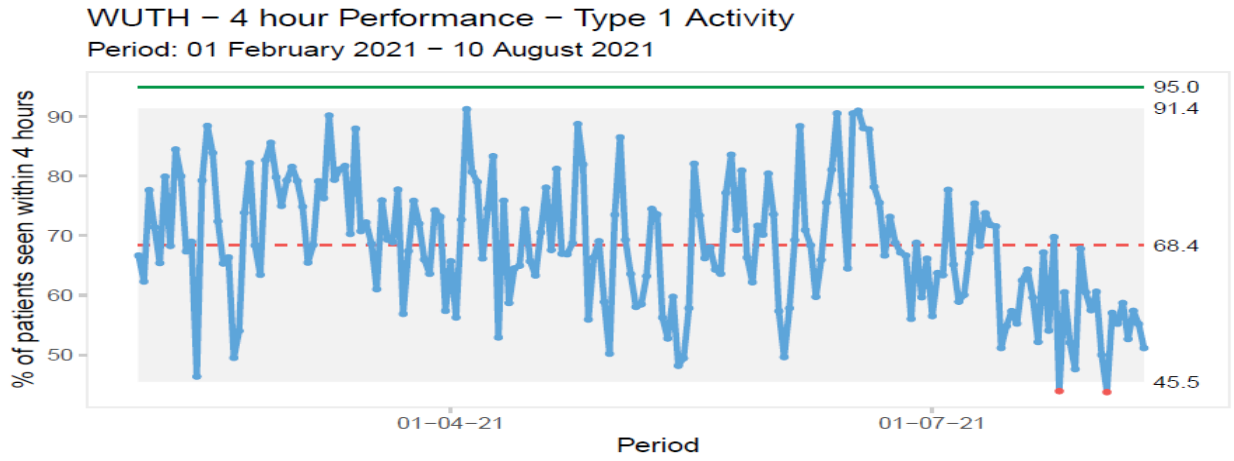


Figure 1: Percentage of ED attendances treated and admitted, discharged or transferred within 4 hours

A breakdown of the Cheshire and Merseyside (C&M) position (all types) is shown below. This shows deterioration in our performance compared to other areas as well as against trajectory. The previous two reports highlighted that Wirral were in the top performing Trusts however, we are now at the lower end with 5 Trusts now performing better than Wirral.

Cheshire & Merseyside – A&E Performance Improvement Trajectory; Updated 10.08.2021.

*Please note last week's performance against previous trajectories.

Trust	April 21 Performance	w/c 02 August 21 Performance			End of May 21 Performance		End of June 21 Performance	
	All Types	*w/c 28 June All Types (Trajectory)	w/c 02 Aug All Types (Actual)	*w/c 28 June Type 1 (Trajectory)	All Types	Type 1	All Types	Type 1
Alder Hey	92.40%	89.0%	90.43%	89.0%	94.0%	94.0%	89.0%	89.0%
Countess of Chester	82.69%	82.90%	92.94%	80.90%	82.50%	80.40%	82.90%	80.90%
East Cheshire	67.48%	78.0%	56.73%	78.0%	74.0%	74.0%	78.0%	78.0%
Liverpool University Hospitals	85.96%	84.30%	74.74%	84.08%	82.70%	82.39%	84.30%	84.08%
Mid Cheshire	72.51%	80.0%	58.09%	73.40%	78.40%	71.30%	80.0%	73.40%
Southport & Ormskirk	83.91%	87.08%	74.74%	82.35%	85.89%	80.39%	87.08%	82.35%
St. Helens & Knowsley	83.41%	84.40%	79.07%	71.47%	84.70%	70.96%	84.40%	71.47%
Warrington	78.31%	82.10%	71.84%	76.50%	79.60%	73.20%	81.10%	75.20%
Wirral	81.20%	87.32%	74.08%	79.05%	83.99%	73.99%	87.32%	79.05%

A formal trajectory is yet to be agreed for Quarter 2. Performance is currently measured against the last trajectory point of Quarter 1.

2.2.3. Reasons for the current position

Failure to achieve the 4 hour performance, and inconsistency in performance, is caused by a number of factors as described below:

- Continuation of increased numbers of Emergency Department (ED) attendances compared both to pre pandemic levels and activity earlier in the year. This is supported by the graph below demonstrating continued activity above average for the 6 month period. It is worth noting, however, daily activity does appear to be starting to reduce slightly in August. Due to the volatility of the data, this will need to be monitored to assess if this reduction is sustained;

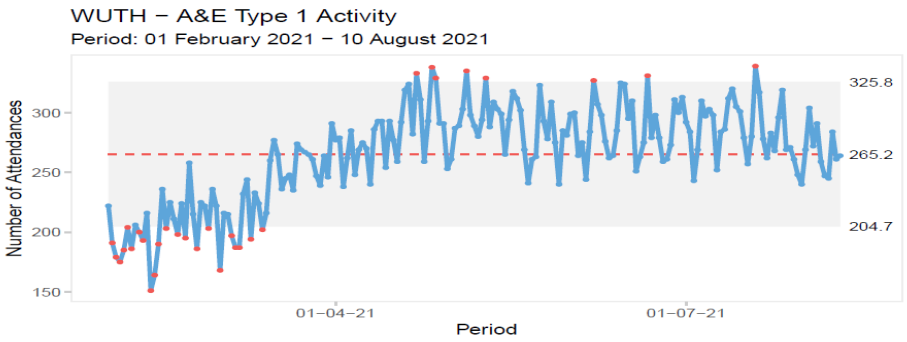


Figure 3: Number of Patients who attended the emergency department at WUTH

- Attendances have increased 15-20% compared to 19/20;
- System wide surge in demand for urgent and emergency care with interdependencies with:
  - GP access (perceived access issues and capacity constraints to deal with demand)
  - Paediatric surges in respiratory related conditions;
  - Back log of patients accessing health care following pandemic;
  - Reduced confidence in patients to self-care;
- Local infection rates for Covid-19 remain high with increasing numbers of Covid positive patients accessing the acute;

- Periods of increased occupancy affecting flow through the hospital (see discharge section of report);
- Reduced staffing due to Covid-19 infection and track and trace – issue effecting all staff levels across the ED;
- Attendances clustering together making the 4 hour standard increasingly difficult to deliver during those time periods;
- Mental health attendances increasing and only 36% met the 4 hour standard. This leads to increased pressure on the ED team supporting these patients whilst they await specialist care/ admission into a mental health bed.

2.2.4. Actions taken to improve the position

- The ED action plan continues to be implemented;
- Staff have been redeployed when needed to prioritise ED;
- A system wide urgent care workshop has been held with clinicians and manager across the system to agree tangible actions to recover position in short, medium and long term;
- To complement the existing and enhanced local public communications, an 8 week winter communications plan is in development at a C&M level;
- Communications have been shared with primary care and paramedics prompting use of admission avoidance schemes;
- Discussion between Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to have increased presence from Community Integrated Response Team (CIRT) in ED to support during the peak times noted (5-8pm);
- CIRT have undertaken analysis of practice level referral rates and will work with practices with low referral rates to raise awareness of 2 hour crisis response service;
- ED audit has been conducted with 100 attendees to ED. The findings have been analysed and shared at the urgent care workshop – the action plan in development aims to respond to the key findings;
- Workforce review continues to progress and alongside this consideration is being given to the layout of the department and any quick fixes to support improved flow;
- System level action plan continues to progress well (see ambulance section below);
- Escalation meeting scheduled with WUTH, Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and WCCG to agree best way to reduce long ED delays for mental health patients.

2.3. Urgent Treatment Centre (UTC) including NHS 111

2.3.1. Streaming

2.3.1.1. Performance compared to the last 6 months

Performance in June sustained the increased streaming number observed during May.

