



South Sefton
Clinical Commissioning Group

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Integrated Performance Report

April 2020

Contents

1. Executive Summary	10
2. Planned Care	14
2.1 Referrals by source	14
2.2 E-Referral Utilisation Rates	15
2.3 Diagnostic Test Waiting Times	16
2.4 Referral to Treatment Performance	17
2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters	18
2.4.2 Provider assurance for long waiters	20
2.5 Cancer Indicators Performance	21
2.5.1 Two Week Wait for Breast Symptoms	21
2.5.2 31 Day First Definitive Treatment of Cancer Diagnosis	22
2.5.3 31 Day Standard for Subsequent Cancer Treatment – Drug	23
2.5.4 31 Day Standard for Subsequent Cancer Treatment – Surgery	24
2.5.5 62 Day Cancer Urgent Referral to Treatment Wait	25
2.5.6 62 day wait for first treatment following referral from an NHS Cancer Screening Service	26
2.5.7 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade	27
2.5.8 104+ Day Breaches	28
2.5.9 Faster Diagnosis Standard (FDS)	28
2.6 Patient Experience of Planned Care	29
2.7 Planned Care Activity & Finance, All Providers	30
2.7.1 Aintree Hospital	31
3. Unplanned Care	32
3.1 Accident & Emergency Performance	32
3.1.1 A&E 4 Hour Performance	32
3.2 Urgent Care Dashboard	33
3.3 Occupied Bed Days	35
3.4 Ambulance Performance	36
3.5 Ambulance Handovers	36
3.6 Unplanned Care Quality Indicators	37
3.6.1 Stroke and TIA Performance	37
3.6.2 Mixed Sex Accommodation (MSA)	37
3.6.3 Healthcare associated infections (HCAI): MRSA	37
3.6.4 Healthcare associated infections (HCAI): C Difficile	38
3.6.5 Healthcare associated infections (HCAI): E Coli	39
3.6.6 Hospital Mortality	40
3.7 CCG Serious Incident (SI) Management	41
3.8 CCG Delayed Transfers of Care (DTC)	42
3.9 Unplanned Care Activity & Finance, All Providers	43
3.9.1 All Providers	43
3.9.2 Aintree Hospital	44

4.	Mental Health.....	45
4.1	Mersey Care NHS Foundation Trust Contract (Adult).....	45
4.1.1	Mental Health Contract Quality Overview.....	45
4.1.2	Eating Disorder Service Waiting Times.....	47
4.2	Cheshire & Wirral Partnership (Adult).....	48
4.2.1	Improving Access to Psychological Therapies: Access.....	48
4.2.2	Improving Access to Psychological Therapies: Recovery.....	49
4.3	Dementia.....	50
4.4	Learning Disabilities (LD) Health Checks.....	51
5.	Community Health.....	52
5.1	Adult Community (Mersey Care FT).....	52
5.1.1	Quality.....	52
5.1.2	Mersey Care Adult Community Services: SALT.....	53
5.1.3	Mersey Care Adult Community Services: Physiotherapy.....	54
5.2	Any Qualified Provider – Audiology.....	55
6.	Children’s Services.....	56
6.1	Alder Hey NHS FT Children’s Mental Health Services.....	56
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH).....	56
6.1.2	Waiting times for Routine Referrals to Children and Young People’s Eating Disorder Services.....	57
6.1.3	Waiting times for Urgent Referrals to Children and Young People’s Eating Disorder Services	58
6.2	Child and Adolescent Mental Health Services (CAMHS).....	58
6.3	Children’s Community (Alder Hey).....	59
6.3.1	Paediatric SALT.....	59
6.3.2	Paediatric Dietetics.....	60
6.4	Alder Hey Community Services Contract Statement.....	61
6.5	Alder Hey Activity & Performance Charts.....	62
7.	Primary Care.....	62
7.1	CQC Inspections.....	62
8.	CCG Oversight Framework (OF).....	62
9.	Appendices.....	63
9.1.1	Incomplete Pathway Waiting Times.....	63
9.1.2	Long Waiters analysis: Top Providers.....	63
9.1.3	Long Waiters Analysis: Top Provider split by Specialty.....	64
9.2	Delayed Transfers of Care.....	64
9.3	Better Care Fund.....	64
9.4	NHS England Monthly Activity Monitoring.....	64

List of Tables and Graphs

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19, 2019/20 & 2020/21	14
Figure 2 - RTT Performance & Activity Trend	19
Figure 3 - South Sefton CCG Total Incomplete Pathways	19
Figure 4 - South Sefton CCG Provider Assurance for Long Waiters	20
Figure 5 - FDS monitoring for South Sefton CCG	29
Figure 6 - Planned Care - All Providers	30
Figure 7 - Planned Care – Aintree Hospital	31
Figure 8 - Occupied Bed Days, Liverpool University Hospitals Foundation Trust	35
Figure 9 - Hospital Mortality	40
Figure 10 - Summary Hospital Mortality Indicator	40
Figure 11 - Unplanned Care – All Providers	43
Figure 12 - South Sefton CCG at Virgin Care Activity & Cost	44
Figure 13 - Unplanned Care – Aintree Hospital	44
Figure 14 - Alder Hey Community Paediatric SALT Waiting Times – Sefton	59
Figure 15 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG	60
Figure 16 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton	60
Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	63
Figure 18 - Patients waiting (in bands) on incomplete pathway for the top Providers	63
Figure 19 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust	64

Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual	Not available												
		Target													
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R											R	
		Actual	65.46%												
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R											R	
		Actual	70.35%												
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R											R	
		Actual	8											8	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Aintree	RAG	G											G	
		Actual	0											0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Aintree	RAG	G											G	
		Actual	0											0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times														
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G											G
		Actual	93.51%											93.51%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G											G
		Actual	93.33%											93.33%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R											R
		Actual	94.92%											94.92%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R											R
		Actual	90.91%											90.91
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G											G
		Actual	100%											100%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G											G
		Actual	100%											100%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R											R
		Actual	79.31%											79.31%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R											R
		Actual	50%											50%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG												
		Actual	80%											80%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R												R
Actual		92.484%													92.484%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
EMSA															
<u>Mixed sex accommodation breaches - All Providers</u> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													G
Actual		Not available													
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available													
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G												G
YTD		0													0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG													
YTD		4													4
Target															0
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG													
YTD		9													9
Target															0

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG													
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG													
		Actual													
		Target													
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R											R	
		Actual	42.6%												
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R											R	
		Actual	0.74%											0.74%	
		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%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G											G	
		Actual	100%												
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G											G	
		Actual	100%											100%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R											R	
		Actual	60.40%											60.40%	
		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%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG													
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
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.	South Sefton CCG	RAG													
		Actual													
		Target													
Children & Young People Mental Health Services (CYPMH)															
2471: 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	South Sefton CCG	RAG													
		Actual													
		Target													
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG													
		Actual													
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
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)	South Sefton CCG	RAG													
		Actual													
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 1 of 2020/21 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 1 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for April 2020 & Q4 2019/20	CCG	LUHFT
Diagnostics (National Target <1%)	65.46%	69.60%
Referral to Treatment (RTT) (92% Target)	70.35%	68.73%
No of incomplete pathways waiting over 52 weeks	8	11
Cancer 62 Day Standard (Nat Target 85%)	79.31%	66.49%
A&E 4 Hour All Types (National Target 95%)	93.19%	91.94%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	86
Ambulance Handovers 60+ mins (Zero Tolerance)	-	1
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2019/20 - Q4	100%	-
EIP 2 Weeks (56% Target) 2019/20 - Q4	80%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.74%	-
IAPT Recovery (Target 50%)	42.60%	-
IAPT 6 Weeks (75% Target)	100%	-
IAPT 18 Weeks (95% Target)	100%	-
To Note:		
<p>Month 1 report is now reporting on Liverpool University Hospital Foundation Trust (LUHFT) as main Trust for the CCG, reporting the split for the Aintree site where available.</p>		

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 Liverpool system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being done through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended throughout the summer.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed for routine elective activity. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for

treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels.

Trends show that total referrals have decreased by -51.8% (2,207) in April 2020 from the previous month, the lowest monthly total reported for South Sefton CCG. Comparing to month 1 of the previous year, referrals are 63.8% lower.

In terms of referral priority, all referral groups have seen a reduction in month 1 of 2020/21 when comparing to the previous month and the equivalent period in the previous year. The largest variance has occurred within routine referrals with a variance of -1,712/-65% to the previous month.

Two week wait and urgent referrals have also decreased by -37% and -22% respectively in April 2020 when comparing to the previous month. Decreases in referrals have been fairly consistent across key (i.e. high volume) specialities.

The CCG have failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 65.5% in April. Again there is a notable decline on the March figure of 14.1% due to the COVID-19 pandemic. Liverpool University Hospital Foundation Trust (LUHFT) performance was 69.6% in April, which is a significant reduction in performance from March when 15.5% was reported. The Aintree site reported position 62.9%, the Royal site reported position was 76.4%. In total there were 7,910 patients waiting over 6 weeks and 742 patients waiting over 13 weeks in April.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in April was 70.4%, which is lower than the previous month due to COVID-19. LUHFT reported 68.7% with the overall waiting list size decreasing in April 2020 compared to March 2020 by 4,197 patients. The CCG's main provider, Aintree Hospital, is also under the 92% target reporting 70.2% and is a decline in overall performance of 8.2% from March's position.

In April, the CCG reported 8 patients waiting over 52 weeks for treatment. Of the 8 patients, 5 were at LUHFT and 3 were at Alder Hey. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. LUHFT reported 11 breaches in April failing the target for the whole of 2020/21. Of the 11 there were 6 at the Aintree site and 5 at the Royal site.

The CCG are failing 5 of the 9 cancer measures for month 1. LUHFT are failing 4 out of the 9 measures.

Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19 and is therefore not available for April.

For secondary care contracts held by the South Sefton CCG, planned care performance at month 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across all providers. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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.

Unplanned Care

In relation to A&E 4-Hour waits, the CCG reported a 7.16% increase in patients seen within the target, reporting 93.19%. April saw an improvement in performance for LUHFT with 91.94% (Type 1 and 3) patients spending 4 hours or less in A&E. LUHFT A&E Type 1 performance was 90.01%. The Aintree Hospital site reported 93.5% to the CCG from a local submission. Out of 6,272 patients only 407 waited over 4 hours.

In relation to the North West Ambulance Service (NWAS), present COVID-19 recovery planning is against a backdrop of improvement work throughout 2019/20 to deliver the service against the national Ambulance Response Performance (ARP) standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle fleet,

improving call pick up in the Emergency Operation Centres (EOC), use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing but will now have been affected by COVID-19.

The CCG reported no new cases of MRSA in April. LUHFT reported 1 case so have failed the zero tolerance threshold for 2020/21. This case was reported at Ward 7B at the Royal Liverpool Hospital site. This is currently going through the Post Infection Review (PIR) process and the finding from this will be presented at the Infection Prevention Control (IPC) group. The Aintree site reported no new cases.

For *C difficile*, the CCG reported 4 cases of *C difficile* cases in April (the same as reported last month). The CCG do not have the new objectives/plans for *C difficile* for 2020/21. If reported against the previous year's plan the CCG would be reporting green. NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in *E.coli* for 2020/21 (NHS South Sefton CCG's year-end target in 2019/20 was 128). In April 2020 there were 9 cases.

For secondary care contracts held by the South Sefton CCG, planned care performance at month 1 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers. This can be attributed to the COVID-19 pandemic and subsequent national response whereby the public were advised to 'stay at home'.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for month 1 2020/21 is approximately 1.59%. Month 1 performance was 0.74% so failed to achieve the target standard. The percentage of people moved to recovery was 42.6% in month 1 of 2020/21, which also failed the 50% target and shows a decline from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in April of 60.4%, which is under the national dementia diagnosis ambition of 66.7%. This is lower to what was reported last month (64%).

Community Health Services

Due to the COVID-19 outbreak, recent information sub group and Contract & Clinical Quality Review Meetings (CCQRM) have been postponed. The CCQRM was reinstated in June with a focus on gaining assurance on the changes in services being delivered in line with COVID. Prior to the COVID-19 outbreak, the Trust was undertaking a performance review of each service, and discussions regarding 2020/21 reporting requirements were being had. The CCG met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. It has been agreed that additional reporting requirements and activity baselines would be reviewed alongside service specifications and transformation. Whilst we have been unable to progress these plans the waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised with the Trust providing data on numbers waiting to be seen. The Trust have provided assurance that all new referrals and those waiting have been triaged with those with high priority needs receiving support. The Trust is assessing all clinical services and implications of returning to business as usual in line with ongoing COVID guidance. A detailed recovery plan will be shared with commissioners in due course.

Children's Services

Prior to COVID-19, waiting times for Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies (SALT), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessments had reduced in line with recovery plans and improvement trajectories,

a direct result of additional investment in these areas by South Sefton and Southport and Formby CCGs.

However, as a result the pandemic, children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services, specifically waiting times. This is due to the redeployment of staff to support emergency preparedness and/or as a result of staff sickness and the requirement to self-isolate; and whilst there has been a swift and largely successful adaptation to remote/digital methods of service delivery, this has not been possible for all services or for all patients.

Notably, the national mandate to implement the 24/7 mental health crisis service 2 years earlier than planned required Alder Hey's specialist CAMHS staff to be redirected to support and deliver the new service; this has further impacted on waiting times for other CAMHS services.

Providers are currently preparing recovery plans and will produce and negotiate revised trajectories for improvement. However, there is still a requirement and expectation that SEND services improve at an accelerated rate in line with the Improvement Notice in place before COVID-19.

Better Care Fund

The Q4 BCF return was initially due to be submitted on the 5th June 2020. However, there is currently a national pause on the programme and it is suspended until further notice. The latest return was submitted on behalf on the Sefton Health and Wellbeing Board in February 2020. Details of this return were reported in the previous integrated performance report. This section will be updated as soon as an update is available.

