



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report October 2020

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## Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>E-Referrals</b>															
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> 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							R
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%							35.4%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R						R
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%						
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R						R
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%						
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R						R
		Actual	8	46	106	171	198	247	349						1125
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<b>Cancellations for non clinical reasons who are treated within 28 days</b> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G	R	R	R	R						R
		Actual	28	0	0	1	5	3	8						45
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG													
		Actual	Not available	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

Cancer Waiting Times																
<u><a href="#">% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</a></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						G	
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%							95.37%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u><a href="#">% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</a></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%	95.35%							97.33%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u><a href="#">% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</a></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	R						R	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%							95.73%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</a></u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R	G	R	G						R	
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%							91.84%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</a></u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G	R	G	G						R	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%							97.84%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u><a href="#">% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</a></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						G	
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%							97.52%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u><a href="#">% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</a></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						R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%							76.28%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u><a href="#">% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</a></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						R	
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%							40.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u><a href="#">% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</a></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		G							
		Actual	80%	0%	75%	90.91%	100%	84.62%	87.50%							84.38%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b><u>4-Hour A&amp;E Waiting Time Target</u></b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R	R						R
Actual		93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%							89.24%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b>Mixed sex accommodation breaches - All Providers</b> 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	Not available							
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> 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	Not available							
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b><u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G						G
YTD		0	0	0	0	0	0	0	0						0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G						G
YTD		4	6	7	9	11	17	19							19
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<b><u>Number of E.Coli</u></b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R	R	R						R
YTD		9	23	35	39	56	67	76							76
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		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G									G	
		Actual	97.3%			97.2%									97.3%	
		Target	95%			95%			95%			95%			95%	
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G			G									G	
		Actual	77.6%			85.2%									81.4%	
		Target	60%			60%			60%			60%				
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	39.8%	33.8%	44.3%	44.0%	47.3%	37.8%	46.6%							42.33%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b><u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%							5.52%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	100%	95.71%	98.50%	98.6%	98.5%	95.7%	96.3%							97.8%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	100%	98.57%	100%	100%	100%	100%	100%							99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Dementia</b>																
<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%	58.5%	58.2%							59.10%
		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	
<b>Learning Disability Health checks</b>															
<a href="#">No of people who have had their Annual LD Health Check – local data</a>	South Sefton CCG	RAG	G			To be updated next month									
		Actual	6.2%												
		Target	5.4%			26.88%			53.76%			67%			
<b>Severe Mental Illness - Physical Health Check</b>															
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a>	South Sefton CCG	RAG	R			R									R
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	19%			16.1%									35.1%
		Target	50%			50%			50%			50%			50%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
Rolling 12 months															
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a>	South Sefton CCG	RAG	G			R									G
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual	14.6%			8.8%									35.6%
		Target	8.75%			8.75%			8.75%			8.75%			YTD 35%
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a>	South Sefton CCG	RAG	Data being validated by Trust												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual													
Access Plan 100%, National Target 95%		Target	95.00%			95.00%			95.00%			95.00%			95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a>	South Sefton CCG	RAG	Data being validated by Trust												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual													
Access Plan 100%, National Target 95%		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 7 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Oct and Quarter 2 2020/21	CCG	LUHFT
<b>Diagnostics (National Target &lt;1%)</b>	<b>27.67%</b>	<b>29.00%</b>
<b>Referral to Treatment (RTT) (92% Target)</b>	<b>64.54%</b>	<b>61.94%</b>
<b>No of incomplete pathways waiting over 52 weeks</b>	<b>349</b>	<b>1298</b>
<b>Cancer 62 Day Standard (Nat Target 85%)</b>	<b>68.89%</b>	<b>73.06%</b>
<b>A&amp;E 4 Hour All Types (National Target 95%)</b>	<b>78.48%</b>	<b>77.41%</b>
<b>A&amp;E 12 Hour Breaches (Zero Tolerance)</b>	-	<b>7</b>
<b>Ambulance Handovers 30-60 mins (Zero Tolerance)</b>	-	<b>307</b>
<b>Ambulance Handovers 60+ mins (Zero Tolerance)</b>	-	<b>99</b>
<b>Stroke (Target 80%)</b>	-	Not Available
<b>TIA Assess &amp; Treat 24 Hrs (Target 60%)</b>	-	Not Available
<b>Mixed Sex Accommodation (Zero Tolerance)</b>	Not Available	Not Available
<b>CPA 7 Day Follow Up (95% Target) 2020/21 - Q2</b>	<b>98.0%</b>	-
<b>EIP 2 Weeks (60% Target) 2020/21 - Q2</b>	<b>85.2%</b>	-
<b>IAPT Access (1.59% target monthly - 19% YTD)</b>	<b>1.03%</b>	-
<b>IAPT Recovery (Target 50%)</b>	<b>46.6%</b>	-
<b>IAPT 6 Weeks (75% Target)</b>	<b>96.2%</b>	-
<b>IAPT 18 Weeks (95% Target)</b>	<b>100%</b>	-

### 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 available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In 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 return to pre-COVID-19 levels.

Trends show that total secondary care referrals have increased by 0.9% in October from the previous month. GP referrals are reporting a year to date -39% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately 9 more GP referrals per day in October 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 27.67% in October, an improvement in performance from last month when 31.61% was reported. Liverpool University Hospital Foundation Trust (LUHFT) performance was 29% in October, again showing an improvement from 33.4% in September.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in October was 64.54%, an improvement on last month's performance (59.74%). LUHFT reported 61.94% and also shows an improvement from 55.70% in September.

In October, the CCG reported 349 patients waiting over 52 weeks for treatment a decline from last month when 247 breaches were reported. LUHFT reported 1298 breaches in October again a big increase from 843 reported last month, so saw a further decline.

The CCG are achieving 3 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 16 in October from 13 last month.

Month 7 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.

### **Unplanned Care**

In relation to A&E 4-Hour waits (all types); the CCG and Trust have failed the 95% target in October, reporting 78.48% and 77.41% respectively.

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 October. 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 7 cases of C difficile cases in October (19 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 October there were 9 cases (76 YTD) against a target of 75 so are now failing the target. There are no targets set for Trusts at present.

For unplanned care, Month 7 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.

### **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 46.6% in month 7 of 2020/21, which meant that the CCG failed the 50% target but is showing an improvement from the previous month's performance, year to date the CCG's performance is at 42.33%.

Early Intervention Psychosis (EIP) continues to achieve the threshold of 60% reporting performance of 81.4% at the end of September (Q2).

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is in excess of assessment capacity and the Commissioners are considering a business case for investment to address current waiting times. In the interim, the CCG has approved non-recurrent investment so support a waiting list initiative to reduce backlog numbers.

For outpatient follow up appointments against a plan of 18%, Mersey Care reported a DNA rate of 17.4% in October compared to 19.9% in September, and are achieving the planned target of 18%.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in October of 58.2%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower than last month's performance.

Communication KPI - *All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge.* The Trust (catchment) failed the 95% reporting 88.8% in quarter 2, out of 365 in-patient episodes 324 were sent to General Practice within 24 hours of discharge an improvement on last quarter when 87% was recorded. South Sefton CCG achieved 89.7% for this measure.

Communication KPI - *All outpatient clinic/outpatient correspondence/letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days (excluding weekends and bank holidays).* The Trust (catchment) failed the 95% target reporting 76.5% in quarter 2, out of 442 letters 338 60 sets of communications were sent to GP following the patient's appointment within 10 days an improvement on last quarter when 69.5% was recorded. South Sefton CCG achieved 90% for this measure.

Communication KPI - *All patients seen in Out-Patients to have their change in medication or treatment plan communicated to General Practice within 24 hours KPI (excluding weekends and Bank Holidays).* Communication documentation is being electronically constructed. The Trust (catchment) failed the 95% target reporting 55.6% in quarter 2. Out of 9 patients only 5 had their change in

medication/treatment plan communicated to general practice within 24 hours an improvement on last quarter when 41.7% was recorded. South Sefton CCG reported 0% (0/2) for this measure.

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**

Focus with the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels.

### **Children's Services**

In its ongoing response to the impact of COVID-19, Alder Hey continues to focus on the restoration and recovery of community services and Child and Adolescent Mental Health Services (CAMHS), formally agreeing that no therapy or CAMHS staff will be redeployed to other services in response to the second or future waves of the pandemic. The Trust has increased 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, the number of CYP waiting over 18 weeks reduced from 68 in September to 38 in October despite the service receiving 52% more referrals. Services continue to carry out local risk assessments and prioritise caseloads and new referrals in accordance with the risk and needs of the child/young person. Since September, therapists have been able to deliver again in school settings, following robust environmental risk assessments.

Notably for the second successive month, 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 has been closely monitoring the plan and the risks associated with the increasing demand for the service and the potential impact on waiting times. Although actions have been progressing in line with the improvement plan and the service is on track to achieve the improvements in waiting times by December 2020, the CCGs have agreed to some additional short term investment to provide service resilience and sustain improvements. This has been made available to Alder Hey and third sector CAMHS providers who will mobilise over the coming months.