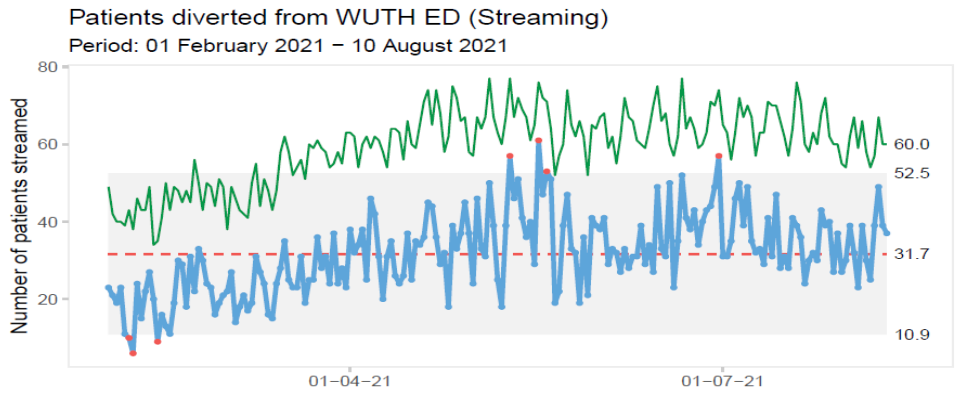
Month	Average Daily A&E Attendances (A&E only)	Average Daily Streamed	% Streamed
November 2020	221	20	9%
December 2020	221	21	10%
January 2021	198	18	9%
February 2021	204	20	9%
March 2021	236	24	9%
April 2021	284	34	11%
May 2021	288	37	13%
June 2021	288	37	13%

2.3.1.2. Current and predicted performance for the next 3 months

Local data demonstrates a very slight reduction in streaming numbers observed in July and August.

Month	Average Daily A&E Attendances (A&E only)	Average Daily Streamed	% Streamed

July 2021	286	35	12%
August 2021 (1-11th)	270	35	13%



Note: blue lines denote actual streaming activity and green the 20% target.

It is worth noting that the UTC and other walk in centres are struggling with increased demand alongside similar staff related pressures. The Eastham WIC has been temporarily closed due to staffing shortages associated with Covid-19. Despite these pressures; the 4 hour performance outside of A&E, continues to be met.

Table 5: Summary Table - WiC Activity by Year / Month

Year	Months	Breaches	Total Attendances	Daily average	4 hour Performance %	Meeting Target
2021	Jan	0	1758	57	100.0	✓
2021	Feb	2	1717	61	99.9	✓
2021	Mar	0	2387	77	100.0	✓
2021	Apr	1	2874	96	100.0	✓
2021	May	8	3638	117	99.8	✓
2021	Jun	18	4601	153	99.6	✓
2021	Jul	9	1931	161	99.5	✓

[1] Daily Average: Average of last 193 days (98)

[2] 4 hour Performance (%): National Target is 95%

Reasons for the current position

The current position is reflective of the increased demand within ED and across the urgent and emergency care system as a whole.

2.3.1.3. Actions taken

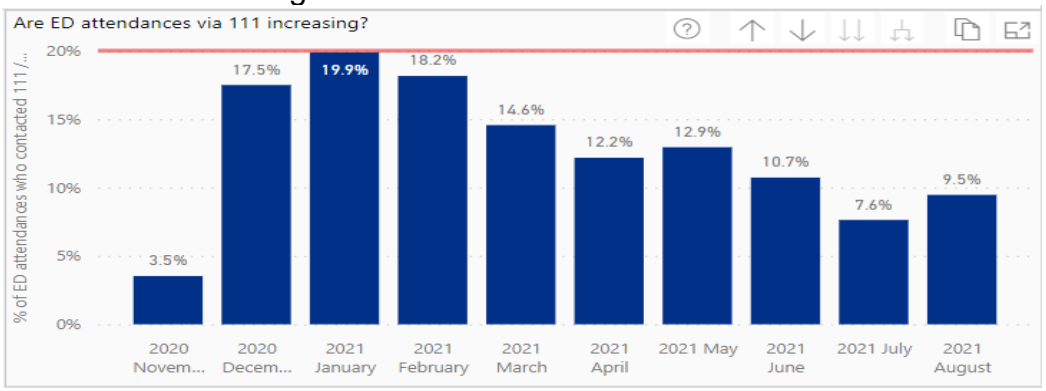
- Consideration of commissioning intensions for the UTC to maximise the potential delivery model including point of care testing and capacity and capability to enable a single front door model to be created in future. This could enable a greater scope of patients to be supported in the UTC;
- Communications are underway to try and reduce avoidance ED attendances. If this campaign is successful (including the NHS 111 First campaign), there will likely be a reduction in streamable patients;
- Task and finish group being established to consider most effective approach to redirecting patients away from ED, both to alternative locations on site (Same Day Emergency Care (SDEC), UTC) and off site (pharmacy, GP).

2.3.2. NHS 111 First

2.3.2.1. Performance compared to the last 6 months

The data for June compares favourably compared to the average of the previous 6 months with regard to referrals from NHS 111 First to ED s and Clinical Assessment Service (CAS). Whilst the data for June shows a slight deterioration from May performance, it is improved in July. It is worth noting the target for ED referrals from NHS 111 is 46% and the current performance is

52%. The target for CAS referrals is 40% and Wirral is achieving 37% (based on latest available data).
The percentage of people accessing NHS 111 first has been on a downward trajectory. The latest data for August to date appears to show slight improvement compared to July however this may not be sustained throughout the month.



There remains minimal difference between average waiting times for patients utilising NHS 111 First compared with walk in due to clinical prioritisation.
The evidence shows that when patients do access NHS 111 First and receive a referral to the CAS, the vast majority are deflected away from ED. June's deflection rate reached 85% against a target of 70%.

2.3.2.2. Predicted performance for the next 3 months

It is predicted that targets will be met for:

- Percentage of patients receiving booked appointment slot when referred to ED;
- Deflection rate.

It is anticipated that continued improvement will be seen with regards to referral rates to ED vs CAS.
The greatest challenge remains increasing the proportion of patients using NHS 111 First prior to attending ED.

2.3.2.3. Reasons for the current position

The current position is reflective of a number of factors both service level and patient level:

- Data demonstrates that for 33% of July's referrals to ED, another service would have been more appropriate (e.g. CAS) but was bypassed;
- Ease of access walking into the ED rather than navigating NHS 111 and potentially awaiting a call back from the clinical assessment service;
- NHS 111 performance has deteriorated significantly so patients may have abandoned their call to NHS 111 and presented to ED anyway;
- Potential that patients have opted to attend ED rather than await CAS call back, especially if call backs delayed;
- Patients who have accessed NHS 111 previously, received a booked appointment and still waited 4 hours may have opted to walk straight in;
- There may still be a lack of awareness of NHS 111 First.

2.3.2.4. Actions taken to improve the position

- Wirral leads have met with NHS 111 and agreed an action plan to reduce the proportion of patients directed to ED where ED was not the first option returned by the Directory of Service (DOS);
- Dr Zahida Adam from WCHC delivered a session for the NHS 111 clinicians during August to improve awareness and understanding of the CAS. This has been received well by the NHS 111 team;
- Wirral CCG are reviewing in hours and out of hours CAS performance to highlight if CAS delays could be contributing to use of ED;

- WUTH service improvement team continuing to review options to improve the pathway for NHS 111 First patients to enable them to be seen close to appointment time. This has been constrained by staffing challenges in the department;
- Phase 2 of NHS 111 First implementation is ongoing which will expand the codes supported by the CAS and lead to a higher referral rate as an alternative to ED;
- Referral into the Crisis Café is to be profiled as part of NHS 111 First by the end August and the Talking Together Wirral NHS 111 pathway is being reviewed to improve patient experience.

Additional supporting actions are described in the next section relating to NHS 111 performance.

2.3.3. NHS 111 Performance

2.3.3.1. Performance compared to the last 6 months

NHS 111 performance has deteriorated significantly during June compared to the last 6 months. This is an area of increasing concern across Wirral.

