



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report June 2020

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## 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		
<b>E-Referrals</b>																
<b><u>NHS e-Referral Service (e-RS) Utilisation Coverage</u></b> 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	R	R	Not available										R	
		Actual	52.3%	39.1%												45.7%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<b><u>% of patients waiting 6 weeks or more for a diagnostic test</u></b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R										R	
		Actual	65.46%	66.85%	53.45%											
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<b><u>% of all Incomplete RTT pathways within 18 weeks</u></b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R										R	
		Actual	70.35%	59.72%	49.96%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<b><u>Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</u></b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R										R	
		Actual	8	46	106											160
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<b><u>Cancellations for non clinical reasons who are treated within 28 days</u></b> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G										R	
		Actual	35	0	0											35
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Urgent Operations cancelled for a 2nd time</u></b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<b><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></b> 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	G										G	
		Actual	93.51%	99.72%	98.11%											97.67%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></b> 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	G										G	
		Actual	93.33%	100%	100%											98.80%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b><u>% of patients receiving definitive treatment within 1 month of cancer diagnosis (MONTHLY)</u></b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G										R	
		Actual	94.92%	90.48%	98.36%											95.06%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<b><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R										R	
		Actual	90.91%	100%	87.50%											91.18%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R										R	
		Actual	100%	93.33%	93.75%											95.83%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<b><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R										G	
		Actual	100%	100%	85.71%											95.83%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b> 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	R										R	
		Actual	79.31%	73.91%	83.87%											79.52%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R											R	
		Actual	50%	66.67%	No patients											60.0%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG														
		Actual	80%	0%	75%											75%
		Target	85%	85%	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	
<b>Accident &amp; Emergency</b>															
<b><u>4-Hour A&amp;E Waiting Time Target</u></b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R										R
Actual		93.19%	96.37%	94.80%											94.93%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b><u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													G
Actual		Not available	Not available	Not available											
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available											
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b><u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G										G
YTD		0	0	0											0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G										G
YTD		4	6	7											7
Target		6	11	15	20	24	28	34	40	46	51	55	60		60
<b><u>Number of E.Coli</u></b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R										R
YTD		9	23	35											35
Target		11	21	32	42	53	63	75	85	96	108	125	128		128

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Mental Health</b>															
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	97.3%												97.3%
		Target	95%			95%			95%			95%			95%
<b>Episode of Psychosis</b>															
<b>First episode of psychosis within two weeks of referral</b> 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	G												G
		Actual	77.6%												77.6%
		Target	60%			60%			60%			60%			
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> 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	R										R
		Actual	39.8%	34.2%	46.0%										40.84%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b><u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R										R
		Actual	0.74%	0.46%	0.66%										1.86%
		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%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	95.71%	98.50%										98.1%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	98.57%	100%										99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Dementia</b>															
<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	60.40%	59.42%	59.36%										59.72%
		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	
<b>Learning Disability Health checks</b>															
<a href="#">No of people who have had their Annual LD Health Check</a>	South Sefton CCG	RAG	No new update as at Q1												
		Actual													
		Target													
<b>Severe Mental Illness - Physical Health Check</b>															
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a>	South Sefton CCG	RAG	R											R	
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.		Actual	19%											19%	
		Target	50%			50%	50%	50%	50%	50%	50%	50%	50%	50%	
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a>	South Sefton CCG	RAG	To be updated in month 4 report												
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual													
		Target													
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a>	South Sefton CCG	RAG	To be updated in month 4 report												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual													
		Target	95.00%			95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
<a href="#">The number of completed CYP ED urgent referrals within one week</a>	South Sefton CCG	RAG	To be updated in month 4 report												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual													
		Target	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 3 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for June and Quarter 1 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	53.45%	53.50%
Referral to Treatment (RTT) (92% Target)	49.96%	47.35%
No of incomplete pathways waiting over 52 weeks	106	148
Cancer 62 Day Standard (Nat Target 85%)	83.87%	75.51%
A&E 4 Hour All Types (National Target 95%)	94.80%	93.83%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	40
Ambulance Handovers 60+ mins (Zero Tolerance)	-	5
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) 2020/21 - Q1	97.3%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	77.6%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.66%	-
IAPT Recovery (Target 50%)	46.0%	-
IAPT 6 Weeks (75% Target)	98.5%	-
IAPT 18 Weeks (95% Target)	100%	-

### To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, ambulance performance indicators, CQC inspections, Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

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

### 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 undertaken 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. However, in response to the expectations set out in the phase 3 recovery letter, draft recovery plans are due for submission on 1<sup>st</sup> September 2020. This will require close collaborative working between CCG and Trust leads to align trajectories and provide greater clarity to the operational issues providers are experiencing to deliver expected levels of activity.

Trends show that total secondary care referrals have increased by 32.6% from the previous month in June but remain well below current averages and historical levels. GP referrals are reporting a year to date -64.2% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 25 additional GP referrals per day in June 2020 when comparing to the previous month.

The CCG have failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 53.45% in June, an improvement from last month when 66.9% was reported - initial decline being due to the impact of COVID-19 and reductions in activity. Liverpool University Hospital Foundation Trust (LUHFT) performance was 53.50% in June, also an improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in June was 49.96%. LUHFT reported 47.35%. This is a drop in performance for the both CCG and Trust.

In June, the CCG reported 106 patients waiting over 52 weeks for treatment. LUHFT reported 148 breaches in June failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 3 of the 9 cancer measures year to date. LUHFT are achieving 2 out of the 9 measures.

Quarter 1 of the financial year 2020/21 has shown significant 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 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 (all types); the CCG and Trust have failed the 95% target in June after achieving in May, reporting 94.8% and 93.8% respectively. Improvements last month were largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

In relation to the North West Ambulance Service (NWAS), present COVID-19 recovery planning is against a backdrop of improvement work initiated and progressed 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 the end of Quarter 1 2020/21. Work has continued but will have been affected by COVID-19.

The CCG reported no new cases of MRSA in June. LUHFT reported no new cases in June but had 1 case in May and April, so have failed the zero tolerance threshold for 2020/21.

For *C difficile*, the CCG reported 1 case of *C difficile* cases in June (7 year to date). National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so are reporting against last year's target of 128. In June there were 12 cases (35 YTD) which is failing the target. There are no targets set for Trusts at present.

Quarter 1 of the financial year 2020/21 has shown reductions in unplanned care 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'.

### **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.66% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 46% in month 3 of 2020/21, which also failed the 50% target but shows an improvement from the previous month.

Early Intervention Psychosis (EIP) is achieving the threshold of 60%.

The provider has undertaken a capacity and demand exercise which is informing an internal business aimed at reducing excessive Autistic Spectrum Disorder (ASD) waits. The capacity and demand exercise findings were shared with commissioners on 13<sup>th</sup> August 2020. Demand is for ASD assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Trust will share business case costings with CCGs in mid-September for consideration.

With regards to the CORE 24 indicators, the Trust is achieving 2 of the 3 indicators, and reports under the 90% for the Urgent Pathway Assessment within 1 hour, 75% (with just 1 patient out of 4 breaching). The Trust has actions in place to improve/maintain performance.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in June of 59.4%, which is under the national dementia diagnosis ambition of 66.7%. This is the same as reported last month.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next Contract Quality Performance Group (CQPG) in August 2020. The Trust reported that the pandemic had impacted on performance, the Trust was reminded of the clinical risk associated with the KPI and the expectation is that performance must improve. This may contribute to dementia diagnosis underperformance.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.8% compared to 8.1% in May. This figure is partly related to COVID-19 and staff self-isolating and will have impacted on KPIs.

### **Community Health Services**

The Contract & Clinical Quality Review Meetings (CCQRM) has been reinstated from June 2020 with restart of the Information Sub-Group in July. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

### **Children's Services**

In the move to phase 2 of the pandemic response, Alder Hey has developed recovery plans for community services and Child and Adolescent Mental Health Services (CAMHS) and will further refine these as the Trust moves into phase 3 of its recovery.

During phase 2 there has been an increase in community therapy service provision and average waiting times have reduced and are on target to hit revised trajectories. Throughout this period services have continued to carry out local risk assessments and prioritise Allied Health Professional (AHP) caseloads and new referrals in accordance with risk and needs of the child/young person. Services also continued to accept referrals and offer home visits for any high clinical priority

patients. The Trust is also working to support increases in face to face activity in clinic (following Infection Prevention Control guidance), and anticipates that as the number of face to face appointments increases, waiting times will reduce further. All other interventions are continuing to be offered virtually, by telephone or Attend Anywhere.

In response to the increasing demand for mental health services and the anticipated surge in referrals, Alder Hey's CAMHS is undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell) and is developing its own service recovery plan which it will share with the CCG imminently. To inform these plans, data is being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into account the national mandate for the establishment of a 24/7 Crisis Care Service. The modelling exercise indicates that waiting times will return to pre-COVID levels by December 2020, but this is dependent on a number of variables such as referral numbers which are anticipated to increase as a result of COVID.

The Trust has flagged an increase in demand for the Eating Disorders Service as a result of COVID-19, which reflects the national picture and which is being addressed in its recovery plans. In particular, there has been an escalation of risk for existing patients. The Trust has raised some queries in relation to the validity of the Q1 national performance data which is being withheld this month to allow the Trust time to investigate further.

The new Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessment and diagnostic pathways were implemented in April 2020 as planned, and are performing to set targets and progressing well against the waiting list management plan.

