



South Sefton
Clinical Commissioning Group

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Integrated Performance Report September 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		
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%									35.7%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%								
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%								
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	8	46	106	171	198	247								776
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G	R	R	R							R	
		Actual	35	0	0	4	9	8								56
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available	Not available								
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%								95.65%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%								97.72%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G	G	G							G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%								96.42%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R	G	R							R	
		Actual	90.91%	100%	87.50%	80%	100%	91.67%								89.47%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G	R	G							R	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%								97.58%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R	G	G	G							G	
		Actual	100%	100%	85.71%	100%	94.12%	100%								96.95%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	G	R	R							R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%								78.24%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R		R	R								R	
		Actual	50%	66.67%	No patients	50%	0%	No patients								44.44%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG				G	G									
		Actual	80%	0%	75%	90.91%	100%	84.62%								83.33%
		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	
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R							R
Actual		93.19%	96.37%	94.13%	92.81%	89.83%	85.16%								91.31%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available								
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available								
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G							G
YTD		0	0	0	0	0	0								0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G							G
YTD		4	6	7	9	11	17								17
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R	R							R
YTD		9	23	35	39	56	67								67
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G									G	
		Actual	97.3%			97.2%									97.3%	
		Target	95%			95%			95%			95%			95%	
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G			G									G	
		Actual	77.6%			85.2%									81.4%	
		Target	60%			60%			60%			60%				
IAPT (Improving Access to Psychological Therapies)																
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	39.8%	33.8%	44.3%	44.0%	47.7%	39.2%								41.85%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%								4.49%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	100%	95.71%	98.50%	98.6%	98.5%	95.7%								97.8%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	100%	98.57%	100%	100%	100%	100%								99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia																
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%	58.5%								59.25%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check – local data NB: Checking final targets with NHSE for 2020/21 further update in month 7 report	South Sefton CCG	RAG	G			To be updated in month 7 report									
		Actual	6.2%												
		Target	5.4%			16.1%			33.6%			61.1%			
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R									R
		Actual	19%			16.1%									35.1%
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G			To be updated month 7 data unavailable									G
		Actual	14.6%												14.6%
		Target	8.75%			8.75%			8.75%			8.75%			YTD 35%
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	To be updated in month 7 report												
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	To be updated in month 7 report												
		Actual													
		Target	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 6 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Sept and Quarter 2 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	31.61%	33.40%
Referral to Treatment (RTT) (92% Target)	59.74%	55.70%
No of incomplete pathways waiting over 52 weeks	247	843
Cancer 62 Day Standard (Nat Target 85%)	78.79%	66.67%
A&E 4 Hour All Types (National Target 95%)	85.16%	84.23%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	276
Ambulance Handovers 60+ mins (Zero Tolerance)	-	70
Stroke (Target 80%) (August data)	-	54.80%
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	98.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	85.2%	-
IAPT Access (1.59% target monthly - 19% YTD)	1.03%	-
IAPT Recovery (Target 50%)	39.2%	-
IAPT 6 Weeks (75% Target)	95.7%	-
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, 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. These contracts will end on 31st December 2020, with no automatic or legal basis to extend. Therefore a new national framework has been developed called 'Increasing Capacity framework agreement' for the further procurement of elective activity until 31st March 2020.

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 and increased levels of elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. System wide

waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels.

Trends show that total secondary care referrals have increased by 12% from the previous month in September, after a decrease last month. GP referrals are reporting a year to date -44% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately 3 more GP referrals per day in September 2020 when comparing to the previous month.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 31.61% in September, an improvement in performance from last month when 39.38% was reported. Liverpool University Hospital Foundation Trust (LUHFT) performance was 33.40% in September, again showing an improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in September was 59.74%. LUHFT reported 55.70%. This shows another improvement in performance for the both CCG and Trust.

In September, the CCG reported 247 patients waiting over 52 weeks for treatment. LUHFT reported 843 breaches in September which fails the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 4 of the 9 cancer measures year to date. LUHFT are achieving 3 out of the 9 measures. The numbers of patients waiting over 104 days has increased to 13 in September from 6 last month.

Month 6 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase 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. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

Unplanned Care

In relation to A&E 4-Hour waits (all types); the CCG and Trust have failed the 95% target in September, reporting 85.16% and 84.23% respectively. The improvements seen a couple of months ago were largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 has not been met and was severely adversely impacted upon by COVID-19 which began to hit them in Q4 and then all the way through Q1 and continuing into Q2. The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of Double Crewed Ambulance (DCA) v Rapid Response Vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards. CCG commissioners have been provided with a briefing that was presented to the July meeting of the Cheshire & Mersey UEC Network Board that provides a broader review of NWAS through the pandemic to date outlining key impacts and lessons learned to inform the future service model. Work is ongoing and no further feedback has been provided.

The CCG reported no new cases of MRSA in September. LUHFT also reported no new cases but have had 3 year to date so have failed the zero tolerance threshold for 2020/21.

For C difficile, the CCG reported 6 cases of C difficile cases in September (17 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 and are achieving the standard.

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 September there were 11 cases (67 YTD) against a target of 63 so are now failing the target. There are no targets set for Trusts at present.

For unplanned care, month 6 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'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 1.03% so failed to achieve the target standard of 1.59%. The percentage of people reporting recovery was 39.2% in month 6 of 2020/21, which meant that the CCG failed the 50% target and also showed a decline from the previous month's performance.

Early Intervention Psychosis (EIP) continues to achieve the threshold of 60%.

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Commissioners received an investment case in September detailing options for investment. This is currently being reviewed and Sefton CCGs have also requested a proposal for a waiting list initiative which is intended to commence whilst the service review takes place.

For outpatient follow up appointments against a plan of 18%, Mersey Care reported a DNA rate of 19.9% in September compared to 7.3% in August, and are now failing the planned target of 18%.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in September of 58.5%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly higher than last month's performance.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust. The Trust reported that the pandemic had impacted on performance. The Trust was asked to consider the level of clinical risk associated with the KPI and the expectation is that performance should improve. The Trust is still facing service delivery challenges due to the ongoing impact of COVID.

The Trust reported a sickness absence rate of 7.6% in September compared to 6.4% in August, both compared to a 5% target.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) were reinstated in June 2020 with a recommencement of the Information Sub Group in July 2020. Focus has remained on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. These have included ensuring phlebotomy recovery and planning for future model of care and AHP waiting times and improvement work to meet KPIs. Assurance will be sought in regard to changes

instigated in response to COVID-19. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners have also established a joint Sefton and Liverpool Information Sub-Group.

Children's Services

Since the move to phase three of the pandemic response, Alder Hey has been focusing on the restoration of community services and Child and Adolescent Mental Health Services (CAMHS). The Trust has looked to increase delivery capacity to achieve pre-COVID levels of activity where possible, focusing specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals, notably for SALT which received 46% more referrals compared to August. Services continue 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. During September, therapists were able to deliver again in school settings, following robust environmental risk assessments.

Notably, in September all community therapy service waiting times achieved the SEND improvement plan targets.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG is closely monitoring the plan and the risks associated with the increasing demand for the service and the potential impact on waiting times. Currently, the actions are progressing in line with the improvement plan and the service is on track to achieve the agreed improvements in waiting times by December 2020, however, this is at risk from the ongoing impact of COVID on increasing referral numbers and staff sickness/absence.

Following the publication of the national Q1 Eating Disorders Service data, the Trust highlighted a number of anomalies which are being investigated. The matter is in the process of being resolved.

Whilst the SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are in line with the improvement plans and trajectories, the risks posed by a second wave of COVID-19 on the ability to achieve and sustain the targets have been flagged and are being closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Tameside & Glossop CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	2730	723	-2007	-73.5%	1943	825	-1118	-57.5%	5662	2193	-3469	-61.3%
May	2863	998	-1865	-65.1%	2163	1135	-1028	-47.5%	6053	2908	-3145	-52.0%
June	2974	1676	-1298	-43.6%	1928	1226	-702	-36.4%	5961	3858	-2103	-35.3%
July	3160	2301	-859	-27.2%	2314	1482	-832	-36.0%	6488	4796	-1692	-26.1%
August	2777	1829	-948	-34.1%	1932	1385	-547	-28.3%	5694	4213	-1481	-26.0%
September	2748	2121	-627	-22.8%	2142	1592	-550	-25.7%	5877	4740	-1137	-19.3%
October	3185				2210				6563			
November	2824				1883				5952			
December	2167				1732				5040			
January	2827				2152				6268			
February	2599				1851				5628			
March	1865				1385				4258			
Monthly Average	2727	1608	-1119	-41.0%	1970	1274	-695	-35.3%	5787	3785	-2002	-34.6%
YTD Total Month 6	17252	9648	-7604	-44.1%	12422	7645	-4777	-38.5%	35735	22708	-13027	-36.5%
Annual/FOT	32719	19296	-13423	-41.0%	23635	15290	-8345	-35.3%	69444	45416	-24028	-34.6%



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





Month 6 Summary:

- Trends show that total secondary care referrals have increased by 12.5% (527) from the previous month in September-20 after a decrease in the previous month. However, they have remained below historical levels for the last 6 months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals.
- GP referrals are reporting a year to date -44.1% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately 3 more GP referrals per day in September 2020 when comparing to the previous month.
- Aintree Hospital has reported a -39.7% decrease in total referrals at month 6 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 6 are approximately 2.7% (16) higher than in September 2019, however are -4.2% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 6 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 -47.8% (-10,870).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 970 two week wait referrals reported in July-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase with Gastroenterology also contributing significantly.
- Two week wait referrals in September-20 are 28% above the equivalent period in 2019.
- When considering total referrals, decreases are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT, Dermatology, Respiratory Medicine and Ophthalmology.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards, however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in September-20, referrals to Alder Hey are -9.9% (-58) down when comparing to September-19 with Renacres referrals also showing a decrease of -91.7% (-132).