North West		Jan	Feb	March	April	May	June
Calls answered within 60 seconds	>=95%	68.6%	76.1%	67.6%	62.0%	46.0%	32.9%
Abandoned calls	<5%	6.8%	4.1%	6.4%	7.7%	13.7%	21.2%
Calls warm transferred	>=75%	13.6%	14.0%	12.7%	11.6%	11.6%	13%
Calls backs within 10m	>=75%	8%	9.6%	6.2%	6.0%	5.7%	4.8%

2.3.3.2. Predicted performance for the next 3 months

A trajectory is not yet in place for NHS 111 performance. A formal action plan has been requested and is due to be shared with C&M leads w/c 9th August.

Following discussion at the North West Ambulance Service (NWAS) July contract meeting, it is likely that performance will continue as an area of concern into the next few months until the action plan starts to take effect.

2.3.3.3. Reasons for the current position

The contributing factors to this position are:

- Increased call volume – 37% increase compared to same period 2020 and 50% increase compared to same period 2019;
- Sickness rates have increased to 20% the majority of which are relating to mental health;
- Continued surges in demand between 8am and 10am creating additional capacity pressures;
- Staffing levels remain insufficient to meet demand.

2.3.3.4. Actions taken to improve the position

It is acknowledged that performance within NHS 111 is largely out of our local control. C&M leads are working to seek assurance on actions taken, this will be aided by additional national funding that has been allocated August/September to support NHS 111.

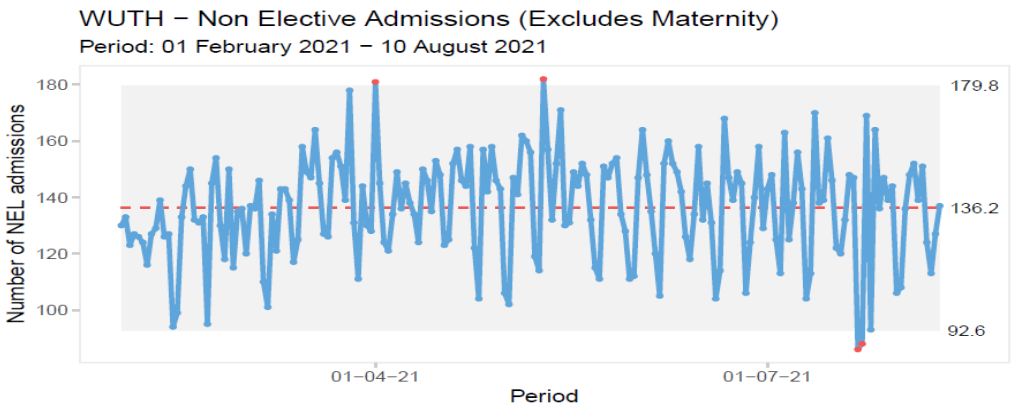
WCCG will take the following actions to support position:

- Review data shared by NHS 111 showing practices with high call volumes to NHS 111, especially between 8am-10am. Data will be used to inform targeted discussions and could be added to the quality dashboards informing practice and WCCG meetings;
- Review CAS performance data to reduce duplicate calls to NHS 111 following delayed call backs from CAS.

2.3.4. Non Elective Admissions (NEL)

2.3.4.1. Performance compared to the last 6 months

NEL admissions have remained reasonably steady over recent months following a slight reduction during the last Covid peak. The current activity (as shown on the graph below) is relatively consistent with pre-Covid levels. A slight dip is evident in July which is consistent with seasonal trends.



The year to date position (Apr – June) on NEL admissions is +34.5% compared to an England position of +34%. The position across Wirral and England has reduced from the previous month.

2.3.4.2. Predicted performance for the next 3 months

It is predicted that admission rates will remain reasonably steady over the summer months. However, if Covid-19 related activity continues to rise it is possible that we will see an increase in NEL admissions. It is hoped that this risk will have been mitigated by the successful vaccination programme.

It is likely that NEL admissions will rise as we move into winter. There are national concerns regarding increased rates of flu and increased rates of respiratory conditions in children that are likely to lead to an increase in admissions.

2.3.4.3. Reasons for the current position

- Increased activity in attendances are not within the majors/ resus cohorts who are more likely to be admitted;
- Potential for patients to require admission due to not accessing healthcare during the pandemic and therefore experiencing high acuity illness;
- Increasing number of patients acutely unwell with Covid-19;
- Stretched workforce and limited capacity in ED may increase likelihood of admission in some instances;
- Community admission avoidance schemes not being optimised.

2.3.4.4. Actions taken to improve the position

- Targeted approach to admission avoidance within ED including;
    - Revised plans to target CIRT resources during the afternoon and early evening when activity peaks have been occurring;
    - Dedicated Respiratory specialist nurse to be working within ED to reduce respiratory related admissions which have been identified as one of the top causes of NEL admission;
    - Enhanced in reach of specialty nurses for Cardiology and Older people into ED/assessment units to reduce avoidable admissions.
- Winter planning is underway and will include system wide discussions around how best to optimise admission avoidance. A small amount of funding is available within the Better Care Fund (BCF) to support winter contingency. Plans are in progress regarding potential schemes to invest in this winter;
- Work ongoing to deliver against the new 2 hour crisis response requirements. The CIRT team is currently achieving 88% against the 2 hour response target. Consideration is being made to use of additional funding to further develop the service;
- Continued delivery of Covid oximetry at home to enable patients to be monitored at home. Paramedics can access this service via Urgent Care Assessment & Treatment service (UCAT). A&E are also able to discharge patients with the equipment 24/7 to reduce requirement for admission.

2.3.5. Discharge including Long Length of Stay (LLOS)

2.3.5.1. Performance compared to the last 6 months

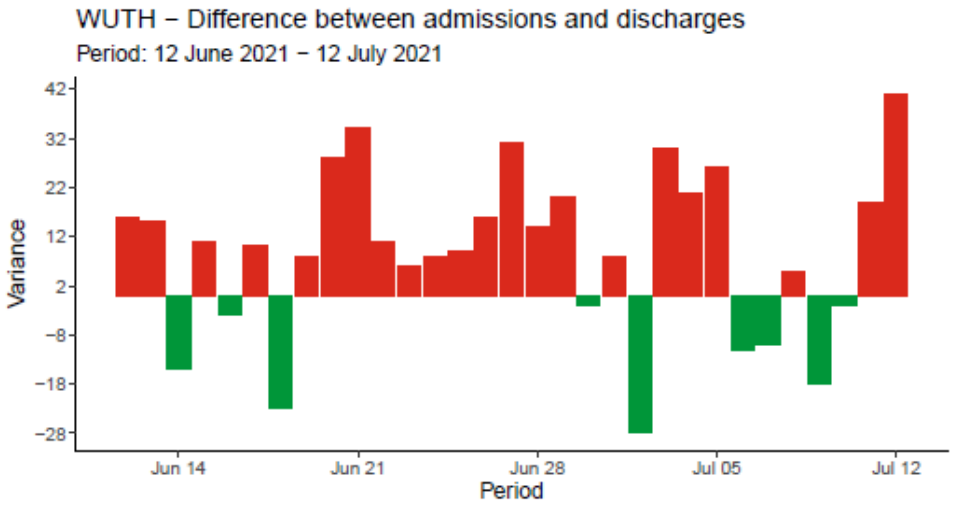
The C&M data below demonstrates that the discharge target was met for the latest weekly average position and discharges exceeded admissions.