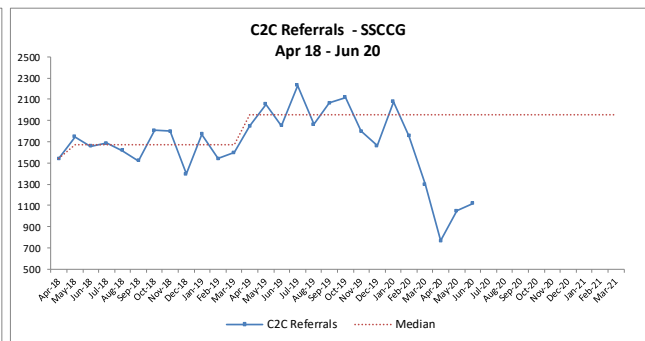
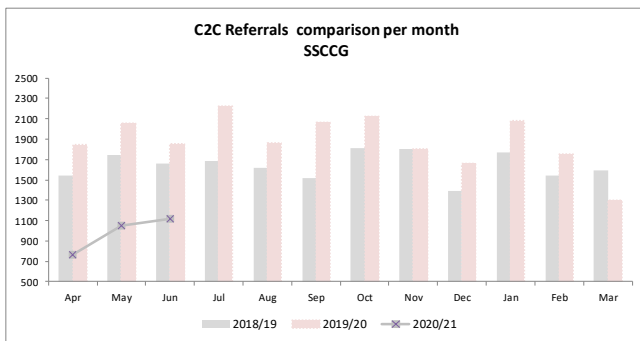
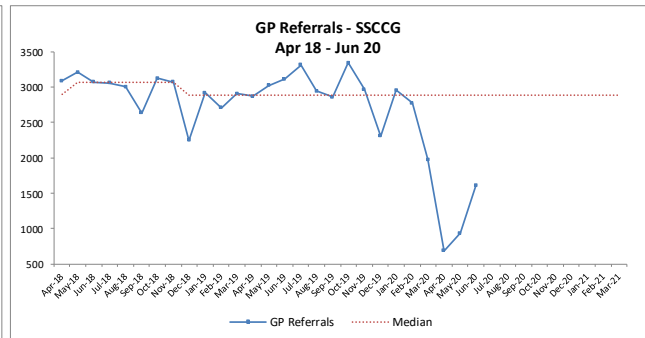
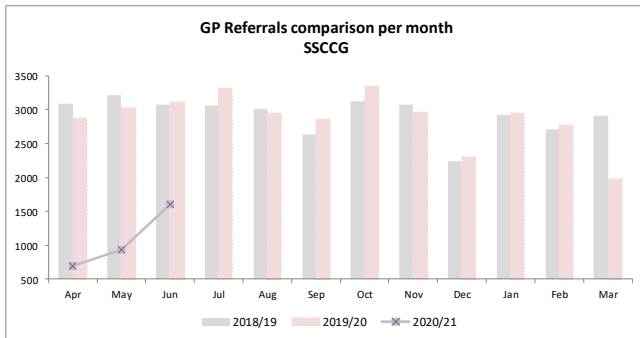
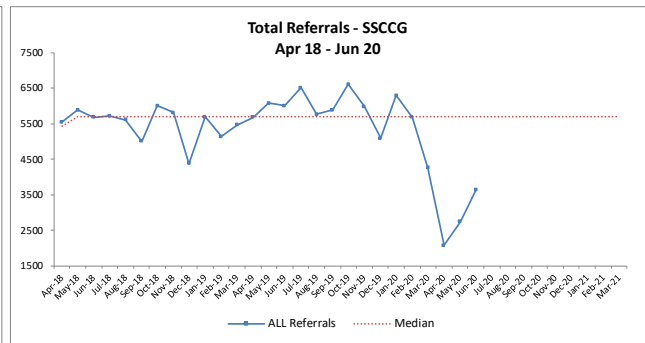
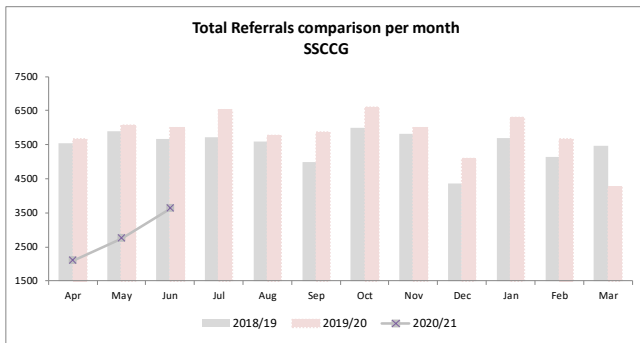
The IPR and SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent and in line with the respective COVID-19 revised plans.

## 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	2870	689	-2181	-76.0%	1846	766	-1080	-58.5%	5673	2078	-3595	-63.4%
May	3023	932	-2091	-69.2%	2054	1050	-1004	-48.9%	6079	2736	-3343	-55.0%
June	3113	1603	-1510	-48.5%	1851	1116	-735	-39.7%	5999	3629	-2370	-39.5%
July	3313				2228				6512			
August	2944				1862				5760			
September	2858				2064				5882			
October	3342				2119				6601			
November	2964				1799				5985			
December	2304				1662				5084			
January	2953				2078				6291			
February	2774				1754				5678			
March	1975				1301				4261			
Monthly Average	2869	1075	-1795	-62.5%	1885	977	-908	-48.1%	5817	2814	-3003	-51.6%
YTD Total Month 3	9006	3224	-5782	-64.2%	5751	2932	-2819	-49.0%	17751	8443	-9308	-52.4%
Annual/FOT	34433	12896	-21537	-62.5%	22618	11728	-10890	-48.1%	69805	33772	-36033	-51.6%



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





### Month 3 Summary:

- Trends show that total secondary care referrals have increased by 32.6% (893) from the previous month in June 2020 but remain well below current averages and historical levels.
- GP referrals are reporting a year to date -64.2% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 25 additional GP referrals per day in June 2020 when comparing to the previous month.
- Aintree Hospital has reported a -56.4% decrease in total referrals at month 3 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality in month 3 are approximately -8.3% (-50) lower than in June 2019 and are -17% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 3 of 2020/21 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with a reduction of -64.5% (-7,102).
- Although some recovery of two week wait referrals is apparent in June 2020 (with numbers exceeding those reported in June 2019), year to date referrals for this priority type remain below the previous year (-23%).
- Decreases in referrals are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT and Ophthalmology.

## 2.2 NHS E-Referral Services (e-RS)



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
<b>RED</b>	<b>TREND</b>	Feb-20	Mar-20	Apr-20	May-20		
		64.3%	50.3%	52.3%	39.1%		
		Plan: 100% by end of Q2 2018/19				The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Latest published data is May 2020.</li> <li>• The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</li> <li>• Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data.</li> <li>• In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. May data shows an overall performance of 58.4% for South Sefton CCG, a decline on the previous month (69.8%).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• The phase 3 recovery letter issued on 31st July 2020, has set an expectation that elective activity/performance should resume to near normal levels before winter.</li> <li>• An expectation will be that more capacity will be available via ERS, resulting in fewer ASIs leading to improved performance.</li> <li>• The System management Group are reviewing the phase 3 response by exception in advance of the first draft planning submission on 1st September 2020, to ascertain realistic levels of activity/performance, and will provide assurance as to likelihood of achieving improved performance for this metric.</li> <li>• Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance is expected to improve by October 2020							
<b>Quality:</b>							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Rob Caudwell			Terry Hill		

## 2.3 Diagnostic Test Waiting Times



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		CCG	14.14%	65.46%	66.85%		
		LUHFT	15.52%	69.60%	67.82%	53.50%	
		National Target: less than 1%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>For the CCG 3,547 patients on the waiting list with 1,896 waiting over 13 weeks, Same period last year saw 2,823 patients waiting in total.</li> <li>Non-Obstetric Ultrasound (553), Echocardiography (252), CT (272), Gastroscopy (271) make up over 71% of the total breaches.</li> <li>Both LUHFT sites recorded increases, the June waiting list number was 14,722 comparing to the waiting list size in May of 13,790.</li> <li>Impact on performance due to COVID-19 pandemic.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers.</li> </ul>							
<b>System:</b>							
<ul style="list-style-type: none"> <li>Hospital cell is working on recovery.</li> <li>Liverpool CCG is meeting with providers such as LUHFT to discuss recovery approach.</li> <li>MRI, CT and Echo are the initial focus.</li> <li>Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&amp;M footprint via C&amp;M imaging network but with a local focus.</li> <li>Phase 3 recovery letter – draft recovery plan to be submitted by 1st September 2020.</li> </ul>							
<b>LUHFT Actions:</b>							
<ul style="list-style-type: none"> <li>Management of diagnostics across all sites under one operational lead, with demand and capacity work underway across diagnostic modalities:</li> <li><b>Cardiology:</b> Enhanced rate of pay for each echo list. Additional echo cardiographers recruited. Currently out to recruitment for 2 x consultant cardiologists that specialise in imaging. Open access echo service switched to a RAS to help manage increased demand.</li> <li><b>Endoscopy:</b> Staff delivering extra capacity at weekends. Specialty has developed a recovery plan shared with the Cancer Alliance. Spire Liverpool confirmed that their new Endoscopy room is due for inspection on 13th July 20 and subject to passing the assessment, LUHFT 8-10 all day endoscopy lists can be scheduled at Spire Liverpool per week from 23rd July 2020.</li> <li><b>MRI:</b> Restricted to consultants only. All inpatient MRI being reviewed for clinical urgency. Further capacity on a module unit has be sourced.</li> </ul>							
<b>When is performance expected to recover:</b>							
LUHFT do not plan to achieve the 99% standard in 2020/21.							
<b>Quality:</b>							
No quality concerns have been raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		John Wray			Terry Hill		