The quarterly mental health access data continues to show an improvement on the 2019/20 position the CCG is on target to exceed the annual access target of 35%. This is in large part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20. There are also plans for third sector provider Parenting 2000 to start to flow their data in Q4 and it is noted that the increase in CAMHS provision and increased mental health provision in response to COVID-19 will also positively impact on access rates.

Whilst the SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD continue to be in line with improvement plans and trajectories, the risks posed by the 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 Thameside

& 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	729	-2001	-73.3%	1943	828	-1115	-57.4%	5662	2202	-3460	-61.1%
May	2863	1009	-1854	-64.8%	2163	1133	-1030	-47.6%	6053	2916	-3137	-51.8%
June	2974	1715	-1259	-42.3%	1928	1225	-703	-36.5%	5961	3897	-2064	-34.6%
July	3160	2365	-795	-25.2%	2314	1498	-816	-35.3%	6488	4877	-1611	-24.8%
August	2777	1908	-869	-31.3%	1932	1400	-532	-27.5%	5694	4313	-1381	-24.3%
September	2748	2242	-506	-18.4%	2142	1687	-455	-21.2%	5877	5013	-864	-14.7%
October	3185	2432	-753	-23.6%	2210	1543	-667	-30.2%	6547	5057	-1490	-22.8%
November	2823				1883				5939			
December	2166				1732				5024			
January	2827				2152				6268			
February	2599				1851				5628			
March	1865				1385				4258			
Monthly Average	2726	1771	-955	-35.0%	1970	1331	-639	-32.4%	5783	4039	-1744	-30.2%
YTD Total Month 7	20437	12400	-8037	-39.3%	14632	9314	-5318	-36.3%	42282	28275	-14007	-33.1%
Annual/FOT	32717	21257	-11460	-35.0%	23635	15967	-7668	-32.4%	69399	48471	-20928	-30.2%



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



## Month 7 Summary:



- Trends show that total secondary care referrals in October have remained consistent with the previous month reporting a slight increase of 0.9% (44). However, they have remained below historical levels a number of months across all referral sources.
- GP referrals are reporting a year to date -39.3% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately 9 more GP referrals per day in October when comparing to the previous month.
- Aintree Hospital has reported a -36.3% decrease in total referrals at month 7 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 7 are approximately 16.4% (-91) lower than in October 2019, they are also -29.9% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 7 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 -43.6% (-11,739).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 979 two week wait referrals reported in October-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 October-20 are 3.7% 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 October-20, referrals to Alder Hey are -23.2% (-147) down when comparing to October-19 with Renacres referrals also showing a decrease of -93.2% (-165).

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



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
<b>RED</b>	<b>TREND</b>	Jun-20	Jul-20	Aug-20	Sep-20	The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
		28.5%	28.7%	30.1%	33.8%		
		70.9%	69.3%	62.1%	60.0%		
		Plan: 100% by end of Q2 2018/19					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data.</li> <li>• In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. September data shows an overall performance of 26.5% for South Sefton CCG, a decline on the previous month (43.5%).</li> <li>• 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.</li> <li>• Although the proportion of ASI's is not significantly different, the number of direct bookings has significantly reduced.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter.</li> <li>• An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however, ERS capacity requires careful management to ensure equity of provision.</li> <li>• The System management Group are reviewing the phase 3 response by exception.</li> <li>• Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation.</li> </ul>							
<b>When is performance expected to recover:</b>							
No dates for recovery provided.							
<b>Quality:</b>							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		Rob Caudwell			Terry Hill		





## 2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	38.95%	39.38%	31.61%	27.67%	
		LUHFT	42.78%	41.41%	33.40%	29.00%	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	0.94%	1.37%	1.59%	1.37%	
		Aintree	0.19%	0.06%	0.06%	0.03%	
National Target: less than 1%				Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%			
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>For the CCG 2,602 patients on the waiting list with 720 waiting over 6 weeks (of those 293 are waiting over 13 weeks). Same period last year saw 2,922 patients waiting in total and 40 waiting over 6 weeks (of those 3 waiting over 13 weeks).</li> <li>CT (307), Non-Obstetric Ultrasound (84) and Gastroscopy (110) make up over 70% of the total breaches.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 2nd in the rankings, (1st being best performing).</li> <li>For LUHFT joint performance was 29% compared to 33.4 in September, which continues the improvement seen over the last six months. The overall waiting list and the number of patients waiting greater than 6 weeks has reduced compared to last month.</li> <li>Impact on performance due to COVID-19 pandemic but is showing improvement.</li> <li>Reopening of outpatients in August has resulted in increased demand.</li> <li>Infection Prevention Control (IPC) guidance has resulted in reduced capacity.</li> <li>Endoscopy capacity reduced in October following the introduction of a combined acute medical/gastro StR rota to support cover for the increased medical bed base during COVID-19 second surge.</li> <li>Capacity will reduce further if nursing staff are redeployed to support ward staffing during second surge of COVID-19.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers, including escalation of QIPP schemes that relate to phase 3 recovery.</li> <li>Total diagnostic activity levels for South Sefton CCG in month 7 are currently below expected/planned 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.</li> <li>CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity.</li> </ul>							
<b>System:</b>							
<ul style="list-style-type: none"> <li>Hospital cell is working on system recovery plans.</li> <li>Liverpool CCG is met with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> <li>MRI, CT and Echo are the initial focus.</li> <li>Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&amp;M footprint via C&amp;M imaging network but with a local focus.</li> </ul> </li> <li>Alignment of CCG QIPP programmes and restoration of electives services discussed at LUHFT CCF.</li> </ul>							
<b>LUHFT Actions: Capacity Actions:</b>							
<ul style="list-style-type: none"> <li>Re-introductions of waiting list initiatives to recover capacity.</li> <li>Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity.</li> <li>Commissioning of additional static CT scanner on the Aintree site to increase capacity of service.</li> <li>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.</li> <li>Additional weekday/weekend WLI (Waiting List Initiative) activity to be conducted to provide additional capacity.</li> <li>Business case approval for additional endoscopy insourcing capacity via MEDINET, with activity expected to start in December 2020.</li> <li>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.</li> </ul>							
<b>Improvement Actions:</b>							
<ul style="list-style-type: none"> <li>Central management of patients access for test across all sites to reduce variation in access between sites.</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
LUHFT do not plan to achieve the standard in 2020/21.							
<b>Quality:</b>							
No quality concerns have been raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Martin McDowell		John Wray		Terry Hill			