C&M Weekly Average (rolling)				
Latest data	02-Aug-21	to	08-Aug-21	
Acute Site	Discharges target	Discharges (actual)	Admissions (actual)	Actual discharges vs admissions
CoCH **	Data not submitted			
ECT	36	32	35	-3
LUHFT	198	204	210	-5
MCHFT	57	54	56	-2
S&O	37	47	38	8
StHK	92	98	100	-2
WHH	58	49	48	1
WUTH	83	90	86	4
C&M	561	574	574	1
Data source:	C&M local systems			

However, the National SitRep position demonstrates a different position with admissions exceeding discharges; this is also demonstrated in our local data analysis. The disparity between the datasets is likely to be due to the inclusion of additional data sets i.e. assessment units/maternity/paeds.

NHS Sitrep Data

National AE SITREP				
Latest data	09-Aug-21			
Discharges	Diff. To C&M figures	Admissions	Diff. To C&M figures	Acute Site
Data not submitted				CoCH
37	20	37	4	ECT
229	117	306	152	LUHFT
152	128	135	93	MCHFT
52	36	72	42	S&O
174	97	190	130	StHK
79	57	85	45	WHH
163	100	183	128	WUTH
886	555	1,008	594	C&M
National AE sitrep				



This position will continue to be monitored as it has a significant effect on delivery of the hospital occupancy target. The data below shows that occupancy continues to remain high with the latest data exceeding the 90% target.

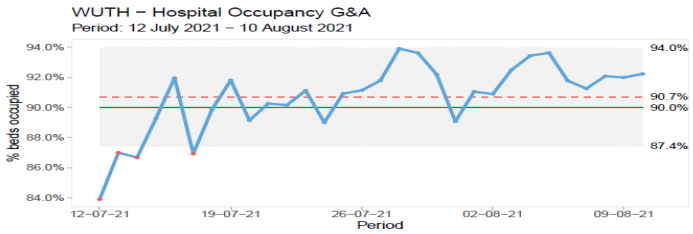


Figure 10: Percentage of general and acute beds occupied

Table 9: Summary Table - Bed Occupancy by Year / Month

Year	Months	Beds Occupied	Total open beds	Bed Occupancy (G&A) %	Meeting Target
2021	Feb	17240	19413	88.8	✓
2021	Mar	18964	21691	87.4	✓
2021	Apr	18670	21105	88.5	✓
2021	May	19895	21883	90.9	✗
2021	Jun	18876	21067	89.6	✓
2021	Jul	19377	21644	89.5	✓
2021	Aug	6503	7062	92.1	✗

[1] Bed Occupancy (G&A): Median occupancy of last 191 days (89.4)
[2] Bed Occupancy Target: Occupancy less than or equal to 90%

A further re-emerging pressure on bed capacity is Covid-19 following the increase in infection rates across Wirral (Wirral Covid-19 infection rate for the 7 days to 27th July 2021 was 310.5 per 100,000).

As described last month, Covid related admissions have increased following the increase in local infection rates. Whilst infection rates have reduced from last month's position, the number of patients in Arrowe Park Hospital with Covid at the time of preparing this report was 35, 7 of which are in critical care. This compares to 23 patients last month, 4 of which were in critical care.

The number of patients in the acute with a length of stay of 21 days or more has seen a significant deterioration over recent weeks as demonstrated below:

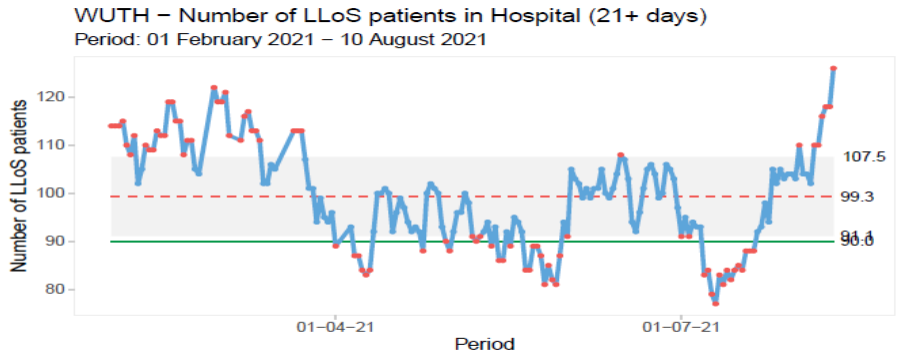


Figure 22: Number of LLoS patients at WUTH (21+ days)

2.3.5.2. Predicted performance for the next 3 months

It is anticipated that occupancy levels will remain high over the coming weeks however actions are under way to support recovery of this position.

It is anticipated that whilst the number of LLOS patients will return in line with target position as key actions are undertaken to address delayed discharges.

2.3.5.3. Reasons for the current position

The current position is reflective of;

- Admissions continue to exceed discharges leading to high occupancy levels;
- Delays associated with pathway discharges, especially for pathway 1 patients returning home with a domiciliary care or reablement package;
- Potential delays due to care home closures associated with Covid;
- Implications of school holidays and Covid-19, including track and trace, on hospital staff, Integrated Discharge Team (IDT) and community providers leading to reduced flow out of the trust.

2.3.5.4. Actions taken to support timely discharge including LLOS

- The SAFER implementation project has now been rolled out to 8 wards, this is continuing to be embedded and performance is being monitored to ensure delivery and sustainability;

- Alongside this, small PDSA's (Plan Do Study Act) have been carried out to identify quick wins that can then be rolled out e.g. blood tests at 7:30 am and sent direct to lab rather than batched;
- A turnaround team has been put in place responsible for taking patients down to discharge lounge and then clearing bed etc. ready for next admission;
- The team have been working with junior doctors to brief on SAFER principles to ensure no setbacks following new intake;
- Process for notice to assess being reviewed which was previously used to alert the IDT to a patient who would need IDT involvement at an early stage;
- IDT nurses and discharge trackers continuing to track all with a length of stay of 7 days or more;
- Continuation of LLOS reviews (Medicine 3x week, surgical 2x week);
- Weekend system wide planning meetings continuing alongside twice weekly discharge cell to mitigate any avoidable weekend delays;
- Discharge cell has stepped up to three times a week following surge in pressure across the system;
- MADE (Multi Agency Discharge Event) held on 12th August to boost discharges and ease pressures on flow throughout the Trust. This event was proactively scheduled in advance to boost flow as August is known to have flow issues which have been further exacerbated by Covid. A follow up event is scheduled ahead of the bank holiday weekend;
- A MADE event will also be held across all T2A/D2A beds;
- Key themes will be shared across system partners and an action plan formulated;
- A trajectory to achieving discharges within 24 hours to be developed for pathways 1, 2 and 3 as well as 2 hours for pathway 0.

2.3.6. NWAS Ambulance Performance

2.3.6.1. Performance compared to the last 6 months

Performance during May has deteriorated significantly as anticipated across all metrics with only category 1 (90th Centile) achieving the required standard.

Standard	Target	Dec-20	Jan -21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
WCCG Cat 1 (mean)	<7mins	00:07:20	00:08:47	00:07:02	00:06:58	00:07:45	00:08:17	00:09:01
WCCG Cat 1 (90th percentile)	<15mins	00:12:08	00:14:11	00:11:20	00:11:48	00:12:20	00:13:40	00:13:42
WCCG Cat 2 (mean)	<18mins	00:21:07	00:41:24	00:21:31	00:18:08	00:23:31	00:28:21	00:37:41
WCCG Cat 2 (90th percentile)	<40mins	00:43:55	01:29:25	00:44:32	00:36:42	00:48:43	01:00:38	01:20:31
WCCG Cat 3 (90th percentile)	<120mins	01:55:55	04:33:00	01:23:17	01:40:33	02:40:51	03:28:24	06:17:40
WCCG Cat 4 (90th percentile)	<180mins	03:33:14	06:14:10	02:44:40	04:22:31	05:27:04	06:30:24	11:25:52

2.3.6.2. Predicted performance for the next 3 months

Local knowledge of the system, and pressures on NWAS, suggest that performance is likely to dip in the coming months.

A trajectory is in the process of being developed alongside an action plan. Achievement of the trajectory will secure additional national funding to support the remainder of the year with £6.2m allocated for NWAS.