2.2 NHS E-Referral Services (e-RS)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				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.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		39.1%	28.5%	28.7%	30.1%		
		May-20	Jun-20	Jul-20	Aug-20		
		62.8%	70.9%	69.3%	62.1%	The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
		Plan: 100% by end of Q2 2018/19					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • 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. • 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. August data shows an overall performance of 43.5% for South Sefton CCG, an improvement on the previous month (39.4%). • ASI number and percentage of ASIs per direct booking for LUHFT in September 2020 was 1870 ASIs of 5082 direct bookings, equating to 37% of direct bookings being ASI's. Compared to September 2019, 3143 ASIs of 10,553 direct bookings, equating to 30% of direct bookings being ASI's. • Although the proportion of ASI's is not significantly different, the number of direct bookings has significantly reduced. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter. • An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision. • The System management Group are reviewing the phase 3 response by exception.. • 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. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
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
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest					133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	53.45%	38.95%	39.38%	31.61%		
		LUHFT	53.50%	42.78%	41.41%	33.40%		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	1.56%	0.94%	1.37%	1.59%		
		Aintree	0.33%	0.19%	0.06%	0.06%		
National Target: less than 1%					Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%			
Performance Overview/Issues:								
<ul style="list-style-type: none"> For the CCG 3,312 patients on the waiting list with 1,047 waiting over 6 weeks (of those 440 are waiting over 13 weeks). Same period last year saw 2,644 patients waiting in total and 42 waiting over 6 weeks (of those 7 waiting over 13 weeks). CT (367), Non-Obstetric Ultrasound (157) and Gastroscopy (157) make up over 65% of the total breaches. Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings, (1st being best performing). Both LUHFT sites recorded increases, the July waiting list number was 15,342 comparing to the waiting list size in June of 14,722. Impact on performance due to COVID-19 pandemic but is showing improvement. Reopening of outpatients in August has resulted in increased demand. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. Nurse vacancies in Endoscopy have added to performance pressures. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> 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. 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. 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, including escalation of QIPP schemes that relate to phase 3 recovery. Total diagnostic activity levels for South Sefton CCG in month 6 are currently meeting/exceeding the expected levels as set out in the NHS Phase 3 planning submission. The CCG will continue to monitor diagnostics on a monthly basis for the remainder of 2020/21. 								
System:								
<ul style="list-style-type: none"> Hospital cell is working on system recovery plans. Liverpool CCG is met with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. 								
LUHFT Actions: Capacity Actions:								
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. BI to undertake a full demand capacity analysis to gain greater visibility to the full demands on the scanner time and generate the capability to forecast the impact of services changes with greater confidence. Additional weekday/weekend WLI (Waiting List Initiative) activity to be conducted to provide additional capacity. Business case approval for additional endoscopy insourcing capacity via MEDINET. Business case for expansion of the radiographer workforce to be developed in order to progressively increase the operational hours of the scanners and long term capacity across CT, MRI and Ultrasound. 								
Improvement Actions:								
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Endoscopy capacity has increased in to 106% pre-COVID capacity with associated increases in patient volumes due to the relaxation of IPC guidelines for the delivery of endoscopy. 								
When is performance expected to recover:								
LUHFT do not plan to achieve the standard in 2020/21.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
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
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	49.96%	47.24%	53.57%	59.74%		
		LUHFT	47.35%	41.72%	48.01%	55.70%		
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	88.46%	88.15%	87.22%	87.77%		
		Aintree	89.00%	87.92%	86.58%	86.41%		
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, again there has been an improvement this month. The challenged specialties include T&O, Ophthalmology, Oral surgery, Dermatology and Thoracic Medicine. Measuring against the CCG Peers, South Sefton CCG lies 8th in the rankings (1st being best performing). 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. Reintroduction of ERS clinics in August, led to an increase in GP referrals of 153%, without a corresponding increase in volume of activity. Trusts overall waiting lists have reduced by 1328 from previous month to 40,971, contributed by continued validation of waiting list. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> As with diagnostics, 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. 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. 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. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs and system PTL/waiting lists. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Agreement between SS & LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes. 								
LUHFT Actions:								
<p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none"> LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic. Increased utilisation of Spire Liverpool, with 18 theatre sessions per week are being provided (breast, urology, general surgery, vascular and orthopaedic services) which gives an additional capacity of an average of 40 patients per week. Weekly meetings with executive leads to ensure improved utilisation of Spire capacity. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. Waiting list initiatives in place to increase capacity. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 								
When is performance expected to recover:								
No specific date for recovery provided.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
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	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Jun-20	Jul-20	Aug-20			Sep-20
		CCG	106	171	198			247
		LUHFT	248	513	691			843
		Previous year	Jun-19	Jul-19	Aug-19			Sep-19
		CCG	1	1	0			0
		Aintree	0	0	0			0
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 247 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (213), the remaining 34 breaches spanned across 14 other trusts. Measuring against the target the CCG is 35 over plan. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. Measuring against the CCG Peers, South Sefton CCG lies 5th in the rankings (1st being best performing). LUHFT 52 week breaches increased to 843 in September compared to 691 in August the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and Oral Surgery. 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. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. 								
LUHFT Actions:								
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"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list 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. Improved number and utilisation of theatres sessions. 								
When is performance expected to recover:								
No set date for recovery. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Cameron Ward		John Wray		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

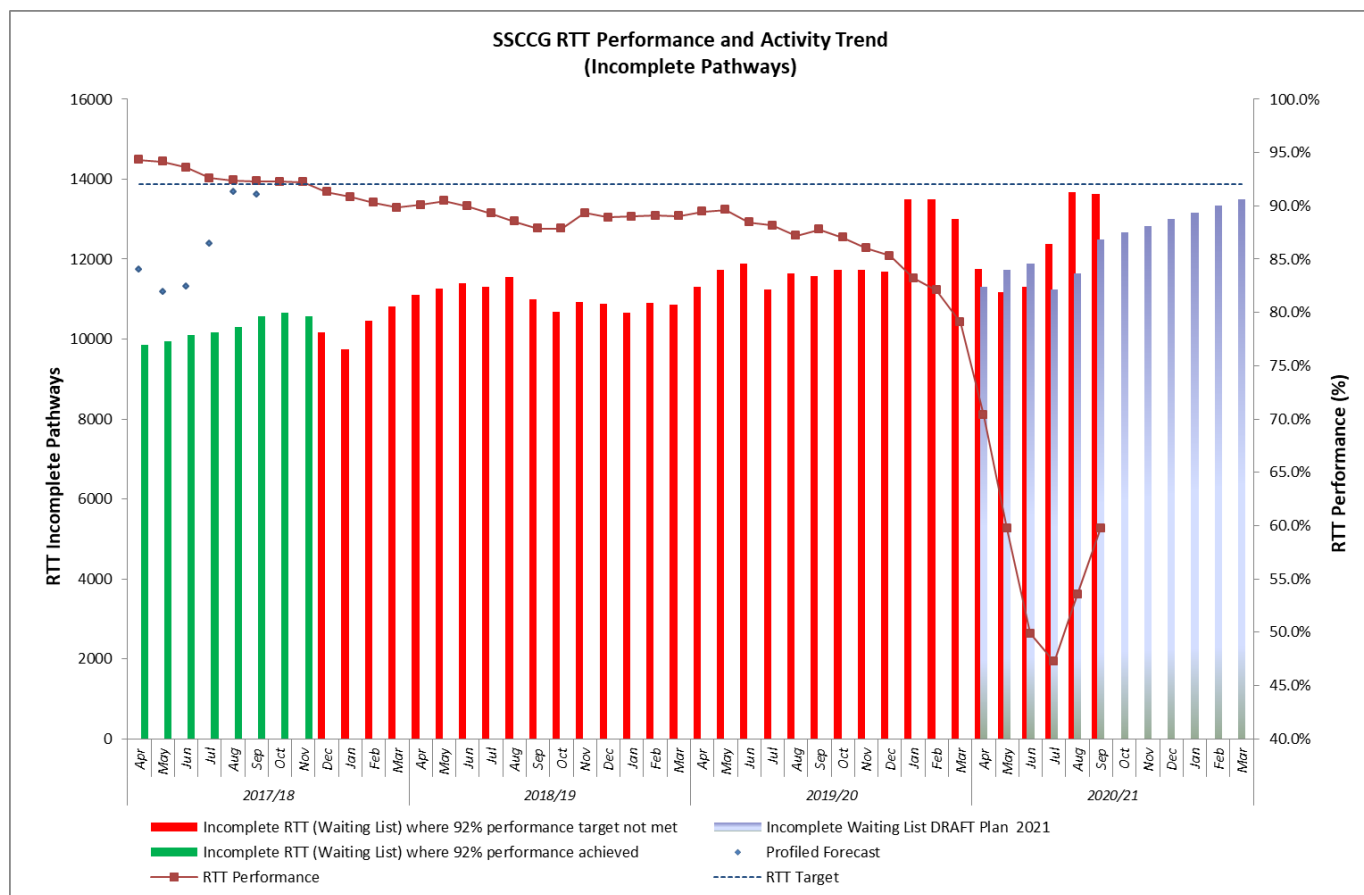


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG - New plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	11,309	11,727	11,880	11,234	11,648	12,500	12,666	12,832	12,998	13,164	13,330	13,496	13,496
2020/21	11,751	11,179	11,311	12,389	13,682	13,626							13,626
Difference	442	-548	-569	1,155	2,034	1,126							130
52 week waiters - Plan	0	0	0	0	0	212	221	226	306	537	833	1,007	3,342
52 week waiters - Actual	8	46	106	171	198	247							247
Difference	8	46	106	171	198	35							

New plans for incomplete pathways and 52 week waiters have started from September as part of the NHS phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In September, the CCG is currently over the new plan by over by 1,126. The CCG’s main provider LUHFT accounts for 69.5% (9,468) of all incomplete pathways in September.

LUHFT’s waiting list is currently well below their last year’s actuals. Further analysis suggests that the shift at LUHFT appears to be Liverpool CCG having less incomplete pathways in Sept compared to Sept last year and South Sefton seeing an increase.

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)	1433	213	See comments below re long waiters.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	128	3	See comments below re long waiters.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	45	4	There are a number of specialities with workforce challenges e.g. Ophthalmology and Gastroenterology which have impacted on the ability to recover. These specialities have recovery plans that are actively managed and overseen at weekly SOLT meetings, and monthly at CBU PIDA Boards. The Trust is offering face to face, telephone and virtual clinics. Theatre sessions have increased and operating at Renacres continues. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	31	4	Patient listed at week 1 of 18 week pathway. Currently on hold due to COVID-19.
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	29	5	See comments below re long waiters.
SPIRE LIVERPOOL HOSPITAL : (NT337)	27	3	Routine electives have recommenced, albeit in a limited capacity as the majority of Spire's theatre capacity remains dedicated to the local trust. A recovery plan has been proposed to the trust and NHSE with longest wait patients being coordinated across both sites. An amendment to the national contract effective September now allows for a 75/25 split of hospital capacity which has allowed some routine ERS patients to be seen and operated on. In addition, diagnostic capacity has also been adjusted to the same levels allowing for MRI and CT cases cancelled due to COVID-19 to begin to be relisted. ERS polling times are to be adjusted to better reflect the availability of the service and better manage patient expectations.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	15	1	All patients waiting >40 weeks continue to be clinically reviewed and >52 weeks dated in a chronological order. This is for OP & IP activity and is reliant on the Trust being able to maintain elective activity through the winter/COVID-19 second wave.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	3	4	Delay due to the suspension of elective services.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	2	2	Awaiting Trust update.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	2	1	As part of our previous recovery programme the Trust do not routinely provide patient level information on 52 week waiters/long waiters.
PHOENIX PUBLIC HEALTH LTD : (DTT)	2	1	Treated 05/10/2020
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	2	1	As per instruction from NHS England, we have categorised our patients in accordance with the RCS guidance. As a result of COVID-19 existing theatre capacity has reduced and so only have scope to list category 2 and category 3 patients. This patient is deemed category 4 and so there is no capacity at present to commence the surgery and this will likely be the case for the foreseeable future.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	The patient was advised in July that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment. As of 4th November 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	Awaiting a TCI date due to inadequate elective capacity.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	2	Upper Gastrointestinal Surgery.
Other Trusts	56	0	No Trust Information.
	1,775	247	

LUHFT comments:

The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. There are weekly scheduling meetings to ensure efficient use of available capacity and to allocate residual capacity to specialities with the longest waiting times to reduce the number of 52 week breaches and prevent further breaches of this standard. All patients waiting 45 weeks or more are being monitored in detail. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Ops and Performance Exec Lead Group (OPELD).

Womens comments:

In March 2020 elective access was reduced in response to COVID-19 until 1st June at which point services were re-opened but initially on a phased basis starting at reduced capacity initially. The closure of services created a backlog and reduction in performance. All patients on both our admitted and non-PTL's have been reviewed by their clinician and risk scored against an agreed clinical matrix. Any patient who is deemed urgent has been seen and reviewed, and if necessary been seen by their clinician. The Trust have commenced scheduling more in line with pre-COVID-19 processes, chronologically.

DMC Community Outpatient Services:

Confirmation from the Trust that the 5 patients reported above in the published data were in fact reported due to data quality issues and have now been removed from the incomplete pathway, they were actually all see much earlier. Due to extensive staff turnaround along with the data quality issues the Trust had difficulties in producing accurate monthly RTT returns. To mitigate these issues from occurring again they have procured services from a consultancy firm to introduce robust processes for business continuity in the future and support their data strategy.