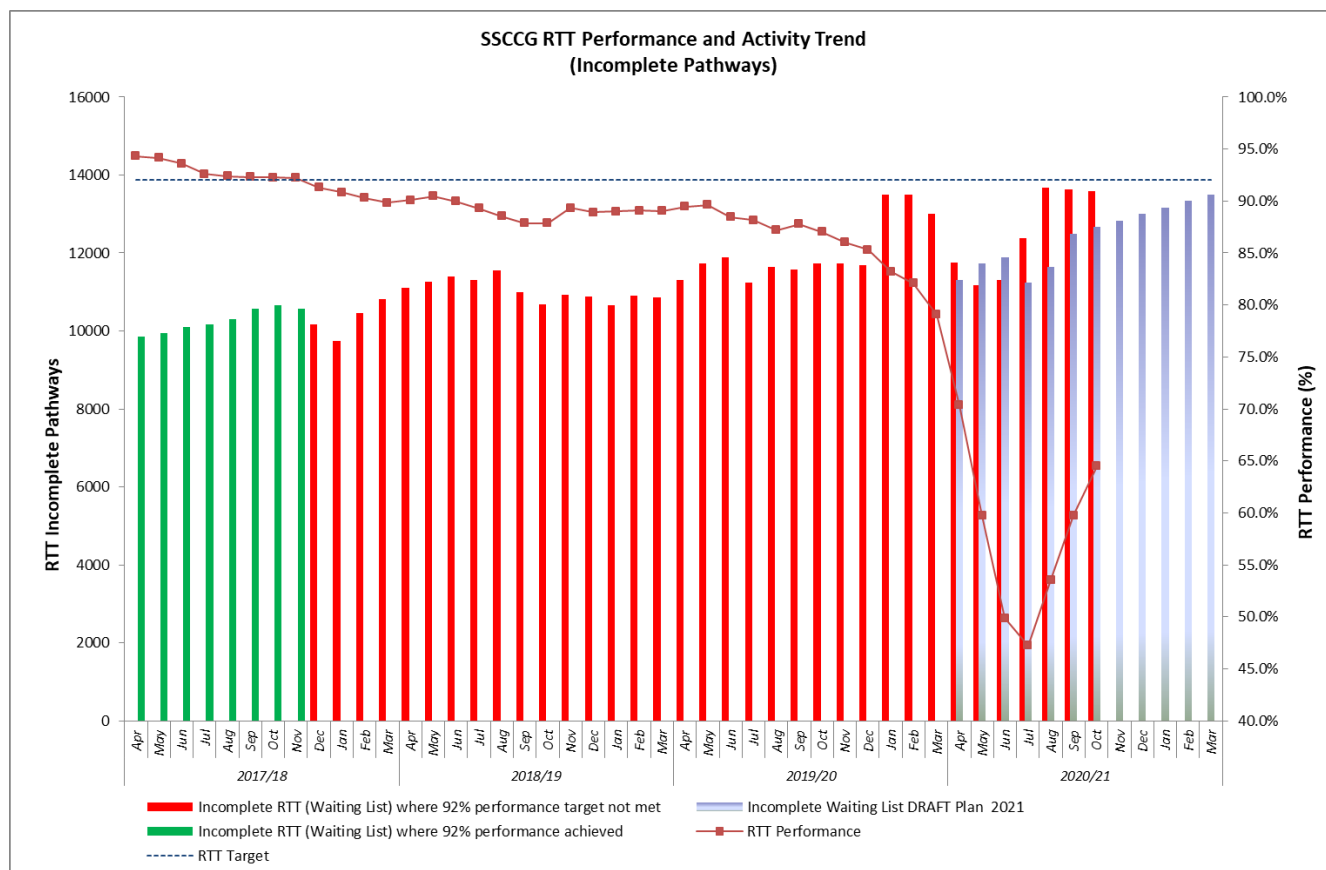
## 2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	47.24%	53.57%	59.74%	64.54%	
		LUHFT	41.72%	48.01%	55.70%	61.94%	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	88.15%	87.22%	87.77%	87.00%	
		Aintree	87.92%	86.58%	86.41%	85.80%	
Plan: 92%							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Continued impact on performance is due to COVID-19 pandemic, again there has been an improvement this month.</li> <li>The challenged specialties include T&amp;O, Ophthalmology, Oral surgery, Dermatology and Thoracic Medicine.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 7th in the rankings (1st being best performing).</li> <li>Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients.</li> <li>Reintroduction of ERS clinics in August, led to an increase in GP referrals, without a corresponding increase in volume of activity.</li> <li>Trusts overall waiting lists have increased by 2,153 from previous month to 42,570, contributed by continued validation of waiting list.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers.</li> <li>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.</li> <li>Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance.</li> <li>Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.</li> <li>Agreement between SS &amp; LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes.</li> <li>CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity.</li> </ul>							
<b>LUHFT Actions:</b>							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> <li>LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic.</li> <li>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.</li> <li>Weekly meetings with executive leads to ensure improved utilisation of Spire capacity.</li> <li>The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services.</li> <li>Waiting list initiatives in place to increase capacity.</li> <li>A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations.</li> </ul>							
<b>When is performance expected to recover:</b>							
No specific date for recovery provided.							
<b>Quality:</b>							
No quality concerns have been raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		John Wray			Terry Hill		

## 2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20			
		CCG	171	198	247			349
		LUHFT	513	691	843			1298
		Previous year	Jul-19	Aug-19	Sep-19			Oct-19
		CCG	1	0	0			1
		Aintree	0	0	0			0
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Of the 349 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (313), the remaining 36 breaches spanned across 14 other trusts.</li> <li>Measuring against the target the CCG is 128 over plan.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 5th in the rankings (1st being best performing).</li> <li>LUHFT 52 week breaches increased to 1298 in October compared to 843 in September the largest number of patient waiting in excess of 52 weeks were in T&amp;O, General Surgery, Ophthalmology and Oral Surgery.</li> <li>Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Monitoring of the 36+ week waiter continues.</li> <li>Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance.</li> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</li> <li>In line with guidance, the Trust are validating their waiting list</li> <li>Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand, this to be completed by the end of August 2020.</li> <li>Improved number and utilisation of theatres sessions.</li> </ul>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Martin McDowell		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	13,657						13,657
<b>Difference</b>	<b>442</b>	<b>-548</b>	<b>-569</b>	<b>1,155</b>	<b>2,034</b>	<b>1,126</b>	<b>991</b>						<b>161</b>
52 week waiters - Plan	0	0	0	0	0	212	221	226	306	537	833	1,007	
52 week waiters - Actual	8	46	106	171	198	247	349						
<b>Difference</b>	<b>8</b>	<b>46</b>	<b>106</b>	<b>171</b>	<b>198</b>	<b>35</b>	<b>128</b>						

**LUHFT**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	46,013
2020/21	41,822	39,838	39,096	41,292	42,299	40,417	42,570						42,570
<b>Difference</b>	<b>-4,067</b>	<b>-6,975</b>	<b>-9,233</b>	<b>-6,592</b>	<b>-7,074</b>	<b>-8,484</b>	<b>-6,289</b>						<b>-3,443</b>

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 October, the CCG is currently over the new plan by over by 991. The CCG's main provider LUHFT accounts for 72.74% (9,934) of all incomplete pathways in October.

LUHFT's waiting list is currently well below their last year's actuals.

## 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)	1,772	313	A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD). The largest number of patients in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. Where clinically appropriate, virtual clinics have continued to occur across all specialities and routine appointments are being undertaken. Local Liverpool Specialist Trusts continue to work collaboratively with LUHFT to provide additional theatre capacity during the pandemic.
SPIRE LIVERPOOL HOSPITAL : (NT337)	34	7	Routine electives have recommenced, albeit in a limited capacity with the majority of Spire's theatre capacity being dedicated to the local trust. A recovery plan has been proposed with NHSE with the longest wait patients being coordinated across both sites.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	39	6	The COVID-19 crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. RTT continues to be monitored and long waiters are tracked and discussed in depth at weekly PTL meetings. Activity has recommenced but at a reduced rate due to social distancing requirements, PPE and patient willingness to attend. Urgent patients and long waiters remain the priority patients for surgery.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	3	5	The Trust has introduced a new Theatre Scheduling System and work on the system had been progressed throughout the COVID-19 pandemic. Increased theatre throughput will benefit RTT performance overall. The implementation of the system had enabled the Trust to book out theatres six weeks in advance for the first time.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	154	3	The trust has re-established services in line with the NHSE/ I Phase 3 recovery guidance and is achieving the targets set out within the document. The Trust has also undertaken a clinical validation programme in line with the national guidance and seen a reduction in 52 week breaches as activity was restarted. However detailed work had identified the additional capacity required to deal with the increased backlog and this would only be achieved by increasing theatre staffing. All 52 week breaches received a harm review and all patient not offered a date have Diagnostics or outpatients appointments booked. Minimal number of patients now cancelling for COVID-19 related reasons.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	The longest delays continue to be in Orthopaedics Ophthalmology, and ENT. Harm reviews are being completed for patients waiting over 52 weeks. The Waiting List Harm Review Group have met to provide Quality oversight, and review of harm levels. A review of the optimal process and resources required to sustain it on an ongoing basis is currently underway.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	5	2	Patients continue to exercise their personal choice to delay appointments and treatments and so patient choice as a reason for delaying treatment has increased and this is increasing on a monthly basis. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSI regarding the challenges the Trust is facing in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from the Emergency Care Improvement Support Team (ECIST) in order to gain support and insight into how the Trust can increase productivity.
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	16	2	The patient was recovering from COVID-19 and wanted to wait for a face to face appointment. The patient cancelled twice and DNA'd one appointment. The patient now has an appointment booked on 14/12/2020. The patient wanted a face to face appointment but as a teacher had very limited availability. The patient cancelled three times and was seen on 24/11/2020.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	14	2	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. There were 31 patients waiting longer than 52 weeks at Trust level at the end of October. All patients undergo a harm review by the consultant responsible for the patients care. Elective restoration remains hampered by the high levels of Covid positive inpatients occupying beds and the need to provide clean pathways and capacity. The clinical divisions are well-sighted on the issues and have plans to increase elective inpatient throughput with the requirement of an additional ward from a local Liverpool Trust. The Trust remains on track to deliver normal levels of daycase capacity.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	2	The Trust has over 1,000 52 week breaches as a consequence of standing down elective work and the waiting list is expected to grow further through the year with the Trust trajectory reaching 2,756 in March 2021. An Interim Head of Elective Access has been appointed to co-ordinate the RTT recovery strategy and align the UHNM Access Policy to ensure consistency of application of PTL processes and management of pathways across all modalities. The Independent Sector contract is being renewed but with a 75% split for NHS that will enable 52 week waiter patients to be profiled.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	24	1	All patients waiting over 40 weeks continue to be clinically reviewed and over 52 weeks dated in a chronological order. This is for outpatient and inpatient activity and is reliant on the Trust being able to maintain elective activity through the Winter/COVID-19 second wave. Plans continue to be refined to mitigate this.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	This patient was sent a letter in early July advising that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment. As of 2nd December 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	5	1	As part of the national recovery phase three response to the pandemic MFT has recently completed a national return setting out our recovery trajectory for 52 week waits and waiting list size. This exercise was undertaken collectively across the organisation to inform a trajectory which is predicated on core capacity and a range of improvement initiatives e.g. use of the independent sector. The Strategic Group have built in support of ringfencing specialist hospital capacity into the MFT second wave escalation plans in order to maximise and maintain as much elective capacity as possible. In addition to this, a weekly group performance meeting has been stood up to provide oversight of achievement. Teams across MFT are now utilising this information in order to support stratification of our waiting lists in line with access policy principles of treating those with the greatest clinical need first, followed by those with the longest wait.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	5	1	Salford Royal continues to review all in-patient waiting lists in line with Royal College of Surgeons guidance so that capacity is utilised for the highest priority of patients. The Trust continues to increase on-site theatre capacity. There is continued use of off-site NHS and Independent Sector theatre capacity. The longer term planning continues to further increase theatre capacity, including consideration of 7 day working. Mobile air ventilator units are being installed to increase capacity for aerosol generating procedures. The majority of out-patient services will remain unaffected by the recently announced pause in GM. The focus on virtual consultation continues where possible, with out-patient services seeing an increasing number of routine patients. Day case infusion/procedure capacity is increasing. Local service developments currently being implemented at pace for non-admitted patients are Advice & Guidance (A&G) and Patient Initiated Follow-Up (PIFU).
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	53	1	There are a number of indicators relating to RTT which are showing negative variation as a result of COVID. Whilst there has been an improvement in October, it may be difficult to maintain this improvement throughout the winter period and it is expected that these will continue to deteriorate until next year before return to expected level. A number of actions are underway; Specialities have recovery plans that are actively managed. Outpatient templates include face to face, telephone and virtual clinics. Theatre sessions have increased to five from October and operating at Renacres continues. In sourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.
Other Trusts	38	0	No Trust Information.
	<b>2,162</b>	<b>349</b>	