CCG Oversight Framework (OF)

Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	2730	673	-2057	-75.3%	1941	751	-1190	-61.3%	5660	2051	-3609	-63.8%
May	2863				2163				6053			
June	2974				1928				5961			
July	3160				2313				6487			
August	2777				1931				5693			
September	2748				2142				5875			
October	3185				2209				6546			
November	2823				1882				5938			
December	2166				1731				5023			
January	2827				2151				6267			
February	2599				1851				5628			
March	1865				1385				4258			
Monthly Average	2726	673	-2053	-75.3%	1969	751	-1218	-61.9%	5782	2051	-3731	-64.5%
YTD Total Month 1	2730	673	-2057	-75.3%	1941	751	-1190	-61.3%	5660	2051	-3609	-63.8%
Annual/FOT	32717	#N/A	#N/A	#N/A	23627	#N/A	#N/A	#N/A	69389	#N/A	#N/A	#N/A

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19, 2019/20 & 2020/21



Data quality note:

Due to the COVID-19 pandemic and the subsequent NHS response, there has been a considerable impact on secondary care referrals with significant decreases evident across all providers and referral sources. Also, data for April 2020 was unavailable for a number of providers (both NHS and independent sector). As a result, these have been excluded from the analysis to allow for more accurate and consistent reporting. These excluded providers are listed below for information:

Alder Hey NHS FT
Renacres Hospital
Isight
Spire Liverpool Hospital
Fairfield Hospital
Mid Cheshire



Month 1 Summary:

- Trends show that total referrals have decreased by -51.8% (2,207) from the previous month in April 2020, the lowest monthly total reported for South Sefton CCG.
- Comparing to month 1 of the previous year, referrals are 63.8% lower.
- GP referrals are reporting a 75.3% decrease when comparing to the previous year. Furthermore, GP referrals have now decreased by -68.1% at Month 1 when compared to the previous month.
- Taking into account working days, further analysis has established there have been approximately -68 fewer GP referrals per day in April 2020 when comparing to the previous month.
- Consultant-to-consultant referrals have also seen a -61.3% decrease when comparing to April 2019.
- Aintree Hospital has reported a -69.3% decrease in total referrals at month 1 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality at month 1 are approximately -58.4% (-276) lower than in April 2019.
- In terms of referral priority, all referral groups have seen a reduction in month 1 of 2020/21 when comparing to the previous month and the equivalent period in the previous year. The largest variance has occurred within routine referrals with a variance of -1,712/-65% to the previous month.
- Two week wait and urgent referrals have also decreased by -37% and -22% respectively in April 2020 when comparing to the previous month. Decreases in referrals have been fairly consistent across key (i.e. high volume) specialities.

2.2 E-Referral Utilisation Rates

E-Referral Utilisation Rates are published by NHS Digital on their website. The latest available data is for January 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	2.7%	1.1%	14.1%	65.5%	
		LUHFT	8.2%	5.4%	15.5%	69.6%	
		National Target: less than 1%					
Performance Overview/Issues:							
<p>The CCG have failed the target of less than 1% of patients waiting 6 weeks or more recording 65.5% in April 2020. There is a notable decline on the March figure of 14.1% due to the COVID-19 pandemic. In April, out of a total of 2,669 patients on the waiting list, 1,747 patients waited over 6 weeks. Of these patients, 43 waited over 13+ weeks. The main diagnostics failing the target are cardiology - echocardiography (399), CT (283), non-obstetric ultrasound (280) and MRI (254). The total waiting list in April 2020 was 2,669 patients, compared to 2,745 in April 2019. This shows that waiting times have increased despite the waiting list remaining static.</p> <p>With the exception of a daily inpatient endoscopy and an emergency endoscopy list, all endoscopy procedures stopped with effect from the 17th March when the Trust ceased all elective activity. Endoscopy clinical and nursing staff were redeployed to support the Trust wide response to the pandemic. Following a national directive from Public Health England, all bowel cancer screening, including FIT and Bowel Scope screening, ceased on the 24th March.</p> <p>Joint DM01 performance was 69.6% in April, which is a reduction in performance of 54.1% from March. In April, out of a total of 11,362 patients on the waiting list, 7,910 patients waited over 6 weeks, of these patients, 274 waited over 13+ weeks. The Aintree site reported position 62.9%, in total 3,588 patients waited in excess of 6 weeks, the Royal site reported position was 76.4%, with 4322 patients waiting longer than 6 weeks. In total there were 7910 patients waiting over 6 weeks and 742 patients waiting over 13 weeks in April. Due to reduced activity, by the end of May there will be an estimated 10,000 patients waiting over 6 weeks.</p> <p>On 17th March-20, as a result of Simon Stephen's letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals (including diagnostic services) to help support the Trust in responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April 20, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery.</p> <p>LUHFT has shared its Reset Plan, which aims to provide assurance that the Trust has a clear process in place in the planning and delivery of its organisational reset. This plan takes the form of three distinct phases, stabilisation – phase 1: critical functions to manage COVID-19; reset – phase 2: support urgent elective clinical activity, reset – phase 3: expand elective clinical activity and opportunities for change. The Reset process is dependent on the stabilisation of the COVID-19 incident therefore clear thresholds and triggers of COVID-19 surge demand will be used to identify the point at which the organisation responds to either a surge or resetting of how activity is delivered.</p> <p>LUHFT Collaborative commissioning group and contract review meetings have been re-established, and will be utilised to ensure clarity on recovery and performance against constitutional standards.</p>							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> To formally request the Trust to provide activity data that would support the statement that diagnostic activity is in excess of funded capacity, via the Planned Care Group meeting. The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money. The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes. The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction. 							
Trust Key Actions:							
<ul style="list-style-type: none"> Utilise all available diagnostic capacity that does not compromise services supporting Phase 1 COVID-19 activity. Use of alternative sites away from the acute COVID-19 patient streams at the Royal and Aintree sites in order to minimise the risk to outpatients attending for urgent investigations. Use of Aintree and Royal sites only where equipment is limited and static through the redirection of patients to alternative access sites for OP Imaging (CT and MRI scanning). Where imaging can be relocated in relation to transfer to the Broadgreen site. 							
When is performance expected to recover:							
<p>LUHFT have recently developed and shared a 'Reset' operational framework for recovery. The reset plan is a three phased approach, with Services prioritised utilising a risk based approach to maintaining patient safety and quality.</p> <p>Phase 1 - stabilisation will focus on Critical and life threatening surgery (including cancer) as well providing essential outpatient appointments and diagnostics to support long term conditions will be maintained.</p> <p>Phase 2 - Reset, will focus on diagnostics for new urgent & patients on current PTL over 6 weeks (including cardiac) from June/July 2020.</p> <p>Phase 3 - reset, routine diagnostic activity (not direct access) to commence from September 2020 onwards.</p> <p>No date for recovery provided.</p>							
Quality:							
CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Terry Hill		

2.4 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Jan-20	Feb-20	Mar-20	Apr-20	
		CCG	83.2%	82.1%	79.1%	70.4%	
		LUHFT	81.8%	81.5%	77.3%	68.7%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG's performance in April was 70.4%, which is lower than the previous month due to COVID-19. General surgery remains one of the main failing specialties for April reporting 60.1%, with 532 breaches, Trauma and Orthopaedics is also failing with a performance of 60.4%; a total of 488 breaches, Ophthalmology reports 60.6%; a total of 752 breaches. Out of 18 specialties 14 are failing the 92% target.</p> <p>Liverpool University Hospital Foundation Trust (LUHFT) reported 68.7%, the overall waiting list size decreased in April 2020 compared to March 2020 by 4,197 patients. Following the Trust's enactment of the Emergency Contingency Plans, the reduction of activity in routine, urgent, and cancer elective activity has resulted in a deterioration in RTT performance, from 77.3% to 68.7% in April. The CCG's main provider, Aintree Hospital, are also under the 92% target reporting 70.2% and is a decline in overall performance of 8.2% from March's position. COVID-19 Impact: Deterioration in performance over the coming months is likely to stabilise. Re-introduction of routine referral via eRS will significantly impact the RTT Waiting List Size. Waiting list size verses target is showing Aintree to be down by -2,844.</p> <p>The CCG will work closely with the main provider, LUHFT, however, as Liverpool CCG are the lead commissioning organisation, are now awaiting confirmation of the re-instatement of the Aintree Planned Care Group meetings to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice (CPN) in August 2019, and subsequent responses did not provide adequate assurance that sufficient improvements were being made. Due to COVID-19 contractual issues are not being pursued.</p> <p>On 17th March 20, as a result of Simon Stephens letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells.</p> <p>LUHFT has now shared its Reset Plan, which aims to provide assurance that the trust has a clear process in place in the planning and delivery of its organisational reset. This plan takes the form of three distinct phases, stabilisation – phase 1: critical functions to manage COVID-19; reset – phase 2: support urgent elective clinical activity, reset – phase 3: expand elective clinical activity and opportunities for change. The Reset process is dependent on the stabilisation of the COVID-19 incident therefore clear thresholds and triggers of COVID-19 surge demand will be used to identify the point at which the organisation responds to either a surge or resetting of how activity is delivered.</p> <p>LUHFT Collaborative commissioning group and contract review meetings have been re-established, and will be utilised to ensure clarity on recovery and performance against constitutional standards.</p>							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money and support recovery. The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes. The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction. The CCG will liaise with the lead commissioner (LCCG) to understand timescales for the re-issue of the CPN. 							
Trust Actions Overall:							
<p>Divisions have completed a comprehensive validation of waiting lists to ensure appropriateness and priority of patients. As the organisation enters into the Reset Phase there has been an introduction of new patient clinics for urgent referrals. There has also been a phased increase in the number of operating sessions for cancer and urgent patients on both the Royal and Aintree sites.</p> <p>Local Liverpool System Specialist Trusts have worked collaboratively with LUHFT to provide additional theatre capacity during the COVID-19 pandemic. This support has significantly aided the organisation in the safe and effective management of patients during the incident whilst supporting significant staff absences within the system. Theatre sessions are being provided at Spire Liverpool (breast, urology and ambulatory trauma services), The Walton Centre (spine and head and neck surgery) and Liverpool Heath & Chest (vascular and UGI procedures).</p>							
When is performance expected to recover:							
<p>LUHFT have recently developed and shared a 'Reset' operational framework for recovery. All services are now open to routine referrals, with services mostly accepting via a RAS (Referral Assessment Service) with eRS to allow triage. Elective activity will concentrated on urgent/emergency work with tentative plans for some services to commence routine Outpatient activity from early July. For theatre utilisation for elective activity remains a challenge due to the new operating framework and IPC guidelines (more specifically in relation to PPE) which has meant that the Trust cannot sufficiently plan ahead for routine elective surgery. There is a requirement to ensure there is sufficient stock for emergency/ urgent theatre sessions. The reset plan suggests that elective theatre activity will start to try to ramp up from September at the earliest and will concentrate on patients waiting 35+ weeks. This is also dependant on how much capacity NHSE decide to retain in the independent sector and for what period.</p> <p>No date for recovery provided.</p>							
Quality:							
<p>CQRMs (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	0	0	3		
		LUHFT	0	0	0	11	
		Plan: Zero					
Performance Overview/Issues:							
<p>In April there were 8 South Sefton CCG patients waiting over 52 weeks for treatment. Of the 8 patients, 5 were at Liverpool University Hospital Foundation Trust and 3 were at Alder Hey. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. There have been a lot of 52 week waiters across the patch which was expected under the circumstances of the COVID-19 pandemic.</p> <p>LUHFT have failed the zero tolerance target for over 52 week breaches, the Trust reported 11 in April failing the target for the whole of 2020/21. Of the 11 there were 6 at the Aintree site and 5 at the Royal site. All of the patients had dates for their operations cancelled in March and April as a result of the COVID-19 pandemic. There has also been a rise in the number of patients waiting over 40 weeks, most significant risks being in General Surgery, T&O and Ophthalmology.</p> <p>There are expectations that regionally there will likely be an increase in the number of 52 week breaches, as a result of COVID-19. Long waiters will be prioritised alongside clinically urgent patients as part of the recovery phase, however, Trusts have already indicated that some patients have refused to attend for surgery due to COVID-19, with an expectation set by NHSE that no patients should be discharged for declining appointments.</p> <p>LUHFT Collaborative commissioning group and contract review meetings have been re-established, and will be utilised to ensure clarity on recovery and performance against constitutional standards.</p>							
Actions to Address/Assurances:							
<p>Monitoring of the 36 week waiting continues.</p> <p>As indicated, the breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</p> <p>The Trust opened up to choose and book on the 14th May 2020. It has been recognised however, that a number of actions are required in primary care to manage and limit demand during the continuation of the pandemic. In addition, the Trust has to adjust its processes accordingly and work with primary care colleagues to develop a shared understanding of the current situation, manage expectations and develop arrangements to more effectively support shared management of care for patients.</p> <p>Where clinically appropriate, virtual clinics have occurred across all specialities. With the re-opening of choose and book, clinical divisions are reviewing options for increasing outpatient consultations using a combination of virtual and face to face consultations whilst ensuring safety and social distancing within the clinic environment.</p>							
When is performance expected to recover:							
The numbers of 52 week waits will increase. Waiting lists will continue to be clinically reviewed. The CCG will work with the Liverpool system on how elective capacity can be increased.							
Quality:							
CQRM (Contract Quality Review Meeting) have recommenced with Acute providers (LUFT – 10th June, S&O – 17th June). Reporting against constitutional targets was temporarily suspended, however will start to be reinstated. CCGs will seek further clarity and assurances that robust processes are in place to both manage and recover the current position and ensure that any known quality issues are addressed.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Terry Hill		