2.5 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-20	Jul-20	Aug-20	Sep-20		
	2 Week Wait (Target 93%)	CCG	98.11%	96.45%	93.58%	93.60%	95.65%	
		LUHFT	98.40%	95.59%	93.22%	93.76%	95.40%	
	2 Week breast (Target 93%)	CCG	100%	96.55%	95.24%	100%	97.72%	
		LUHFT	98.32%	97.39%	96.30%	93.90%	96.64%	
	31 day 1st treatment (Target 96%)	CCG	98.36%	97.78%	98.25%	97.18%	96.42%	
		LUHFT	89.95%	96.61%	96.12%	95.75%	93.96%	
	31 day subsequent - drug (Target 98%)	CCG	93.75%	100%	96.30%	100%	97.58%	
		LUHFT	68.42%	100%	94.12%	100%	93.92%	
	31 day subsequent - surgery (Target 94%)	CCG	87.50%	80.00%	100%	91.67%	89.47%	
		LUHFT	79.71%	76.39%	79.63%	89.80%	79.94%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	85.71%	100%	94.12%	100%	96.75%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	83.87%	85.71%	69.70%	78.79%	78.24%	
		LUHFT	75.51%	75.38%	74.32%	66.67%	71.29%	
	62 Day Screening (Target 90%)	CCG	No pats	50.00%	0.00%	No pats	44.44%	
		LUHFT	0.00%	0.00%	6.67%	69.23%	42.59%	
	62 Day Upgrade (Local Target 85%)	CCG	75.00%	90.91%	100%	84.62%	83.33%	
		LUHFT	86.42%	87.65%	93.48%	90.91%	87.75%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 4 of the 9 cancer measures year to date. The Trust is achieving 3 of the 9 cancer measures year to date. Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as 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. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays. <p><u>Key breach reasons as recorded are:-</u></p> <ul style="list-style-type: none"> Patient choice, inadequate outpatient capacity, healthcare provider initiated delay, complex diagnostic pathways and other reasons - see above. Monthly accountable pathway numbers treated by LUHFT on 62 day pathways for September are the highest since the pandemic started (127.5). 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. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. Latest data (week commencing 9th November 2020) evidences the highest level of 2 week referrals since the start of the pandemic <p>A Cancer Alliance level live daily PTL from all providers is being implemented in January 2021. This will facilitate:</p> <ul style="list-style-type: none"> - Direct visibility of patient tracking list (PTL) data for live reporting. - Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level. - Predicted performance information. - Proactive rather than reactive management. - Brings together like for like data for Alliances across the North West. - Support to cancer management teams on activity volumes / growth. - Tracking of key issues – such as 104 day breaches. 								
When is performance expected to recover:								
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral. Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. Providers have submitted their cancer improvement plans to NHSE/I with a focus on reducing long waits. At a Cancer Alliance level, these performance trajectories are being met. 								
Quality:								
<p>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.</p> <p>LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Dr Debbie Harvey			Sarah McGrath			

2.5.1 104+ Day Breaches



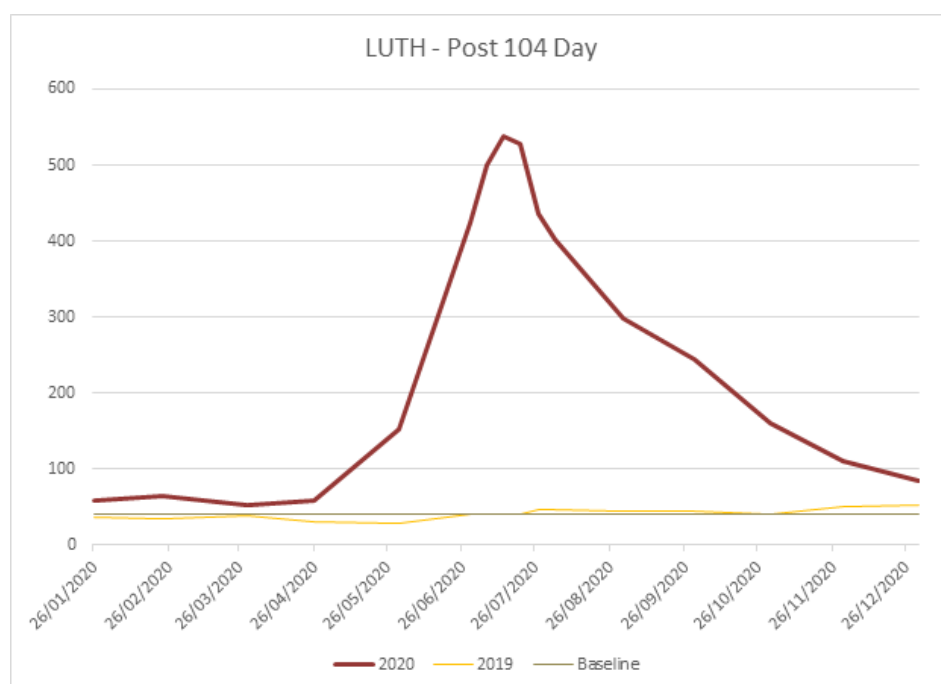



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		14	8	8	13	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Out of the 13 breaches in September there were 9 for urological, 2 upper gastro and 2 lower gastro. There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). The average total days waited in September 2020 for patients who had breached 104 days at LUHFT was 198 days, compared to 145 in August 2019. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> 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. 						
When is performance expected to recover:						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information shows that the Provider is well under the trajectory at 13 and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include:						
<ul style="list-style-type: none"> Cancer no longer operable. More radical surgery required. Reduced treatment options. Loss of functionality. Prolonged psychological harm. 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Dr Debbie Harvey		Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

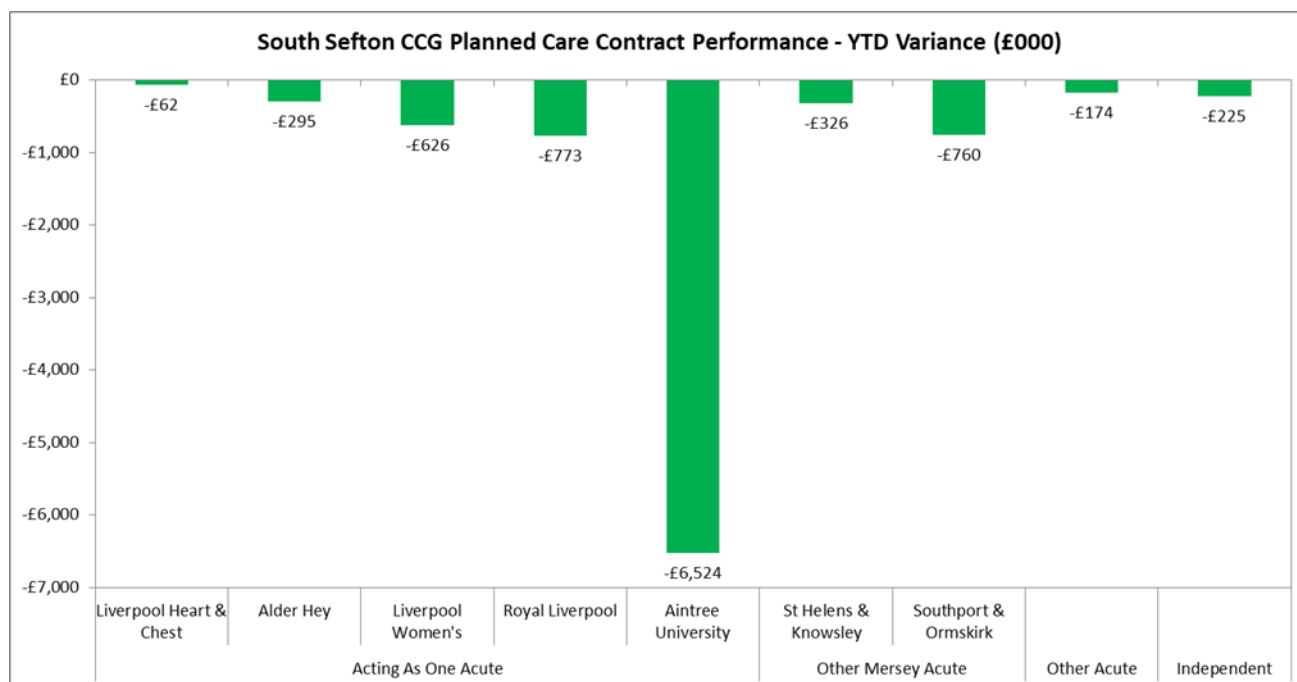


2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-20	Jul-20	Aug-20	Sep-20	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	79.75%	71.86%	70.00%	68.84%	73.22%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	97.22%	85.96%	83.33%	89.19%	89.52%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS Screening Referral	CCG	10.00%	23.81%	47.06%	40.00%	33.33%		
		Target	Target due to start 2021 - 75%						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 28 day FDS standard is still being shadow monitored. The standard is expected to be 75%. RAG is indicating what the measures would be achieving when the target comes in. 28 Day FDS overall is reporting 69.80% for September 73.46% year to date so just under the proposed target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Cameron Ward			Dr Debbie Harvey			Sarah McGrath			

2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 6 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of

the COVID-19 pandemic and subsequent NHS first phase 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. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£6.5m/-53% against the previous year. Across all providers, South Sefton CCG has underperformed by -£9.4m/-47%.

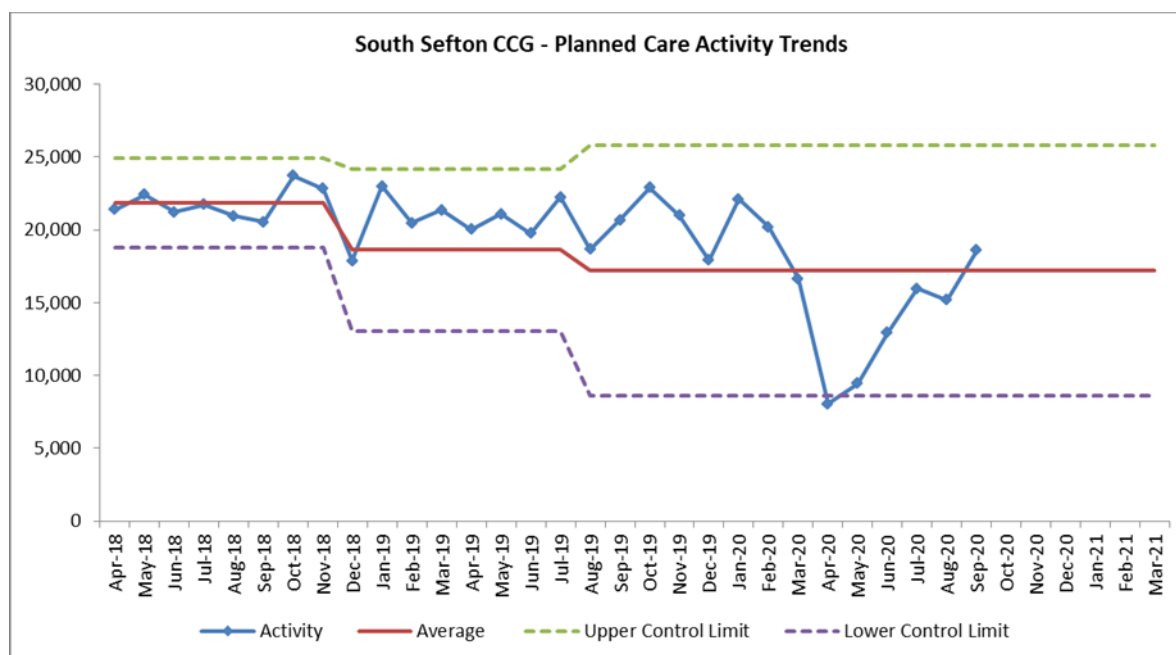
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres are within the nationally procured block contract for independent sector providers until December-20. 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 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2020/21 contract performance for the individual sites of Aintree and Royal Liverpool.

Due to the COVID-19 pandemic, a number of month 6 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 6 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.