## 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		Jul-20	Aug-20	Sep-20	Oct-20	YTD		
	2 Week Wait (Target 93%)	CCG	96.45%	93.58%	93.60%	94.18%	95.37%		
		LUHFT	95.59%	93.22%	93.76%	96.19%	94.97%		
	2 Week breast (Target 93%)	CCG	96.55%	95.24%	100%	95.35%	97.33%		
		LUHFT	97.39%	96.30%	93.90%	94.87%	96.35%		
	31 day 1st treatment (Target 96%)	CCG	97.78%	98.25%	97.18%	93.10%	95.73%		
		LUHFT	96.61%	96.12%	95.75%	93.78%	93.93%		
	31 day subsequent drug (Target 98%)	CCG	100%	96.30%	100%	100%	97.84%		
		LUHFT	100%	94.12%	100%	98.53%	95.37%		
	31 day subsequent surgery (Target 94%)	CCG	80.00%	100%	91.67%	100%	91.21%		
		LUHFT	76.39%	79.63%	89.80%	78.57%	79.77%		
	31 day subsequent radiotherapy (Target 94%)	CCG	100%	94.12%	100%	100%	97.52%		
		LUHFT	No pats	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	CCG	85.71%	69.70%	78.79%	68.89%	76.28%		
		LUHFT	75.38%	74.32%	66.67%	73.06%	71.61%		
	62 Day Screening (Target 90%)	CCG	50.00%	0.00%	No pats	0.00%	40.00%		
		LUHFT	0.00%	6.67%	69.23%	38.46%	42.15%		
	62 Day Upgrade (Local Target 85%)	CCG	90.91%	100%	84.62%	87.50%	84.38%		
		LUHFT	87.65%	93.48%	90.91%	86.62%	97.50%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>Both the CCG and Trust are achieving 3 of the 9 cancer measures year to date.</li> <li>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.</li> <li>Surgical waiting list remains stable, although there are some long longer waiting patients for urology at LUHFT.</li> </ul> <p><b>Key breach reasons as recorded are:-</b></p> <ul style="list-style-type: none"> <li>Patient choice, inadequate elective capacity, complex diagnostic pathways, health care professional initiated delay and other reasons - see above.</li> <li>Monthly accountable pathway numbers treated by LUHFT on 62 day pathways for October are the highest since the pandemic started (135.5).</li> <li>Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<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"> <li>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;</li> <li>To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints;</li> <li>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.</li> </ul> <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"> <li>- Direct visibility of patient tracking list (PTL) data for live reporting.</li> <li>- Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.</li> <li>- Predicted performance information.</li> <li>- Proactive rather than reactive management.</li> <li>- Brings together like for like data for Alliances across the North West.</li> <li>- Support to cancer management teams on activity volumes / growth.</li> <li>- Tracking of key issues – such as 104 day breaches.</li> </ul>									
<b>When is performance expected to recover:</b>									
<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"> <li>Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.</li> <li>Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral.</li> <li>Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.</li> <li>Providers have submitted their cancer improvement plans to NHSE/I with a focus on reducing long waits.</li> <li>At a Cancer Alliance level, these performance trajectories are being met.</li> </ul>									
<b>Quality:</b>									
<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>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			



## 2.5.1 104+ Day Breaches



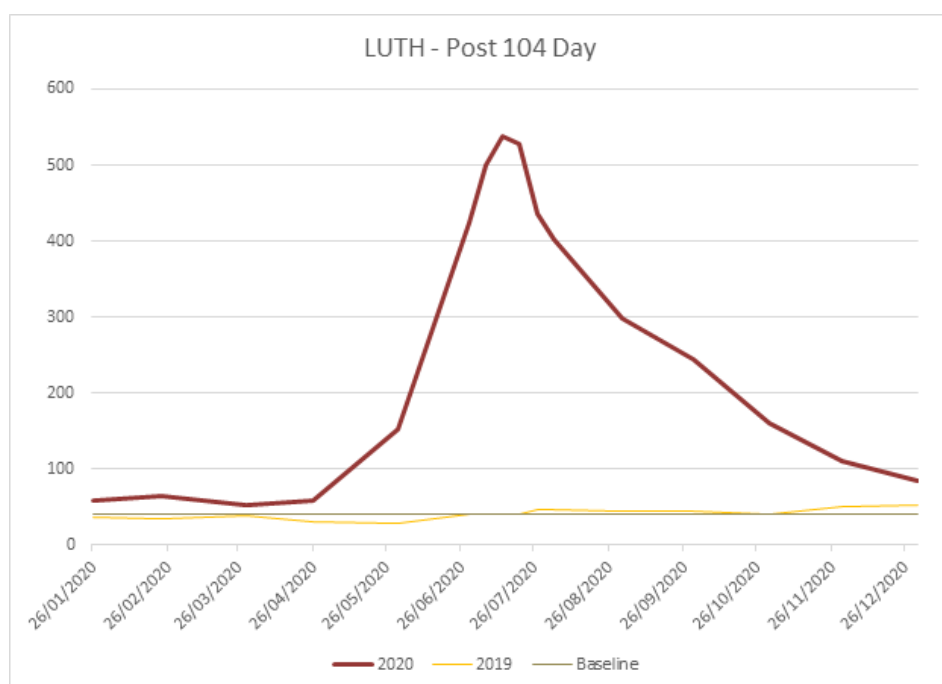



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days - LUHFT</b>		<b>Latest and previous 3 months</b>				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		8	8	13	16	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Out of the 16 breaches in October there were 5 for urological, 5 lower gastro, 2 upper gastro, 2 haematological, 1 head and neck and 1 other.</li> <li>There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP).</li> <li>The average total days waited in October 2020 for patients who had breached 104 days at LUHFT was 147 days, compared to 198 in September.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.</li> </ul>						
<b>When is performance expected to recover:</b>						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information shows that the Provider is well under the trajectory at 16 and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
<b>Quality:</b>						
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"> <li>Cancer no longer operable.</li> <li>More radical surgery required.</li> <li>Reduced treatment options.</li> <li>Loss of functionality.</li> <li>Prolonged psychological harm.</li> </ul>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Dr Debbie Harvey		Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