Figure 2 - RTT Performance & Activity Trend

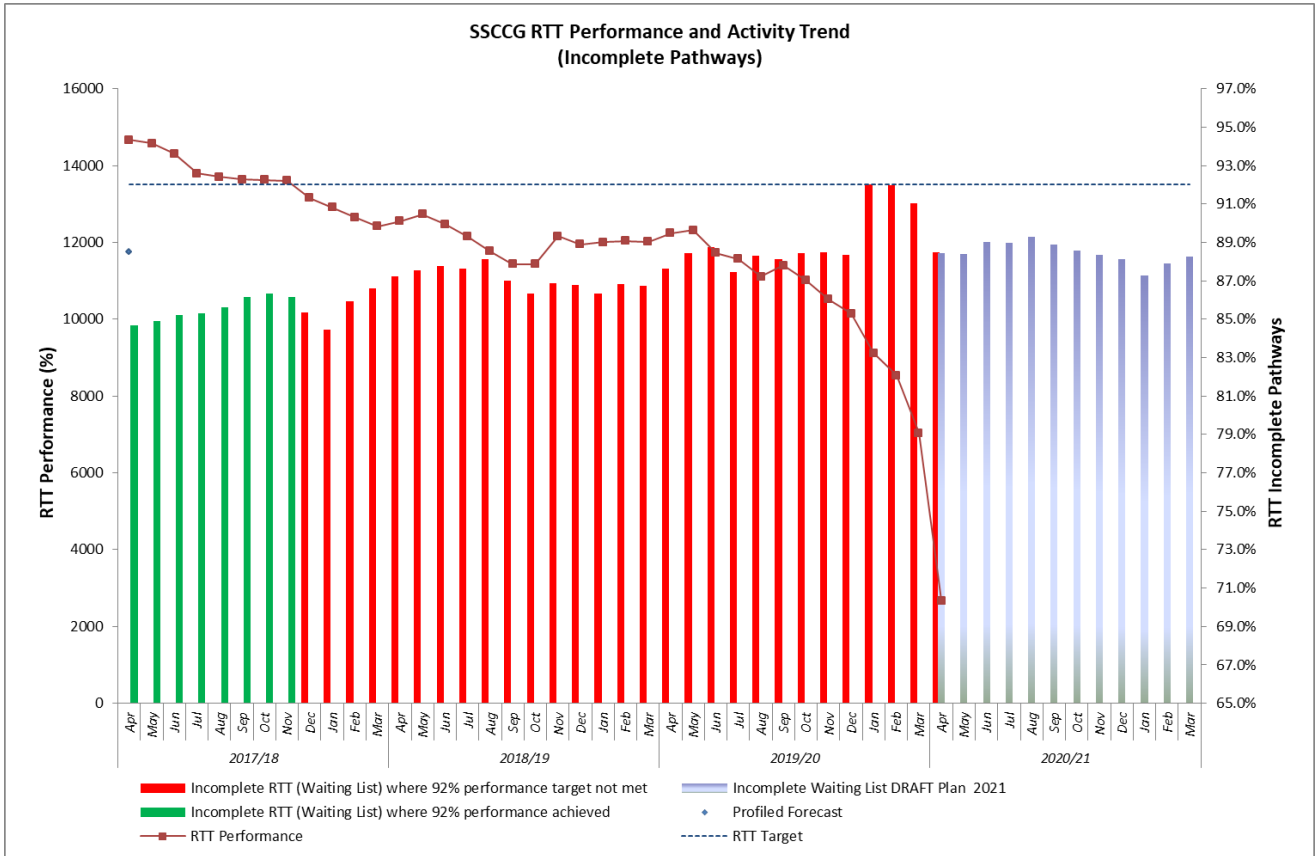


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	13,503
2020/21	11,751												11,751
Difference	442												-1,752

In April 2020, South Sefton CCG incomplete pathways have seen a -1,262/9.7% decrease for April 2020 compared to March 2020. In terms of the NHSE plans, 2020/21 incomplete pathways has not achieved its required goal of 11,309 and is 442 patients over plan at April 2020.

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters



Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-52	24 patients; 3 awaiting appointment date, 21 no trust information given. Cancellation of face to face capacity due to COVID-19. The Trust has now opened up more face to face capacity on site and the long waiting patients are a priority. The Trust is working on arranging a patient appointment for June.
Liverpool Heart & Chest	Cardiothoracic Surgery	36	1 patient; No Trust Information Given
Southport & Ormskirk	Ophthalmology	36	1 patient; No Trust Information Given
Southport & Ormskirk	T&O	36	1 patient; No Trust Information Given
Liverpool University	Rheumatology	37	1 patient; No Trust Information Given
Manchester University	Gynaecology	37	1 patient; No Trust Information Given
Southport & Ormskirk	All Other	37	1 patient; No Trust Information Given
St Helens & Knowsley	General Surgery	38	1 patient; No Trust Information Given
Wirral Hospital	Urology	38	1 patient; Awaiting TCI Date. Elective Surgery on hold due to COVID-19
Wirral Hospital	Gynaecology	40	1 patient; Awaiting TCI Date. Had a TCI date of 09/04/2020 but cancelled due to elective surgery on hold due to COVID-19
Lancashire Teaching	All Other	41	1 patient; Awaiting TCI Date. 27/03/2020 - cancelled due to COVID-19
St Helens & Knowsley	Dermatology	42	1 patient; Pathway Stopped. Referral Received 04/07/2019 OPD 09/10/2019 Patient seen. REFERRED MINOR OP OPD 12/11/2019. OPD 27/04/2020 HR DUE TO COVID-19, TELEPHONE OPD 05/05/2020 COMPLETED PATHWAY STOPPED 05/05/2020
Wirral Hospital	General Surgery	42	1 patient; Awaiting Outpatient Appointment. Awaiting outpatient appointment (Vascular Surgery) post COVID-19
St Helens & Knowsley	ENT	43	1 patient; No Trust Information Given. Patient listed at week 9 of 18 week pathway. Patient booked for surgery on 11/02/2020 (week 24) hospital cancelled Patient not fit. Rebooked for surgery 25/03/2020 (week 30) hospital cancelled due to COVID-19. Currently on hold due to COVID-19.
Wirral Hospital	Dermatology	43	1 patient; TCI Date in June.
Calderdale and Huddersfield	General Surgery	46	1 patient; Awaiting TCI Date. Original TCI date 5/5/2020 but cancelled due to COVID-19. CHFT are only operating on Acutes, Cancers and Urgents until further notice.
University College London Hospitals	Gynaecology	46	1 patient; No Trust Information Given. At this point in time none of the Trusts in NCL sector are providing exception reporting since NHS England has until now halted nationally all elective activity and associated reporting. Please put on hold any expectation of reports for 2-3 months or until we are back to some sense of normal services.
University College London Hospitals	Rheumatology	47	1 patient; No Trust Information Given. At this point in time none of the Trusts in NCL sector are providing exception reporting since NHS England has until now halted nationally all elective activity and associated reporting. Please put on hold any expectation of reports for 2-3 months or until we are back to some sense of normal services.
Cambridge University	All Other	48	2 patients; 2 Awaiting TCI Date. Elective capacity inadequate. Sibling of the other South Sefton CCG patient on the waiting list at Cambridge University.
Manchester University	ENT	51	1 patient; No Trust Information Given
Liverpool University	Urology	36-39	5 patients; No Trust Information Given
Liverpool University	All Other	36-43	3 patients; No Trust Information Given
Liverpool University	Dermatology	36-44	16 patients; No Trust Information Given
St Helens & Knowsley	Plastic Surgery	36-47	6 patients; 4 No Trust Information Given, 2 Awaiting TCI Date. Cancelled due to COVID-19. Unable to do Co2 laser treatments for safety reasons. No planned start date. Listed at week 12 of 18 week pathway Surgery on hold due to COVID-19. Listed at week 16 of 18 week pathway. Pt postponed TCI 25/3/20 (week 35) for 6 weeks due to partner being in at risk category. Currently on hold due to COVID-19.
Liverpool University	Respiratory Medicine	36-49	40 patients; No Trust Information Given
Liverpool Women's	Gynaecology	36-50	45 patients; No Trust Information Given
Liverpool University	ENT	36-51	31 patients; No Trust Information Given
Liverpool University	General Surgery	36-52	109 patients; 108 No Trust Information Given, 1 Awaiting TCI Date. Patient had TCI arranged in March but was cancelled due to COVID-19
Liverpool University	Ophthalmology	36-52	115 patients; 112 No Trust Information Given, 3 Awaiting TCI Date. Prior to Covid there were capacity issues within Ophthalmology, patient had TCI arranged in March but was cancelled due to COVID-19
Liverpool University	T&O	36-52	89 patients; 88 No Trust Information Given, 1 Awaiting TCI Date. Patient had TCI arranged in March but was cancelled due to COVID-19
Liverpool University	Gastroenterology	37-44	5 patients; No Trust Information Given
Southport & Ormskirk	Gynaecology	37-46	8 patients; No Trust Information Given
Wirral Hospital	ENT	40-42	2 patients; 2 Awaiting TCI Date. Had a TCI date on 11/03/2020. Cancelled due to beds and on hold due to COVID-19. Elective Surgery on hold due to COVID-19
North Midlands	General Surgery	44-47	3 patients; No Trust Information Given

The CCG had a total of 521 patients waiting 36 weeks and over, significantly higher than the 81 patients waiting for treatment in April 2019.



Due to the current situation with regards to COVID-19 and in line with other reporting changes by NHS E/I, Trust reporting on individual patients' pathways has been suspended.

2.5 Cancer Indicators Performance



2.5.1 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	97.37%	93.75%	92.73%	93.33%			93.33%
		LUHFT	96.82%	94.87%	95.27%	96.88%			96.88%
		Target	93%	93%	93%	93%	93%		
Performance Overview/Issues:									
<p>The CCG achieved the target in April reporting 93.33% after failing last month. In April there was just 1 breach from a total of 15 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>LUHFT reported 96.88% in April and having just 3 breaches out of a total of 96 patients.</p>									
Actions to Address/Assurances:									
<p>Guidance for breast services during the COVID-19 pandemic from the Association of Breast Surgeons has focussed on prioritisation of patients where there is a high risk of cancer. This standard relates to those where cancer is not initially suspected and therefore has fallen more in line with the system response for routine priority referrals.</p>									
When is performance expected to recover:									
<p>In response to the above, recovery plans have been requested from all providers of cancer services to Sefton patients.</p>									
Quality:									
<p>See above comment, under 2 week wait for suspected cancer, in relation to referral quality and interface communications to support effective virtual triage.</p>									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.2 31 Day First Definitive Treatment of Cancer Diagnosis

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	95.06%	91.03%	97.78%	94.92%			94.92%
		LUHFT	91.14%	92.07%	95.74%	96.08%			96.08%
		Target	96%	96%	96%	96%	96%		
Performance Overview/Issues:									
<p>The CCG is failing the 96% target in April reporting 94.92%. In April, there were just 3 breaches out of 59 patients seen. The first patient (gynae) delay was due to treatment delay for medical reasons, the second patient (skin) was due to clinic cancellation and the third patient (urological) delay was due to inadequate elective capacity. Cancer data is monitored cumulatively so year to date the CCG is reporting red. The total number of patients treated on the pathway in April 2020 was 59, compared to 78 in April 2019. This is due to a decrease in referrals due to COVID-19.</p> <p>LUHFT achieved this measure in April reporting 96.08% after failing previously. In April there were 6 patient breaches out of a total of 153.</p>									
Actions to Address/Assurances:									
<p>Reasons for delayed pathways are selected from a drop down list on the national Cancer Waits Database. Only one reason per pathway can be selected and the reason code may not accurately reflect detailed causes of the breach. A request has been made to the national team for the system to record multiple reason codes per pathway if required.</p> <p>Local systems working through their Cancer Alliances, with support from regional teams, have been asked to provide dedicated diagnostic and surgical capacity for people referred with suspected cancer to enable a return to pre-pandemic levels of activity, including by maximising use of independent sector capacity; and cancer diagnosis and treatment in facilities which, in line with the operating framework for urgent and planned services in hospitals, minimise the risk of COVID-19 infection for patients and staff.</p>									
When is performance expected to recover:									
Recovery plans have been requested from all providers of cancer services to indicate when diagnostic and treatment capacity will return to pre-pandemic levels.									
Quality:									
Breach reasons this month relate to different issues related to capacity and patient fitness for treatment. Providers have been asked to work with Cancer Alliances to work towards provision of capacity at pre-pandemic levels.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.3 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG	96.30%	100%	100%	100%			100%
		LUHFT	98.11%	100%	100%	96.43%			96.43%
		Target	98%	98%	98%	98%	98%		
Performance Overview/Issues:									
The CCG is achieving the 98% target in April reporting 100%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
LUHFT have failed the target in April reporting 96.43%, 1 patient breached out of a total of 28 patients resulting in the failure of the target, this upper gastro patient delay was due to patient DNA.									
Actions to Address/Assurances:									
Failure of the target for the Trust was due to a patient not attending.									
When is performance expected to recover:									
Trajectory for 2020/21 indicates an average monthly performance of 99%.									
Quality:									
Further information has been requested to understand if the patient DNA for treatment was related to the Covid pandemic. The letter of 8th June from the National Cancer Directors which set out the second phase of NHS response to COVID-19 for cancer, stressed the importance of promoting patient confidence in being treated in a safe environment.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.4 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND		Jan-20	Feb-20	Mar-20	Apr-20			YTD
		CCG	81.82%	85.71%	100%	90.91%			90.91%
		LUHFT	96.00%	95.35%	96.00%	88.89%			88.89%
		Target	94%	94%	94%	94%	94%		
Performance Overview/Issues:									
The CCG failed the 94% target for April reporting 90.91% out of 11 patients there was 1 patient breach this was a lower gastro patient at the Aintree site who waited 58 days delay due to inadequate elective capacity. Cancer data is monitored cumulatively so year to date the CCG is reporting red.									
LUHFT are also failing the target reporting 88.89% in April; out of 18 patients there were 2 patient breaches. Both patients delay was due to inadequate elective capacity, 1 breast patient and 1 lower gastro patient).									
Actions to Address/Assurances:									
The Cheshire and Merseyside Cancer Alliance weekly Sitrep provides a summary of patients waiting for surgical treatment and those waiting longer than 4 weeks at level 2 priority. If patients cannot be seen within the 4 week time-frame by the current provider, they should be offered the choice to transfer to surgical hubs for their treatment.									
When is performance expected to recover:									
Recovery plans have been requested from all providers of cancer services in response to Sir Simon Stephens' letter of 29th April-20 as part of the second phase NHS response to the COVID-19 pandemic.									
Quality:									
Assurance is being sought that all suitable patients are offered the choice to transfer to a surgical hub if they can be treated more quickly there.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Jan-20	Feb-20	Mar-20	Apr-20	YTD	
		CCG	82.86%	61.11%	78.57%	79.31%	79.31%	
		LUHFT	68.93%	55.08%	70.85%	66.49%	66.49%	
		Target	85%	85%	85%	85%	85%	
Performance Overview/Issues:								
<p>The CCG failed the 85% target for April reporting 79.31%. In April there were 6 breaches from a total of 29 patients seen. The reasons for the breaches were complex diagnostic pathways, delays due to inadequate elective capacity and delay due to treatment delayed due to medical reasons.</p> <p>For April LUHFT are recording 66.49% - Out of a total of 94 patients there were 31.5 patient breaches. The main reasons for delays were 'other reason' (not stated), inadequate elective capacity, HCP initiated delay, complex diagnostic pathways and patient DNA.</p>								
Actions to Address/Assurances:								
<p>The letter of 8th June from the National Cancer Directors set out the second phase of NHS response to COVID-19 for cancer services and described that nationally the number of patients waiting over 62 days to start treatment has grown during the pandemic, partly as a result of the impact of COVID-19 on endoscopy and other diagnostic services, and partly from clinical decisions to re-schedule treatments to reduce the risk for individual patients of COVID-19 infection.</p> <p>Booking appointments for this group of patients is a priority. Local systems should schedule diagnostics or treatment for this group, alongside new patients referred into cancer services, on the basis of clinical priority. To support appropriate clinical decision making, the focus for operational management should be on reducing the number of patients waiting more than 62 days ie focus on the treatment backlog.</p>								
When is performance expected to recover:								
Recovery plans have been requested from all providers of cancer services as part of the NHS second phase response to the COVID-19 pandemic.								
Quality:								
Harm reviews are undertaken on all cases where patients have breached the 62 day standard.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.6 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND		Jan-20	Feb-20	Mar-20	Apr-20			YTD
		CCG	90.91%	100%	92.86%	50.00%			50.00%
		LUHFT	78.9%	64.6%	75.0%	80.0%			80.00%
		Target	90%	90%	90%	90%	90%		
Performance Overview/Issues:									
<p>The CCG reported 50% for screening services in April failing the 90% target. With just 1 patient out of 2 failing the target. This lower gastro patient's delay was due to HCP initiated delay to diagnostic test/treatment planning they waited 84 days, first seen and first treatment Trust was Aintree. Cancer data is monitored cumulatively so year to date the CCG is reporting red. Very low numbers has caused the failure of this measure.</p> <p>For April LUHFT are recording 80% out of a total of 17.5 patients there were 3.5 patient breaches.</p>									
Actions to Address/Assurances:									
All three cancer screening programmes have been paused during the COVID-19 pandemic. The cervical screening programme delivered through primary care is likely to be the earliest of the 3 programmes to recommence.									
When is performance expected to recover:									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear. The cervical screening programme delivered through primary care is likely to be the earliest of the 3 programmes to re-commence.									
Quality:									
Harm reviews are undertaken on all cases where patients have waited longer than 62 days for treatment.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