Handover / Turnaround Times

2.3.6.3. Performance compared to the last 6 months

The handover time for June has improved slightly across both arrival to handover and handover to clear. This has resulted in the turnaround standard of 30 minutes being missed by just 7 seconds.

	Target	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Avg Arrival to Handover (Arrowe Park)	<15m	00:24:04	00:29:00	00:17:38	00:17:01	00:18:43	00:17:57	00:17:55
Avg Handover to Clear Time (Arrowe Park)	<15m	00:11:13	00:11:42	00:11:49	00:12:14	00:11:48	00:12:42	00:12:26
Avg Overall Arrival to Clear Time all Attends (Arrowe Park)	<30m	00:36:05	00:40:31	00:29:19	00:29:25	00:31:04	00:31:04	00:30:07

2.3.6.4. Predicted performance for the next 3 months

Local intelligence suggests that current performance has deteriorated from the above with average turnaround times for w/c 2nd August of 40 minutes. As demonstrated below, there continues to be peaks where a high number of crews are held in ED for longer than an hour.

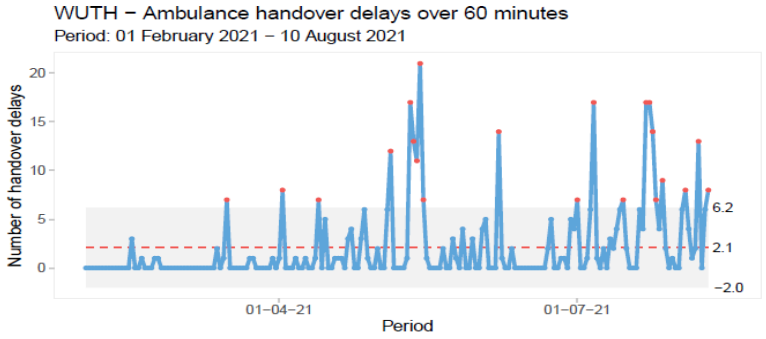


Figure 16: Number of handover delays over 60 minutes

There is a considerable local effort dedicated to improving the performance across the ambulance metrics and therefore it is hoped that performance will improve ahead of winter.

2.3.6.5. Reasons for the current ambulance position

- Increased demand and fluctuating call acuity;
- Continued high levels of category 1 activity;
- Increased staffing pressures within the ambulance service with higher abstraction rates;
- Increased pressures within ED leading to reduced physical capacity resulting in corridor care;
- Ambulance conveyed patients presenting within short time period leading to increased pressure on the ED workforce;
- Logistical issues at WUTH due to the departments layout that other local Trusts do not have.

2.3.6.6. Actions taken to improve the position

As with NHS 111, it is acknowledged that a significant proportion of this is out of our direct control. However, NWAS are working with C&M to demonstrate recovery plans and trajectory as well as agreeing utilisation of additional funding available for winter. It is worth noting, that the significant increase in waiting times for category 3 and 4 patients has been addressed in the C&M NWAS contract meeting.

The actions within our local gift to influence relate to improving hospital handover enabling crews to rapidly return to the community.

These actions are being progressed via a task and finish group chaired by WCCG. The following actions are underway:

- Peer review of admission avoidance schemes available to NWAS;

- Performance review of UCAT and recovery action to be taken as required;
- Communications have been issued to paramedics re alternatives to ED – these will be displayed within ED;
- NWAS attendance at WUTH flow meetings and part of the MS teams group to enable two way real time communication and issue resolution;
- Memorandum of Understanding underway for falls pick up pathway with NWAS and Medequip;
- Direct access to assessment units for crews being considered;
- Data relating to care home patients conveyed to be reviewed with links made to teletriage, GP enhanced health in care homes and the CIRT team to reduce inappropriate conveyances to hospital;
- Fit to sit principles to be reinforced and monitored.

2.4. Referral To Treatment (RTT)

2.4.1. Has the performance improved or declined over the last 6 months?

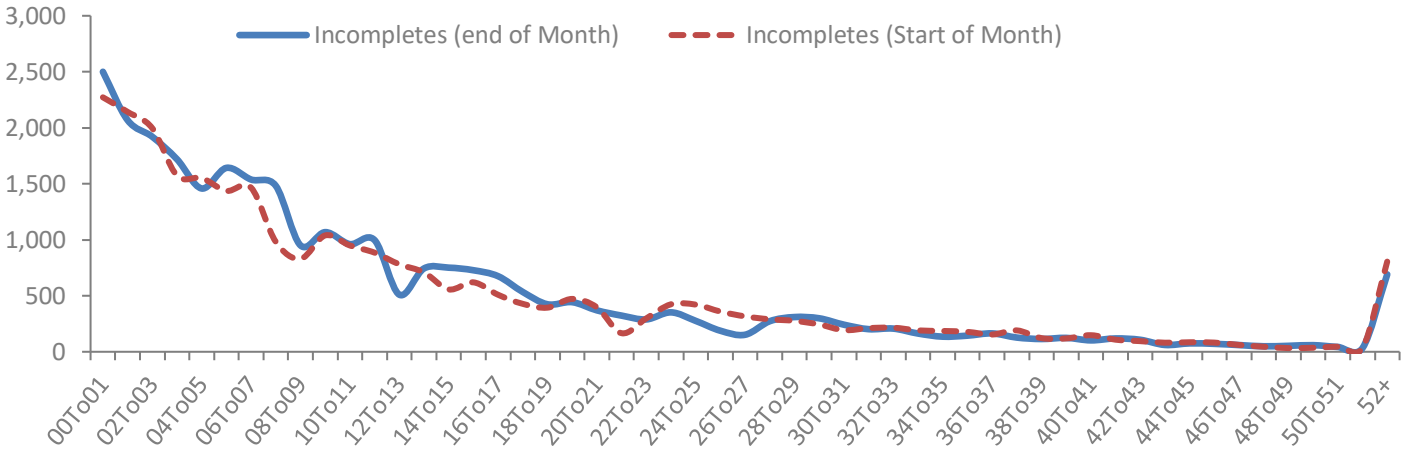
RTT performance remains in a positive position with WCCG the highest in the C&M region. When benchmarking performance across the North West, WCCG continues to have the strongest performance within the region.

National/Regional benchmarking:	Waiting List Size	<18 weeks	<18 weeks %	52+ weeks	52+ weeks %
National	5,454,314	3,750,116	68.8%	304,803	5.6%
North West	713,932	484,067	67.8%	45,274	6.3%
Cheshire & Merseyside	234,733	163,946	69.8%	12,190	5.2%
NHS Cheshire CCG	69,202	44,169	63.8%	4,277	6.2%
NHS Halton CCG	12,035	9,087	75.5%	635	5.3%
NHS Knowsley CCG	14,050	9,812	69.8%	736	5.2%
NHS Liverpool CCG	47,646	31,782	66.7%	3,055	6.4%
NHS South Sefton CCG	16,576	10,989	66.3%	912	5.5%
NHS Southport and Formby CCG	12,290	9,793	79.7%	335	2.7%
NHS St Helens CCG	14,436	11,243	77.9%	630	4.4%
NHS Warrington CCG	19,409	14,826	76.4%	919	4.7%
NHS Wirral CCG	29,089	22,245	76.5%	691	2.4%

Performance improved again this month (reporting month June 2021) to 76.5% from 73.5% previous month. The number of over 52-week waiters decreased to 691, a reduction of 114 patients on the previous month with decreases in several specialties. However, in line with the national trend, the total waiting list saw a substantial increase, which was driven by increases in all referral types (Cancer 2 Week Wait, Urgent and Routine). WCCG's waiting list across all providers is 29,089 at the end of June, an increase of 890 (3%) patients since May. The following table summarises the overall RTT performance for the last 12 months.