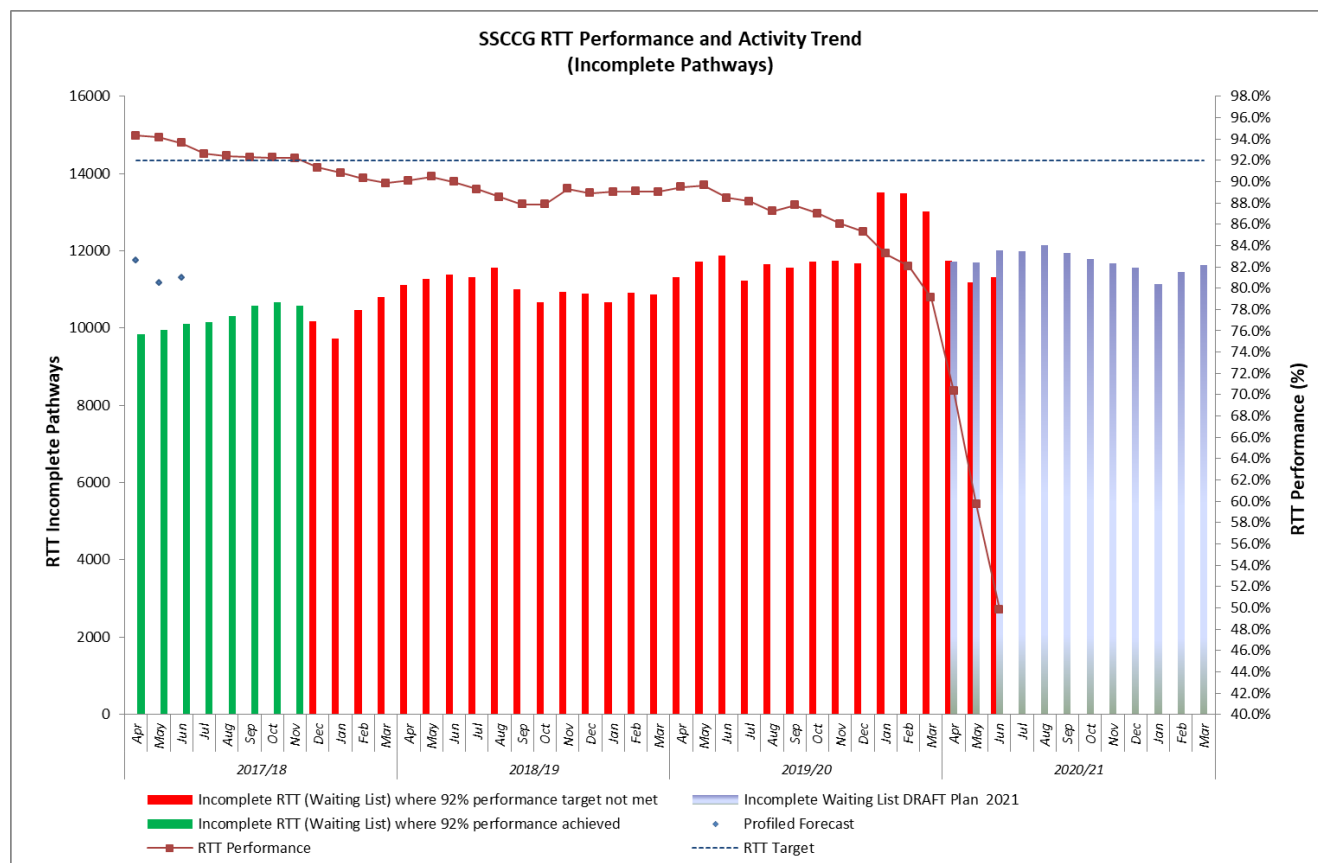
## 2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>		Mar-20	Apr-20	May-20			Jun-20
		CCG	79.08%	70.35%	59.72%			49.96%
		LUHFT	77.26%	68.73%	59.24%	47.35%		
		Plan: 92%						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Continued impact on performance is due to COVID-19 pandemic.</li> <li>The challenged specialties include T&amp;O, Ophthalmology, General Surgery and Thoracic Medicine.</li> <li>The high volumes of routine patients on the waiting list have not been prioritised during phase 1 of the Reset Plan.</li> <li>Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients.</li> <li>The Phase 3 recovery letter expectation is that elective recovery resumes to near pre-COVID levels by October 2020, draft plans expected by 1st September 2020,</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in on-going.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Redeployment of staff supporting Critical Care during the peak of COVID-19 pandemic were returned to theatres.</li> <li>Plans finalised to re-open Broadgreen as a designated Silver site for elective orthopaedics on the 6th July.</li> <li>Validation of waiting lists and contracting long waiting patients to identify if they want to proceed with surgery.</li> <li>Requested additional theatre capacity at Spire Liverpool for long waiting routine General Surgery, Urology &amp; Vascular patients for scheduling in July &amp; August.</li> <li>60% of outpatient services are being delivered via virtual clinics.</li> <li>Rollout of 'Attend Anywhere' solution in 53 clinics across the Trust.</li> <li>LUHFT/RLH continue weekly performance meetings chaired by Deputy COO and are demonstrating significant improvements in Ophthalmology.</li> <li>Re-establishment of task and finish groups in Gastroenterology and Ophthalmology led by SSCCG project leads.</li> <li>Phase 3 recovery letter – draft recovery plan to be submitted by 1st September 2020.</li> </ul>								
<b>When is performance expected to recover:</b>								
<ul style="list-style-type: none"> <li>LUHFT 'Reset' operational framework indicates Elective urgent and emergency work to reconvene July with further work outlined for September.</li> <li>No specific date for recovery provided.</li> </ul>								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		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	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>		Mar-20	Apr-20	May-20			Jun-20
		CCG	3	8	46			106
		LUHFT	0	11	85	248		
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Of the 106 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (83), the remaining 23 breaches spanned across 9 other trusts.</li> <li>All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued.</li> <li>LUHFT 52 week breaches increased to 248 in June compared to 85 in May, the largest number of patient waiting in excess of 52 weeks were in T&amp;O, General Surgery, Ophthalmology and Oral Surgery.</li> <li>Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Monitoring of the 36+ week waiter continues.</li> <li>Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance.</li> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</li> <li>The Trust opened up to NHS e-RS on the 14th May 2020.</li> <li>In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order, this will impact the future reporting position as providers would have had a focus on targeting long waiters.</li> <li>Where clinically appropriate, virtual clinics have occurred across all specialities.</li> <li>Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand, this to be completed by the end of August 2020.</li> <li>Additional staff booked to cover gaps via bank to maintain patient safety whilst review is being undertaken, this has been ongoing throughout the pandemic and discussed at weekly divisional meetings</li> <li>Requested additional theatre capacity at Spire Liverpool for long waiting routine General Surgery, Urology &amp; Vascular patients for scheduling in July &amp; August.</li> </ul>								
<b>When is performance expected to recover:</b>								
No set date for recovery.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		John Wray			Terry Hill			

**Figure 2 – CCG RTT Performance & Activity Trend**



**Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways**

**South Sefton CCG**

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	11,179	11,311										11,311
<b>Difference</b>	<b>442</b>	<b>-548</b>	<b>-569</b>										<b>-2,192</b>

**LUHFT**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	48,135
2020/21	41,822	39,838	39,096										39,096
<b>Difference</b>	<b>-4,067</b>	<b>-6,975</b>	<b>-9,233</b>										<b>-9,039</b>

## 2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	841	83	The number of 52-week breaches at Trust level has increased to 248 in June compared to 85 in May. The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	64	2	1 patient treated 7-8-20, second patient was booked to come in 30-7-20.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	38	11	4 patients received appt/clock stopped, 1 patient with appt booked for 30/07/2020 and remaining 6 with appts in August.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS	11	2	Both breaches were due to cancellations by patient due to COVID-19.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RWB)	10	1	Treatment delayed due to COVID-19. Not on the active ptl so patient has been treated/discharged.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	1	1	The Trust do not routinely provide patient level information on 52 week waiters/long waiters.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	1	The Trusts are not providing exception reporting since NHS England has until now halted nationally all elective activity and associated reporting.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1	2	These breaches are in Upper Gastrointestinal Surgery.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RUC)	0	2	Awaiting a TCI date due to inadequate elective capacity.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	The patient was sent a letter in early July advising him/her that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment.
Other Trusts	57	0	No Trust Comments.
	<b>1,023</b>	<b>106</b>	










### LUHFT comments:

There had been an inability to provide sufficient operational capacity to meet demand and to achieve operational standards for NHS providers, and maintain services during pandemic. Since the Trust enacted its Emergency Contingency Plan and stopped receiving referrals via the Electronic Referral System (ERS) the total volume of waits in the 6-12 week time frame has reduced, although the volume has now started to increase across both Trust sites.

### Alder Hey comments:

The Trust has seen an increase in this metric that reflects the challenges with reducing capacity. The team are actively reviewing each patient and attempting to create the capacity to accommodate each patient. Each long waiting patient is clinically reviewed and the Trust is experiencing some challenges with families not being available to attend.

## 2.5 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Cancer Measures</b>		<b>Previous 3 months, latest and YTD</b>					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>RAG</b>	<b>Measure</b>		Mar-20	Apr-20	May-20	Jun-20			YTD
	2 Week Wait (Target 93%)	CCG	95.28%	93.51%	99.72%	98.11%			97.67%
		LUHFT	95.77%	93.44%	99.05%	98.40%			97.46%
	2 Week breast (Target 93%)	CCG	92.73%	93.33%	100%	100%			98.80%
		LUHFT	95.27%	96.88%	98.33%	98.32%			97.97%
	31 day 1st treatment (Target 96%)	CCG	97.78%	94.92%	90.48%	98.36%			95.06%
		LUHFT	95.74%	96.08%	91.49%	89.95%			92.25%
	31 days subsequent - drug (Target 98%)	CCG	100%	100%	93.33%	93.75%			95.83%
		LUHFT	100%	96.43%	88.89%	68.42%			85.71%
	31 day subsequent - surgery (Target 94%)	CCG	100%	90.91%	100%	87.50%			91.18%
		LUHFT	96.00%	88.89%	72.34%	79.71%			78.36%
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	85.71%			95.83%
		LUHFT	No pats	No pats	No pats	No pats			No pats
	62 day standard (Target 85%)	CCG	78.57%	79.31%	73.91%	83.87%	79.52%		
		LUHFT	70.85%	66.49%	70.06%	75.51%	70.77%		
	62 Day Screening (Target 90%)	CCG	92.86%	50.00%	66.67%	No pats	60.00%		
		LUHFT	75.00%	80.00%	53.33%	0.00%	52.94%		
	62 Day Upgrade (Local Target 85%)	CCG	66.67%	80.00%	0.00%	75.00%	75.00%		
		LUHFT	82.08%	90.79%	65.96%	86.42%	83.33%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>The CCG are achieving 3 of the 9 cancer measures year to date.</li> <li>The Trust are achieving 2 of the 9 cancer measures year to date.</li> <li>Reasons for breached pathways recorded on the National Cancer Waits database relate to a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario.</li> </ul>									
<b>Key reasons and issues are:</b>									
<ul style="list-style-type: none"> <li>31 day standards - elective capacity constraints.</li> <li>62 day standards - complex diagnostic pathways, inadequate elective capacity, HCP-initiated delay.</li> <li>Monthly numbers treated by LUHFT on 62 day pathways are approximately two thirds of pre-pandemic levels.</li> <li>Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways.</li> <li>Nationally the number not yet treated waiting over 62 days and 104 days has grown significantly since the start of the pandemic.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard detailed the following with respect to cancer services:</p> <ul style="list-style-type: none"> <li>Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to: <ul style="list-style-type: none"> <li>To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.</li> </ul> </li> <li>Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by: <ul style="list-style-type: none"> <li>Ensuring that sufficient diagnostic capacity is in place in COVID-19 secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres.</li> <li>Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.</li> <li>Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments.</li> <li>Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment. Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.</li> </ul> </li> <li>Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days.</li> </ul>									
<b>When is performance expected to recover:</b>									
LUHFT has produced a trajectory to predict the decrease in 104 day waiters between August and December 2020.									
<b>Quality:</b>									
Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Cameron Ward		Debbie Harvey			Sarah McGrath				

## 2.5.1 104+ Day Breaches



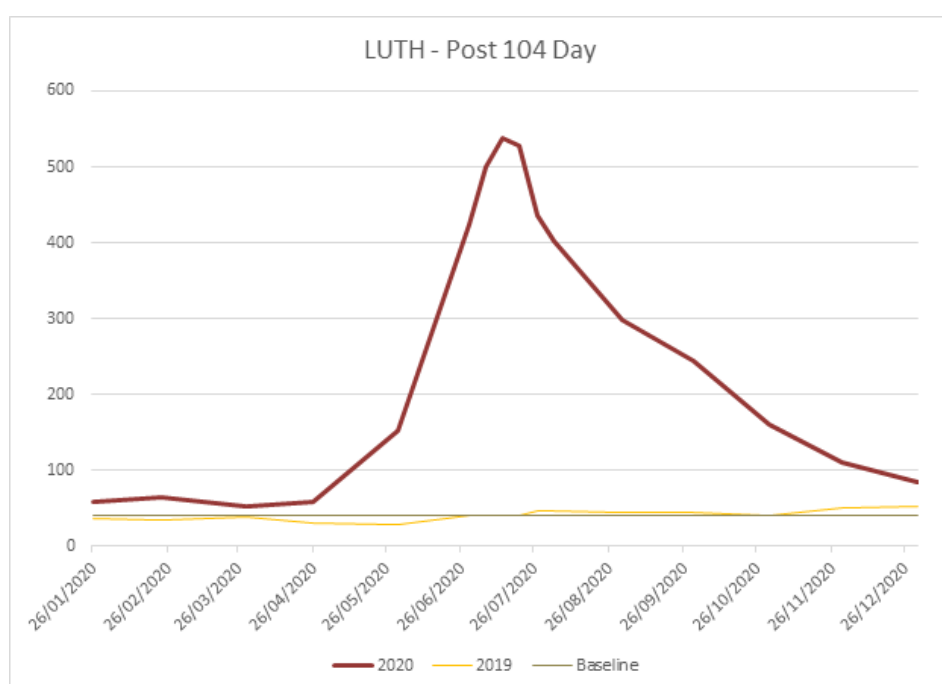



Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Cancer waits over 104 days - LUHFT</b>		<b>Latest and previous 3 months</b>				Aintree data reported up until March, from April LUHFT data provided	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		21	11	12	14		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Out of the 14 breaches in June, 6 urological, 4 were lower gastro, 2 upper gastro, 1 head &amp; neck and 1 haematological.</li> <li>• There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP).</li> <li>• The average total days waited in June 2020 for LUHFT was 142 days, compared to 145 in May 2019.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.</li> </ul>							
<b>When is performance expected to recover:</b>							
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below).							
<b>Quality:</b>							
<p>There is work in progress to standardise harm reviews for long waiting cancer patients. A definition of harm due to protracted pathways would include</p> <ul style="list-style-type: none"> <li>• Cancer no longer operable</li> <li>• More radical surgery required</li> <li>• Reduced treatment options</li> <li>• Loss of functionality</li> <li>• Prolonged psychological harm</li> </ul>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Debbie Harvey			Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