2.5.7 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority		Previous 3 months, latest and YTD					Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND		Jan-20	Feb-20	Mar-20	Apr-20			YTD
		CCG	77.78%	90.91%	66.67%	80.00%			80.00%
		LUHFT	82.61%	86.54%	82.08%	90.79%			90.79%
		Target	85%	85%	85%	85%	85%		
Performance Overview/Issues:									
The CCG reported 80% in April and have failed the local target of 85%. In April there were 3 breaches from a total of 15 patients seen.									
For April LUHFT are recording 90.79% out of a total of 38 patients there were 3.5 patient breaches and are achieving the local 85% target.									
Actions to Address/Assurances:									
During the COVID-19 pandemic all patients on PTLs are actively reviewed to ensure most appropriate prioritisation category ie less than 72 hours, less than 4 weeks or less than 10 weeks from decision to treat to treatment to avoid predicted detriment to outcome. Patients may have their priority escalated if deterioration is reported. This process would override the consultant upgrade pathway during this period.									
When is performance expected to recover:									
All providers of cancer services have been asked to provide commissioners with recovery plans to meet constitutional standards as we move into the second phase of COVID-19 planning.									
Quality:									
All cases where patients have waited over 62 days for treatment would be subject to harm reviews									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			

2.5.8 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Aintree data reported up until March, from April LUHFT data provided Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	
		17	13	21	11	
		Plan: Zero				
Performance Overview/Issues:						
<p>In April there were 11 over 104 days breaches at LUHFT. The longest waiting patient was a urological patient who waited 184 days. Their treatment was delayed due to the patient not attending for their appointment. Out of the 11 breaches, 4 were Urological, 3 haematological, 2 lower gastro, 1 lower gastro and 1 lung. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP).</p> <p>The average total days waited in April 2020 for LUHFT was 136 days, compared to 115 for Aintree in April 2019.</p>						
Actions to Address/Assurances:						
<p>The most recent 104 day thematic review has identified patient choice, radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors. Patients with very long waits usually experience two or more of these factors on their pathway. Provider recovery plans acknowledge and address these areas.</p>						
When is performance expected to recover:						
<p>Work to improve 62 days performance identified in the Trust's cancer improvement plan will also impact on very long waiters.</p>						
Quality:						
<p>Harm reviews are undertaken on all cases where patients have waited longer than 62 days. Where harm reviews have been undertaken to date, no harm has been declared.</p> <p>A serious incident process would be implemented where a view is taken that harm has resulted from the long wait for treatment. For cancer, this would normally mean that disease has progressed and that treatment intent has changed from curative to palliative as a result of the delay.</p>						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Debbie Harvey		Sarah McGrath		

2.5.9 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Note that the current 31 and 62 day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard is mandated from April 2020.

Hospitals have recorded data in 2019/20, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.

The CCG will also be working with providers to have a place a maximum waiting time.

Figure 5 - FDS monitoring for South Sefton CCG

28-Day FDS 2 Week Wait Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	65.91%												65.91%
No of Patients	220												220
Diagnosed within 28 Days	145												145

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	92%												92.31%
No of Patients	13												13
Diagnosed within 28 Days	12												12

28-Day FDS Screening Referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 20-21
%	40.00%												40.00%
No of Patients	10												10
Diagnosed within 28 Days	4												4

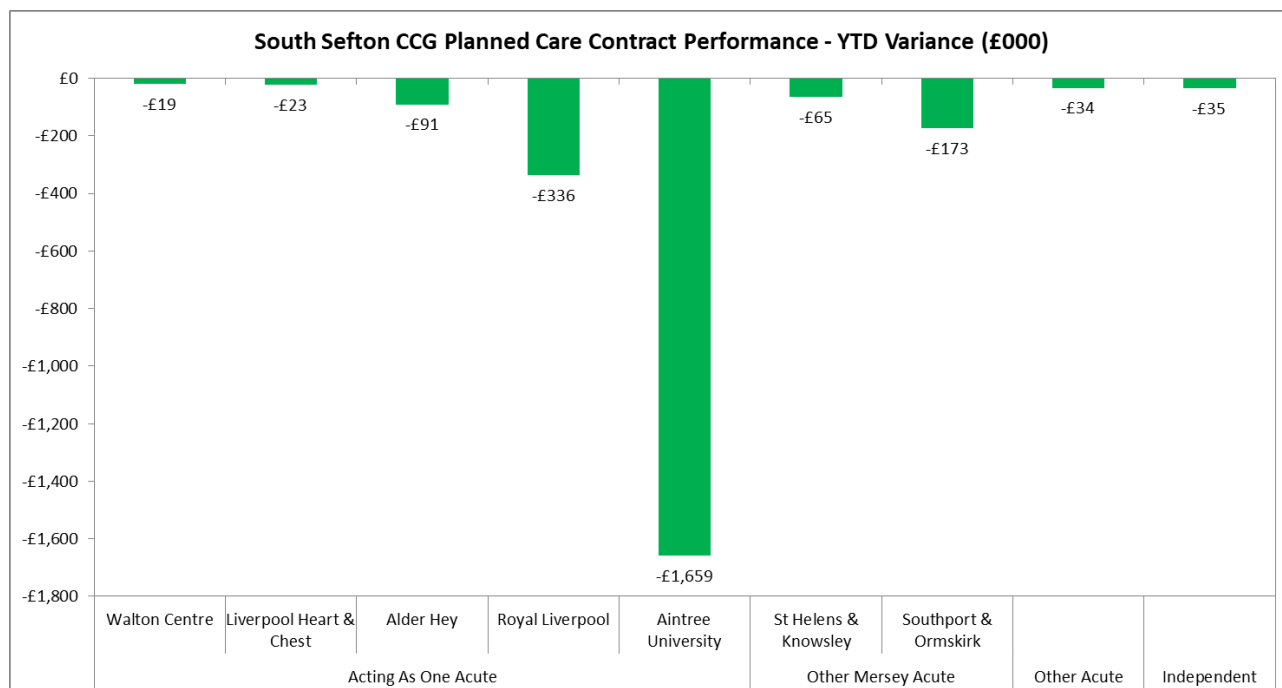
2.6 Patient Experience of Planned Care

Friends and family survey results are published by NHSE/I on their website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

The Commissioning Team are to liaise with partners and particularly Healthwatch around some of the possible ideas regarding service change as a result of COVID. The CCG will be seeking provider input and will use EPEG and provider contribution to focus on patient experience / engagement during the COVID pandemic. Currently awaiting confirmation of the EPEG meeting but expected in July 2020.

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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.

At individual providers, Aintree Hospital is showing the largest under performance in month 1 with a variance of -£1.6m/-72% against the previous year. Across all providers, South Sefton CCG has underperformed by -£2.4m/-62.8%.

Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres are within the nationally procured block contract for independent sector providers until 1st July 2020. The CCG are still unsure of the anticipated activity levels that independent sector providers will undertake following this date under the new operating framework and Infection Prevention Control (IPC) guidelines. This is something that will be explored via future contracting routes. The BI team are also conducting a piece of analysis to understand the local impact of COVID-19 on planned care activity and performance during the initial phase of the pandemic.

NB. Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2020/21 contract performance for the individual sites of Aintree and Royal Liverpool.

Due to the COVID-19 pandemic, a number of month 1 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

2.7.1 Aintree Hospital

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,054	157	-897	-85%	£635	£78	£-557	-88%
Elective	106	19	-87	-82%	£379	£45	£-334	-88%
Elective Excess BedDays	45	2	-43	-96%	£12	£1	£-11	-95%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	22	1	-21	-95%	£4	£0	£-4	-93%
OPFANFTF - Outpatient first attendance non face to face	84	203	119	142%	£3	£27	£24	866%
OPFASPCL - Outpatient first attendance single professional consultant led	2,521	915	-1,606	-64%	£406	£143	£-264	-65%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	58	3	-55	-95%	£6	£0	£-6	-96%
OPFUPNFTF - Outpatient follow up non face to face	416	822	406	98%	£10	£49	£39	371%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,541	2,250	-3,291	-59%	£410	£175	£-235	-57%
Outpatient Procedure	1,875	192	-1,683	-90%	£261	£29	£-232	-89%
Unbundled Diagnostics	1,159	290	-869	-75%	£95	£26	£-69	-72%
Wet AMD	125	106	-19	-15%	£99	£88	£-11	-11%
Grand Total	13,006	4,960	-8,046	-62%	£2,320	£661	£-1,659	-72%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£1.6m/-72% for South Sefton CCG at month 1. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction in April 2020 when comparing to April 2019 with a decrease of -2,418/-69% across all referral sources combined.

The two points of delivery to report an over performance at month 1 are for outpatient non face to face (first and follow up) activity, which is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance and supporting shielded patients). The majority of the increased non face to face activity occurred within Gastroenterology and Cardiology.

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions).



NB. 2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals.

Despite the indicative underspend at this Trust; there will be no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

3. Unplanned Care

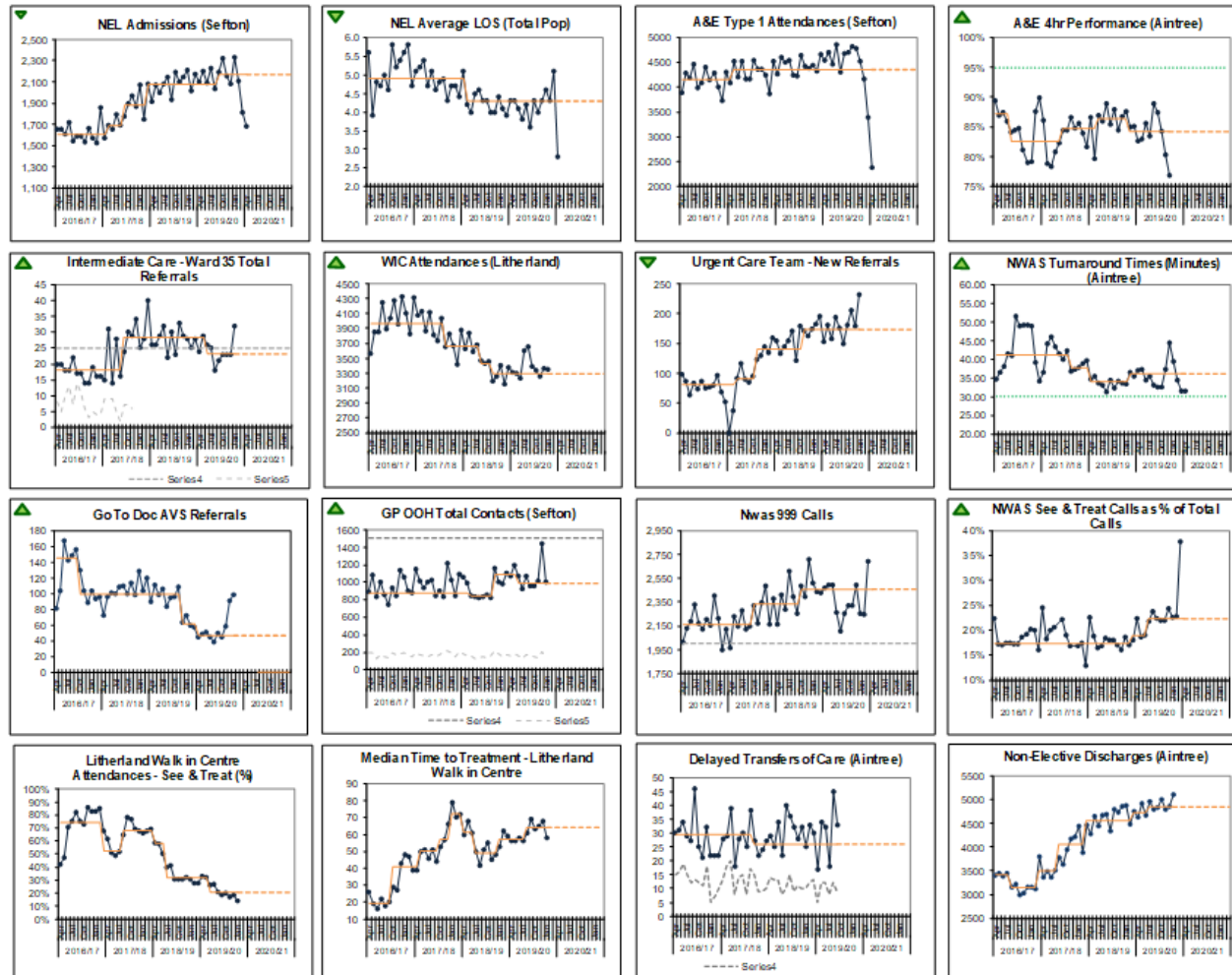
3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance


















Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c National Standard: 95% No improvement plans available for 2020/21 Yellow denotes achieving improvement plan but not National Standard	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20	YTD			
		CCG All Types	81.17%	82.42%	86.03%	93.19%			93.19%
		National Target	95%	95%	95%	95%			-
		LUHFT All Types	78.33%	82.41%	85.73%	91.94%			91.94%
		LUHFT Type 1	66.39%	69.01%	77.11%	90.01%	90.01%		
Performance Overview/Issues:									
<p>Due to COVID-19 there has been a marked reduction in the numbers of patients attending A&E. Whilst this has improved waiting times, this should be seen as a temporary situation. However, this is against incremental improvements throughout Q4 of 19/20. Recovery will see increased attendances and also different ways to see patients who may not require emergency treatment as the impact of social distancing will need to be managed effectively.</p> <p>In April 2020, the total number of A&E attendances reported for South Sefton CCG patients was 2,730. This shows a significant decrease from the 6,278 attendances reported in April 2019.</p> <p>April saw an improvement in performance for Liverpool University Hospital Foundation Trust (LUHFT) with 91.94% (type 1 and 3) patients spending 4 hours or less in A&E, type 1 90.01%. The Aintree site reported 93.5% to the CCG from a local submission. Out of 6272 patients only 407 waited over 4 hours.</p> <p>In April performance improved compared to March 2020. Whilst focused initiatives were introduced in ED, particularly at the Aintree site in February, lower volumes of ED attendances and reduced bed occupancy during April have facilitated further improvements in the non-elective pathway. There has been an improvement in Type 1 four hour performance across both sites with average type 1 attendances down by 43% compared to the last twelve months. However, attendances in May have increased compared to April.</p>									
Actions to Address / Assurances									
Estates review to support patient flow									
<p>In preparation of COVID-19 the Emergency Department has reviewed the use of the estate to clearly define COVID and Non COVID pathways in order to segregate the clinical areas in line with IPC guidance. Reconfiguration within the Emergency Department on both LUHFT sites has taken place to ensure segregation of patient groups in line with current IPC guidance.</p> <p>On the Aintree Site the reconfiguration has included relocation of Frailty Assessment Unit (FAU) to support redesign of the Ambulatory Emergency Care (AEC), medical assessment area and an extension of the majors cubicles. The average volume of attendances to the department during the COVID pandemic had reduced by 50-60% nationally. This has largely been attributed to the category 1-2 patients. However, the attendances have recently been increasing to 80-85% on the Aintree site. The teams are focusing on a review of the available estate for all patient groups (medical, surgical, frailty) to ensure safe pathways providing timely assessment are in place from arrival to discharge. The modelling is currently being undertaken to inform the Trust's Reset Plan.</p>									
Ambulance handover improvements									
<p>The new ambulance handover process at the Aintree site is now established with 2 cubicles ringfenced within the ambulance drop off bay. Performance will be monitored at the Acute and Emergency Weekly performance meeting. Performance in April 2020 showed there was only one (1) handover delay post 60 minutes, the lowest total since recording of this metric commenced.</p>									
Continuous learning									
<p>Through the Non-Admitted Task & Finish Group, non-admitted 4 hour performance was projected to increase by 1.5% per week supported by an accompanying Safety and Quality Project Plan until 85% was achieved by mid-April 2020. April performance has improved significantly but is noted within context of COVID and decreased attendances. PDSA Cycles are in place and reviewed at weekly meetings to monitor impact.</p>									
Patient flow - admission and discharge									
<p>To increase flow out of the Emergency Department and reduce bed occupancy across the site, there has been intense focus on reducing super stranded patients. The site has introduced twice weekly high level MDT reviews of patients with a length of stay between 7-20 days. This is further supported by review of the Top 30 Daily Ready for Discharge (RFD) patients, and escalation of as appropriate. Substantive staffing for the discharge lounge has been confirmed which will provide a consistent five day model for early flow. All system partners have been involved in development and agreement of discharge to assess pathway which has significant impact on numbers ready for discharge and waiting discharge support / destinations to be agreed.</p>									
When is performance expected to recover:									
National target is 95%. NHSE/I set trajectory moving to 89% in 2019/20. No confirmation as yet to whether this is to continue with a local measure.									
Quality:									
No specific issues have been raised through other review processes. There have been no 12 hour breaches in sustained time period throughout 19/20..									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		John Wray			Janet Spallen				

3.2 Urgent Care Dashboard

SOUTH SEFTON URGENT CARE DASHBOARD



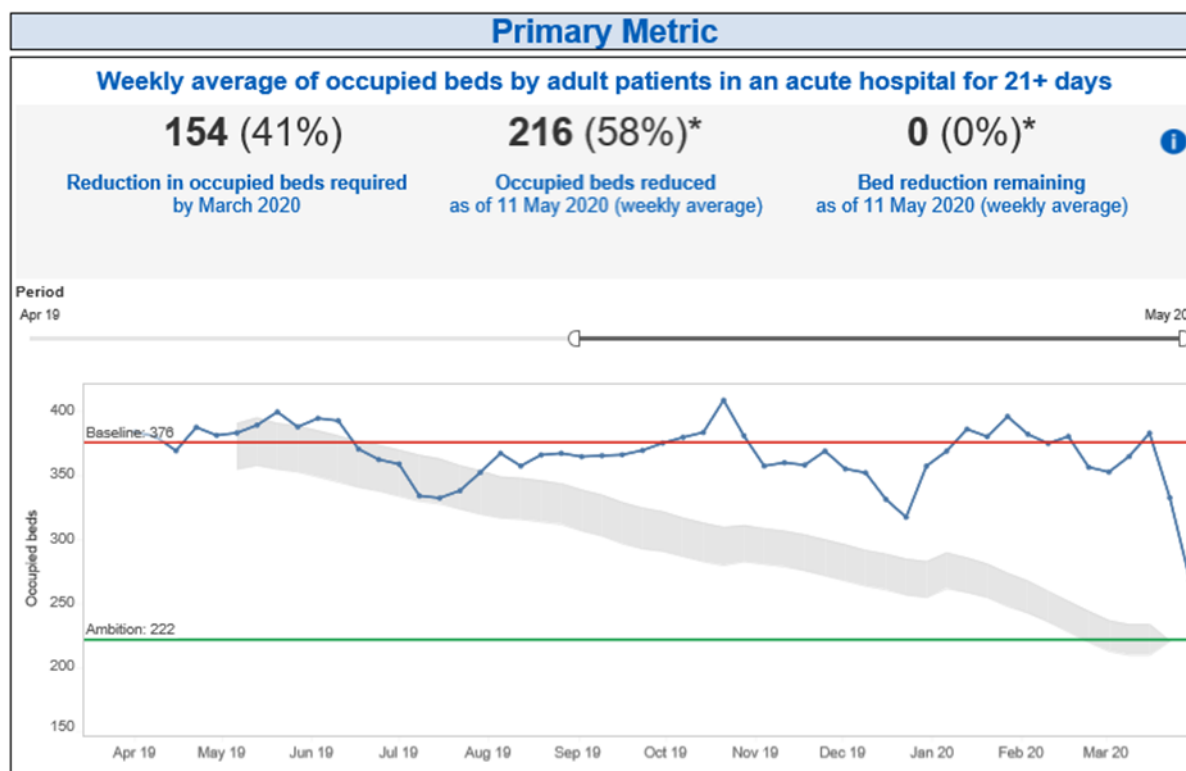
Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.		Commissioners aim to see an increase in referrals to the AVS service.
Go to Doc Out of Hours Activity	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Walk-in Centre See and Treat %	The percentage of attendances to Litherland Walk-in centre which were treated and discharged in the WIC with no onward referral.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.		Commissioners aim to see lower average time taken to treat patients.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.

3.3 Occupied Bed Days

The NHS had a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in Acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers were asked to work with their system partners to deliver this ambition.

Figure 8 - Occupied Bed Days, Liverpool University Hospitals Foundation Trust





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard was updated for 2019/20 to report on a weekly basis. The Trust's revised target was a total bed reduction of 154 (41%) by March 2020; therefore the ambition was 222 or less. Despite a significant improvement in March 2020, the Trust did not achieve the ambition in March 2020, with a total reduction of 108 and 46 remaining as at 30th March 2020. However, the Trust has since seen further significant improvements, and was reporting a total 219 reduced occupied bed days as at 15th June 2020, compared with a reduction target of 154. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

3.4 Ambulance Performance

Ambulance response times are published on the NWAS website. The latest available data is for March 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

3.5 Ambulance Handovers

Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	Feb-20	Mar-20	Apr-20		
		(a) <=15-30mins	134	133	86		
		(b) <=15-60mins	66	20	1		
		Plan: Zero					
Performance Overview/Issues:							
NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreasing from 133 to 86 and 60 minute delays decreasing from 20 to 1. Improvement has been seen with a need to maintain this and seek to decrease times further and eliminate delays over 60 minutes.							
Actions to Address/Assurances:							
The new ambulance handover process at the Aintree site is now established and performance will be monitored at the Acute and Emergency Weekly performance meeting. Performance in April showed there was only 1 handover delay post 60 minutes, the lowest total since recording of this metric commenced.							
Work has continued for Aintree in collaboration with NWAS to improve processes to support achievement of the handover targets. They had identified that the priority area which will have the greatest impact will be the introduction of direct conveyancing of appropriate patients to front door units e.g. Ambulatory Medical Unit, Frailty Assessment Unit, without being first triaged through AED. Processes have had to change due to COVID but will continue to be monitored closely as A&E attendances and ambulance conveyances increase.							
A contract notice is in place with actions agreed which are being closely monitored by the CCG. The provider have updated their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing.							
When is performance expected to recover:							
This has remained a priority area for ongoing improvement within the Trust. An updated Improvement Plan was submitted detailing timescales for implementation of direct conveyancing. Pilot work was completed to test plans that patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in AEC to discuss the safe conveyance of a patient to the department. Improvements were being seen in the handover times prior to COVID. However there have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. The percentage of handovers outside of the 30 minute target have continued to reduce in May but we are now seeing an increase in ambulance conveyances in June to levels pre-COVID and will need to monitor impact on performance.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		

3.6 Unplanned Care Quality Indicators



3.6.1 Stroke and TIA Performance

This information is reported locally to the CCG from Aintree Hospital (now part of Liverpool University Hospitals). The Trust has been unable to provide an update since February 2020. Once the Trust is able to begin reporting again, this will be updated.



3.6.2 Mixed Sex Accommodation (MSA)

Mixed sex accommodation information at CCG level is published on the NHS England website. An update is currently unavailable. Trust information is reported locally to the CCG from Aintree Hospital. The Trust has been unable to provide an update since February 2020. Once the Trust is able to begin reporting again, this will be updated.



3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	1	1	1	0	
		LUHFT	3	4	4	1	
		Plan: Zero				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.	
Performance Overview/Issues:							
The CCG reported no new cases of MRSA in April.							
Liverpool University Hospital Foundation Trust reported 1 case so have failed the zero tolerance threshold for 2020/21. The Aintree site reported no new cases.							
Actions to Address/Assurances:							
In June, Liverpool University Hospital Foundation Trust held its inaugural Infection Prevention Control Governance meeting and this was attended by Kerry Lloyd (Assistant Chief Nurse), on behalf of Liverpool and Sefton CCGs.							
When is performance expected to recover:							
This is a Zero tolerance indicator so for Aintree site no recovery plans required							
Quality:							
Any further incidents will be reported by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.6.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	50	59	63		4
		LUHFT	218	239	254		9
		2020/21 Plans Awaiting National Objectives to measure actuals against Measuring against last year's objectives the CCG is reporting GREEN					
Performance Overview/Issues:							
<p>The CCG reported 4 cases of c difficile cases in April (the same as reported last month). The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. If reporting against the previous year's plan the CCG is reporting Green, (YTD plan 5 cases).</p> <p>Liverpool University Hospital Foundation Trust (LUHFT) have reported 9 cases, of the 9 the Aintree site have reported 3 of these cases. The data in the table above shows the HCAI database numbers which includes Hospital Onset, Community Onset of which Healthcare Associated, Indeterminate Association and Community Associated cases.</p> <p>No further updates at all highlighted workload in relation to COVID-19 as a priority.</p>							
Actions to Address/Assurances:							
<p>Trust Actions:</p> <ul style="list-style-type: none"> • Trust cleaning and IPC measure heightened at present due to Covid-19 • Trust wide CDI action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene all remain a priority. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of Sefton CCG							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)				Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
GREEN	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		CCG	139	147	156		9
		LUHFT	580	629	658		29
2020/21 Interim Plan: ≤ 128 YTD <i>There are no Trust plans at present numbers for information</i>							
Performance Overview/Issues:							
NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128.							
In April the CCG reported 9 cases against a year to date plan of 11, the same number of cases that was reported last month and reporting green for this indicator.							
Liverpool University Hospital Foundation Trust (LUHFT) reported 29 cases in April the same number as reported in March with no targets set for Trusts at present. Of the 29 cases 11 were at the Aintree site.							
Actions to Address/Assurances:							
The NHSE Gram-negative bloodstream infections (GNBSI) Programme Board Meetings are yet to reconvene due to the COVID-19 incident. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract and Clinical Quality Review Meetings (CCQRM's).							
When is performance expected to recover:							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
Quality:							
An overarching Cheshire & Merseyside delivery plan has been put on hold due to the COVID-19 Pandemic, this will continue to be developed and will be included within the local recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Lynne Savage			