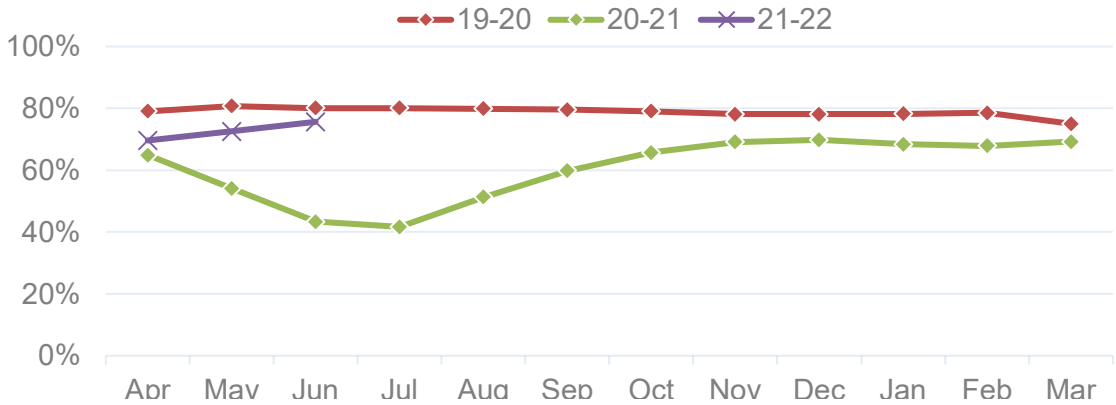
WCCG	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
% Perf	44.5%	53.9%	61.7%	66.8%	70.2%	70.2%	69.8%	68.9%	70.0%	70.5%	73.5%	76.5%
Total	24,153	25,946	25,645	24,508	23,765	24,352	24,063	24,302	25,317	26,951	28,199	29,089
52+Wks	531	644	740	752	718	746	937	1,201	1,280	1,022	805	691

The graph below shows the WCCG waiting list profile across all providers in June.



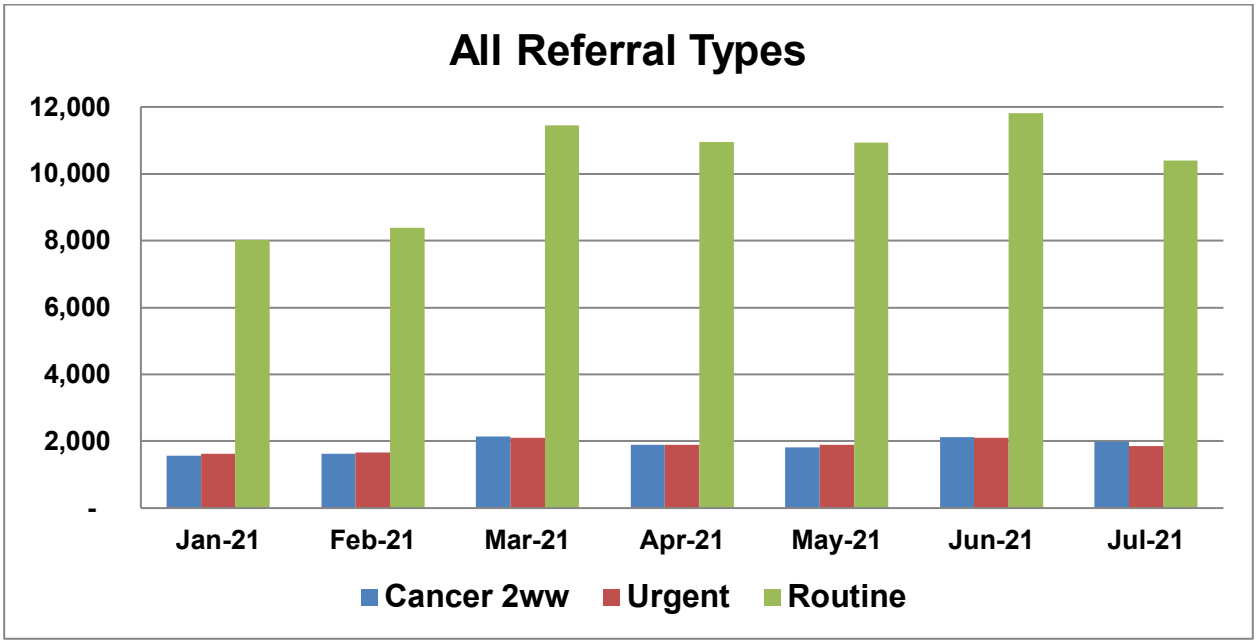
The left-hand side of the graph shows the increase in new patients being added to the waiting list, followed by a dip because of low referrals in lockdown during the 1st and 2nd wave of the pandemic, with increases in the number of 52+ week waiters towards the right side of the graph.

At provider level, WCCG's main provider WUTH RTT performance also continued to improve, maintaining the progress they made in the recent months as part of the agreed elective recovery plan. Their June end position was at 75.6% from 72.5% previous month. Below chart shows the monthly RTT performance since April 2019.

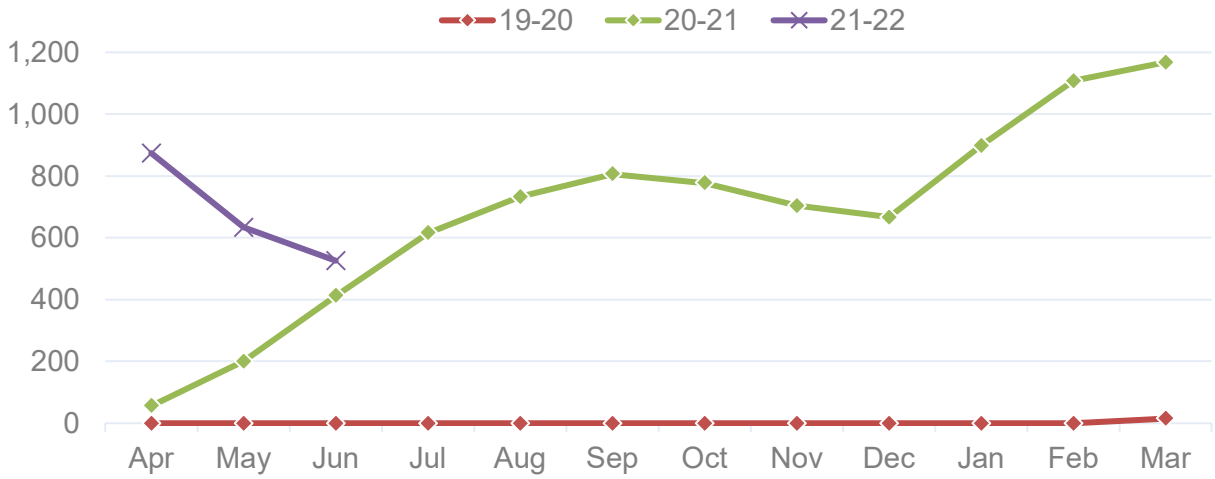


2.4.2. What is causing poor performance / what is aiding good performance?

Nationally introduced Covid restrictions made it difficult for the acute providers to treat urgent patients quickly enough and tackling the long waiting times. At the same time, pent-up demand has been building in the community and since May a number of these patients started coming back to the providers whilst they were still struggling to restore activity. Therefore the new referrals onto the waiting list (clock starts) started to grow rapidly, resulting in the total waiting list in June passing 29,000 for the first time (26,671 at WUTH). The following chart shows the increasing trend in referrals at WUTH.



More recently (as of w/e 15th August 2021) there were over 1,000 patients added on to the waiting list within the week. The waiting list is largely dependent on diagnostic tests and the increases in referrals has subsequently impacting the diagnostic list, and the waiting time from referral up to diagnosis and decision to admit have therefore started lengthening.
Nevertheless there are signs that our providers are catching up on treating many of the long waiters, thus the number of 52+ week waiters are decreasing and improvements continue to be seen each month.



The table below shows specialty level 52+ week progression at WUTH.