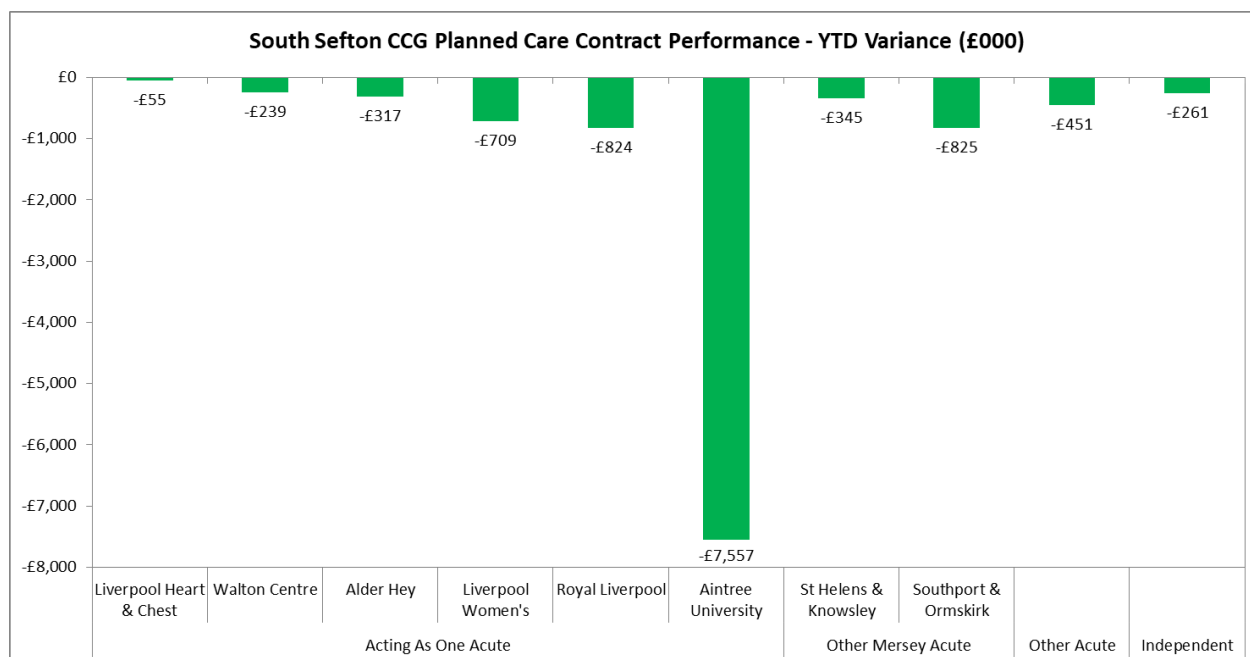


## 2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Cancer - Faster Diagnosis Standard Measures</b>		<b>Previous 3 months, latest and YTD</b>							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jul-20	Aug-20	Sep-20	Oct-20	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	71.86%	70.00%	68.84%	75.45%	73.63%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	85.96%	83.33%	89.19%	90.91%	89.76%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS Screening Referral	CCG	23.81%	47.06%	40.00%	44.44%	34.36%		
		Target	Target due to start 2021 - 75%						
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>The 28 day FDS standard is still being shadow monitored. The standard is expected to be 75%.</li> <li>RAG is indicating what the measures would be achieving when the target comes in.</li> <li>28 Day FDS overall is reporting 76.11% for October 73.94% year to date so just under the proposed target.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<ul style="list-style-type: none"> <li>The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe.</li> <li>Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment.</li> <li>Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section.</li> </ul>									
<b>When is performance expected to recover:</b>									
Not applicable.									
<b>Quality:</b>									
Not applicable.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			

## 2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers





Month 7 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. A further increase in elective capacity was 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. Early indications are that the second national lockdown initiated on 5th November has resulted in a further decrease in planned care activity at lead providers for the CCG.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.5m/-45% against the previous year. Across all providers, South Sefton CCG has underperformed by -£11.5m/-41%.

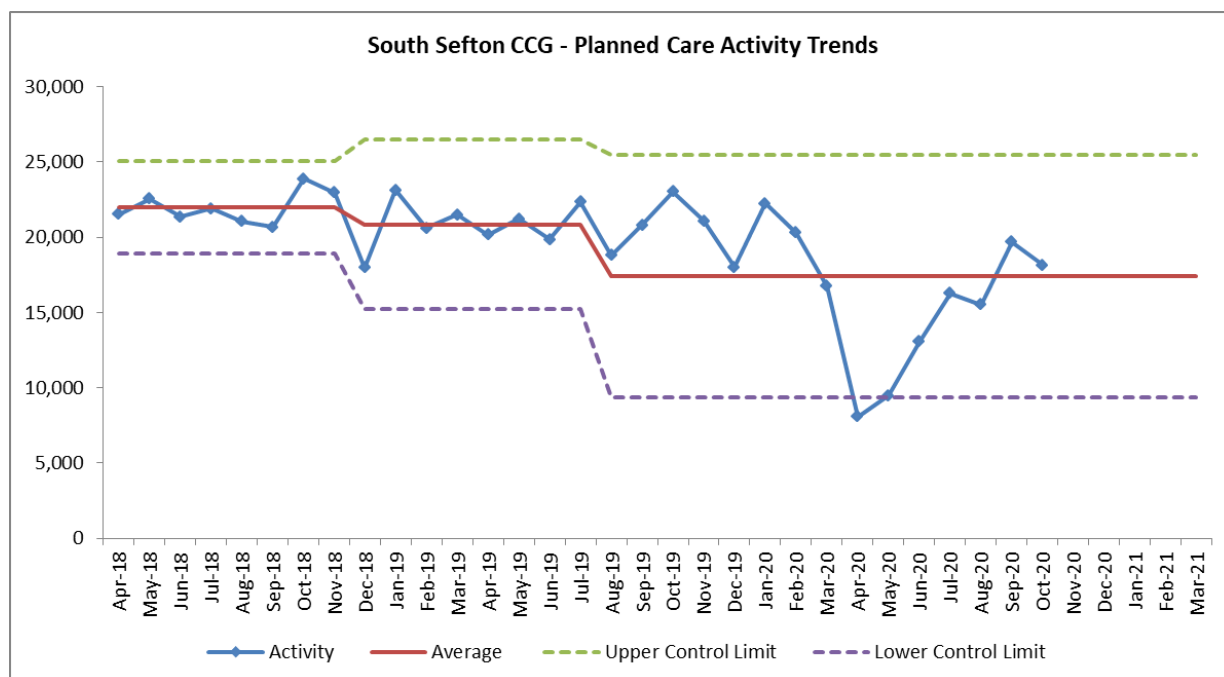
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres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

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

Due to the COVID-19 pandemic, a number of month 7 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not 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 7 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	7,398	3,468	-3,930	-53%	£4,642	£1,994	-£2,648	-57%
Elective	785	308	-477	-61%	£2,522	£782	-£1,740	-69%
Elective Excess BedDays	379	83	-296	-78%	£102	£22	-£80	-78%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	120	63	-57	-48%	£25	£13	-£12	-49%
OPFANFTF - Outpatient first attendance non face to face	848	5,018	4,170	492%	£28	£664	£636	2281%
OPFASPCL - Outpatient first attendance single professional consultant led	18,250	10,918	-7,332	-40%	£2,947	£1,722	-£1,225	-42%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	492	99	-393	-80%	£50	£10	-£41	-81%
OPFUPNFTF - Outpatient follow up non face to face	3,643	19,859	16,216	445%	£92	£1,205	£1,113	1214%
OPFUPSPCL - Outpatient follow up single professional consultant led	38,596	12,457	-26,139	-68%	£2,881	£869	-£2,012	-70%
Outpatient Procedure	13,610	4,381	-9,229	-68%	£1,902	£660	-£1,241	-65%
Unbundled Diagnostics	8,499	5,621	-2,878	-34%	£703	£482	-£221	-31%
Wet AMD	1,020	875	-145	-14%	£816	£730	-£86	-10%
<b>Grand Total</b>	<b>93,640</b>	<b>63,150</b>	<b>-30,490</b>	<b>-33%</b>	<b>£16,710</b>	<b>£9,153</b>	<b>-£7,557</b>	<b>-45%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£7.5m/-45% for South Sefton CCG at month 7. 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 -33.1% across all referral sources combined.

The two points of delivery to report an over performance at month 7 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). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.

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). General Surgery has seen a sharp increase in appointments with 698 recorded in September 2020. This is against an average of 59 appointments per month for this speciality during 2019/20. The 309 appointments within the Physiotherapy Service during October 2020 are also 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 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 7 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.



### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

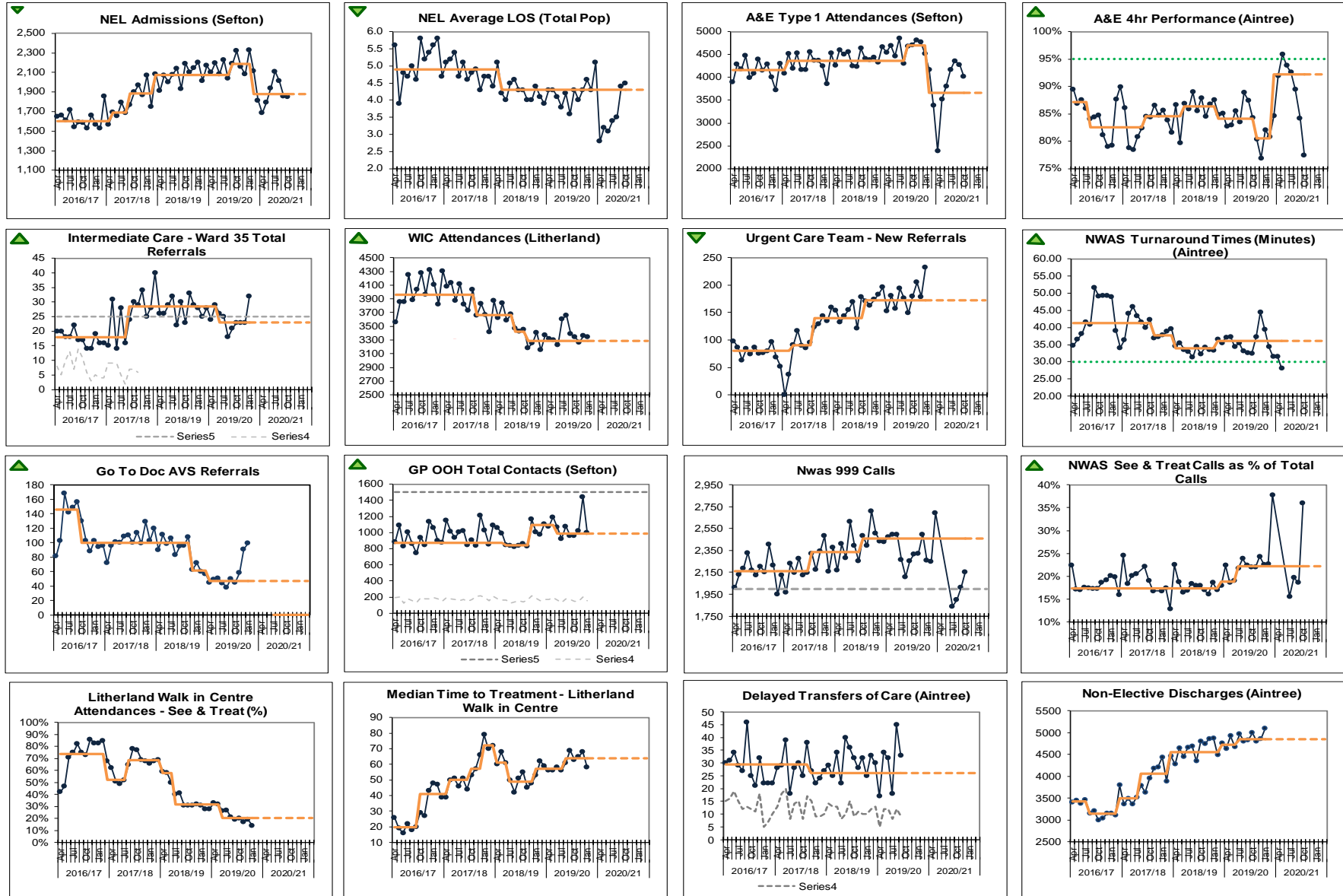
##### 3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Jul-20	Aug-20	Sep-20	Oct-20	YTD		
		CCG All Types	92.81%	89.83%	85.16%	78.48%	89.24%	
		Previous Year	Jul-19	Aug-19	Sep-19	Oct-19	YTD	
		CCG All Types	80.07%	85.17%	83.43%	84.32%	81.52%	
		LUHFT All Types	Jul-20	Aug-20	Sep-20	Oct-20	YTD	
		LUHFT Type 1	90.13%	85.37%	77.95%	67.40%	84.88%	
National Standard: 95% No improvement plans available for 2020/21								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Performance is based on the overall LUHFT A&amp;E position at Aintree and the Royal.</li> <li>Attendances have increased to pre-COVID levels throughout summer and into October with performance deteriorating as emergency admissions increase and more pressures on beds and flow from A&amp;E.</li> <li>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.</li> </ul>								
<b>Actions to Address / Assurances</b>								
<p>Work continues in regard to following actions:</p> <ul style="list-style-type: none"> <li><b>North Mersey Capacity &amp; Flow group</b> with health and social care system partner involvement in weekly review of activity, escalation triggers, action required.</li> <li><b>Patient flow - admission and discharge</b> - 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.</li> <li><b>NHS111 First</b> - Shadow Implementation Group work progressing to support implementation and go live on 17/11/20.</li> <li><b>Winter plan</b> finalised and submitted to NHSE/I with projects identified to avoid A&amp;E attendance and hospital conveyance.</li> <li><b>Urgent Treatment Centre</b> implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&amp;E attendances.</li> </ul> <p>Above actions all critical now with increased emergency admissions and rising COVID patients within Trust October and November.</p>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
There have been 8 x 12-hour breaches with further information outstanding in regard to headline themes.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell		Craig Blakey			Janet Spallen			


















### 3.1.2 LUHFT A&E Performance 12 hour breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>LUHFT A&amp;E Performance 12 hour breaches</b>		<b>Latest and previous 3 months</b>				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.  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.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		0	0	0	7	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>October saw 7 over 12 hour breaches at the Trust.</li> <li>The Trust did not follow procedures agreed in North Mersey AED 12 hour breach policy in regard to notification to Liverpool CCG as lead commissioner.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Feedback required on 48 hours high level review followed by more detailed Root Cause Analysis</li> </ul>						
<b>When is performance expected to recover:</b>						
The Trust is required to ensure that there are no 12 hour breaches at all times.						
<b>Quality:</b>						
Quality Team set up task and finish group to standardise reporting of 12 hour breaches and mechanisms for providing assurance of patient safety. This is a Cheshire and Merseyside piece of work and will be reported into the DoNs meeting. Currently 3 providers across the patch are piloting a new 48 hour review template that aims to help reduce the burden of providers completing lengthy RCAs.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Martin McDowell		Craig Blakey		Janet Spallen		



### 3.2 Urgent Care Dashboard



## Definitions



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

### 3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
<b>Category 1,2,3 &amp; 4 performance</b>		<b>Previous 2 months and latest</b>					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - 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.
<b>RED</b>	<b>TREND</b>	Cat	Target	Aug-20	Sep-20	Oct-20		
		Cat 1 mean	<=7 mins	00:07:18	00:06:58	00:07:38		
		Cat 1 90th Percentile	<=15 mins	00:11:32	00:11:45	00:14:03		
		Cat 2 mean	<=18 mins	00:35:00	00:39:45	00:51:57		
		Cat 2 90th Percentile	<=40 mins	01:19:43	01:29:14	01:49:31		
		Cat 3 90th Percentile	<=120 mins	03:49:29	04:29:00	05:31:39		
Cat 4 90th Percentile	<=180 mins	04:43:43	04:41:27	06:04:28				
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
The following actions are part of an ongoing work programme: <ul style="list-style-type: none"> <li><b>NWAS recovery plan:</b> 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.</li> <li><b>Integrated UEC:</b> 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.</li> <li><b>Patient Transport Service (PTS) redesign:</b> 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.</li> <li><b>NHS 111 First:</b> Shadow implementation group in place to support roll out to the LUHFT system with go live date of 17/11/20.</li> </ul>								
<b>When is performance expected to recover:</b>								
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.								
<b>Quality:</b>								
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.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell		Craig Blakey			Janet Spallen			





### 3.4 Ambulance Handovers



Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>					a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)  b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	LUFHT	Target	Aug-20	Sep-20	Oct-20		
		(a)	<=15-30mins	185	276	307		
		(b)	<=15-60mins	15	70	99		
		Aintree	Target	Aug-19	Sep-19	Oct-19		
		(a)	<=15-30mins	98	102	116		
		(b)	<=15-60mins	38	46	39		
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The Trust reported a decline in handover between ambulance and A&amp;E within 15 minutes and none waiting more than 30 minutes, recording 307 breaches compared to 276 last month.</li> <li>There was also a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 99 compared to 70 last month.</li> <li>October shows continued deteriorating performance as Trust experiences high levels of ambulance conveyances and more pressures on A&amp;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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>Implementation of direct conveyancing to assessment area to reduce risk of A&amp;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.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. 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.								
<b>Quality:</b>								
No quality / patient issues have been reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Martin McDowell		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	Jul-20	Aug-20	Sep-20	Oct-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.
		72.70%	54.80%	36.00%	24.40%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		86.70%	80.40%	73.20%	80.43%		
		Stroke Plan: 80% TIA 60% (previously achieving, data currently unavailable) *2019 data is for Aintree					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Latest data show another marked decline in performance.</li> <li>• The Stroke data is for the Royal site only.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
The LUHFT board report acknowledged that stroke performance has deteriorated. An update on stroke services support was due to be provided on what went well and what lessons were learnt during COVID-19, this paper has not been done due to current pressures of the second wave; this action will be followed up in the New Year by LUHFT CCF.							
<b>Mersey Stroke Board:</b>							
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) and rehab 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.							
<b>When is performance expected to recover:</b>							
Performance recovery not known at this time.							
<b>Quality:</b>							
No quality aspect reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Martin McDowell		John Wray			Billie Dodd		



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

Indicator		Performance Summary						Potential organisational or patient risk factors
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
<b>GREEN</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20		
		CCG	0	0	0	0		
		LUHFT	2	3	3	3		
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	1	1	1	1		
		Aintree	2	2	2	2		
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>• RAG rating and trend is on CCG cases.</li> <li>• No new cases of MRSA reported in October for the CCG or the Trust.</li> <li>• Measuring against the CCG Peers, South Sefton CCG lies joint 1st in the rankings (best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>• Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis.</li> <li>• As with all the IPC indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus.</li> </ul>								
<b>When is performance expected to recover:</b>								
This is a zero tolerance indicator so recovery is not possible.								
<b>Quality:</b>								
Any further incidents will be reported by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead			Jennifer Piet			