3.6.6 Hospital Mortality

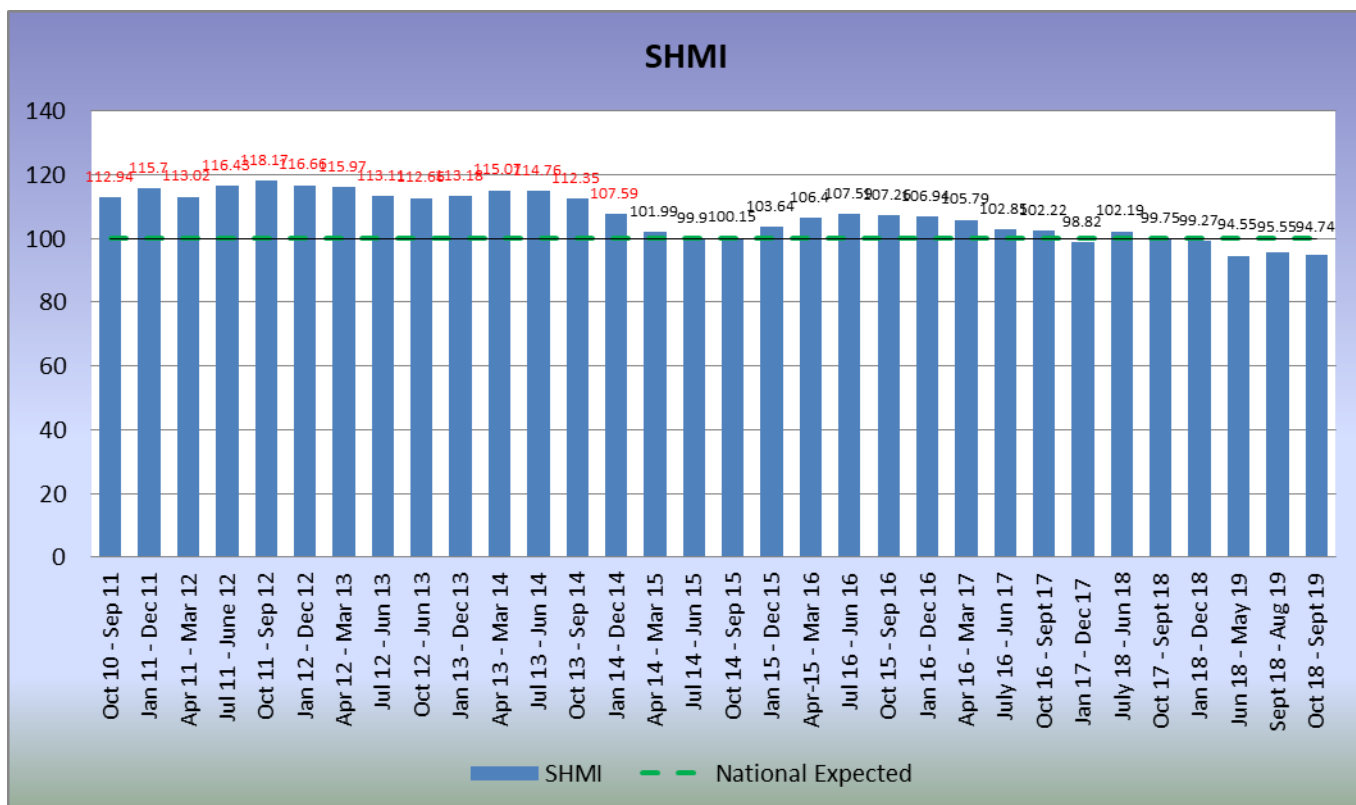
Figure 9 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - April	100	78.60	↑ ↓

HSMR is lower than reported last month at 78.60 for the period December 2018 to November 2019. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 94.74 in the “as expected” range and is continuing its downward trend within tolerance levels for the period October 18 – September 19. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 10 - Summary Hospital Mortality Indicator



3.7 CCG Serious Incident (SI) Management

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database from Datix to Ulysees. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit (MLCSU), in order to provide a reporting mechanism that is fit for purpose.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS). The CCGs Quality Team are utilising a workaround using StEIS and an internal excel tracking database until the Ulysees system is functioning to requirements.

The Quality Team are due to receive training on Ulysees from MLCSU at the end of June 2020.

1. Number of Serious Incidents Open for South Sefton CCG

As of M1, 2020/21, there are a total of 32 serious incidents (SIs) open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 32, 6 are attributed to Aintree Hospital, 16 to Liverpool University Foundation Trust (LUHFT – Aintree site only) 10 are attributed to South Sefton CCG patients in other Providers. See table below for breakdown by Provider.

Trust	No. of Incidents
Aintree University Hospital	6
Liverpool University Foundation Trust (LUFT) Aintree site only	16
North West Boroughs NHS Foundation Trust	4
Cheshire & Wirral Partnership	1
South Sefton CCG – reported on behalf of other providers	5
TOTAL	32

2. Number of Serious Incidents (SIs) Reported In Month 1 20/21

There were 2 SIs reported in Month 1 2020/21 for South Sefton CCG:

- 1 SI was reported by LUHFT (Aintree site only). This was a Treatment delay meeting SI criteria which was reported within the 48 hour timescale.
- 1 SI was reported by South Sefton CCG on behalf of Renacres. This was a diagnostic incident and was not reported within the 48 hour timescale due to StEIS access issues at that time.

3. Number of Never Events reported

There were no Never Events reported in Month 1 2020/21.

The table below shows the total number of never events reported for South Sefton CCG over the past 5 years and those reported YTD.

Never Events Reported by Provider	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Aintree University Hospital	1	1	8	1	0	0
Liverpool University Hospitals (Aintree site)	0	0	0	0	5	0
St Helens and Knowsley Hospital NHS Trust	0	1	0	0	0	0
Total for SSCCG	1	2	8	1	5	0

There have been 5 never events reported by Liverpool University Hospitals (Aintree site) during Q4 2019/20. Four of which were related to the same medication incident involving the mis-selection of high strength midazolam during conscious sedation.

The RCAs and lessons learnt are awaited for all 5 of the above Never Events. A combined RCA is being undertaken for the 4 related Never Events.

4. RCAs due during month 1 2020/21

There were 9 RCAs due for LUHFT (Aintree site) during month 1 2020/21. 5 were received on time, and extensions were granted for the remaining 4.

5. Serious Incidents closed

During month 1 2020/21, 1 SI for LUHFT (Aintree site only) was reviewed by Liverpool CCG SIRG and closed.

As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for LUHFT, will be reviewed by the Liverpool CCG SIRG panel. South Sefton CCG SIRG members will be invited to comment on RCAs and sit on the panel where necessary. Additionally, a member of the quality team will attend each Liverpool SIRG meeting and report back any issues, themes or trends as appropriate.

South Sefton CCG SIRG panel will convene to review RCAs reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

The CCG quality team will continue to manage their own SIs for smaller providers and convene the SIRG panel to review those RCAs.

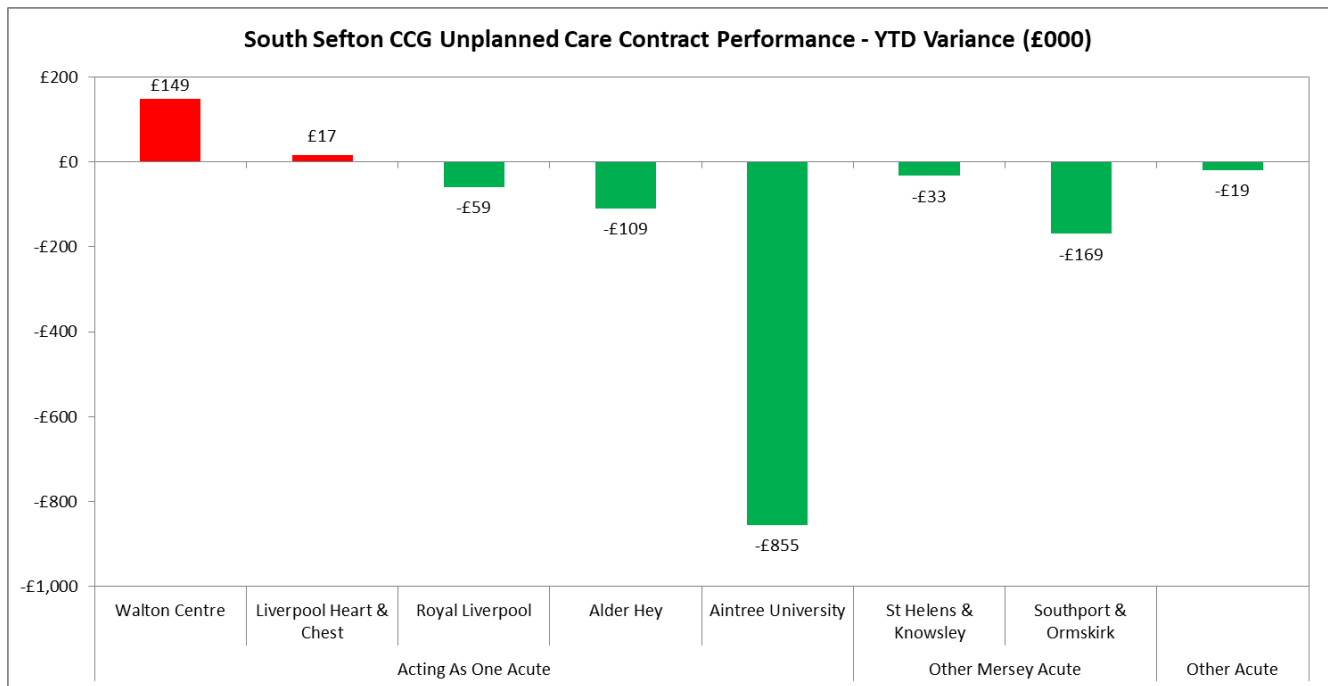
3.8 CCG Delayed Transfers of Care (DTC)

Delayed transfer of care information is published on the Future NHS website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 11 - Unplanned Care – All Providers



Performance at month 1 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’.

At individual providers, Aintree Hospital is showing the largest under performance in month 1 with a variance of -£855k/-23% against the previous year. Across all providers, South Sefton CCG has underperformed by -£1m/-22.3%.

Prior to the outbreak of COVID-19, it was evident that there were increased costs within the Non-elective point of delivery and CCG leads were reviewing data to understand the potential impact of increased coding. The Business Intelligence team are also conducting a piece of analysis to understand the local impact of COVID-19 on unplanned care activity and performance during the initial phase of the pandemic.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 12 of 2019/20, the value was £159k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. For information, the table below shows the movement year on year.

Figure 12 - South Sefton CCG at Virgin Care Activity & Cost

South Sefton CCG at Virgin Care	Activity	Cost
2018/19	4,203	£160,461
2019/20	3,975	£159,870
Variance	-228	-£591
Variance %	-5%	-0.4%

Due to the COVID-19 pandemic, a number of month 1 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

3.9.2 Aintree Hospital

Figure 13 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	3,318	1,695	-1,623	-49%	£84	£85	£1	1%
A&E - Accident & Emergency	3,045	1,800	-1,245	-41%	£501	£288	-£213	-43%
NEL - Non Elective	1,410	1,286	-124	-9%	£2,772	£2,203	-£569	-21%
NELNE - Non Elective Non-Emergency	4	7	3	75%	£20	£21	£0	1%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	41	41	-	£0	£11	£11	-
NELST - Non Elective Short Stay	298	258	-40	-13%	£206	£173	-£33	-16%
NELXBD - Non Elective Excess Bed Day	816	624	-192	-24%	£209	£157	-£52	-25%
Grand Total	8,891	5,711	-3,180	-36%	£3,793	£2,938	-£855	-23%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£855k/-23% for South Sefton CCG at month 1. The largest activity reductions have occurred within A&E type 1 and Litherland A&E walk-in centre with variances of -41% and -49% respectively. This can be attributed to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23rd March 2020.

NB. Despite the indicative over spend at this Trust; there is no financial impact to South Sefton CCG due to the Acting as One block contract arrangement.

2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above chart relate to variances against 2019/20 month 1 actuals.

4. Mental Health

4.1 Mersey Care NHS Foundation Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

As result of COVID-19 and NHSE/I contracting guidance all contracting has been suspended, however, a virtual CQPG was held in early June. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding. On 17th June the lead commissioners (Liverpool CCG) agreed to relax reporting by the CCG in line COVID-19 Reducing the Burden and to ask for one report at Trust catchment level, however the expectation is that supporting narrative provided by the Trust will highlight specific local issues.

At June CQPG the Trust presented on the COVID-19 work they had done and reported the following:

- 5,200 shielded patients have provided with a telephone intervention
- All patients discharged from hospital are followed up within 48 hours
- Telephone and Video Calls have been provided to stay in touch with patients and carers
- Home visits provided when necessary, including injections and blood tests (with PPE worn)
- Referrals and assessments carried out as usual

The Trust approach to recovery from the COVID-19 pandemic is centred on the following:

- Review emerging evidence/indicators on predicted increases post Covid 19.
- Understand the current demand/waits/performance across identified services.
- Review current waiting lists (potentially re-categorise based on need).
- Identify services that will potentially be impacted by increased demand.
- Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period).
- Undertake a range of scenario modelling built on sound assumptions.
- Consider developing criteria for prioritisation based on levels of need (ensuring effective pathways for those outside these criteria).
- Undertake financial assessment for responding to demand.
- Scope resources, timelines, communications, risks and mitigations

Safeguarding

The Trust achieved full training compliance in Q4 2019/20 and it was agreed at June CQPG that the contract performance notice should be removed.

Autism Spectrum Disorder (ASD)

The Trust is also reporting that waiting times for assessment have increased. An options paper has been received by the CCGs, but this requires further elements detailing how and when the wait times will be reduced including financial implications. In addition, the NHSE/I instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services. Capacity and Planning exercise being undertaken to underpin the options paper. This will be discussed on 26th June 2020. In lieu of suspended commissioning/contracting arrangements the Trust is considering remodelling the ASD service using Local Division resources with pick up by the CCGs in 2021/22.

Core 24 KPIs



In Month 1 the Trust reported CORE 24 indicators (catchment).

Core 24 Indicator	Target	April 2020	
Emergency Pathway - Assessment within 4 hours	90%	0.00%	0/1 patient
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	5/5 patients
Urgent Pathway - Assessment within 4 hour	90%	100.00%	3/3 patients

For all CORE 24 indicators the Trust are undertaking the following actions to maintain performance.



- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.
- CORE 24 staff has received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.