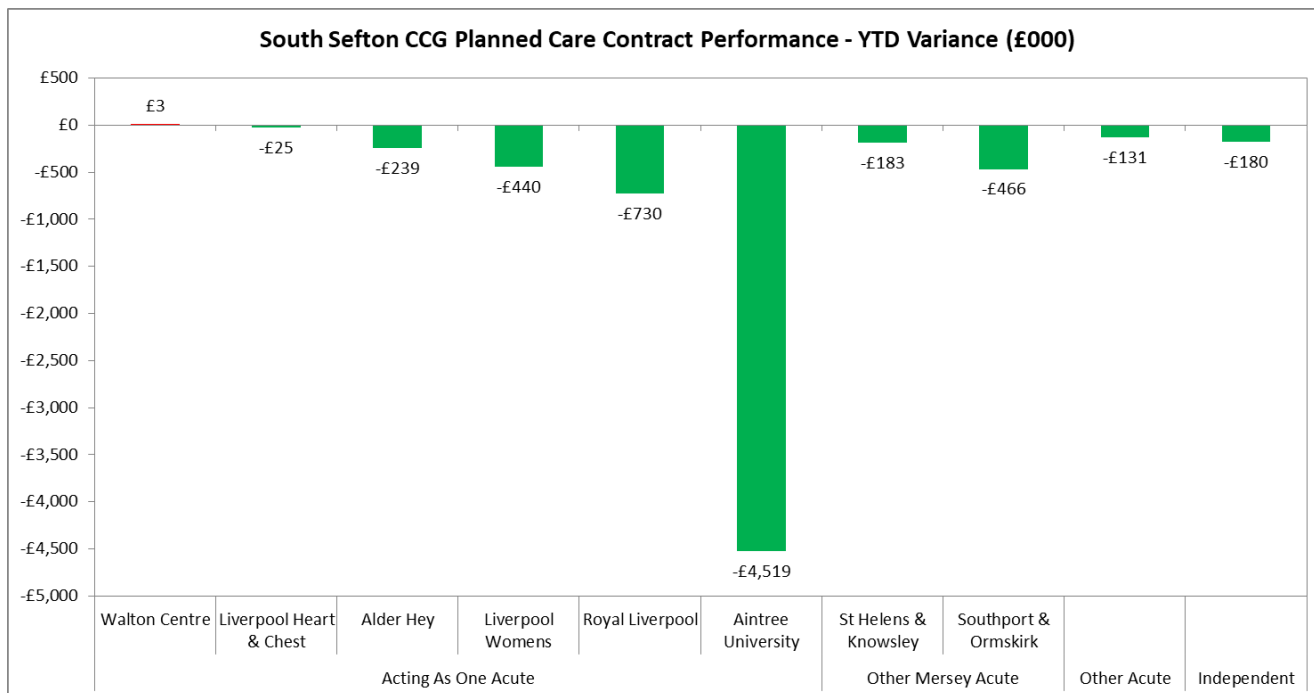


## 2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Cancer - Faster Diagnosis Standard Measures</b>		<b>Previous 3 months, latest and YTD</b>							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.
<b>RAG</b>	<b>Measure</b>		Mar-20	Apr-20	May-20	Jun-20	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	79.60%	65.91%	89.96%	79.75%	79.05%		
		Target	Target to start July 2020 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	88.89%	92.00%	100%	97.22%	97.06%		
		Target	Target to start July 2020 - 75%						
	28-Day FDS Screening Referral	CCG	49.12%	40.00%	50.00%	10.00%	30.77%		
		Target	Target to start July 2020 - 75%						
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>Shadow reporting has taken place on these indicators from April 2019, this data shows that both 2 week measures would have achieved the new 75% target for last year.</li> <li>From July the target will be 75%. RAG is indicating what the measure would be achieving when the target comes in.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<ul style="list-style-type: none"> <li>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.</li> <li>Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment.</li> <li>Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section.</li> </ul>									
<b>When is performance expected to recover:</b>									
Not applicable.									
<b>Quality:</b>									
Not applicable.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward			Debbie Harvey			Sarah McGrath			

## 2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Quarter 1 of the financial year 2020/21 has shown significant 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 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 with a variance of -£4.5m/-64% against the previous year. Across all providers, South Sefton CCG has underperformed by -£6.9m/-58.8%.

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 1<sup>st</sup> 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.

**NB.** Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1<sup>st</sup> 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 3 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 3 year to date 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.

## 2.6.1 Aintree Hospital

Figure 6 - 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	3,166	663	-2,503	-79%	£1,952	£360	£-1,592	-82%
Elective	353	78	-275	-78%	£1,178	£170	£-1,008	-86%
Elective Excess BedDays	218	20	-198	-91%	£57	£5	£-52	-91%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	55	9	-46	-84%	£11	£2	£-10	-84%
OPFANFTF - Outpatient first attendance non face to face	283	1,120	837	296%	£9	£154	£145	1626%
OPFASPCL - Outpatient first attendance single professional consultant led	7,514	3,602	-3,912	-52%	£1,214	£568	£-645	-53%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	179	17	-162	-91%	£19	£2	£-17	-91%
OPFUPNFTF - Outpatient follow up non face to face	1,555	3,291	1,736	112%	£39	£205	£166	427%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,519	7,117	-9,402	-57%	£1,221	£565	£-656	-54%
Outpatient Procedure	5,669	1,066	-4,603	-81%	£785	£156	£-629	-80%
Unbundled Diagnostics	3,555	1,389	-2,166	-61%	£296	£121	£-175	-59%
Wet AMD	398	324	-74	-19%	£317	£270	£-46	-15%
<b>Grand Total</b>	<b>39,464</b>	<b>18,696</b>	<b>-20,768</b>	<b>-53%</b>	<b>£7,097</b>	<b>£2,578</b>	<b>£-4,519</b>	<b>-64%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£4.5m/-64% for South Sefton CCG in quarter 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 when comparing to the previous year with a variance of -56% across all referral sources combined. Referrals have increased for two consecutive months but remain below historical levels across a number of specialities.

The two points of delivery to report an over performance in quarter 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, Renal Medicine, Respiratory Medicine, Urology and Rheumatology.



Although consultant led first appointments remain well below plan overall, the Trauma & Orthopaedics service did see an increase in appointments during May-20 with activity in month representing the highest total reported since October 2019. General Surgery, Acute Medicine and Physiotherapy have also seen significant increases reported during June 2020 although only the former has seen above average activity in month – the 120 appointments reported represent the highest monthly total of 2019/20 and 2020/21 to date for General Surgery.

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). A number of diagnostic scopes have also taken place in June 2020 where none had been recorded in the preceding months of 2020/21, which suggests some recovery of activity within the Gastroenterology Service.

**NB.** 2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 3 year to date 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.



## 2.7 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Smoking at Time of Delivery (SATOD)</b>		<b>Latest and previous 3 quarters</b>				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. <u>Risk to Patients</u> Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
<b>GREEN</b>	<b>TREND</b>	Q2 19/20	Q3 19/20	Q4 19/20	Q4 19/21		
		14.02%	12.27%	9.01%	10.84%		
		National ambition of 11% or less of maternities where mother smoked Year to date 12% so reporting red					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>During Quarter 1, the number of SSCCG Maternities were 332, of which 36 were reported as Smoking at time of Delivery (10.8%) Another excellent reduction on previous Qtr4 SATOD performance. This achieves the national ambition of 11% or less in the quarter.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service.</li> <li>The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health.</li> </ul>							
<b>When is performance expected to recover:</b>							
It is hoped that the national ambition of 11% or less is continued in the future reports.							
<b>Quality:</b>							
The improvement shown over the last two quarters demonstrates that women have responded to quality of care offered.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Fiona Taylor		Wendy Hewit		Peter Wong			