Figure 6 - Planned Care Activity Trends



2.6.1 Aintree Hospital

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,272	2,742	-3,530	-56%	£3,930	£1,589	£-2,340	-60%
Elective	647	255	-392	-61%	£2,068	£609	£-1,459	-71%
Elective Excess BedDays	308	59	-249	-81%	£82	£16	£-67	-81%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	104	57	-47	-45%	£21	£12	£-10	-45%
OPFANFTF - Outpatient first attendance non face to face	635	2,917	2,282	359%	£21	£404	£383	1806%
OPFASPCL - Outpatient first attendance single professional consultant led	15,324	9,413	-5,911	-39%	£2,478	£1,486	£-991	-40%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	393	110	-283	-72%	£41	£11	£-29	-72%
OPFUPNFTF - Outpatient follow up non face to face	3,136	10,147	7,011	224%	£79	£632	£553	700%
OPFUPSPCL - Outpatient follow up single professional consultant led	32,630	16,249	-16,381	-50%	£2,432	£1,233	£-1,199	-49%
Outpatient Procedure	11,348	3,458	-7,890	-70%	£1,583	£519	£-1,063	-67%
Unbundled Diagnostics	7,224	4,345	-2,879	-40%	£599	£365	£-234	-39%
Wet AMD	853	737	-116	-14%	£682	£615	£-67	-10%
Grand Total	78,874	50,489	-28,385	-36%	£14,016	£7,491	£-6,524	-47%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£6.5m/-47% for South Sefton CCG at month 6. This is a continuation of the NHS first phase 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 -39.7% across all referral sources combined. Taking into account working days, referrals had increased for three consecutive months up to July-20 before a decrease in August-20. Referrals in

September-20 then represent the highest monthly total of 2020/21 to date. However, year to date referrals remain below historical levels across a number of specialities.

The two points of delivery to report an over performance at month 6 are for outpatient non face to face (first and follow up) activity, which suggests a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients). The majority of the increased non face to face activity occurred within Gastroenterology followed by Urology, Renal Medicine, Respiratory Medicine and Rheumatology.



Although consultant led first appointments remain well below plan overall, individual specialities such as General Surgery, Acute Medicine, Physiotherapy and the Cardiology Service have recorded increases in recent months (from June-20 onwards). The 305 appointments within the Physiotherapy Service during July 2020 are the highest monthly total reported during 2019/20 and 2020/21 to date.

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). Since then, a number of diagnostic scopes have also taken place from June-20 onwards, 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 6 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
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	Risk to CCG 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. Risk to Patients 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.
RED	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		12.27%	9.01%	10.84%	11.28%		
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		14.47%	13.31%	12.35%	14.02%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 2, the number of SSCCG Maternities were 390, of which 44 were reported as Smoking at time of Delivery (11.3%) A small increase from quarter 1. This fails the national ambition of 6% or less in the quarter and year to date. SATOD data needs to be looked at over a 12 month period as well as quarterly because small numbers of women can have a significant impact on the data: The rates for the last 12 months are lower and therefore an improvement on the preceding 12 months. Ranging for 9% to 11.28%, a positive and sustained reduction from 12.35% to 14.47%. However, performance has deteriorated in 20/21 as a result of COVID-19. COVID has caused heightened anxiety especially for pregnant women, when face to face antenatal appointments with a midwife or obstetrician have been reduced. This has seen more reluctance to stop smoking at this time, indeed recent ex-smokers are being reported as starting again mid-pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Qtr 2 meeting between Public Health and trusts not yet been held. 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. 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. To combat the specific impact of COVID the Trusts have sought to increase referral rates to the specialist smoking cessation teams; increase awareness and knowledge amongst Midwives who have the first contact with pregnant women. Increase face to face contact with the smoking cessation midwife by encompassing ex smokers into the target list. Telephone support to the women when needed. Serial scans have remained in place for pregnant smokers throughout, in which they will be reviewed by the smoking cessation Midwife in most cases following each scan. A pregnant smoker will continue to have at least 6 scans during their pregnancy and in the majority of cases these women will be seen by the specialist midwife after each scan. 							
When is performance expected to recover:							
Performance improvement is hoped to be seen next quarter.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			

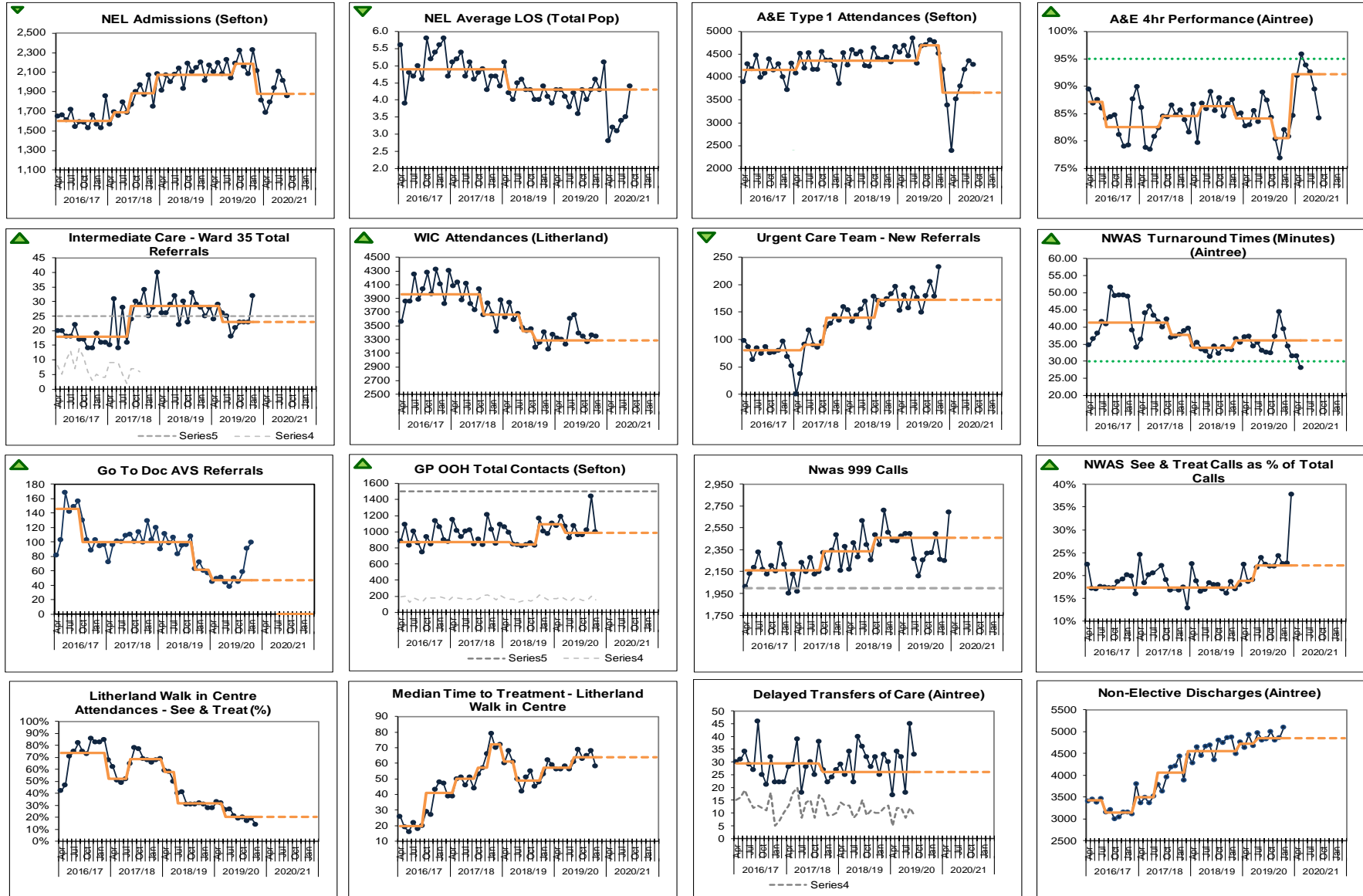
3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance


















Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
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		
		RED	TREND		Jun-20	Jul-20			Aug-20
 		CCG All Types	94.13%	92.81%	89.83%	85.16%	91.31%	National Standard: 95% No improvement plans available for 2020/21	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.
		Previous Year	Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG All Types	81.15%	80.07%	85.17%	83.43%	81.04%		
		LUHFT All Types	93.83%	92.56%	89.49%	84.23%	90.94%		
		LUHFT Type 1	92.05%	90.13%	85.37%	77.95%	87.99%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. There is a difference between Type 1 performance and All Types which incorporates a small proportion of Walk in Centre activity as the services are now mainly operating on a scheduled basis with low levels of walk ins. Attendances have increased to pre-COVID levels throughout summer and into September with performance deteriorating as emergency admissions increase and more pressures on beds and flow from A&E. Moving towards winter period and second surge COVID-19, October performance was variable but with November activity decreasing in line with lockdown and again higher levels of performance against 4 hour target. 									
Actions to Address / Assurances									
Work continues in regard to following actions: <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. COVID designated beds to be implemented within community 17/11/20 to support discharge of medically optimised asymptomatic patients, intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - Shadow Implementation Group work progressing to support implementation and go live on 17/11/20. Winter plan finalised and submitted to NHSE/I with projects identified to avoid A&E attendance and hospital conveyance. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. Above actions all critical now with increased emergency admissions and rising COVID patients within Trust October and November.									
When is performance expected to recover:									
National target 95%, achieved in May during first lockdown but has deteriorated since. NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21.									
Quality:									
No specific issues have been raised through other review processes. No 12 hour breaches.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Cameron Ward			Craig Blakey			Janet Spallen			

3.2 Urgent Care Dashboard





Please note: There is data is missing for some months (due to COVID) this will be investigated further.



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 Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Jul-20	Aug-20	Sep-20		
		Cat 1 mean	<=7 mins	00:06:39	00:07:18	00:06:58		
		Cat 1 90th Percentile	<=15 mins	00:09:53	00:11:32	00:11:45		
		Cat 2 mean	<=18 mins	00:22:20	00:35:00	00:39:45		
		Cat 2 90th Percentile	<=40 mins	00:45:13	01:19:43	01:29:14		
		Cat 3 90th Percentile	<=120 mins	02:25:12	03:49:29	04:29:00		
Cat 4 90th Percentile	<=180 mins	02:52:42	04:43:43	04:41:27				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1 20/21. This has not been met due to COVID impact which began to hit service delivery in Q4 19/20 and then all the way through Q1 20/21 and continuing into Q2 20/21. After initial improvement in all targets in June there has been an ongoing deterioration in all with the exception of C1 which has been achieved over past 3 months. C3 and 4 activity has considerably worsened. There are ongoing workforce issues due to COVID and requirement for contact isolation which has affected vehicle availability. The South Sefton area does not have SERV car in place as in other neighbouring areas which would help to support C3/4 work and alleviate wait times but also potential conveyances and admissions. 								
Actions to Address/Assurances:								
The following actions are part of an ongoing work programme: <ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Shadow implementation group in place to support roll out to the LUHFT system with go live date of 17/11/20. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers



Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					a) All handovers between ambulance and A&E must take place within 15 minutes (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.
RED	TREND	LUFHT	Target	Jul-20	Aug-20	Sep-20		
		(a)	<=15-30mins	129	185	276		
		(b)	<=15-60mins	21	15	70		
		Aintree	Target	Jul-19	Aug-19	Sep-19		
		(a)	<=15-30mins	180	98	102		
		(b)	<=15-60mins	85	38	46		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported a decline in handover between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 276 compared to 185 last month. There was also a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 70 compared to 15 last month. This has been within the context of high levels of conveyancing to the Aintree site particularly but still with performance improved to position last year. September shows deteriorating performance as Trust experiences high levels of ambulance conveyances and more pressures on A&E attendances and flow within Trust. Average handover time in daily reports remains within or close to 30 minutes but with variations on daily basis of those waiting over 30 and 60 minutes. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Work continues in collaboration with NWS 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. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. A contract notice has been 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. 								
When is performance expected to recover:								
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. The percentage of handovers outside of the 30 minute target have started to increase again with a need to monitor activity and impact on patient care.								
Quality:								
No quality / patient issues have been reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Craig Blakey			Janet Spallen			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
LUHFT Stroke & TIA		Latest and previous 3 months					
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	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.
		43.90%	72.70%	54.80%	No data available		
		80.90%	86.70%	80.40%	73.20%		
		Stroke Plan: 80% TIA 60% (previously achieving, data currently unavailable) *2019 data is for Aintree					
Performance Overview/Issues:							
<ul style="list-style-type: none"> No data available from the Trust in September August saw a decline in performance for Stroke. The Stroke data is for the Royal site only. 							
Actions to Address/Assurances:							
The LUHFT board report acknowledged that stroke performance has deteriorated. Liverpool CCG and the Trust have been approached on a number of occasions for extra narrative which has not been available, citing pressure currently at the Trust due to COVID-19. This will be raised at next Collaborative Commissioning Forum (CCF).							
Mersey Stroke Board:							
During COVID The Walton Centre has been used for some Stroke work. This is now being considered as part of the longer term solution to the delivery of stroke services on the patch. The COO at LUHFT is leading this work and feeds back to the board. There may be an opportunity to further work on Early Supported Discharge (ESD) provision with a new lead from the stroke network. The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme.							
When is performance expected to recover:							
Performance recovery not known at this time.							
Quality:							
No quality aspect reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Billie Dodd		



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked. Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
GREEN	TREND		Jun-20	Jul-20	Aug-20	Sep-20	
		CCG	0	0	0	0	
		LUHFT	2	2	3	3	
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19	
		CCG	0	1	1	1	
		Aintree	1	2	2	2	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> RAG rating and trend is on CCG cases. No new cases of MRSA reported in September for the CCG or the Trust. Measuring against the CCG Peers, South Sefton CCG lies joint 1st in the rankings (best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The one case in August was 1 patient on ITU, there were specific lessons were identified after the initial review. The Post Infection Review meeting with the CCG agreed this to be the case. 							
Improvements noted regarding:							
<ul style="list-style-type: none"> MRSA admission screening. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery is not possible.							
Quality:							
Any further incidents will be reported by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Gina Halstead			Jennifer Piet		

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					<p>2020/21 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	7	9	11	17	
		LUHFT	16	27	35	54	
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19	
		CCG	11	17	22	29	
		Aintree	16	28	33	44	
CCG - Actual 17 YTD - Target 28 YTD LUHFT - Actual 54 YTD - Target 54 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> 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. Measuring against the CCG Peers, South Sefton CCG lies joint 2nd in the rankings (1st being best performing). For LUHFT there have been 54 cases year to date of hospital-onset healthcare associated (HOHA) and community-onset healthcare associated (COHA) patients reported across the Trust against the objective of no more than 54 cases. In September saw 19 cases. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> There have been no periods of increased incidence of infection in 2020/21. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19 The post infection reviews (PIR) have recommenced in July. The majority of cases had no lapse in care, were lapses were identified the improvements required; timely sample taking and isolation of patients was noted and action plans requested. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Gina Halstead			Jennifer Piet		

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)					<p>2020/21 Interim Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
RED	TREND		Jun-20	Jul-20	Aug-20	Sep-20	
		CCG	35	39	56	67	
		LUHFT	132	176	234	274	
		Previous year	Jun-19	Jul-19	Aug-19	Sep-19	
		CCG	47	63	75	84	
		Aintree	93	128	160	190	
CCG - Actual 67 YTD - Target 63 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG 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. Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July, as they were suspended due to the COVID-19 pandemic. Further work with any Structured Judgement Reviews (SJRs) undertaken as par of learning from Death Processes for cases where Sepsis was cited as the cause of contributory factory of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learned on a Cheshire and Merseyside basis. 							
When is performance expected to recover:							
This is a cumulative total and an improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
The first local North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Gina Halstead			Jennifer Piet		

3.5.5 Hospital Mortality – Liverpool University Hospital Foundation Trust (LUHFT)

Figure 8 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Sept	100	84.10	↑

For September HSMR is higher than reported the previous month at 84.1 (previous month 81.22). HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. 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 and within expected parameters, for reporting period March 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.

3.6 CCG Serious Incident (SI) Management – Quarter 2

Number of Serious Incidents Open for South Sefton CCG

As of Q2 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 Foundation Trust (LUFT)	7
Mersey Care NHS Foundation Trust (Community Health)	4
Mersey Care NHS Foundation Trust (Mental Health)	4
DMC Healthcare	4
North West Boroughs NHS Foundation Trust	3
South Sefton CCG – Chapel Lane Surgery	1
TOTAL	23

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.

As per the new process, all Root Cause Analyses (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 Quality Team will performance manage all SIs reported by non-Liverpool CCG commissioned Providers involving South Sefton patients as well as SIs reported on behalf of Primary Care and other South Sefton commissioned providers. The resulting RCAs will be reviewed by the South Sefton SIRG panel.

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

There have been a total of 7 SIs reported in Q2 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	Q2 2020/21
LIVERPOOL UNIVERSITY HOSPITAL FOUNDATION TRUST (LUHFT)	1	2
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	0	1
Sub-optimal care of the deteriorating patient meeting SI criteria	0	1
Treatment delay meeting SI criteria	1	0
MERSEY CARE - COMMUNITY	2	2
Pressure ulcer meeting SI criteria	1	2
Treatment delay meeting SI criteria	1	0
MERSEY CARE - MENTAL HEALTH	1	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	2
SOUTH SEFTON CCG	0	1
Commissioning Incident Meeting SI criteria – Chapel Lane Surgery	0	1
PC24	1	0
Commissioning Incident Meeting SI criteria	1	0
TOTAL	5	7

Number of Never Events reported

There were no Never Events reported in Q2 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
Total for SSCCG	8	1	5	0

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

The Trust has undertaken significant improvement work following the Never Events above. This will continue to be monitored collectively by the CCGs to ensure appropriate assurances are being maintained.

SIs reported during last 12 months

For South Sefton CCG during the last 12 months and for Q2 20/21, the top 4 most commonly reported SIs were:

- Treatment delay
- Pressure ulcer
- Apparent/actual/suspected self-inflicted harm meeting SI criteria
- Sub-optimal care of the deteriorating patient meeting SI criteria

RCAs due during Q2 20/21

During Q2 2020/21, the following RCAs were due:

- 1 RCAs due for LUHFT (South Sefton patients only). An extension was granted for this RCA.
- 2 RCAs were due for Mersey Care Mental Health and have yet to be received.
- 3 RCAs were due for Mersey Care Community Health and have yet to be received.
- 1 RCA was due for Ramsey Healthcare – this was received but outside of the 60 day timescale.

Serious Incidents Ongoing

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

Provider and current status	Total
Liverpool University Hospital Foundation Trust	7
Awaiting RCA – overdue	3
Awaiting RCA – on target	2
RCA Report Received further assurances requested	2
Mersey Care - COMMUNITY	4
Awaiting RCA – overdue	4
Mersey Care - MENTAL HEALTH	4
Awaiting RCA – overdue	2
Awaiting RCA – on target	2
DMC Healthcare	4
RCA Report Received further assurances requested	4
North West Boroughs NHS Foundation Trust	3
Ongoing SCR – not subject to SI timescales	3
South Sefton CCG – Chapel Lane Surgery	1
Awaiting RCA – on target	1

Closed SIs

During Q2 2020/21, 4 SIs have been closed for South Sefton CCG. This includes the following:

- 3 for Liverpool University Hospitals NHS Foundation Trust
- 1 for Mersey Care NHS Foundation Trust (Community)

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 Serious Incident Review Group (SIRG) panel. South Sefton CCG SIRG members will be invited to comment on RCAs and sit on the panel where necessary. Additionally, a member of the quality team will attend each Liverpool SIRG meeting and report back any issues, themes or trends as appropriate.

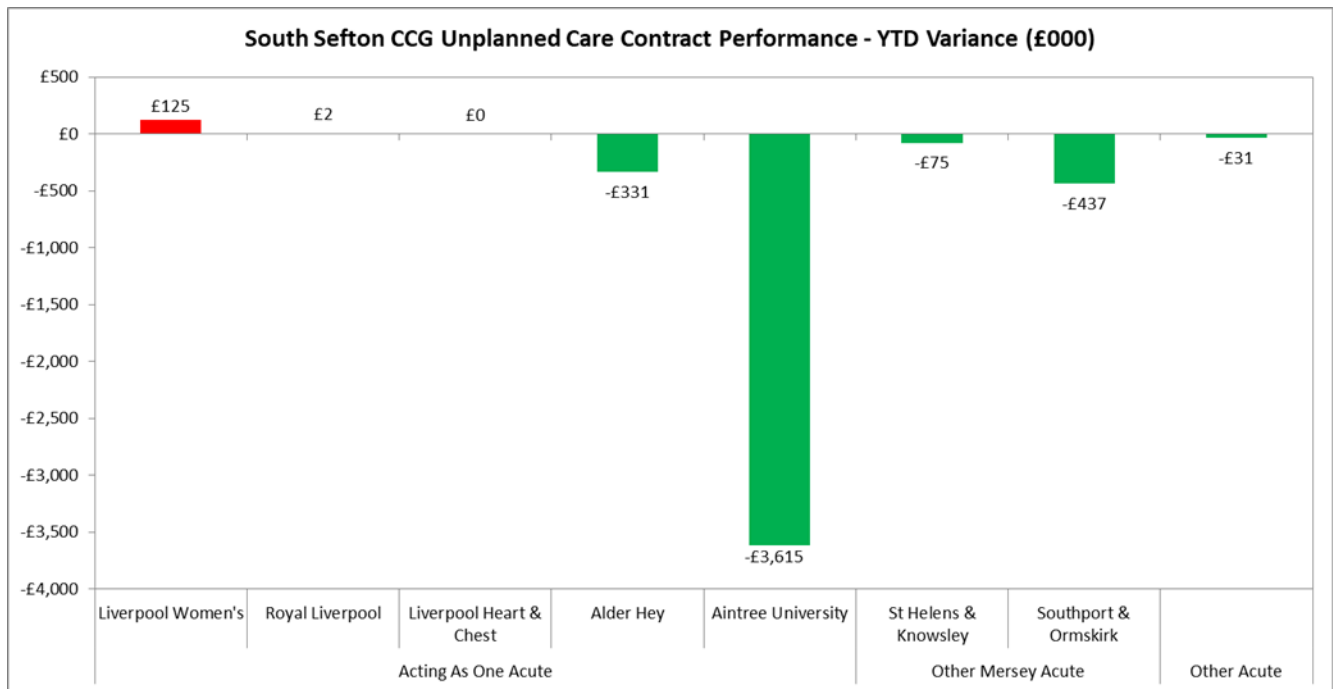
South Sefton CCG SIRG panel will convene to review RCAs reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

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

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 9 - Unplanned Care – All Providers



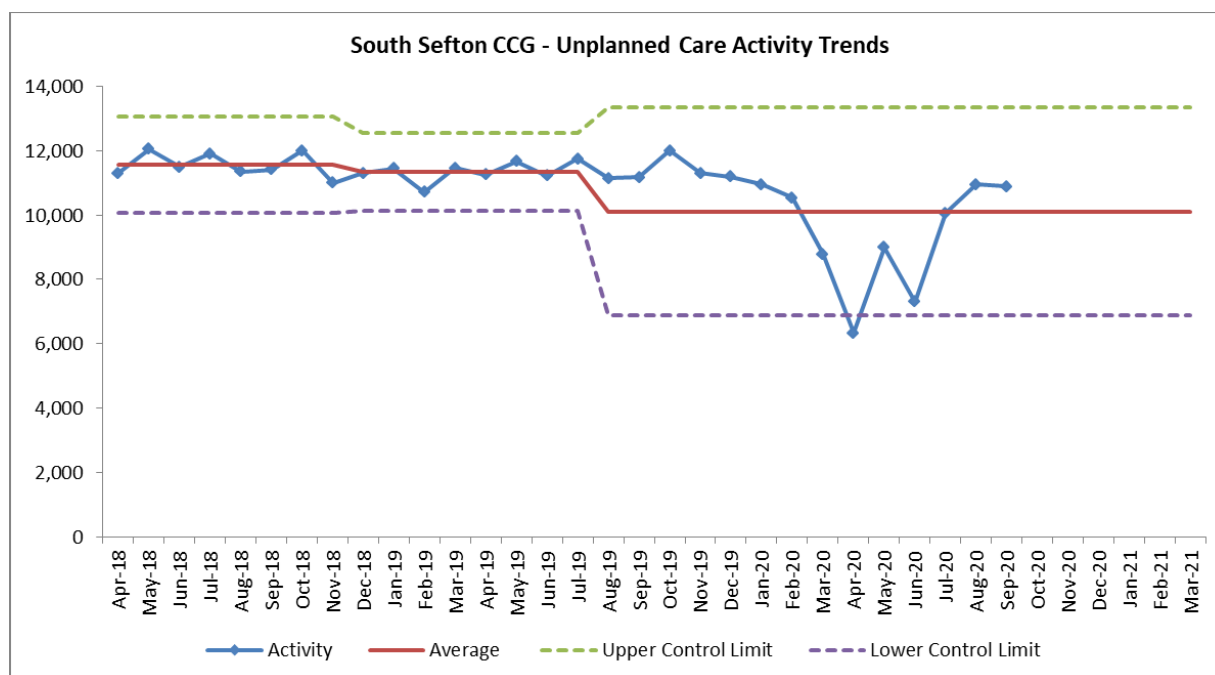
Month 6 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£3.6m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£4.3m/-15.7%.