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

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>					<p><b>2020/21 Plans</b> Measuring against last year's objectives: CCG: &lt;= 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>
<b>GREEN</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20		
		CCG	9	11	17	19	
		LUHFT	27	35	54	61	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	17	22	29	35	
		Aintree	28	33	44	56	
CCG - Actual 19 YTD - Target 34 YTD LUHFT - Actual 61 YTD - Target 64 YTD							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies joint 2nd in the rankings (1st being best performing).</li> <li>For LUHFT there have been 61 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 64 cases. In October saw 7 cases.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>There have been no periods of increased incidence of infection in 2020/21.</li> <li>Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19</li> <li>The post infection reviews (PIR) recommenced in July until the end of August. During September they have been put on hold, however, the nationally required surveillance is still be completed.</li> <li>There were 7 cases reported across the Trust in October.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
<b>Quality:</b>							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Brendan Prescott		Gina Halstead			Jennifer Piet		

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

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Incidence of Healthcare Acquired Infections: E Coli</b>		<b>Previous 3 months and latest (cumulative position)</b>					<p><b>2020/21 Interim Plan:</b>            &lt;=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>
<b>RED</b>	<b>TREND</b>		Jul-20	Aug-20	Sep-20	Oct-20	
		CCG	39	56	67	76	
		LUHFT	176	234	274	312	
		Previous year	Jul-19	Aug-19	Sep-19	Oct-19	
		CCG	63	75	84	99	
		Aintree	128	160	190	249	
		CCG - Actual 76 YTD - Target 75 YTD					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July, as they were suspended due to the COVID-19 pandemic.</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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 - Oct	100	87.79	↑

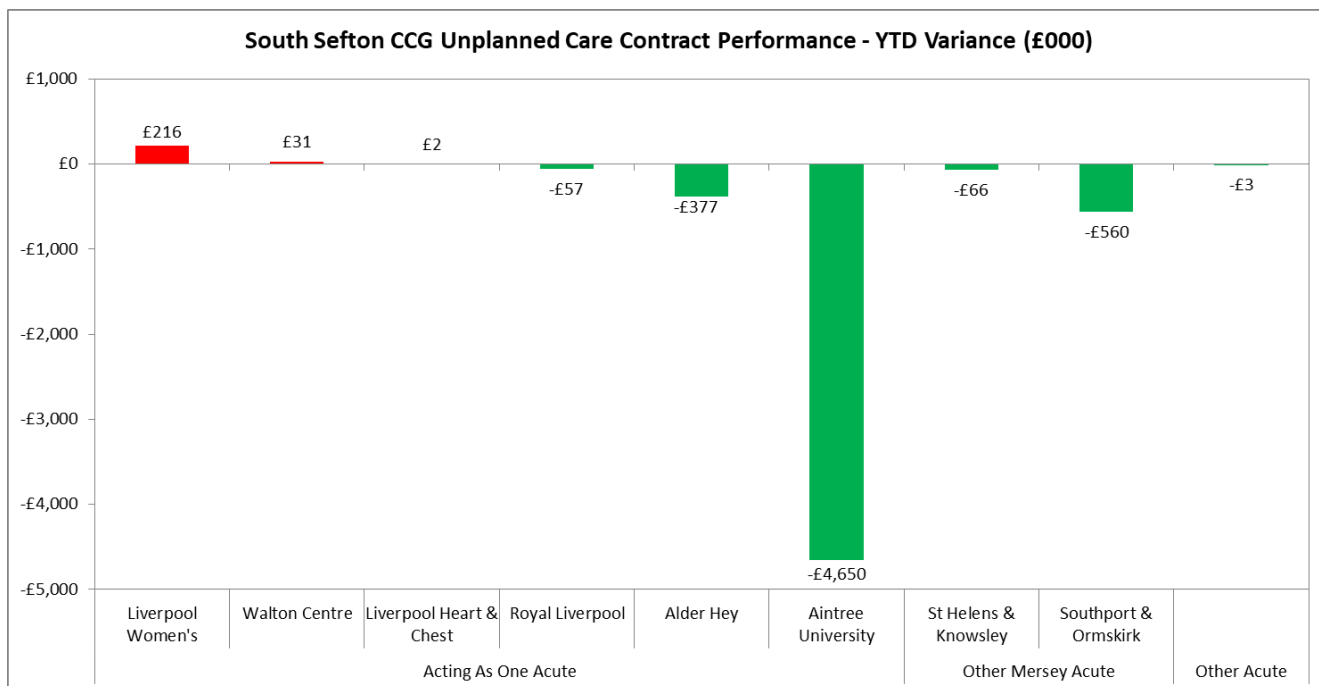
For October HSMR is higher than reported the previous month at 87.79 (previous month 84.1). HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is 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 Unplanned Care Activity & Finance, All Providers

#### 3.6.1 All Providers

Figure 9 - Unplanned Care – All Providers



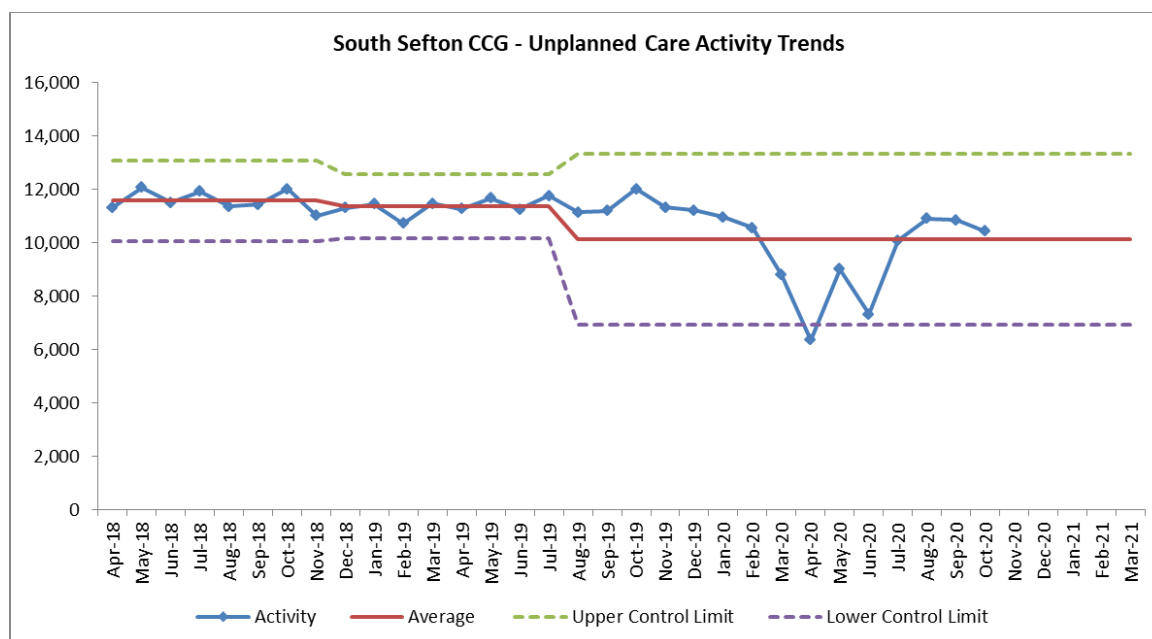
Month 7 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to ‘stay at home’. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. Further increases in activity levels were 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. Early indications are that the second national lockdown initiated on 5th November 2020 has resulted in a further decrease in unplanned care activity at lead providers for the CCG.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£4.6m/-17% against the previous year. Across all providers, South Sefton CCG has underperformed by -£5.4m/-16.5%.

**NB.** Due to the COVID-19 pandemic, a number of month 7 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not 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 7 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**



### 3.6.2 Aintree Hospital

**Figure 11 - Unplanned Care – Aintree Hospital**

	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
Aintree University Hospitals Urgent Care PODS								
A&E WiC Litherland	23,829	20,124	-3,705	-16%	£589	£597	£8	1%
A&E - Accident & Emergency	21,676	19,002	-2,674	-12%	£3,526	£3,201	£-325	-9%
NEL - Non Elective	10,270	9,209	-1,061	-10%	£20,566	£17,129	£-3,437	-17%
NELNE - Non Elective Non-Emergency	26	36	10	38%	£150	£121	£-29	-19%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	49	69	20	-	£13	£18	£5	-
NELST - Non Elective Short Stay	2,205	1,909	-296	-13%	£1,540	£1,331	£-209	-14%
NELXBD - Non Elective Excess Bed Day	5,324	2,701	-2,623	-49%	£1,369	£705	£-664	-49%
<b>Grand Total</b>	<b>63,379</b>	<b>53,050</b>	<b>-10,329</b>	<b>-16%</b>	<b>£27,752</b>	<b>£23,102</b>	<b>£-4,650</b>	<b>-17%</b>

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£4.6m/-17% for South Sefton CCG at month 7. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -16% and -12% respectively. The majority of this decrease can be attributed to the COVID-19 national response and public advice to ‘stay at home’, which was enacted from 23<sup>rd</sup> March 2020. However, 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 slight decreases up to October 2020.

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 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 anticipated additional increases in activity in the coming months. However, October 2020 has seen the lowest number of non-elective admissions during the last two years at Aintree Hospital with analysis suggesting a decrease in A&E conversion rates. Early indications are that the second national lockdown initiated on 5th November 2020 has resulted in a further decrease in unplanned care activity levels.