WUTH 52+ weeks	Mar-21	Apr-21	May-21	Jun-21
Cardiology	1	0	0	0
Dermatology	3	0	0	1
Ear, Nose & Throat (ENT)	96	72	46	27
Gastroenterology	34	26	17	7
General Medicine	1	5	0	0
General Surgery	149	110	100	88
Gynaecology	99	50	48	30
Ophthalmology	161	129	98	57
Other	25	16	15	11
Rheumatology	1	1	1	0

Thoracic Medicine	20	18	3	1
Trauma & Orthopaedics	167	116	93	57
Urology	120	112	106	94

Provisional data from WUTH shows further reduction in total 52+ week waiters at the end of July (514, 12 less from previous month).

2.4.3. What action are WCCG taking to improve performance?

Although there are ongoing capacity constraints and the risk that new clock starts are increasing, WUTH have a programme of work in place to maximise the elective activity for both Outpatients and Inpatients. This will continue to require excellent collaboration between WCCG and WUTH operating as part of the local system, with a shared focus on service recovery by making full use of available capacity. The ongoing activity plan for August is aimed at delivering 100% activity across all areas, including day cases, inpatients, outpatients first appointments and follow ups and theatres. This trajectory is set as a percentage of 2019/20 activity for the corresponding month in 2021/22. The following table shows WUTH activity plan vs. divisional achievements for last month.

July-21	New%	Follow up%	Day Case%	Inpatients%
WUTH Target	100%	100%	98%	95%
National Target	95%	95%	95%	95%
Clinical Support & Diagnostics	75%	93%	-	-
Medicine & Acute	90%	103%	70%	60%
Surgery	99%	86%	70%	71%
Women & Children	83%	92%	61%	89%

WUTH is closely monitoring staffing levels, in regards to planned clinics/sessions being undertaken, it's a continuing challenge given the restrictions around isolation and presenting Covid symptoms. WCCG continue to work with WUTH to maximise elective capacity available by utilising independent sector providers wherever possible to support elective recovery.

WUTH Consultants are looking at who has the greatest clinical need and who has waited the longest, prioritising people against these two key principles as per the nationally set priority order. They ensure that the prioritisation is done as fairly and equitably as possible to ensure that vulnerable people are not disadvantaged. The prioritisation they follow is based on category P1 urgent, followed by P2-P6 depending on the condition and risk factors of the patients. They also look to provide mutual aid across C&M for some procedures to ensure waiting times are comparable and to reduce inequalities.

Majority of our very long waiters are currently in the P5 and P6 low priority groups, the national prioritisation programme allow patients to postpone treatment if they are in these categories whilst remaining active (clock continues) on the waiting list. Due to the patient choice related reasons some of our patients are now waiting over 104 weeks (approx. 2 years). There are currently 3 patients in this group and 4 more patients are likely to be added on to the 104+ week PTL (patient tracking list) if they are not treated by the end of the month. In order to manage the unprecedented increase in open pathways and very long waits the following actions being undertaken;

- Very long wait PTL meetings at patient level to ensure patient specific plans in place to book patients in and to ensure no patient waiting over 104 weeks;
- Priority patients (whose intended procedure is categorised as priority 1 and 2) to be identified and scheduled first;
- Service leads validating all patients with an RTT wait in a backlog (whose procedure are categorised as priority 3 or 4 by specialty);
- Operational leads and service managers to review their theatre capacity to understand how quickly the patients waiting can be slotted in;
- Operational leads and service managers working to identify efficiencies to increase proportion/number of treatments for patients with an RTT wait in a backlog;

- RTT team reviewing PTL with operational leads and service managers to optimise capacity for chronological booking after prioritisation;
- Ensuring inter-provider transfers to identified additional capacity at Independent Sector Providers.

2.4.4. What is the prediction for performance over the coming 3 months?

Covid-19 continues to have a severe effect on electives and dealing with the resultant backlog is a critical concern for WCCG. As the data suggests the number of patients awaiting treatment is on the rise with a recent substantial upward trend in referrals. WUTH continues to access capacity from the independent sector with available theatre and diagnostics capacity fully utilised. Therefore it is likely that there will be further improvement in overall RTT performance in the coming months provided that the ongoing pandemic situation gradually subsides.

2.4.5. How and when will we know if this action is having the desired effect?

WCCG is working closely with our main provider WUTH and system partners across the C&M region by facilitating oversight from executive clinical and managerial leadership. There are regular assurance discussions between NHS E/I and system partners, Strategic Restart Oversight Group meets monthly to review activity and recovery plans and monitor associated risks. The current focus is to achieve 100% activity safely by the end of next month across all providers.

2.5. Cancer

2.5.1. Has the performance improved or declined over the last 6 months?

		2020/2021									2021/22		
	Target	Qtr 2			Qtr 3			Qtr 4			Qtr 1		
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Wirral CCG 2 Weeks	>= 93%	95.3%	89.8%	92.6%	94.6%	90.7%	96.9%	95.8%	97.6%	98.8%	96.7%	97.6%	**97.1%**
Wirral CCG 2 Weeks Breast	>= 93%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	N/A	75.0%	100.0%	100.0%	80.0%	N/A
Wirral CCG 28 Day Faster Diagnosis 2WW	>= 75%	74.8%	74.2%	76.4%	78.9%	81.4%	82.4%	76.1%	79.3%	85.2%	80.5%	80.8%	**80.9%**
Wirral CCG < 31 Days First	>= 96%	94.6%	93.2%	94.2%	96.9%	96.7%	97.0%	97.4%	96.8%	96.7%	96.4%	96.3%	**98.5%**
Wirral CCG < 31 Days subsequent Surgery	>= 94%	84.6%	83.8%	91.1%	92.1%	81.8%	96.3%	90.0%	100.0%	93.3%	85.2%	95.2%	**87.5%**
Wirral CCG < 31 Days subsequent Drugs	>= 98%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**
Wirral CCG < 31 Days subsequent Radiotherapy	>= 94%	96.4%	97.9%	100.0%	93.6%	100.0%	100.0%	100.0%	94.0%	100.0%	100.0%	95.9%	**100.0%**
Wirral CCG < 62 Days	>= 85%	80.0%	76.3%	83.5%	79.8%	84.7%	85.7%	77.3%	80.7%	85.7%	80.7%	83.2%	**83.6%**
Wirral CCG < 62 Days (Screening)	>= 90%	66.7%	66.7%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	66.7%	87.5%	75.0%	**100.0%**
Wirral CCG < 62 Days (Upgrade)	N/A	84.6%	90.0%	90.0%	100.0%	90.0%	88.9%	91.7%	61.5%	100.0%	100.0%	85.7%	**90.9%**

- Overall Cancer services continues to perform well:
  - 2 Week Wait referrals, Wirral achieved 97.1% - well above the 93% threshold;
  - 28 day faster Diagnosis Standard was achieved at 80.9% comfortably over the threshold of 75%;
  - All 31 day subsequent surgery breached;
  - 62 day failed to meet the threshold for the 3rd month running, although performance is improving marginally month on month;
  - 62 day screening achieved the performance standard for the first time in 4 months – a significant improvement.

2.5.2. What is the prediction for performance over the coming 3 months?

- Performance continues to be on track for full recovery and Wirral continues to perform well on a regional basis;
- 62 day performance remains a challenge, however performance is steadily improving month on month.

2.5.3. What is causing poor performance / what is aiding good performance?

- Complex diagnostic pathways continue to be a key reason for patients breaching the 62 day pathway; this is across a number of tumour groups;
- Two tumours groups are identified for scrutiny and development – urology and colorectal;

- Theatre access (includes staffing) continues to be a challenge;
- Robotic surgery capacity for Wirral cancer patients has been reduced as the robot has been opened up for non-cancer gynae and also Welsh patients are now being accepted by WUTH for treatment (3 – 4 patients a month). Capacity and prioritisation for cancer patients is being raised internally within WUTH.