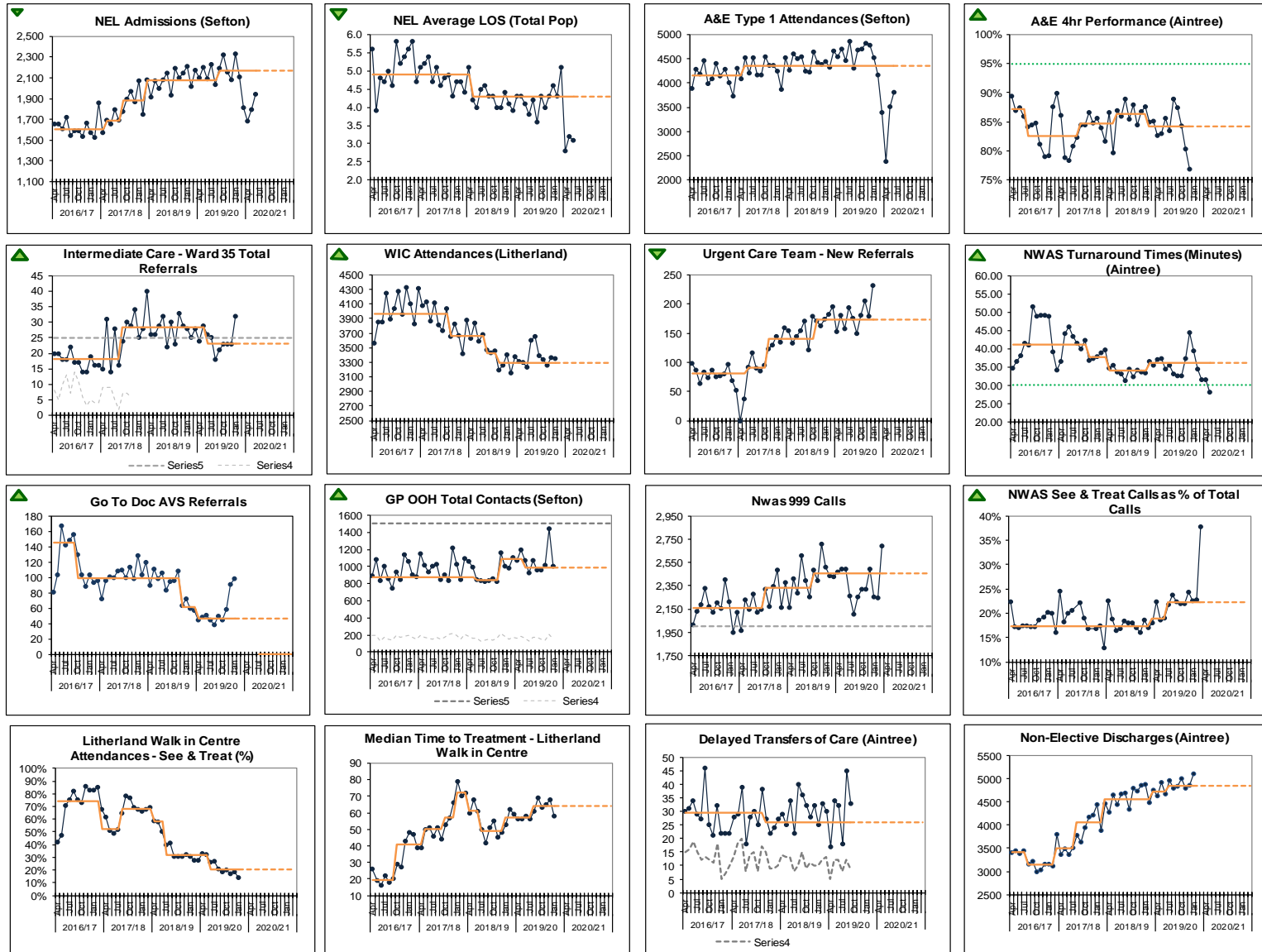
### 3. Unplanned Care

#### 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	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	Mar-20	Apr-20	May-20	Jun-20	YTD		
		CCG All Types	86.03%	93.19%	96.37%	94.80%	94.93%	
		National Target	95%	95%	95%	95%	-	
		LUHFT All Types	85.73%	91.94%	95.92%	93.83%	94.07%	
		LUHFT Type 1	77.11%	90.01%	94.89%	92.05%	92.51%	
<b>Performance Overview/Issues:</b> <ul style="list-style-type: none"> <li>In June 2020, the total number of A&amp;E attendances reported for South Sefton CCG patients was 4,246. Whilst, this shows an increase from the 3,691 attendances reported in May; it represents a decrease on South Sefton A&amp;E attendances in June 2019 when there were 6277.</li> <li>The increase in A&amp;E attendances in June along with measures in place for social distancing has led to a decrease in 4 hour performance. This needs to be monitored carefully for any further deterioration as attendances continue to rise.</li> </ul>								
<b>Actions to Address / Assurances</b> <p>Work continues in regard to following actions:</p> <ul style="list-style-type: none"> <li><b>Ambulance handover improvements</b> - performance shows continued improvements in June 2020 with 2 cubicles ringfenced within ambulance drop off bay.</li> <li><b>Patient flow - admission and discharge</b> - Ongoing implementation of COVID D2A pathway and daily RFD list circulated for operational system call.</li> <li><b>NHS111 First</b> - Shadow Implementation Group has been established. This will support national work looking at the introduction of telephone triage and signposting of patients to appropriate services according to need. Aim of reducing attendances at A&amp;E.</li> <li><b>Winter plan</b> being finalised with projects identified to avoid A&amp;E attendance and hospital conveyance e.g. DVT pathway development, ACSC work</li> </ul>								
<b>When is performance expected to recover:</b> <p>National target is 95%, achieved in May. NHSE/I 19/20 target was 89% but no revised target provided for 20/21 although present performance is higher.</p>								
<b>Quality:</b> <p>No specific issues have been raised through other review processes.</p>								
<b>Indicator responsibility:</b>								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		John Wray			Janet Spallen			



## 3.2 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 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)  b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Target	Apr-20	May-20	Jun-20		
		(a) <=15-30mins	143	73	40		
		(b) <=15-60mins	5	1	5		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreased to 40 and 60 minute delays increased slightly to 5. Ongoing improvements being seen but with a need to eliminate any delays over 60 minutes.</li> <li>Improvement is in context of increasing ambulance attendances at LUHFT in June.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets. 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.</li> <li>A contract notice is being stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels.</li> </ul>							
<b>When is performance expected to recover:</b>							
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. Positively the percentage of handovers outside of the 30 minute target have continued to reduce in June although ambulance conveyances have returned to pre-COVID levels with a need to monitor impact on ongoing performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		John Wray			Janet Spallen		

### 3.4 Unplanned Care Quality Indicators

#### 3.4.1 Stroke and TIA Performance



Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
<b>LUHFT Stroke &amp; TIA</b>		<b>Latest and previous 3 months</b>				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>GREEN</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		Not Avail	87.20%	85.00%	Not Avail		
		Stroke Plan: 80% TIA 60% (previously achieving, unavailable in March/April/May)					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>No update was available for June from the Trust.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Following are ongoing Trust Actions: -</b>							
<b>Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies</b>							
<ul style="list-style-type: none"> <li>Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke</li> </ul>							
<b>Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)</b>							
<ul style="list-style-type: none"> <li>Evaluate pilot of working hours to create evening capacity</li> <li>Evaluate pilot of weekend working</li> </ul>							
<b>Work with ED and Radiology to improve time to CT scan to improve SSNAP score</b>							
<ul style="list-style-type: none"> <li>Monthly review of all patients who didn't meet the standard</li> <li>Attend ED Governance meeting to discuss Stroke</li> </ul>							
<b>Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)</b>							
<ul style="list-style-type: none"> <li>Attend Acute Medical Unit (AMU) meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)</b>							
<ul style="list-style-type: none"> <li>Attend AMU meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. The 80% target has been met now since February 2020. Ongoing work is focussed on patient flow and an emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations. There is a need to see maintenance of the target as bed occupancy arises following low admissions during main period of COVID.							
<b>Quality:</b>							
No quality aspect reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		John Wray			Janet Spallen		

### 3.4.2 Healthcare associated infections (HCAI): MRSA



Indicator		Performance Summary					Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.	
<b>GREEN</b>	<b>TREND</b>		Mar-20	Apr-20	May-20			Jun-20
		CCG	1	0	0			0
		LUHFT	4	1	2			2
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>• RAG rating and trend is on CCG cases.</li> <li>• No new cases of MRSA reported in June for the CCG or Trust.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>• 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.</li> <li>• The CCG will continue to provide representation at this meeting going forward. The report produced for this meeting will now form a standing agenda item at Contract Quality &amp; Performance Group (CQPG) by exception. Post Infection Review (PIR) meetings for the reported MRSA cases to be held on 27-08-20.</li> </ul>								
<b>Improvements noted regarding:</b>								
<ul style="list-style-type: none"> <li>• MRSA admission screening</li> <li>• Personal protective equipment; during COVID, the practice of double gloving and sessional use of aprons were being applied. This has now ceased and PHE guidance is being followed.</li> </ul>								
<b>When is performance expected to recover:</b>								
This is a zero tolerance indicator so for Aintree site no recovery plans required.								
<b>Quality:</b>								
Any further incidents will be reported by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				



### 3.4.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>				<b>2020/21 Plans</b> Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <=/= 60 YTD	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.	
<b>GREEN</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20			
		CCG	63	4	6			7
		LUHFT	254	9	21			33
		CCG - Actual 7 YTD - Target 15 YTD LUHFT - Actual 33 YTD - Target 63 YTD						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives.</li> <li>Previously Trusts were able to appeal cases in agreement with the CCG if there had been no lapses in care: national guidance suggests this process is now not required; the reasoning for this is so that efforts can be focussed on improvement actions as opposed to challenging good practice.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>National surveillance requirements have been maintained during the COVID period and the formal post infection review for c difficile cases will resume in quarter 2.</li> </ul>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>An integrated CDI Working Group has been established, this group was postponed during COVID, however plans are in place to re-establish this. The forum provides an opportunity to share lessons learned, best practice and to engage with community colleagues to reduce the cases of Community Onset Healthcare Associated (COHA) infections.</li> <li>Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19</li> <li>Trust wide C Difficile Infection 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.</li> </ul>								
<b>When is performance expected to recover:</b>								
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.								
<b>Quality:</b>								
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 South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				

### 3.4.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Incidence of Healthcare Acquired Infections: E Coli</b>		<b>Previous 3 months and latest (cumulative position)</b>				<b>2020/21 Interim Plan:</b> <=128 YTD <i>There are no Trust plans at present numbers for information</i>	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.	
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20			
		CCG	156	9	23			35
		LUHFT	658	29	80			132
		CCG - Actual 35 YTD - Target 32 YTD						
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident. Local meetings are yet to be rescheduled, all highlighted as due to workload in relation to COVID-19.</li> <li>A Task and Finish Group has been established to support the work and currently undergoing a gap analysis both of the data submitted and the variation.</li> <li>Further work with any Structured Judgement Reviews (SJRs) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death.</li> </ul>								
<b>When is performance expected to recover:</b>								
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.								
<b>Quality:</b>								
Following on from the initial meeting in July further work is going to be developed for a Cheshire and Mersey GNBSI strategy. Within the CCG and Local Authority a plan is under development to support care homes with information regarding hydration which will also support the reduction in GNBSI infections.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				

### 3.4.5 Hospital Mortality (LUHFT)

Figure 7 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - May	100	85.00	↓

HSMR is lower than reported last month at 85 (with last month being 87.5). Latest reported was for May. 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 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

As of the July 2020 publication, COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. Activity that is being coded as COVID-19, and therefore excluded, is monitored in a new contextual indicator 'Percentage of provider spells with COVID-19 coding' which is part of this publication.

### 3.5 CCG Serious Incident (SI) Management – Quarter 1 2020/21

#### 1. Number of Serious Incidents Open for South Sefton CCG

As of Q1 2021/20, there are a total of 23 serious incidents (SIs) open on StEIS that are attributed to South Sefton CCG patients. See table below for breakdown by Provider.

Trust	No. of Incidents
Liverpool University Hospital Foundation Trust (LUHFT) - Aintree site only	9
DMC Healthcare	4
North West Boroughs NHS Foundation Trust	4
Mersey Care (Community)	2
Mersey Care (Mental Health)	1
Alder Hey Children's Hospital	1
Cheshire & Wirral Partnership	1
The Walton Centre	1
<b>TOTAL</b>	<b>23</b>

As of 1<sup>st</sup> October 2019, Aintree University Hospitals started reporting their serious incidents under the newly merged Liverpool University Hospitals NHS Foundation Trust (LUHFT). Liverpool CCG are the Lead Commissioner for LUHFT and have taken over the management of SIs. All Legacy SIs have now been reviewed by the South Sefton CCG SIRG panel and subsequently closed.

#### 2. Number of Serious Incidents (SIs) Reported In Quarter 1 2020/21

There have been a total of 5 SIs reported in Q1 2020/21 that were attributed to South Sefton patients in other Providers. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and Incident Type	Q1 2020/21
<b>LIVERPOOL UNIVERSITY HOSPITAL FOUNDATION TRUST (LUHFT)</b>	<b>1</b>
Treatment delay meeting SI criteria	1
<b>MERSEY CARE - COMMUNITY</b>	<b>2</b>
Treatment delay meeting SI criteria	1
Pressure ulcer meeting SI criteria	1
<b>MERSEY CARE - MENTAL HEALTH</b>	<b>1</b>
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1
<b>PC24</b>	<b>1</b>
Commissioning Incident Meeting SI criteria	1
<b>TOTAL</b>	<b>5</b>

#### 3. Number of Never Events reported

There were no Never Events reported in Q1 2019/20.