4.1.2 Eating Disorder Service Waiting Times



Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patients safety risk. Reputation.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		63.16%	71.43%	45.83%	46.15%		
		Plan: 95%					
Performance Overview/Issues:							
Out of a potential 26 Service Users, 12 started treatment within the 18 week target (46.15%), which shows a slight improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Demand for the service continues to increase and exceed capacity.							
Actions to Address/Assurances:							
Trust Actions: 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 Compassion Focussed Therapy (CFT) group and 1 CBT group. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service 3. Clearer and stricter DNA and cancellation policy 4. Using therapy contracts to contract number of sessions 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post. 7. A business case will be developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service and ensure that the service is NICE compliant. The CAG in May gave outline approval for a case to be developed however progression may be delayed due to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19. The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.							
When is performance expected to recover:							
Aiming for significant improvement by Quarter 1 20/21. However COVID-19 may have a significant impact on activity on M1.							
Quality:							
The service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		0.97%	0.74%	0.68%	0.74%		
		Access Plan: 19.0% April 2020/21 reported 0.74% and failed 1.59% target					
Performance Overview/Issues:							
<p>The access standard is defined as being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues. Given the continuous under performance in this area, local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. Month 1 performance was 0.74% and failed to achieve the target standard although was a slight increase on the 0.68% for the previous month.</p> <p>Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in May 5.1 WTE Psychological wellbeing practitioner and 2.0WTE High Intensity vacancies which are having an impact on capacity. The service is making efforts to recruit to these vacancies.</p>							
Actions to Address/Assurances:							
Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access and it is intended to roll out group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
No quality issues reported							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		41.0%	49.4%	45.5%	42.6%		
		Recovery Plan: 50% - April 2020/21 42.6% and failed					
Performance Overview/Issues:							
The Recovery rate decreased from 45.5% in March to 42.6% in April and failing to achieve the 50% target. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.							
Actions to Address/Assurances:							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
When is performance expected to recover:							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Jan-20	Feb-20	Mar-20	Apr-20		
		64.6%	64.5%	64.0%	60.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in April of 60.4%, which is under the national dementia diagnosis ambition of 66.7%. This is a decline on the performance that was reported last month.</p> <p>The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times across both North and South services once recovery starts.</p>							
Actions to Address/Assurances:							
<p>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place.</p> <p>Commissioners await MCFT recovery plan for all Mental Health services including Memory Assessment.</p>							
When is performance expected to recover:							
Awaiting recovery plan from MCFT.							
Quality:							
Awaiting MCFTs recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b	
						People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
		GREEN	TREND	Q4 18/19 13.8%	Q1 19/20 2.9%	Q2 19/20 13.0%	
		Q3 2019/20 Plan: 16.8%					
Performance Overview/Issues:							
<p>A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 3 2019/20, the CCG reported a performance of 19.9%, now above the plan of 16.8%, cumulatively they are achieving 30.1%. Year to date out of 670 registered patients, 202 patients had a health check compared to a plan of 122.</p>							
Actions to Address/Assurances:							
<p>Programme of work established with South Sefton GP Federation to increase uptake of annual health checks. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
When is performance expected to recover:							
<p>March 2020, however the current COVID-19 pandemic may impact on future performance.</p>							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

5. Community Health



5.1 Adult Community (Mersey Care FT)

Due to the COVID-19 outbreak, recent information sub group and Contract & Clinical Quality Review Meetings (CCQRM) have been postponed. The CCQRM was reinstated in June with a focus on gaining assurance on the changes in services being delivered in line with COVID. Prior to the COVID-19 outbreak, the Trust was undertaking a performance review of each service, and discussions regarding 2020/21 reporting requirements were being had. The CCG met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. It has been agreed that additional reporting requirements and activity baselines would be reviewed alongside service specifications and transformation. Whilst we have been unable to progress these plans the waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised with the Trust providing data on numbers waiting to be seen. The Trust have provided assurance that all new referrals and those waiting have been triaged with those with high priority needs receiving support. The Trust is assessing all clinical services and implications of returning to business as usual in line with ongoing COVID guidance. A detailed recovery plan will be shared with commissioners in due course.



5.1.1 Quality

For Mersey Care NHS Trust (MCFT) the original plan pre COVID-19 had been to align Quality Schedules and KPIs to enable the trust to provide one relevant report for both Liverpool and Sefton CCGs with information and action plans to address any key issues. Work was planned to recommence following COVID-19 to merge the CQPGs from the community and Mental Health to one to reduce duplication and support consistency of reporting. Both of these will be resumed post COVID-19 with initial discussions planned for the 18th June to progressed the actions.

5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Jan-20	Feb-20	Mar-20	Apr-20		
		22 wks	21 wks	25 wks	21 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). April's incomplete pathways reported above the 18 week standard with 21 weeks, showing an improvement on last month but remaining above the 18 week standard. It is important to note that the completed pathways also continues to exceed the 18 week target at 28 weeks in April, a further increase in average waiting times from March which will have been affected by COVID-19 restrictions..</p>							
Actions to Address/Assurances:							
<p>The CCG has not received updated improvement plans since March due to COVID-19 but feedback previously provided is still being progressed with the greatest challenge being workforce recruitment and retention:</p> <p>The Trust's waiting times performance is a standing agenda item at the monthly information sub group, which feeds into the monthly Contracting and Clinical Quality Review Meeting (CCQRM). The information group has been on hold during COVID-19 but with informal data feedback being provided to the CCG to provide updates on current position. The team are continuing to triage all referrals and those on the witing list to ensure those with high priority needs receive support.</p> <p>The Trust continues to have 1.24 WTE vacancies which are currently being filled by locums who commenced in March and April. Posts have been advertised four times but unable to recruit. Recruitment issues are within context of national shortages. It has been discussed the need to consider workforce strategy on a larger footprint in collaboration with other providers.</p> <p>The Trust is presently reviewing all clinical services to identify action required to return to business as usual as part of recovery plan. The SALT service will be reviewed against a backdrop of longstanding workforce issues along with inability to see as many patients due to COVID-19 IPC restrictions. The CCG is meeting with the Trust to be appraised of proposed telephone work and to gain assurance on which cohorts of patients this will be suitable for in providing a first definitive treatment outside of a direct face to face intervention.</p>							
When is performance expected to recover:							
<p>The CCG has asked the Trust to review and advise urgently on their long term strategy for SALT and other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Progres has been curtailed due to COVID-19. Recovery trajectory to be developed as part of this work which will be based on recruitment actions identified above. There has been further deterioration in completed pathways in April with workforce issues outstanding and impacting on waiting time position.</p>							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Sunil Sapre		Janet Spallen			

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Jan-20	Feb-20	Mar-20	Apr-20		
		17 wks	15 wks	16 wks	20 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). April's incomplete pathways reported above the 18 week standard with 20 weeks, showing an increase in wait times compared to March. It is important to note that the completed pathways also continues to exceed the 18 week target at 23 weeks in April, also showing an increase in average waits compared to March.</p>							
Actions to Address/Assurances:							
<p>Prior to COVID-19 the Trust has had an action plan with a recognition that the physiotherapy service had significant ongoing demand and workforce issues. Improvement plan included:</p> <p>Increasing team numbers through locums in the first instance followed by substantive appointments. Further work was being carried out in regard to triage and prioritisation of referrals with close interface working with the ICRAS services for high priority needs. There was an appointment of a Postural Stability Instructor in January 2020 to work with 'Active Steps' and this will have a positive on the Physiotherapy waiting list and times. (Exercise group now on hold during COVID-19). There was implementation of the Integrated Care Team approach to support patients with long-term conditions. Work has progressed with ICT co-ordinators who have taken management of a patient discharge.</p> <p>The Trust has advised that although the completion of the actions described above have helped to ensure that the incomplete target has been achieved for Q4 2019/20, the gap between capacity and demand has resulted in the completed pathway time continuing to be above target and the improvement being unsustainable. The CCG have identified the physiotherapy service as a high priority for utilisation of 2019/20 growth monies to support sustained transformation.</p> <p>During COVID-19 the service has continued to review all new referrals and those on waiting list to ensure that those with high priority needs receive support. They have identified support has been through telephone consultation, advice, issuing of equipment and visits where able. There has been a reticence of the general public to receive visits so this has curtailed some interventions that could have been provided.</p>							
When is performance expected to recover:							
<p>The CCG are working closely with the Trust in regard to therapy waiting times and whilst assurance is being given that all actions are being taken to address workforce issues it is clear that there is a lack of consistency in performance and resilience to cope with unexpected demand, sickness or annual leave. Improvements are now being seen but these need to be sustained.</p> <p>A formal letter to outline concerns with regard to AHP waiting times with more detailed action plan provided to the CCG. Whilst it is recognised that considerable work has been undertaken in regard to waiting times the need for greater resilience in workforce has been flagged up and also the need for capacity and demand to be modelled to understand whether present resources will support required waiting times. The Trust have completed the work and feedback was provided in February 2020. We were seeing improvements but these have now been impacted by COVID-19 restrictions on the service. The Trust is reviewing all community services to determine action required to return to business as usual and implications on delivery of COVID-19 IPC.</p>							
Quality impact assessment:							
<p>The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patient's presentation and be retriaged into another part of the ICRAS pathway.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Sunil Sapre		Janet Spallen			

5.2 Any Qualified Provider – Audiology

In February 2020, the Merseyside CCGs agreed to offer a further continuation of contracts to AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated specification and a Liverpool led engagement process.



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. NHS contracting and payment guidance during the COVID-19 pandemic (guidance of 26th March) has been followed in respect of payment for non NHS providers. This means that non NHS providers of such AQP services are only paid for activity actually undertaken.

Resumption of elective work is now being taken forward across the health economy and this should include plans for audiology. Knowsley CCG is the co-ordinating commissioner for Specsavers and is in discussions with this provider, linking in with other co-commissioners in the contract.



6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 3 quarters and latest				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
RED	TREND	Q2 19/20	Q3 19/20	Q4 19/20	YTD	
		5.4%	4.8%	7.4%	29.9%	
		YTD Access Plan: 34% - YTD reported performance: 29.9% and failed				
Performance Overview/Issues:						
The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the Mental Health Services Data Set (MHSDS) and this is included in the data. The quarterly Access rate has improved in Quarter 4 from 4.8% in quarter 3 to 7.4% in quarter 4. The CCG has commissioned the online counselling service Kooth, which will contribute to the Access rate. This service is submitting data to the MHSDS which was included in the published data for January onwards. This has clearly contributed to the improvement in performance which should continue into the coming financial year. The year end Access rate was 29.9% against the target of 34% so failed to achieve for 2019/20.						
Actions to Address/Assurances:						
Although additional activity has been commissioned and mainstreamed from the voluntary sector in 2019/20, the target of 34% has been missed, although an improvement on 18/19. Although initiated in the new school year, Kooth was only able to start to flow data in qtr 4, which showed the best performance of 2019/20. CAMHS was affected by significant capacity issues during the year affecting numbers and access times. The Trust initiated improvement plans which initially increased activity in quarter 4, but which are being revised as part of AHFT's COVID-19 recovery plans. A VCF provider moved to flowing data directly to the MHSDS and the impact of this on unique patients being reported is being investigated i.e. there may be more patients being seen by both the VCF and CAMHS than estimated (as they only get recorded once).						
When is performance expected to recover:						
Kooth has shown positive performance in final qtr of 19/20 and 20/21 will get full year effect of that development. There has been an increase in Kooth capacity in response to COVID-19, and possibility of further increases in qtr 3/4. However, COVID-19 will negatively impact on other providers notably CAMHS. As part of national recovery planning AHFT is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 20/21 In response to COVID-19, 24/7 crisis support has been implemented which will should see an increase in access rates in 20/21.						
Quality impact assessment:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that digital poverty may prevent some CYP from access to digitally delivered services.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Performance in this category is calculated against completed pathways only.</p> <p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
<p>In quarter 4 the Trust reported under the 100% plan. Out of 24 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 91.7% against the 100% target. The 2 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.</p>						
Actions to Address/Assurances:						
<p>All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have a large impact on performance. All clinically tracked and breach always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.</p>						
When is performance expected to recover:						
<p>Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.</p>						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		50.0%	66.7%	100.0%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
Achieved 100% in quarter 4 local plan 100%, national standard 95%.						
Actions to Address/Assurances:						
Not required due to achievement of the target. The service has relatively small numbers so breaches can have large impact on % performance.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. The plan is to conclude this for flowing of data in 2020/21.

Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT






Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19).
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Jan-20	Feb-20	Mar-20	Apr-20		
		22 wks	20 wks	23 wks	23 wks	<=18 weeks: Green > 18 weeks: Red	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.
		Target <= 18 weeks					Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
Performance Overview/Issues:							
In April, the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. This shows no improvement compared to last month.							
Actions to Address/Assurances:							
Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services moved from face-to-face to remote and digital modes of delivery, though this position is beginning to stabilise as the new ways of working embed and recovery plans take effect.							
The Trust is continuing to deliver the service remotely where possible. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.							
When is performance expected to recover:							
As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.							
Quality impact assessment:							
We are reviewing patient feedback on the effectiveness of digital/telephone consultations and also monitoring the impact of digital poverty on accessibility.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 14 - Alder Hey Community Paediatric SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-20
Number of Referrals	91
Average Waiting Time - Incomplete Pathways	23
Total Number Waiting	542
Number Waiting Over 18 Weeks	117

RAG Rating	
<= 18 Weeks	
19 to 22 weeks	
23 weeks plus	

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

6.3.2 Paediatric Dietetics

The Trust has raised concerns with the CCG regarding data quality issues with DNA and cancellation reporting for April 2020. This is due to the Trust switching their appointments from clinical to digital in response to the COVID outbreak. The Trust has assured the CCG that they are working to resolve this in the coming weeks.