NB. Due to the COVID-19 pandemic, a number of month 6 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 6 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.

Figure 10 - Unplanned Care Activity Trends



3.7.2 Aintree Hospital

Figure 11 - 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	20,489	16,313	-4,176	-20%	£505	£512	£7	1%
A&E - Accident & Emergency	18,651	16,179	-2,472	-13%	£3,030	£2,717	£-313	-10%
NEL - Non Elective	8,730	8,041	-689	-8%	£17,262	£14,591	£-2,670	-15%
NELNE - Non Elective Non-Emergency	23	33	10	43%	£135	£103	£-31	-23%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	24	28	4	-	£6	£7	£1	-
NELST - Non Elective Short Stay	1,847	1,664	-183	-10%	£1,288	£1,151	£-137	-11%
NELXBD - Non Elective Excess Bed Day	4,248	2,402	-1,846	-43%	£1,098	£627	£-472	-43%
Grand Total	54,012	44,660	-9,352	-17%	£23,324	£19,709	£-3,615	-15%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.6m/-15% for South Sefton CCG at month 6. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -20% and -13% 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 23rd March 2020. However, attendances are increasing and each of these points of delivery recorded the highest monthly attendances of 2020/21 to date in August-20. The 3,869 attendances at Litherland walk-in centre represent the highest total since March-18. Each site has since seen a slight decrease in attendances during September-20.

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 and bed occupancy levels. However, further analysis has established that current levels of unplanned care activity has returned to more expected levels with an



increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in stranded (7 day) patients and an increase in bed occupancy levels. South Sefton CCG plans for phase three of the NHS response to the pandemic anticipate further increases in activity in the coming months.

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 6 year to date actuals.

4. Mental Health



4.1.1 Eating Disorder Service Waiting Times

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patients safety risk. Reputation.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		33.75%	25.88%	31.61%	33.86%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		41.46%	52.00%	64.52%	54.26%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenges remain in place. • Out of a potential 189 Service Users, 64 started treatment within the 18 week target (33.86%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 20.4%. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> • Group therapy using ZOOM has recently commenced. • Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. • A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal in October. • 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 2020. • Easting Disorders is also being considered as part of the overall Strategic Plan around the Community Transformation Programme with the STP. 							
When is performance expected to recover:							
Quarter 2 onwards.							
Quality:							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

4.1.2 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		90.0%	85.7%	98.4%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 49 inpatients risk assessed using an appropriate tool in quarter 2. This indicator is a catchment position. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance has again improved in quarter 2.							
Quality:							
No quality issues reported.							
Indicator responsibility:							

4.1.3 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		80.0%	75.0%	100.0%	100.0%		
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		80.0%	75.0%	100.0%	80.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 49 inpatients who had their care plan in place in quarter 2. This indicator is a catchment position. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons are tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance continues to exceed target in quarter 2.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		0.67%	0.77%	0.81%	1.03%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		1.06%	1.11%	0.99%	1.07%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. Commissioners are working with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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	Jun-20	Jul-20	Aug-20	Sep-20		
		44.3%	44.0%	47.7%	39.2%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		36.7%	48.5%	44.2%	45.2%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased in September by 8.5%. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. The provider has confirmed that it's Stella Nova premises have been made COVID secure and they have resumed face to face activity. Commissioners will work with new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
Last month the provider had reported an unexpected death as part of the SI process. Following the 72 hour review it was identified the case involved a number of agencies so the provider is holding an Immediate Safety Assurance Forum (ISAF) to determine the lead agency for the RCA. This meeting took place on the 23rd October. The lead agency was been identified, they will complete the RCA. The Quality Team has been notified of the lead agency and the lead for RCA and will be reported within the 60 day framework.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20		
		59.4%	59.5%	58.3%	58.5%		
		Jun-19	Jul-19	Aug-19	Sep-19		
		64.5%	63.9%	63.9%	63.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> 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. Compared to last year the measure has declined by 5.2%. Measuring against the CCG Peer CCGs, South Sefton CCG lies 8th in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I. Referrals of patients showing signs of dementia or cognitive impairment are likely to be severely reduced due to limited face to face contact within GP surgeries. GPs are also less likely to refer on to a temporarily suspended memory service. 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. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

5. Community Health

5.1 Adult Community (Mersey Care FT)

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with a recommencement of 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. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners are also in the process of forming a joint Sefton and Liverpool Information Sub-Group.



Sefton CCGs have also requested that the Trust provides an expanded activity plan to mirror Liverpool CCG reports, which will include an expanded reporting of currencies (face to face, non-face to face) different modalities of service provision, introduction of virtual platforms etc. As part of month 6 assurance, the Trust has advised that AHP waiting times are showing improved positions with all services within the 18 week standard.

5.1.1 Quality



The community division has now merged between Liverpool and the Sefton CCGs to ensure just one CCQRM with further plans to include Mental Health later on within the financial year.

For the Collaborative Commissioning Forum (CCF) both Mental Health and Community has now become one meeting, this will reduce duplication and enable both CCGs to monitor performance.

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: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Jun-20	Jul-20	Aug-20	Sep-20		
		30 wks	30 wks	9 wks	9 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> September's incomplete pathways reported well within the 18 week standard with just 9 weeks for the second consecutive month. The number of referrals remained stable with 31 in September compared to 30 for the previous month. Workforce issues remain a challenge but with cover in place for vacant posts. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). Recommencement of treatment of patients categorised as routine. Weekly review and validation of the waiting list. Additional SALT capacity being utilised through overtime / additional hours within the division. Recruitment ongoing to fill vacant posts. 							
When is performance expected to recover:							
<p>Trajectory for improvement would have been required but improvement achieved. This was a significant recovery from 30 to 9 weeks. The Trust have explained that the lower level of referrals in July and August in addition to the actions above had allowed the service to get back on track. Performance will be closely monitored to ensure this continues. Waiting times had not been an issue in 2019 with deterioration due to continued challenges in staffing levels in 2020. The team feel that new ways of working will support more effective utilisation of their time and allow patients to be seen on a more timely basis whether virtual or face to face.</p>							
Quality impact assessment:							
<p>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. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Jun-20	Jul-20	Aug-20	Sep-20		
		21 wks	24 wks	23 wks	12 wks		
		Jun-19	Jul-19	Aug-19	Sep-19		
		18 wks	17 wks	18 wks	20 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> September's incomplete pathways saw a significant improvement from 23 weeks in August to just 12 weeks which is well within the 18 week target. This position has been maintained in October. The number of monthly referrals decreased in September with 127 compared to 136 in August. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans Further update from Trust is that additional staffing were not employed to reduce waiting times but a flexible approach between our planned and ICRAS urgent care physiotherapy workforce. 							
When is performance expected to recover:							
Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans. Whilst the Trust has advised that the reduction and achievement of KPI has been through flexible use of South Sefto physiotherapy workforce this is still considered a priority area by the CCG for use of growth monies given the demand on this service and the continued challenges the clinical team have experienced over what is now a 2 year period of transformation work.							
Quality impact assessment:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Gina Halstead / Craig Gillespie			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. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is below the levels from last year.



The current contracts with Merseyside AQP providers for Audiology are due to expire on 31st March 2021. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification this at the present time. Knowsley CCG as Co-ordinating Commissioner for Specsavers has recommended a contract extension until the 31st March 2022.

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)

Will be updated next report data due 12th December.



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				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.
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate	
		4.8%	7.4%	14.6%	32.2%	
		Annual Access Plan: 35% (RAG and trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 1 data shows a significant improvement from previous quarters. The rolling 12 months access rate is currently at 32.2%, so under the 35% target. 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. In Q4 2019/20, the online counselling service Kooth began to submit data to the MHSDS which is continuing to contribute to the improvement in performance. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The start of the Kooth data flow has continued to have a significant positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality impact assessment:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that some children and young people may be unable to benefit from digitally delivered services due to lack of access to suitable devices/IT.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

The Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate, which is due for completion by the end of September.



A full update will be available in the month 7 report.



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
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		97.5%	95.0%	95.0%	96.0%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 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. This information will be reported on a quarterly basis; quarter 2 data will be available in October's report following a validation exercise by the Trust. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Alder Hey continues to make significant 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. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. Progress against this trajectory will be reported in the next report. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	100%	100%	100%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The longest wait in September was 27 weeks which increased from that of an 21 weeks wait in August. • 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. • 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. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Impact of the second wave of COVID-19. Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	88%	81%	89%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 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 was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis; quarter 2 data will be available in October's report following a validation exercise by the Trust. Due to impact of COVID, some delays in schools returning the information required to commence the assessments which in turn delayed the start of the assessment process for some CYP: 13 CYP did not start the assessment process within 12 weeks in August. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. Progress against this trajectory will be reported in the next report. Timescales for the return of this information have been temporarily extended to September to provide more time for schools. It is anticipated the new referral forms and ongoing engagement with schools will support improvements in the timeliness of the return of this information. 						
When is performance expected to recover:						
Performance is expected to be compliant again in October						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Impact of the second wave of COVID-19.
GREEN	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
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.						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The longest wait in September was 27 weeks which increased from 21 weeks in August. 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. 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. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to 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, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		58.9%	75.5%	72.4%	86.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard. The service continues to provide additional choice appointments and the number of children & young people waiting for a choice assessment has reduced. The number of referrals has increased from 93 in August to 136 in September, which provides an additional challenge to the service, however, this will continue to be monitored to ensure the achievement of the choice waiting time standard. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard - the target was due to be achieved by September 2020, but this was narrowly missed; the plan also highlights a second scenario: if referrals increase by 15% then recovery will be delayed till January 2021. The CCG is closely monitoring the plan and associated risks. The service continues to monitor referral rates and manage urgent vs routine demand. 						
When is performance expected to recover:						
Although the 92% target was missed, currently actions are progressing in line with the improvement plan and agreed waiting times for choice appointments are expected to be achieved by the end of October. This assumes no further significant impact of COVID in terms of an increase in referral numbers and /or an increase in staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				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, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	Jun-20	Jul-20	Aug-20	Sep-20	
		56.3%	40.0%	36.0%	63.6%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has improved considerably in September as the number of children & young people waiting over 18 weeks for their first partnership appointment continues to decrease. Service capacity was increased in September as all staff redeployed to the 24/7 crisis service were returned to the service; additional capacity was also continued through agency staff and staff from the existing workforce. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is monitoring the plan and reviewing associated risks. An additional forum is also being provided by a funded fixed term "COVID support team" which will provide individual and group support for CYP presenting with deteriorating mental health owing to the pandemic. 						
When is performance expected to recover:						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
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
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	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). 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. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or impact of a second
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Jun-20	Jul-20	Aug-20	Sep-20		
		30 wks	27 wks	27 wks	27 wks		
		Jun-19	Jul-19	Aug-19	Sep-19		
37 wks	36 wks	35 wks	34 wks				
Target <= 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The number of patients waiting over 18 weeks for an initial assessment decreased further from 142 in August to 65 in September. There was an increase in the number of referrals in September: 132 compared to 71 in August. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Since the service moved into phase 3 of the pandemic response, there has been an increase in face to face activity in clinic and therapists have been delivering activity in schools where possible, regularly reviewing risk and Infection Prevention Control (IPR) requirements. The improvement plan has been adjusted to take account of increases in referrals during June, July and August and the projected impact on waiting times have been modelled; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020. The overall improvement plan also takes account of the SEND improvement trajectories for SALT waiting times, which uses an average waiting time target. In September, the average wait was 17 weeks against a planned trajectory of 18 weeks, achieving the target as set out in the Trust's improvement plan. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by September 2020 and maximum waiting times by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and /or the impact of school closures on activity plans.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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

Following the initial outbreak of the pandemic, the Trust expressed concerns regarding the validity of the DNA and cancellation data. This was because a significant number of appointments were cancelled and rescheduled, which is not representative of service activity and performance alone.