The table below shows the total number of never events reported for South Sefton CCG over the past 3 years and those reported YTD.

Never Events Reported by Provider	2017/18	2018/19	2019/20	2020/21
Aintree University Hospital	8	1	0	N/A
Liverpool University Hospitals (Aintree site)	0	0	5	0
<b>Total for SSSCCG</b>	<b>8</b>	<b>1</b>	<b>5</b>	<b>0</b>

There have been 5 never events reported by Liverpool University Hospitals (Aintree site) during Q4 19/20.

#### 4. SIs reported during last 12 months

For South Sefton CCG during the last 12 months and for Q1 20/21, the top 4 most commonly reported SIs were:

- Treatment delay
- Medication Incident
- Diagnostic incident
- Pressure ulcer

Liverpool CCG is currently undertaking a thematic review of delays in treatment that can also be linked to diagnostic delays.

#### 5. RCAs due during Q1 20/21

During Q1 2020/21, the following RCAs were due:

- 5 RCAs due for LUHFT (Aintree site). 3 were received on time, and 2 extensions were granted
- 1 RCA due for Mersey Care Mental Health – This was downgraded as it did not meet the SI criteria.
- 4 RCAs due for DMC Healthcare. All were received within the 60 day timescale. They were reviewed by the CCGs SIRG panel and further assurances have been requested.

#### 6. Serious Incidents Ongoing

There are 14 SIs that remain open on StEIS that involve South Sefton CCG patients.

Provider and current status	Total
<b>Liverpool University Hospitals NHS Foundation Trust</b>	<b>9</b>
Awaiting RCA – extension granted	2
RCA received on time and awaiting review at SIRG	1
RCA Report Received further assurances requested	6
<b>DMC Healthcare</b>	<b>4</b>
RCA received and further assurance requested	4
<b>Northwest Boroughs NHS Foundation Trust</b>	<b>4</b>
Awaiting RCA	2
Serious Case Review being undertaken	2
<b>Mersey Care NHS Foundation Trust</b>	<b>3</b>
Awaiting RCA – within timescale	3
<b>Alder Hey Children's Hospital NHS Foundation Trust</b>	<b>1</b>
RCA received and further assurance requested	1

<b>The Walton Centre NHS Foundation Trust</b>	<b>1</b>
Awaiting RCA	1
<b>Cheshire Wirral Partnership</b>	<b>1</b>
Awaiting RCA	1

## 7. SI Process

As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for Liverpool University Hospitals, 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.

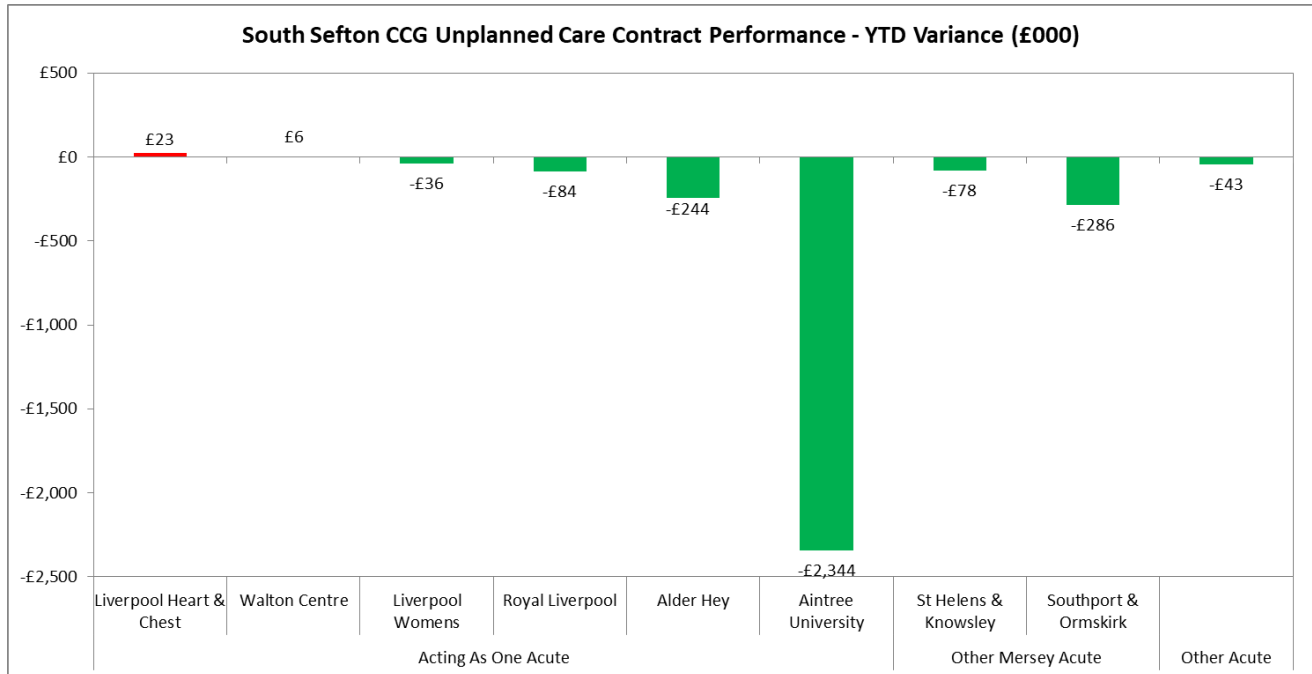
South Sefton CCG Serious Incident Review Group (SIRG) panel will convene to review root cause analysis (RCAs) reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

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

### 3.6 Unplanned Care Activity & Finance, All Providers

#### 3.6.1 All Providers

Figure 8 - Unplanned Care – All Providers



Quarter 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 with a variance of -£2.3m/-20% against the previous year. Across all providers, South Sefton CCG has underperformed by -£3m/-20.6%.

**NB.** Due to the COVID-19 pandemic, a number of month 3 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 3 year to date 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.

### 3.6.2 Aintree Hospital

Figure 9 - 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	9,850	5,622	-4,228	-43%	£252	£256	£4	1%
A&E - Accident & Emergency	9,192	7,180	-2,012	-22%	£1,496	£1,205	£-292	-19%
NEL - Non Elective	4,403	4,029	-374	-8%	£8,577	£6,832	£-1,745	-20%
NELNE - Non Elective Non-Emergency	11	15	4	36%	£60	£57	£-3	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	61	61	-	£0	£15	£15	-
NELST - Non Elective Short Stay	881	731	-150	-17%	£609	£500	£-109	-18%
NELXBD - Non Elective Excess Bed Day	2,623	1,843	-780	-30%	£681	£467	£-214	-31%
<b>Grand Total</b>	<b>26,960</b>	<b>19,481</b>	<b>-7,479</b>	<b>-28%</b>	<b>£11,675</b>	<b>£9,330</b>	<b>£-2,344</b>	<b>-20%</b>

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£2.3m/-20% for South Sefton CCG in quarter 1. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -43% and -22% respectively. The majority of this decrease can be attributed to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23<sup>rd</sup> March 2020. However, some of the reduction in attendances at Litherland walk-in centre is also due to the site only operating via planned/booked appointments as part of the COVID-19 response.

South Sefton CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Aintree Hospital during the first peak in cases reported i.e. April and May 2020. This analysis identified the reduced activity levels noted above and a corresponding improvement in A&E 4 hour performance. There was also a recovery of non-elective admission levels towards the end of April-20 following an increasing conversion rate from A&E attendance to admission. The proportion of zero length of stay admissions increased and from the week ending 19<sup>th</sup> April-20 onwards, zero length of stay admissions consistently represented the majority of non-elective activity at Aintree Hospital into mid-June 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 table relate to variances against 2019/20 month 3 year to date actuals.





## 4. Mental Health



### 4.1.1 Eating Disorder Service Waiting Times

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				KPI 125	Patients safety risk. Reputation.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		45.83%	46.15%	48.70%	33.75%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place.</li> <li>• Out of a potential 160 Service Users, 54 started treatment within the 18 week target (33.75%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Trust Actions:</b>							
<ul style="list-style-type: none"> <li>• A service development proposal is being discussed CCGs and clinical leads in August 2020.</li> <li>• 1.8 WTE Psychology vacancies are expected to be in post in September 2020.</li> </ul>							
<b>When is performance expected to recover:</b>							
Quarter 2 onwards.							
<b>Quality:</b>							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



## 4.1.2 CPA Follow up 2 days



Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		100%	100%	90.0%	97.8%	
Plan: 95% - Quarter 1 2020/21 reported 97.8% and achieved						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Quarter 1 saw 45 out of 46 individuals in a higher risk group being followed up within 48 hours by the appropriate teams, achieving the target. The Trust have not given any update on the 1 delay.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The indicator is number sensitive.</li> <li>Any underperformance can just equate to a very small number breaches in some cases.</li> </ul>						
<b>When is performance expected to recover:</b>						
The Trust has achieved target in quarter 1. Expectation is that optimum performance will continue to improve.						
<b>Quality:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

## 4.1.3 Eating Disorder Service (EDS)

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125  Patients safety risk. Reputation.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		45.83%	46.15%	48.70%	33.75%	
Plan: 95%						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Long standing challenges remain in place.</li> <li>Out of a potential 160 Service Users, 54 started treatment within the 18 week target (33.75%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
<ul style="list-style-type: none"> <li>A service development proposal is being discussed CCGs and clinical leads in August 2020.</li> <li>1.8 WTE Psychology vacancies are expected to be in post in September 2020.</li> </ul>						
<b>When is performance expected to recover:</b>						
Quarter 2 onwards.						
<b>Quality:</b>						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



## 4.1.4 Falls Management & Prevention

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Falls Management &amp; Prevention: Of the inpatients identified as at risk of falling to have a care plan in place</b>		<b>Previous 3 quarters and latest</b>				KPI 6b	Patient Safety.
<b>GREEN</b>	<b>TREND</b>	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		85.7%	80.0%	75.0%	100.0%		
		Plan: 98% - 2020/21					
<b>Performance Overview/Issues:</b>							
• The Trust overall had 62 inpatients who had their care plan in place in quarter 1. This indicator is a catchment position, last year was by CCG.							
<b>Actions to Address/Assurances:</b>							
• Modern Matrons are tasked with ensuring the review and completion of FRAT and care plan where identified.							
<b>When is performance expected to recover:</b>							
Performance has recovered in quarter 1.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Sue Gough		Gordon Jones			



Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Falls Management &amp; Prevention: All adults inpatients to be risk assessed using an appropriate tool</b>		<b>Previous 3 quarters and latest</b>				KPI 6a	Patient Safety.
<b>GREEN</b>	<b>TREND</b>	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		100.0%	90.0%	85.7%	98.4%		
		Plan: 98% - 2020/21					
<b>Performance Overview/Issues:</b>							
• The Trust overall had 62 out of 63 inpatients risk assessed using an appropriate tool in quarter 1. This indicator is a catchment position, last year was by CCG.							
<b>Actions to Address/Assurances:</b>							
• Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.							
<b>When is performance expected to recover:</b>							
Performance has recovered in quarter 1.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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
<b>IAPT Access - % of people who receive psychological therapies</b>		<b>Latest and previous 3 months</b>				123b	Risk that CCG is unable to achieve nationally mandated target.  Demand for the service continues to increase and exceed capacity.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		0.68%	0.74%	0.46%	0.66%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month.</li> <li>• Numbers accessing the service have increased but are still below the threshold. The service is making efforts to recruit to vacancies. The service has reported that internal waits for Step 2, CBT and counselling have significantly reduced – however these waits may increase if demand increases. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19 and modelling is being done for a 5%,10% and 15% increase in demand scenarios.</li> <li>• Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



## 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	Mar-20	Apr-20	May-20	Jun-20		
		45.5%	39.8%	34.2%	46.0%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The recovery rate increased in June but still failed to achieve the target.</li> <li>It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20		
		64.0%	60.4%	59.4%	59.4%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Memory Assessment Service operated by NHS Mersey Care Foundation 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 once recovery starts.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I. 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.							
<b>Recovery plan received from NHS MCFT:</b>							
<ul style="list-style-type: none"> <li>Understand the current demand/waits/performance across identified services.</li> <li>Review current waiting lists (potentially re-categorise based on need).</li> <li>Identify services that will potentially be impacted by increased demand.</li> <li>Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period).</li> </ul>							
Awaiting more detailed plan from NHS MCT.							
<b>When is performance expected to recover:</b>							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Jan Leonard		Susan Gough		Kevin Thorne			

## 4.4 Improving Physical Health for People with Severe Mental Illness (SMI)

Indicator	Performance Summary	NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check	Latest and previous 3 quarters	123g  As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	Q2 19/20 20.7%	Q3 19/20 22.7%
		Q4 19/20 28.1%	Q1 20/21 19.0%
Plan: 50% - Quarter 1 2020/21			
<b>Performance Overview/Issues:</b>			
<ul style="list-style-type: none"> <li>In Quarter 1 of 20/21, 19.0% of the 2,059 of people on the GP SMI register in South Sefton CCG (391) received a comprehensive health check.</li> <li>COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods).</li> </ul>			
<b>Actions to Address/Assurances:</b>			
<b>Action plan developed which focuses on the following:</b>			
<ul style="list-style-type: none"> <li>Revised LQC scheme in place which highlights the correct template to use for data collection.</li> <li>Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes.</li> <li>Increased awareness of the scheme amongst practices.</li> </ul>			
<b>When is performance expected to recover:</b>			
Performance should improve from Quarter 2 2020/21 onwards.			
<b>Quality impact assessment:</b>			
No quality issues reported.			
<b>Indicator responsibility:</b>			
<b>Leadership Team Lead</b>	<b>Clinical Lead</b>	<b>Managerial Lead</b>	
Geraldine O'Carroll	Sue Gough	Gordon Jones	

## 5. Community Health

### 5.1 Adult Community (Mersey Care FT)



The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July 2020. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

#### 5.1.1 Quality

Whilst working is ongoing, the amalgamation of the Community and Mental Health CQPGs across the Liverpool and Sefton CCGs for Mersey Care Foundation Trust has continued to progress. Post COVID as work now progresses, the Community Collaborative Commissioning Forum (CCF) for Liverpool and Sefton has now become one meeting and the first CQPG for the Community element of the contract is planned for September.



For the Mental Health it was agreed this would be incorporated later in the year.

## 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				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Mar-20	Apr-20	May-20	Jun-20		
		25 wks	21 wks	24 wks	30 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• June's incomplete pathways reported above the 18 week standard with 30 weeks, showing a deterioration on last month and remaining above the 18 week standard. It is important to note that the completed pathways is now within the 18 week target at 17 weeks in June, an improvement in average waiting times from May.</li> <li>• There has been an increase in referrals between the May to June period.</li> <li>• Workforce issues remain a challenge and impacting on waiting time position - further post vacant due to adoption leave.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• 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 has met with the Trust Service Leads to be appraised of proposed telephone/video consultation work underway 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. Feedback was positive and the Trust have been asked to prepare a briefing on service delivery model to be reviewed through CCQRM.</li> <li>• Recruitment is an ongoing issue to secure permanent staff.</li> </ul>							
<b>When is performance expected to recover:</b>							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further as routine referrals are accepted from July.							
<b>Quality impact assessment:</b>							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Sunil Sapre			Janet Spallen		



### 5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: Physiotherapy</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Mar-20	Apr-20	May-20	Jun-20		
		16 wks	20 wks	18 wks	21 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• June's incomplete pathways failed to achieve the target and showed a deterioration from the 18 weeks in May.</li> <li>• There has been a significant increase in referrals between the May to June period.</li> <li>• Housebound patients declining physio home visit consultations during this period has had a significant impact on waiting times.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Performance improvement plans are being re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans</li> </ul>							
<b>When is performance expected to recover:</b>							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further as routine referrals are accepted from July.							
<b>Quality impact assessment:</b>							
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 patients presentation and be retriaged into another part of the ICRAS pathway.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Sunil Sapre			Janet Spallen		

## 5.2 Any Qualified Provider (AQP) – Audiology

In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process.



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Restoration of elective work is now being taken forward across the health economy. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) have resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Payment for providers has been in accordance with national guidance.

Merseyside CCG (commissioners and contract lead representatives) have recently met in respect of next steps re AQP Audiology. Liverpool CCG commissioning lead for Audiology, with support from Merseyside Equality & Diversity lead and contract managers, will be drafting a paper to take to CCG leadership teams. This is expected by early September.

## 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				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Although additional activity was commissioned and mainstreamed from the voluntary sector in 2019/20, the target of 34% was missed.</li> <li>• The CCG now receives data from a third sector organisation Venus who submits data to the Mental Health Services Data Set (MHSDS) and which is included in the data.</li> <li>• In Q4, the online counselling service Kooth began to submit data to the MHSDS which has clearly contributed to the improvement in performance in Q4.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• The start of the Kooth data flow had a significant positive impact on performance in Q4, which is anticipated to continue into 2020/21 financial year. There has also been an increase in Kooth capacity in response to COVID-19, and possibility of further increases in Quarter 3 and 4.</li> <li>• 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.</li> <li>• In response to COVID-19, 24/7 crisis support has been implemented which should result in an increase in access rates in 2020/21.</li> </ul>						
<b>When is performance expected to recover:</b>						
As part of national recovery planning AHFT is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 2020/21.						
<b>Quality impact assessment:</b>						
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.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Please note: Quarter 1 data is due to be published on the 16<sup>th</sup> September 2020 and will be updated in next month's report.



#### 6.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services

The Trust has raised queries with the CCG regarding the published CYP eating disorder referral and breaches data provided as part of the Q1 2020/21 National Mental Health Data Set and has requested that this be withheld until it has had sufficient time to fully investigate the anomalies. The Trust has indicated an increase in local activity which has not been reported in the national data set.



A full Q1 update will be available in month 4.



### 6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ASD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Second wave of COVID-19.</li> </ul> <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
<b>GREEN</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	96.5%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• In June 96.5% of all new CYP ASD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks. The reason the 2 patients who did not start their assessment within 12 weeks was due to choice of appointment times.</li> <li>• The longest wait in June was 12 weeks which increased from that of an 8 weeks wait in May.</li> <li>• At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog.</li> <li>• The planned reduction in the backlog of open referrals was to achieve 638 by June, which was achieved.</li> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ASD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Apr-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



## 6.1.4 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers</li> <li>• Second wave of COVID-19.</li> </ul> <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
<b>GREEN</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• In June 100% of all new CYP ADHD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks.</li> <li>• The longest wait in June was 12 weeks which increased from that of an 8 week wait in May. At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June stood at 428.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved.</li> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021.</li> <li>• There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people.</li> <li>• Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.2 Child and Adolescent Mental Health Services (CAMHS)

### 6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>CAMHS - % Referral to Choice within 6 weeks</b>		<b>Latest and previous 3 months</b>				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	
		68.9%	36.8%	35.4%	58.9%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen an increase in compliance with the agreed 6 week standard.</li> <li>Issues relate to the ongoing impact of COVID-19 on the ability to deliver appointments within this target, including staffing capacity and the required changes to working arrangements.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Alder Hey has increased the number of routine choice appointments and continues to offer additional capacity to support the required reduction in waiting times.</li> <li>The service will continue to monitor this standard alongside referral rates, ensuring choice capacity meets any potential change in demand.</li> <li>Staff have worked flexibly and undertaken additional hours to ensure that those children and young people most at risk have continued to receive safe and effective care.</li> <li>The service has fully embraced and led the move to virtual appointments for children and young people</li> <li>The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard.</li> <li>Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan.</li> </ul>						
<b>When is performance expected to recover:</b>						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will improve over the coming months.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	
		69.9%	64.2%	61.4%	56.3%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to partnership waiting times has deteriorated in June.</li> <li>The service had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>There is a phased return plan for staff to return to the Sefton CAMHS team and additional investment to reduce waiting times has also been agreed by Alder Hey, which will be provided by an agency staff member and additional capacity from the existing workforce.</li> <li>As part of recovery plans, a capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set.</li> <li>The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard.</li> <li>Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan.</li> </ul>						
<b>When is performance expected to recover:</b>						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will improve over the coming months.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.3 Children's Community (Alder Hey)

### 6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: SALT</b>		<b>Previous 3 months and latest</b>					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).
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Mar-20	Apr-20	May-20	Jun-20		
		23 wks	23 wks	26 wks	30 wks	<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	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.
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>As the backlog of referrals has increased since the outbreak of the pandemic, the number of patients waiting over 18 weeks for an initial assessment increased from 190 in May to 283 in June.</li> <li>There was a significant increase in the number of referrals in June: 95 were received, compared to 37 in May.</li> <li>In response to COVID and changes to service delivery, it took several months to develop and embed the new ways of working and there were issues with access to digital access which impacted on waiting times.</li> <li>The Trust continues to highlight the issue of recruitment to speech and language therapy vacancies which is impacting on the number of patients that can be assessed and treated.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Now that the new ways of working are taking effect, the service is now able to assess and treat more patients and was able to offer 25 new appointments in June.</li> <li>The Trust has provided a detailed recovery plan for reducing the waiting times, which has focused on the clinical prioritisation (urgency) of children and young people who have been referred more recently. This focus has reduced the average wait from 22 weeks in May to 12 weeks in June.</li> <li>The plan also includes a recovery trajectory to reduce the longer 18+ waits to the 92% standard by October 2021. This plan indicates that the number of CYP waiting over 18 weeks will reduce from 283 in June to 103 in July.</li> <li>The plan and trajectory also takes account of the anticipated surge in referrals following the return of children and young people to school.</li> </ul>							
<b>When is performance expected to recover:</b>							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by June 2020 and maximum waiting times by October 2020.							
<b>Quality impact assessment:</b>							
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of digital/telephone assessments.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Cameron Ward		Wendy Hewitt		Peter Wong			

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

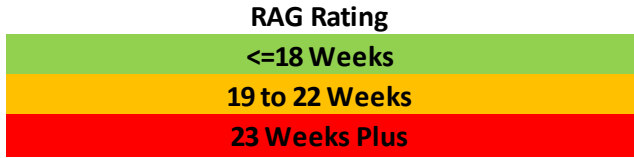
The Trust has raised concerns with the CCG regarding the validity of the DNA and cancellation reporting for April, May and June 2020. This is because a significant number of appointments had to be cancelled and rescheduled as the Trust switched from clinical to digital appointments in response to the COVID outbreak, which is not reflected in this data alone. The activity reported in the contract statement illustrates that during April, May and June there were 74, 100 and 88 dietetic outpatient appointments respectively.