Figure 15 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-20
Number of Referrals	14
Average Waiting Time - Incomplete Pathways	13.28
Incomplete Pathways RTT Within 18 Weeks	96.42%
Total Number Waiting	28
Number Waiting Over 18 Weeks	1

RAG Rating

<= 18 Weeks
19 to 22 weeks
23 weeks plus

Figure 16 - Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

Outpatient Clinics - DNAs		
	19/20 Total	Apr-20
Appointments	1107	3
DNA	238	0
DNA Rate	17.7%	0.0%

Outpatient Clinics - Cancs by Provider		
	19/20 Total	Apr-20
Appointments	1107	3
Cancellations	91	11
Rate	7.6%	78.6%

Outpatient Clinics - Cancs by Patient		
	19/20 Total	Apr-20
Appointments	1107	3
Cancellations	335	10
Rate	23.2%	76.9%

RAG Ratings & Targets 20/21





DNA Outpatients	
<= 8.47	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 8.47	Green
> 8.47% and <= 10%	Amber
> 10%	Red





6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2020/21				
			Previous Year Outturn	Plan	FOT	Variance %	Apr
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	154	154	61	-60.39	61
		Total Contacts (Domiciliary)	1,710	1,710	1,890	10.53	162
		Total New Referrals	175	175	126	-28.00	9
	Paediatric Dietetics	Caseload at Month End	224	224	231	3.12	236
		Referral to 1st contact (weeks average)	7.7	7.7	5.7	-25.97	5.3
		Total Contacts	772	772	1,152	49.22	83
		Total Contacts (Domiciliary)	205	205	750	265.85	33
		Total Contacts (Outpatients)	528	528	1,068	102.27	76
		Total New Referrals	326	326	180	-44.79	14
		Caseload at Month End	116	116	110	-5.17	106
	Paediatric Occupational Therapy	Total Contacts (Domiciliary)	4,461	4,461	3,870	-13.25	448
		Total New Referrals	519	519	156	-69.94	12
		Referral to 1st contact (weeks average)	26.5	26.5	16.4	-38.11	13.1
	Paediatric Speech and Language Therapy	Total Contacts (Domiciliary)	15,438	15,438	10,176	-34.09	843
		Total Contacts Complex Cochlear (N&S Sefton)	247	247	402	62.75	36
		Total New Referrals	1,170	1,170	480	-58.97	40
		Total New Referrals Complex Cochlear (N&S Sefton)	0	0	0	/0	0

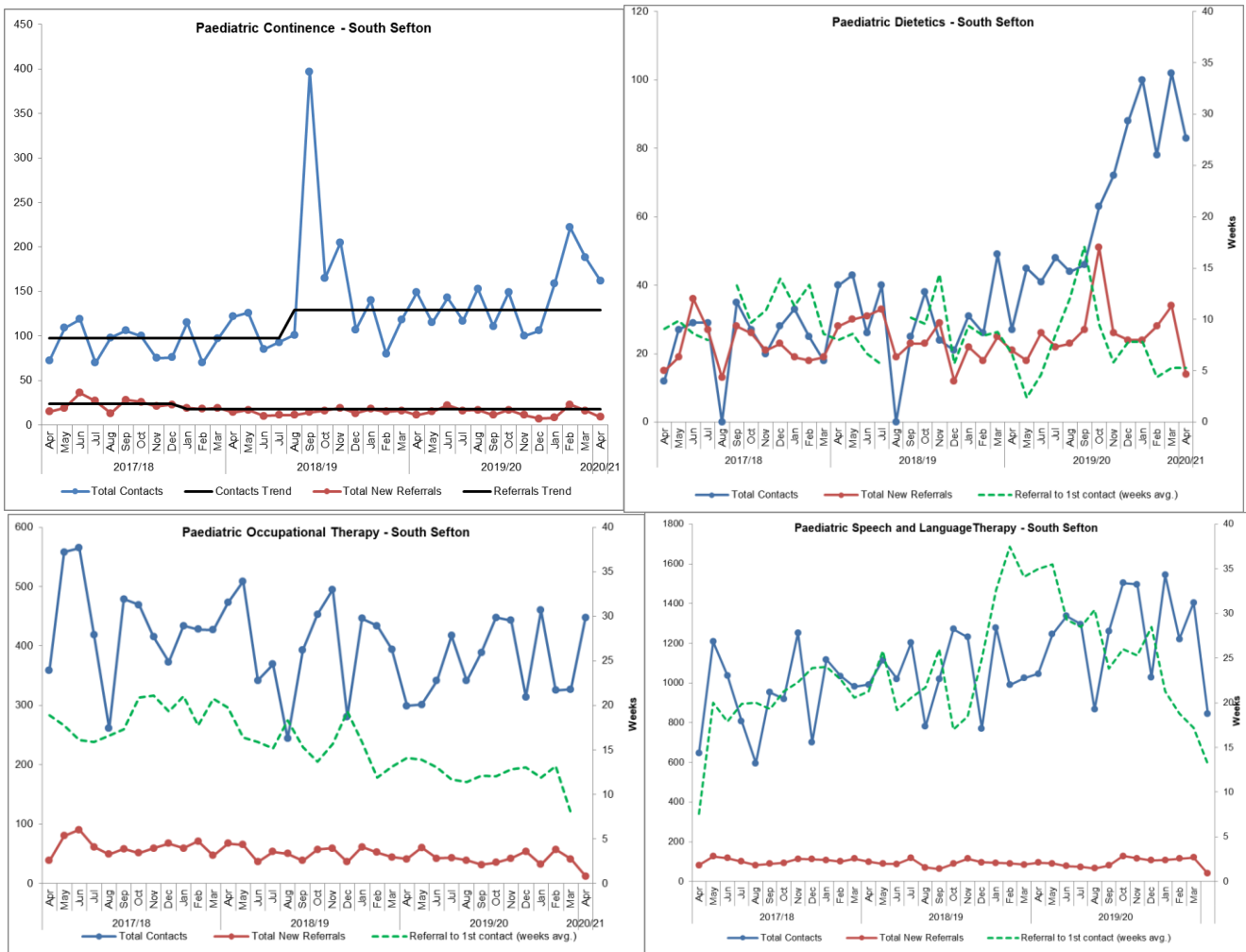
If Plan is <10,000:

	FOT is <10% above or below plan
	FOT is 10%-20% above or below plan
	FOT is > 20% below plan
	FOT is > 20% above plan

If Plan is >10,000:

	FOT is <5% above or below plan
	FOT is 5%-10% above or below plan
	FOT is > 10% below plan
	FOT is > 10% above plan

6.5 Alder Hey Activity & Performance Charts



7. Primary Care

7.1 CQC Inspections

CQC inspections have been halted due to COVID-19 pandemic.

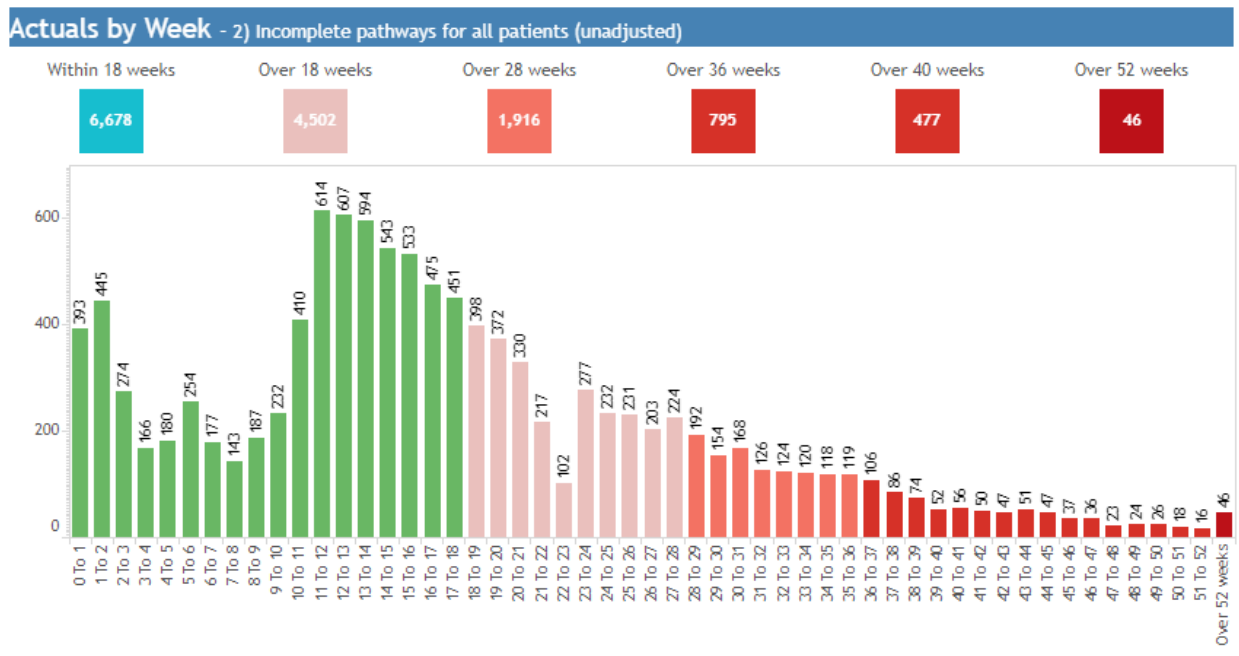
8. CCG Oversight Framework (OF)

Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.

9. Appendices

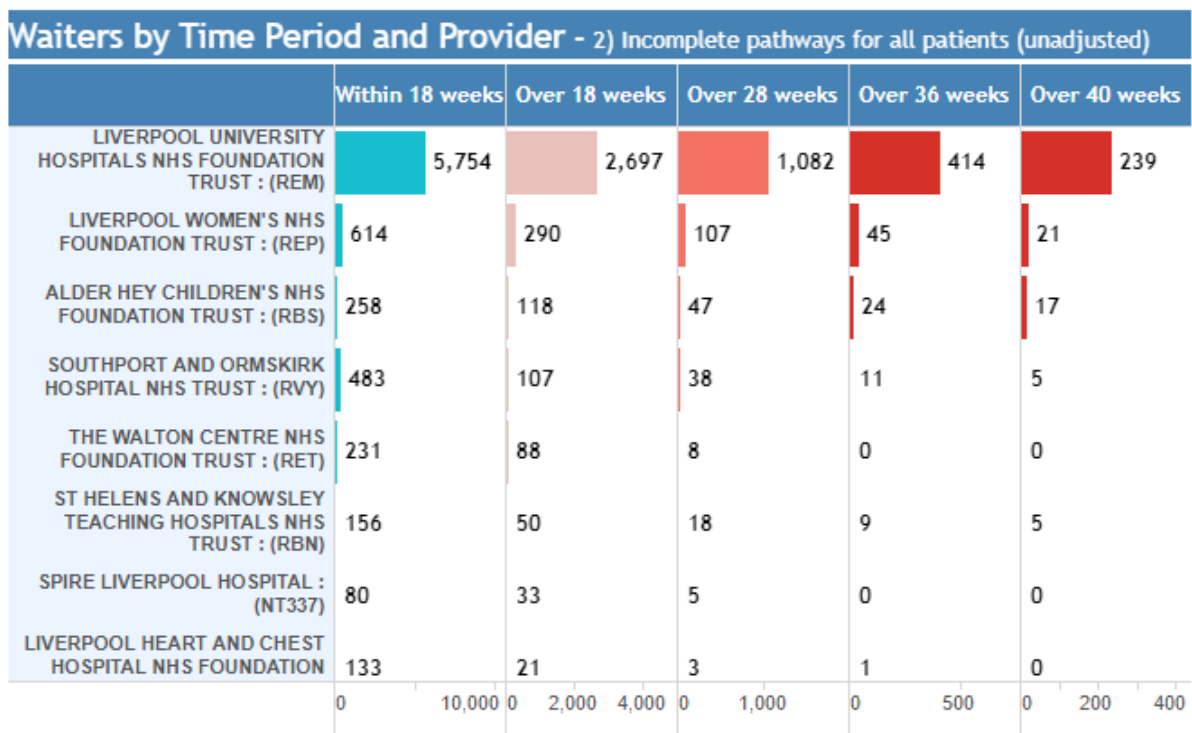
9.1.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



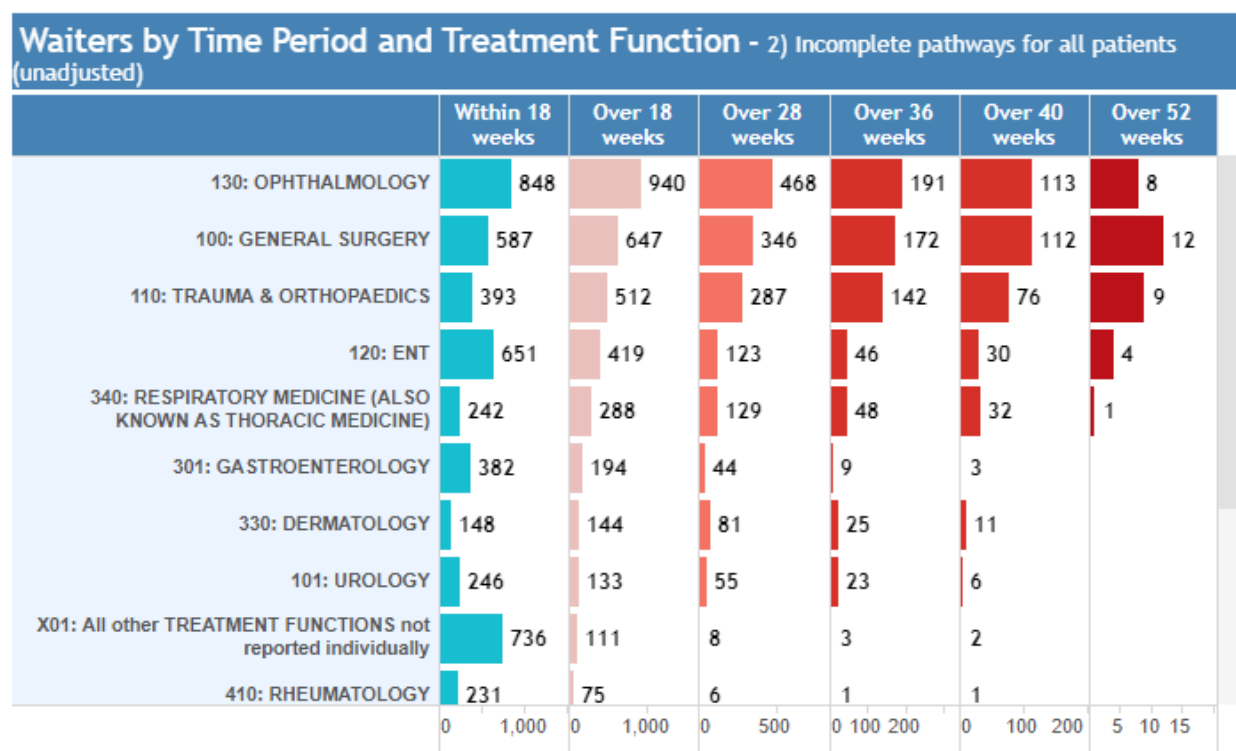
9.1.2 Long Waiters analysis: Top Providers

Figure 18 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 19 - Patients waiting (in bands) on incomplete pathways by Specialty for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

The delayed transfer of care graphs are published on the Future NHS website. The latest available data is for February 2020, which was reported in the previous integrated performance report. This section will be updated as soon as more recent information is available.

9.3 Better Care Fund

The Q4 BCF return was initially due to be submitted on the 5th June 2020. However, there is currently a national pause on the programme and it is suspended until further notice. The latest return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. Details of this return were reported in the previous integrated performance report. This section will be updated as soon as an update is available.

9.4 NHS England Monthly Activity Monitoring

Due to the COVID-19 pandemic, this return has been stood down for the foreseeable future. The last return was submitted to NHS England for month 10, which was included in the previous integrated performance report.