As this 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. However, due to the impact of COVID-19, this development was put on hold. This is progressing again and it is anticipated that the new reporting model will be implemented in the next few months.

In the interim, it has been agreed that dietetic activity from the contract statement and SEND performance dashboard will be reported.

The activity reported in the September contract statement is very positive and shows that there were a total of 88 dietetic appointments, and that the average waiting time was 3.6 weeks with no patients waiting over 18 weeks.

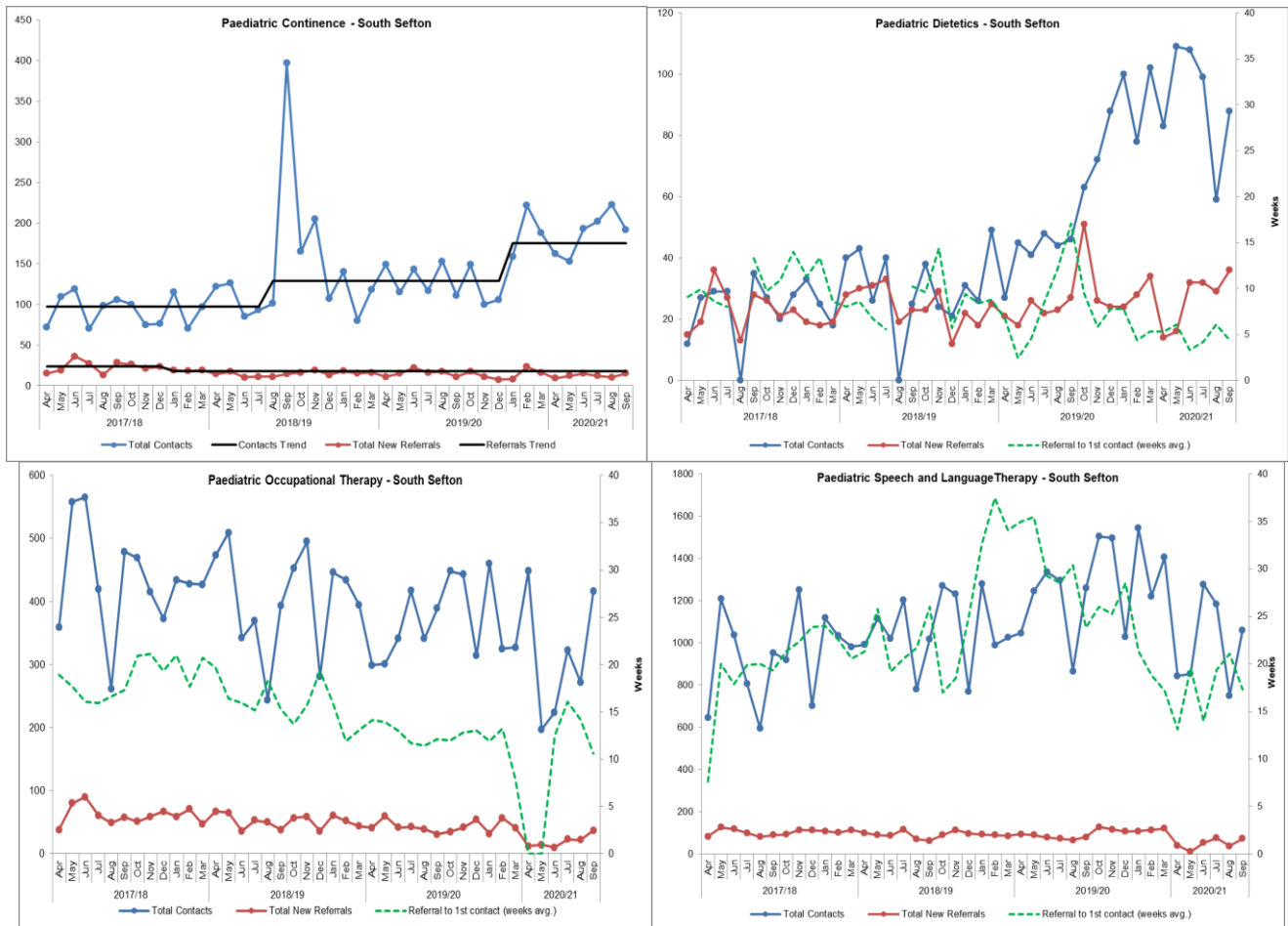
Figure 12 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Number of Referrals	14	16	32	32	29	36
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76	13.60	12.08	11.20
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%	100.00%	97.56%	100.00%
Total Number Waiting	28	22	31	38	41	32
Number Waiting Over 18 Weeks	1	1	1	0	1	0

RAG Rating

≤18 Weeks
19 to 22 Weeks
23 Weeks Plus

6.4 Alder Hey Activity & Performance Charts



7. Third Sector Overview – Q1 & 2 2020-21

Introduction

Quarterly reports from CCG funded Voluntary, Community and Faith (VCF) Sector providers detailing activity during the COVID-19 pandemic have been delayed by most services. This report details activity and outcomes for each of the organisations detailed below for Q1 & Q2. Each of the following organisations has successfully adapted to new ways of working, most have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions. The CCGs agreed to reimburse reasonable costs for those organisations who had suffered hardship as a result of the pandemic. Reimbursements were approved for service adaptations as a result of COVID-19 to enable home working for staff, making safe reception areas, PPE costs, hand sanitisers and purchases of software licences to enable service user engagement.

Age Concern – Liverpool & Sefton

During Q1 the team of Befriending and Reablement Officers (BRO's), volunteers and the Volunteering Officer have called as many past and current clients as possible, to ascertain what support they had in place whilst at the same time offering companionship. Where support was needed the team have been signposting on to those able to offer frontline support. Clients were receiving at least one phone call per week to check on their wellbeing whilst having a friendly chat. Staff and volunteers were set up to work from home and during this time managed to conduct 1,594 welfare calls. During quarter 2 the service returned to a mix of face to face befriending and telephone calls, support has been given to 175 clients.

The recruitment of volunteer befrienders has increased during Q2 (up 360% on Q1). Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer.

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- Suicide concerns, both of which were referred to their GP
- An explanation of lockdown rules.
- Arranging a regular shopping delivery
- Reassurance for those missing their families
- Reassurance for clients concerned about having the confidence to go out and mix with people again
- Arranging an OT assessment.
- Arranging a bin collection
- Finding an electrician
- Support with the loss of a pet
- Hate Crime
- Arrangement of a dog walker

Alzheimer's Society

All face to face activities provided by Alzheimer's Society ceased on the 23rd March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During Q1 402 welfare calls were made to 130 service users, the service also dealt with 20 referrals mainly from internal sources and self-referral. The service development of Dementia Connect which aims to ensure that all people living with or affected by dementia have access to information and advice via one point of contact is currently underway. The service has reported the following; Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not being able to see loved ones which has caused a significant decline in mental health.

During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals. The closure of the Southport office went smoothly; all staff are now able to work in agile mainly home working environments. The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised.

Citizens Advice Sefton

Advice sessions are currently delivered via telephone or online meetings to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with specialist knowledge of mental health issues.

During Q1 19 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £235,304 in new or backdated awards as a result of the work carried out by the advisor. During Q2 there were 29 further new referrals, most of the service users requiring assistance with benefit claims as in Q1. There were a number of successful claims totalling £239,103 for residents of Sefton.

Crosby Housing and Reablement Team (CHART)

CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions.

During Q1 services provided were extremely limited, only emergency repairs to properties were permitted and no new letting of property was allowed in accordance with government guidelines. The service offered telephone support for its 65+ service users, wellbeing calls were made on a weekly basis.

The service encountered a number of difficulties during Q1; the main issues were looking after service users in crisis. A number of service users are known by support workers at CHART but there was not enough availability of PPE to be able to initiate face to face interventions safely and within the guidelines. Some issues had to be resolved via telephone calls but prevention of service user admission to MH Services during this period was proving difficult. Increases in Universal Credit applications and support for people with additional anxiety and needs took longer to resolve because of the issue of not being able to support with a face to face appointment. The service has also had charitable donations significantly decrease due to the charity shop being closed. Referrals to the service during Q1 & Q2 had dipped slightly compared to Q4 in 2019-20 but not significantly. Chart prevented 5 people during Q1 and a further 27 in Q2 becoming homeless.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 the service received 16 new referrals. There are 100 existing service users who remained actively engaged within the service up until the closure of the centre. During Q2 the centre remained closed to service users; telephone support and text messaging services were introduced and the use of virtual IT to support individual service users. The centre re-opened in June following government guidelines introducing shorter sessions and rules around the number of service users attending the centre at any one time. A booking system for attendance at the centre was put in place. A new timetable for activities was introduced; these include a walking group, painting therapy and Mental Health Group. The Bowersdale centre are also allowing people to turn up on the day if all of the spaces are not booked but service users are advised this is on a first come first served basis as the centre cannot exceed a capacity of 10 service users per session. The sessions have been made shorter to enable all to attend at different times during the day.

Imagine independence

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catch-ups. It was essential that Peer Support, Social Inclusion and

Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as CMHT's concentrated on Essential Care. Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness. The need for IPS services, including employment retention is vital due to the high volume of clients being furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Staff & Volunteers at the centre are coping well and adjusting to change in service provided. Most are working from home using personal mobile phones and laptops; 2 are currently shielding and 1 has been furloughed.

A shopping service has been provided this has been particularly popular but is now starting to tail off due to the lockdown ease of restrictions. Letters from local schoolchildren to the elderly and vulnerable have been included within food parcels helping to keep morale up amongst the vulnerable and isolated. The befriending service continues to be extremely busy, demand for this service has been overwhelming at times but staff have adjusted well.

A number of issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Issues have also been identified amongst some service users who have been shielded who did not have agoraphobic symptoms prior to lockdown now feel they have and are worried about leaving the home. Increased support has been given for families where children would have received a meal at school not receive packed lunch from the centre.

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance to government guidelines

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Some children have stopped counselling sessions during the lockdown as they were no longer attending school, most access this service to help with issues around bullying.

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high.

As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisations are seeking extra funding from charitable sources to help with the shortfall.