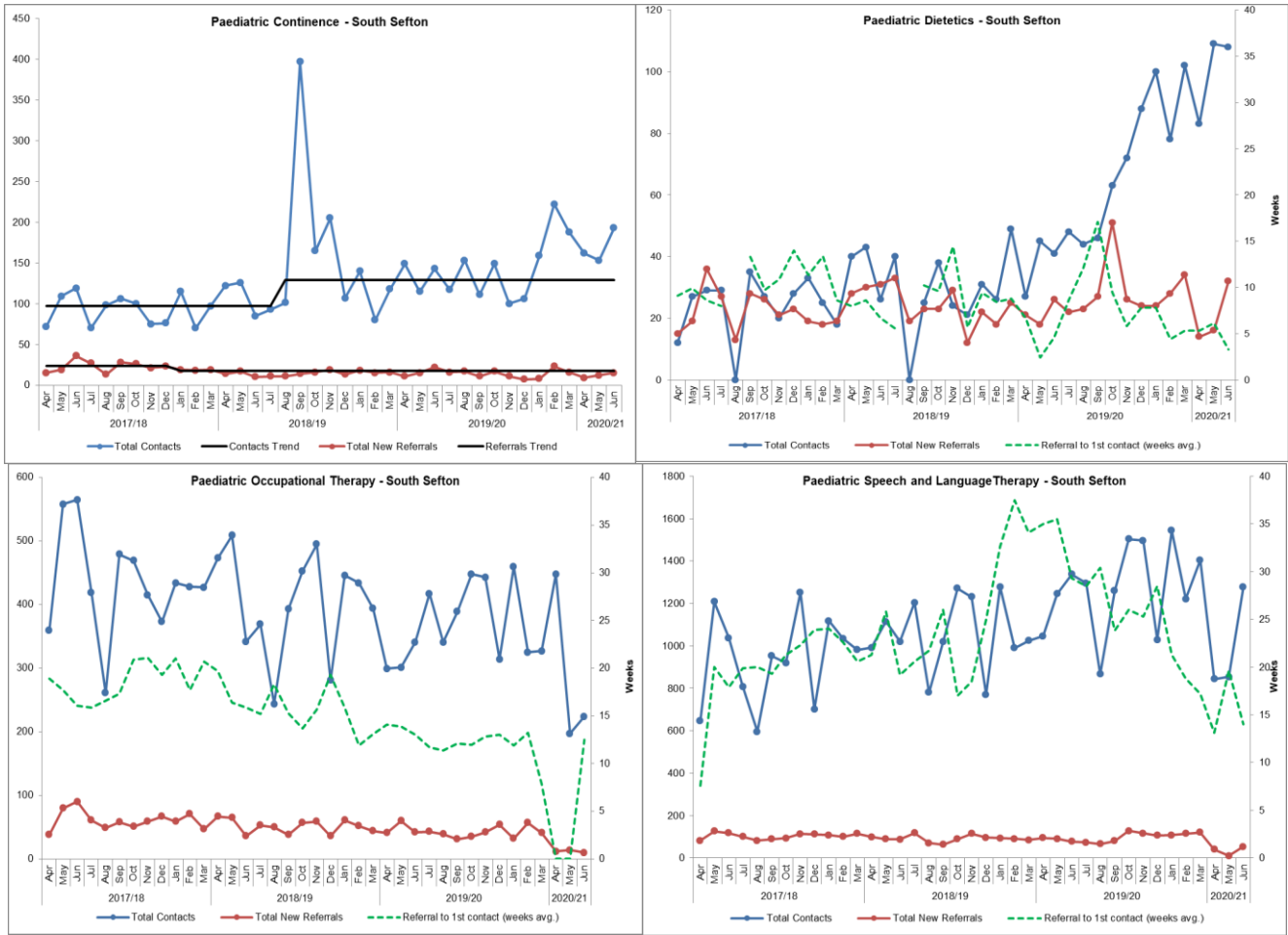
As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due to the impact of COVID-19, this development had been put on hold but is progressing again. It is anticipated that the new reporting model will be implemented in the next few months.

**Figure 10 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG**

Paediatric DIETETICS - South Sefton	Apr-20	May-20	Jun-20
Number of Referrals	14	16	32
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%
Total Number Waiting	28	22	31
Number Waiting Over 18 Weeks	1	1	1



**6.4 Alder Hey Activity & Performance Charts**

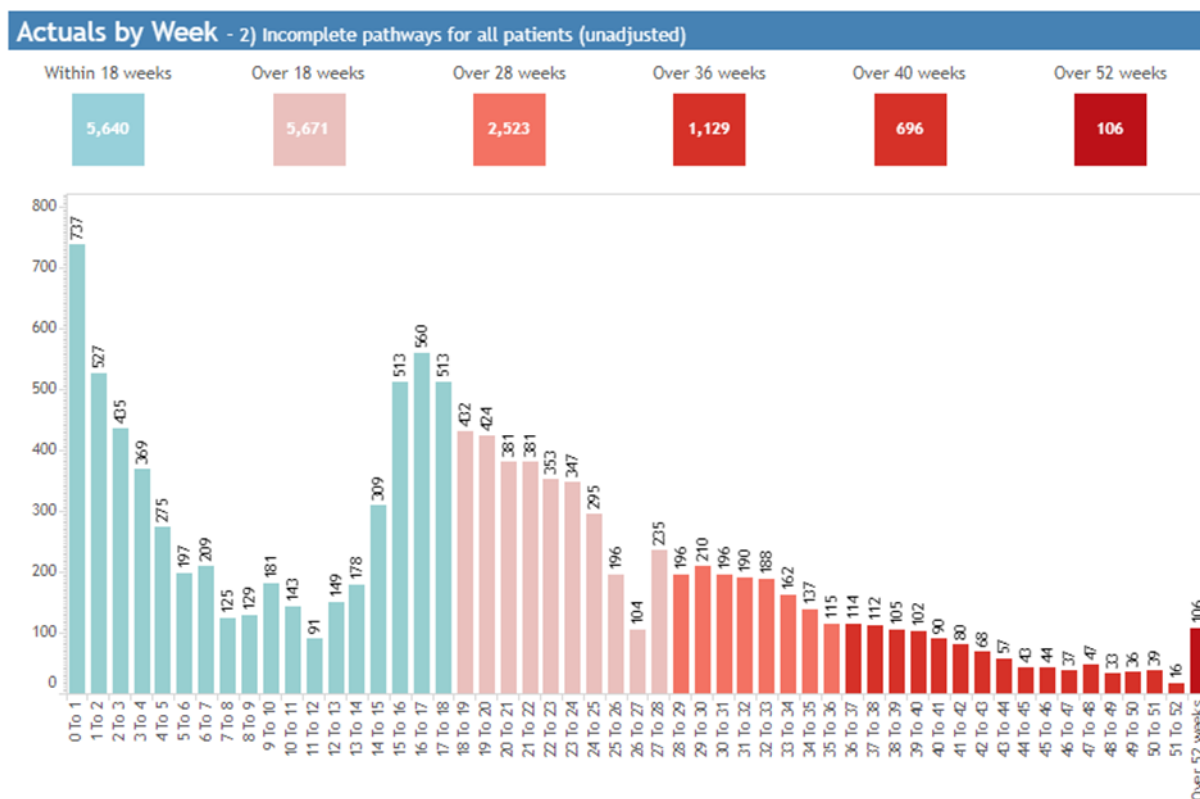




## 7. Appendices

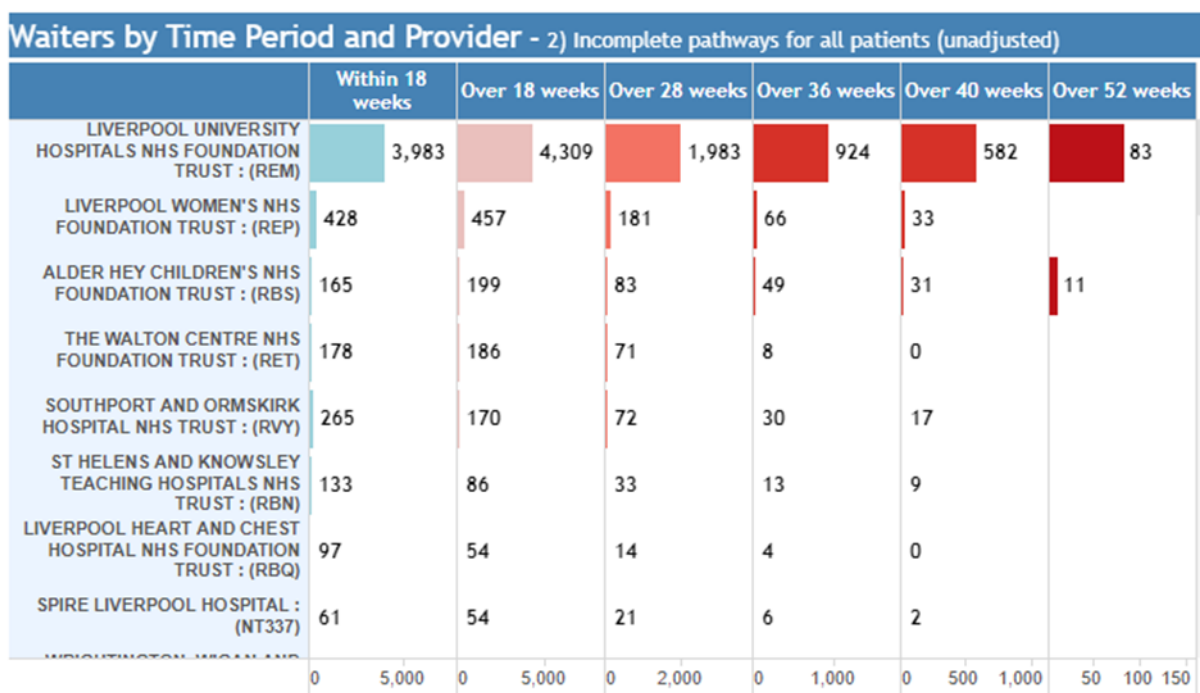
### 7.1.1 Incomplete Pathway Waiting Times

Figure 11 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 7.1.2 Long Waiters analysis: Top Providers

Figure 12 - Patients waiting (in bands) on incomplete pathway for the top Providers



### 7.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 13 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