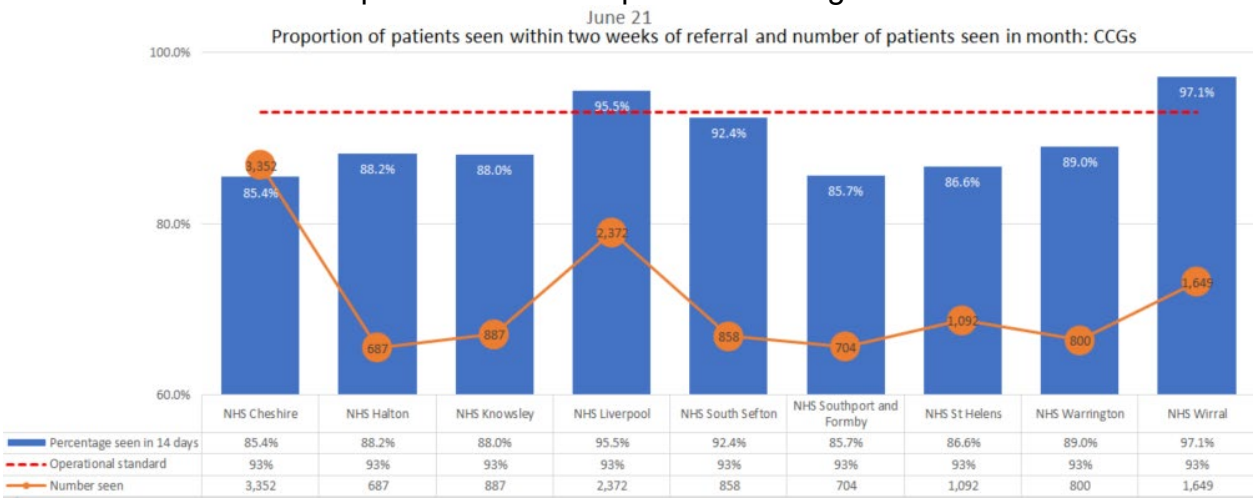
2.5.4. What action are WCCG taking to improve performance?

- WCCG are providing general support to providers and the Cancer Alliance to implement improvements;
- A new referral form has been issued for breast and an education session to support this is taking place in September;
- Work is commencing with Clatterbridge Cancer Centre to improve care of cancer patients suffering Lymphedema. WCCG will be facilitating discussion and education with primary care to improve local dressing and garment prescribing.

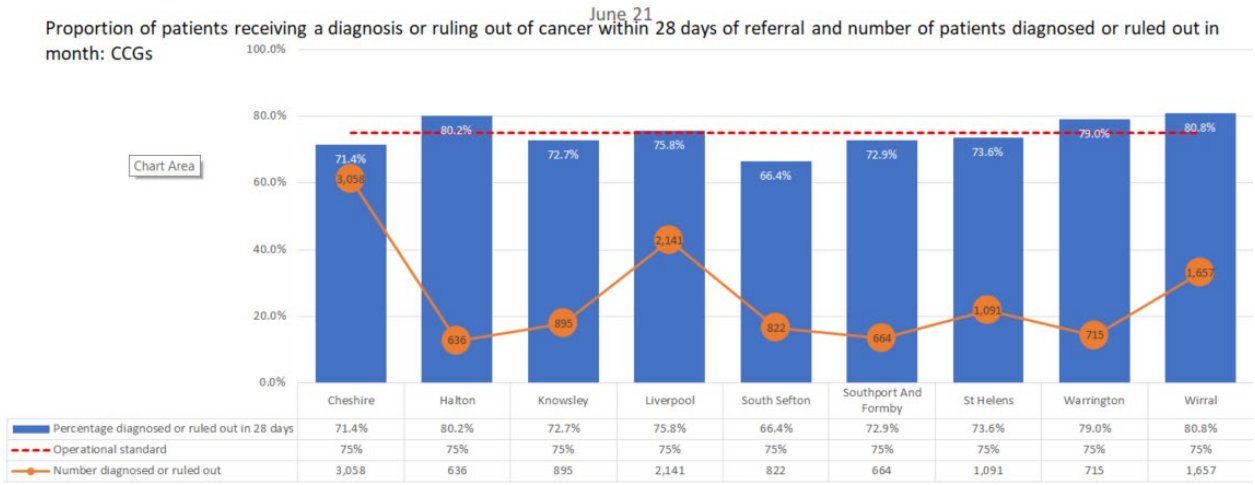
2.5.5. How and when will we know if this action is having the desired effect?

- Publication of the coming months performance data should support the expected improvements, continued close monitoring will continue to enable corrective action being taken at the earliest opportunity to ensure performance level are reach the required levels.

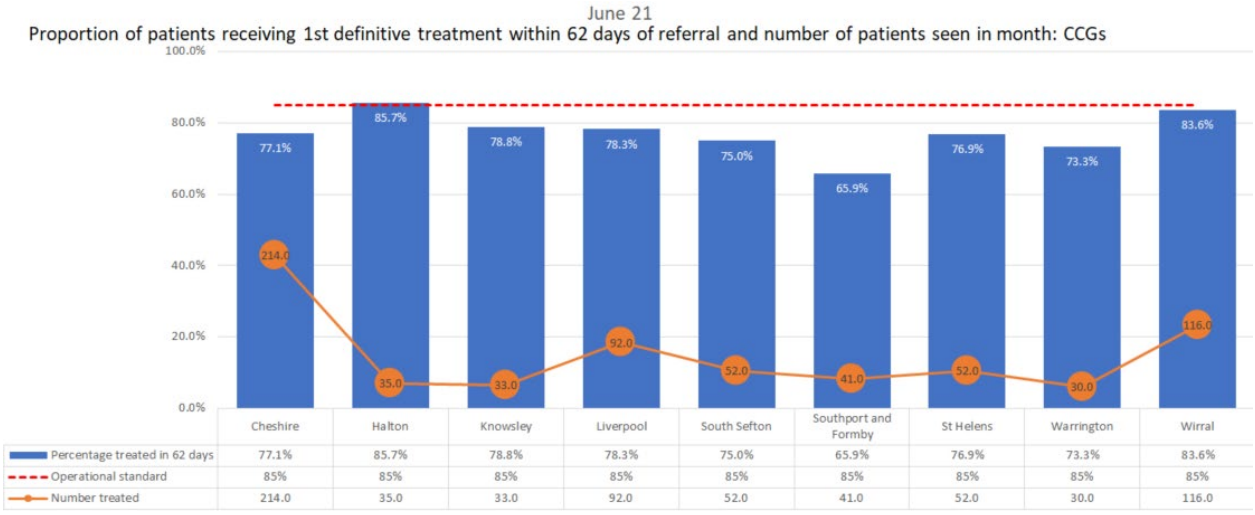
Comparison of WCCG performance against other C&M CCGs



	NHS Cheshire	NHS Halton	NHS Knowsley	NHS Liverpool	NHS South Sefton	NHS Southport and Formby	NHS St Helens	NHS Warrington	NHS Wirral
Percentage seen in 14 days	85.4%	88.2%	88.0%	95.5%	92.4%	85.7%	86.6%	89.0%	97.1%
Operational standard	93%	93%	93%	93%	93%	93%	93%	93%	93%
Number seen	3,352	687	887	2,372	858	704	1,092	800	1,649



	Cheshire	Halton	Knowsley	Liverpool	South Sefton	Southport And Formby	St Helens	Warrington	Wirral
Percentage diagnosed or ruled out in 28 days	71.4%	80.2%	72.7%	75.8%	66.4%	72.9%	73.6%	79.0%	80.8%
Operational standard	75%	75%	75%	75%	75%	75%	75%	75%	75%
Number diagnosed or ruled out	3,058	636	895	2,141	822	664	1,091	715	1,657



* Source: Cheshire & Mersey Cancer Alliance