The service envisage issues for those experiencing lifestyle changes particularly for some children who had been privately educated and parents may not be able to continue to pay for this following COVID-19. Family debt is also an issue; Furloughed parents spending during lockdown then are made redundant with no means of paying off debts.

Sefton Advocacy

Sefton Advocacy has still received a high volume of referrals during Q1 & Q2. Staff are working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. There were no Personal Health Budget assessments carried out during the lockdown, these have now recommenced and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

The service has had greater success with a number of DWP claims appealed against, then granted. Concerns have been raised around people suffering with cancer and not attending appointments, this continues to be an issue and the increased waiting times for some treatments are posing potential for risk to lives.

The service anticipates the increased needs for people requiring social care needs, suffering poor mental health and experiencing unemployment, physical and mental well-being are likely to suffer as further economic hardship takes hold. There has also been an increase of emotional and physical abuse taking place in the home during the lockdown period.

The base for Sefton Advocacy has also been reviewed during Q1 & Q2, premises have now been secured in the Houghton Street area of Southport making the venue accessible to all and reducing rent charges during these unprecedented times.

Sefton Carers Centre

Performance against the targets set out at the centre remain challenging due to the limitations placed on services during the pandemic There has been an 86% increase in the number of new carers registered with the Centre since Q1. An increase of 51% has also been seen for carers visiting the centre's website for advice and tips. The number of telephone contacts during the period remains high, in total there have been 2,306 telephone contacts made to carers in the community. All Carers Training courses, therapies and Counselling sessions have remained closed for the full duration of this quarter. A total of 181 appointments for benefits advice took place, securing £447K of benefits for Carers. At the moment, volunteers are not working most due to age risk and needing to isolate. The sitting service has also ceased for the moment and carer's breaks have significantly reduced. Support is offered to carer's by phone and video face- time where possible.

There has been a significant impact on carers who used day care centres to enable them to shop or have tie for respite centres. During Q2 alone, an additional 240 young carers across Sefton have registered with the centre.

Sefton Council for Voluntary Service

BAME Service update

Sefton CVS are working closely with the CCGs and St Marks regarding asylum seekers, the service are also working with Merseyside Police in regard to hate crime. Work is on-going in supporting the needs of migrant groups of parents and children at Holy Trinity School. The service has seen a degree of reluctance within some BME families to challenge poor employment practice for fear of losing their position. An increased of emotional and physical abuse has also been seen.

High Intensity Users

The team of 5 staff running this service are currently working from home. The service are receiving referrals for Sefton residents requiring support with shopping and deliveries, prescription collections, support to get online and support with loneliness and isolation. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

The most frequent requests from residents have been seeking support with supermarket delivery slots, staff have assisted with registration for online supermarket shopping and the government vulnerable list. CVS have raised many safeguarding concerns, liaised with social workers regularly and have linked in with the contact centre regularly for urgent requests.

A worrying gap in provision has been identified for those families who usually work but have had to reduce hours. Coping with balance of home schooling and working from home, furlough or made redundant as a result of businesses going into liquidation. Debt is starting to pose a problem to many households across Sefton.

Although lockdown is beginning to lift, a number of residents have anxieties over going out; many haven't left their home for some time, the team are helping to deal with anxiety and uncertainty.

Reablement Service

All home visits stopped towards the end of March and the service commenced remote telephone support only. This proved difficult because staff rely heavily on how a person's home environment and body language to determine best interests and support for their needs. Not being able to observe a patient in this way has proven difficult, more intensive questioning has been key to ensuring needs are met. A few patients were admitted to hospital, some for covid-19. The HWBT have been undertaken some very intensive and emotional phone calls with patients. This has proven extremely difficult for some staff who usually rely on colleagues for support.

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team.

Social Prescribing

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing link workers.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community based provision was able to respond, these included shopping; prescriptions; emergency food parcel delivery, etc.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed or faced redundancy. A number of families have put off or have been afraid to access support available e.g. A&E and GP due to fear of catching COVID.

Sefton Women's And Children's Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. The service

currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online. Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly.

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Stroke Association were successful in securing an additional commissioned service on behalf of the CCGs offering post stroke reviews to patients across Sefton. This is for 9 months initially and is to be reviewed towards the end of the project, this service started on 1st July 2020. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available but this is only a short term arrangement (end of May).

Face to face services with stroke survivors have ceased completely, staff and volunteers are providing online assessment of needs and on line support is offered via telephone. Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown and re-opened, the centre has since closed again since the most recent The service are currently delivering the following services remotely; counselling, online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now BACP approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

The issues identified include the following; women having a safe/quiet space at home to access counselling. Some women have opted to wait until the centre opens before accessing counselling. This is due to the above as well or perhaps they are not comfortable with this technology or they simply prefer face to face support.

Macmillan Cancer Support Centre – Southport

After a period of closure, the centre re-opened during July, initially for the counselling service and then to offer face to face appointments. There has not been much uptake for face to face appointments. The number of new service users has continued to fall during Q2; the expectation was for new referrals to increase as NHS services began to open up again.

The number of recorded contacts is far higher than in any quarter previously recorded and the difference between new contacts and existing service users is far bigger than anticipated. The Macmillan centre expects this trend to continue. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

During Q2 the centre has supported 112 individuals with nearly 800 telephone calls between the beginning of July and end of September. The calls range between 1 and 43 with some more vulnerable service users receiving two calls a week. One particular service user received almost daily calls for a short period of time following bereavement; this individual also has mental health problems therefore a much more intense programme of care was delivered.

RBV Service and sustainability

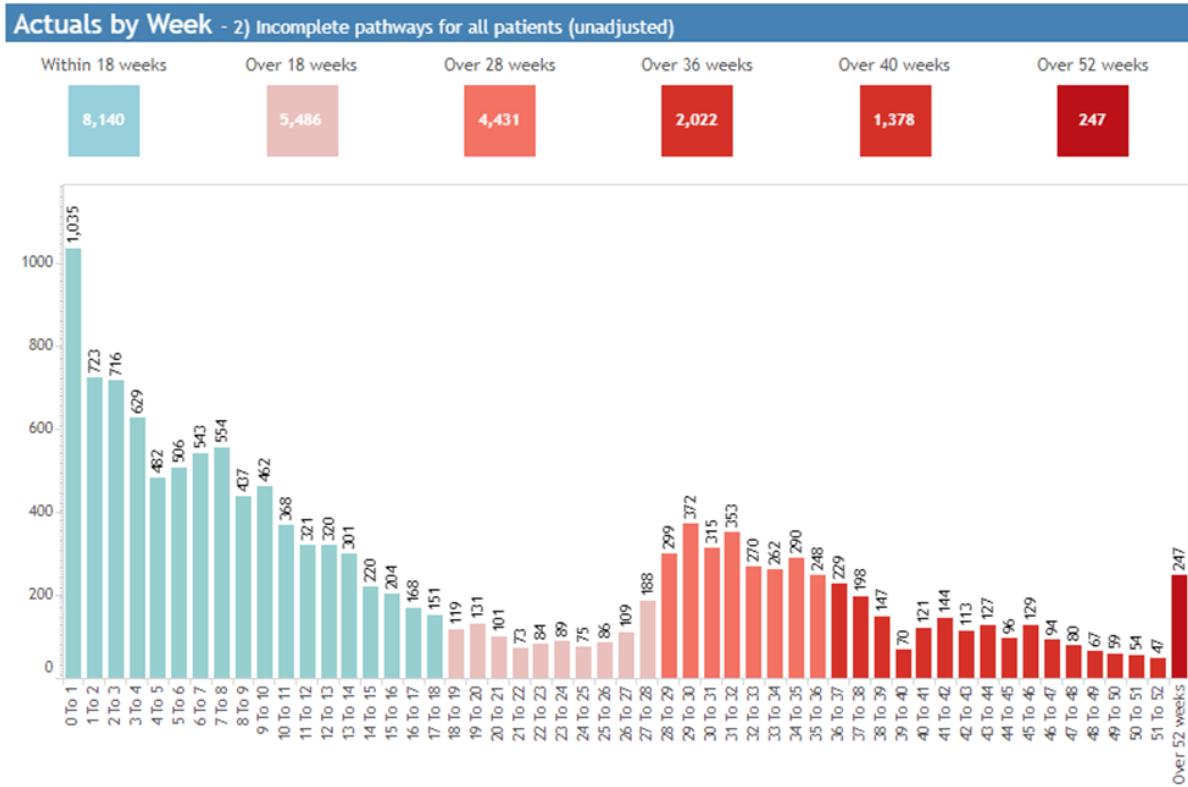
The centre have been successful in securing funding working with 2 Primary Care Networks in Sefton; Formby and Ainsdale & Birkdale for Social Prescribing Link Workers – Cancer Specialists. The roles will be similar to the RBV Navigator but with some additions to the role to include data audit, improving uptake for screening and helping develop the Cancer Champion role in practices. The recruitment process was finalised in September. The Centre team will pick up referrals from North and Central localities whilst they have capacity.

Covid-19 Pandemic - The impact of the pandemic continues to be felt by all. Although things have been better in Q2 with more services opening up we haven't seen much of an increase in referrals. Secondary care referrals have remained at similar levels, slightly lower. The Primary Care RBV referrals also remain low. Some practices have said that they have not been able to send packs out due to pressure of work during the pandemic; others report that they are making less 2 week referrals and therefore less people are being diagnosed.

8. Appendices

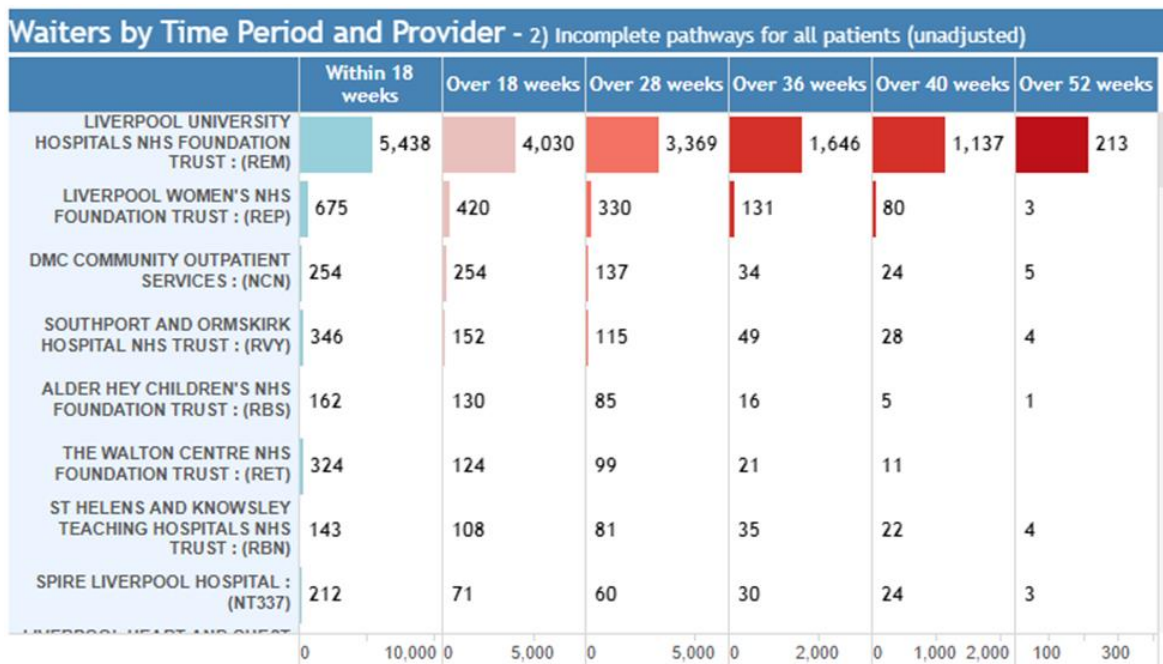
8.1.1 Incomplete Pathway Waiting Times

Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



8.1.2 Long Waiters analysis: Top Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top Providers



8.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