**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 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 7 year to date actuals.



## 4. Mental Health

### 4.1.1 Eating Disorder Service Waiting Times



Indicator		Performance Summary				KPI 123b	Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>					 
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20		
		25.88%	31.61%	29.41%	25.00%		
		71.43%	66.67%	64.29%	75.00%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place.</li> <li>• Out of a potential 24 Service Users, 6 started treatment within the 18 week target (25%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> <li>• Comparing to last year there has been a decline of 50%.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Trust Actions:</b>							
<ul style="list-style-type: none"> <li>• Due to COVID-19 the service has adapted its model.</li> <li>• Group therapy using ZOOM has been established</li> <li>• A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list</li> <li>• Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere.</li> <li>• 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 with meeting arranged for 16th December 2020.</li> <li>• A second post has been advertised in addition to 2 fixed term CBT therapy posts (1 recruited to).</li> <li>• Eating Disorders is also being considered as part of the overall Strategic Plan around the Community Transformation Programme with the STP. The provider is developing a service proposal for a NICE compliant service for consideration by Sefton and Liverpool commissioners.</li> </ul>							
<b>When is performance expected to recover:</b>							
Quarter 3 onwards.							
<b>Quality:</b>							
It is a 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. 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. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

## 4.2 Cheshire & Wirral Partnership (Adult)



### 4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
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	Jul-20	Aug-20	Sep-20	Oct-20		
		0.77%	0.81%	1.03%	1.03%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		1.11%	0.99%	1.07%	1.27%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold.</li> <li>• Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19.</li> <li>• The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. The incoming provider is mobilising in preparation for delivering the new service from 1st January 2021.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
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
<b>IAPT Recovery - % of people moved to recovery</b>		<b>Latest and previous 3 months</b>				123a	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20		
		44.0%	47.3%	37.8%	46.6%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		48.5%	44.2%	45.2%	41.1%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The recovery rate increased in October by 8.8%.</li> <li>It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.</li> <li>The provider has resumed face to face activity.</li> <li>Commissioners are working with the 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.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues have been reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				126a	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.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20		
		59.5%	58.3%	58.5%	58.2%		
		Jul-19	Aug-19	Sep-19	Oct-19		
		63.9%	63.9%	63.7%	63.0%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts.</li> <li>Compared to last year the measure has declined by 4.8%.</li> <li>Measuring against the CCG Peer CCGs, South Sefton CCG lies 8th in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</li> <li>The commissioned voluntary sector in Sefton are providing telephone support to all know clients which includes people with dementia, cognitive impairment and their carers.</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Susan Gough			Kevin Thorne		

## 4.4 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors						
<p>The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check</p>		<p>Latest and previous 3 quarters</p>				<p>123g</p> <p>As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</p>	<p>Risk that CCG is unable to achieve nationally mandated target.</p>						
								RED	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
				22.7%	28.1%	19.0%	16.1%						
				15.3%	17.2%	18.6%	20.7%						
				Plan: 50%									
<p><b>Performance Overview/Issues:</b></p> <ul style="list-style-type: none"> <li>In Quarter 2 of 20/21, 16.1% of the 2,065 of people on the GP SMI register in South Sefton CCG (332) received a comprehensive health check.</li> <li>COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods).</li> </ul>													
<p><b>Actions to Address/Assurances:</b></p> <p><u>Action plan developed which focuses on the following:</u></p> <ul style="list-style-type: none"> <li>Revised LQC scheme in place which highlights the correct template to use for data collection.</li> <li>Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes.</li> <li>Increased awareness of the scheme amongst practices.</li> </ul>													
<p><b>When is performance expected to recover:</b></p> <p>Performance should improve from Quarter 3 2020/21 onwards.</p>													
<p><b>Quality impact assessment:</b></p> <p>No quality issues reported.</p>													
<p><b>Indicator responsibility:</b></p> <table border="1"> <thead> <tr> <th>Leadership Team Lead</th> <th>Clinical Lead</th> <th>Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Geraldine O'Carroll</td> <td>Sue Gough</td> <td>Gordon Jones</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Geraldine O'Carroll	Sue Gough	Gordon Jones
Leadership Team Lead	Clinical Lead	Managerial Lead											
Geraldine O'Carroll	Sue Gough	Gordon Jones											

## **5. Community Health**

### **5.1 Adult Community (Mersey Care FT)**

Focus with the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A 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. Consideration will be given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.

#### **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
<b>Mersey Care Adult Community Services: SALT</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>GREEN</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Jul-20	Aug-20	Sep-20	Oct-20		
		30 wks	9 wks	9 wks	13 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• October's incomplete pathways reported well within the 18 week standard with 13 weeks an increase from the previous 2 months.</li> <li>• The number of referrals remained stable with 20 in September compared to 31 for the previous month.</li> <li>• Workforce issues remain a challenge but with cover in place for vacant posts.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• 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).</li> <li>• Recommencement of treatment of patients categorised as routine.</li> <li>• Weekly review and validation of the waiting list.</li> <li>• Additional SALT capacity being utilised through overtime / additional hours within the division.</li> <li>• Recruitment ongoing to fill vacant posts.</li> </ul>							
<b>When is performance expected to recover:</b>							
<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>							
<b>Quality impact assessment:</b>							
<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>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>GREEN</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Jul-20	Aug-20	Sep-20	Oct-20		
		24 wks	23 wks	12 wks	11 wks		
		Jul-19	Aug-19	Sep-19	Oct-19		
		17 wks	18 wks	20 wks	17 wks		
Target: 18 weeks							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>October's incomplete pathways saw another improvement from 12 weeks in September to just 11 weeks which is well within the 18 week target.</li> <li>The number of monthly referrals decreased slightly in October with 124 compared to 127 in September.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
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 Sefton 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.							
<b>Quality impact assessment:</b>							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		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. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification at the present time due to COVID-19. Merseyside CCGs are being asked to continue with the existing commissioning and contract arrangements in 2021/22.

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.

## 6. Children's Services

### 6.1 Alder Hey NHS FT Children's Mental Health Services



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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 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	Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		7.4%	14.6%	8.8%	35.6%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		6.8%	12.2%	5.4%	24.6%	
Annual Access Plan: 35% (RAG and trend on Q1 data)						
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Quarter 2 data shows a deterioration on Quarter 1 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target.</li> <li>The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment.</li> <li>The start of the Venus and Kooth data flows have continued to have a positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year.</li> <li>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.</li> <li>The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years.</li> <li>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.</li> <li>In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on track to exceed the 35% access plan.						
<b>Quality impact assessment:</b>						
There are no identified quality issues.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

#### 6.1.2 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 and Q2 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate. The CCG has reviewed the Q1 and Q2 data provided by the Trust and is assured that the service performed within the required targets with no breaches in the waiting times for urgent referrals, which were all seen within one week.



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

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ASD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul> <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
<b>GREEN</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		95.0%	95.0%	96.0%	93.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>In October 93% of ASD assessments started within 12 weeks of referral, a slight deterioration in compliance compared to previous months but remaining within the planned target</li> <li>There were 233 open pathways in October and 17 patients who had not started their ASD assessment within 12 weeks</li> <li>At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in September (Q2) stood at 558 which is ahead of the waiting list management plan. This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory.</li> <li>There have been 272 referrals in total to the pathway since April.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ASD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		100%	100%	100%	99%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>99% of ASD assessments were completed within the 30 week target, which exceeds the planned target of 90%.</li> <li>The longest wait in October was 31 weeks which increased from that of 27 weeks in September.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>There is 1 CYP currently at 31 weeks who is waiting for an additional community paediatric review before the multi-disciplinary team (MDT) can conclude the assessment (all other information is received).</li> <li>In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> <li>• Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.</li> <li>• For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		88%	81%	89%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• In October 100% of ADHD assessments started within 12 weeks of referral, an improvement in compliance compared to previous months.</li> <li>• There was an increase in referrals in October: 15 referrals were received compared to 10 in September</li> <li>• 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 September (Q2) was reported as 258, which is ahead of the waiting list management plan. This information is reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance has been achieved in October.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		100%	100%	100%	98%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 98% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90%</li> <li>• There was 1 young person waiting over 30 week. This was due to the delay in the return of the parent questionnaire required to complete the assessment.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• It is anticipated that new referral forms and ongoing engagement with parents and schools will support improvements in the timeliness of the return of information required for assessments.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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

### 6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
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.
GREEN	TREND	Jul-20	Aug-20	Sep-20	Oct-20	
		75.5%	72.4%	86.9%	93.2%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard.</li> <li>The number of referrals continue to increase, which provides an additional challenge to the service, however, this will continue to be monitored.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard, the target which due to be achieved by September 2020 was narrowly missed, however, it was achieved in October. The plan also highlights a second scenario: if referrals increase by 15% then recovery and performance will be impacted; the CCG is closely monitoring referral rates and associated risks.</li> <li>Given the increase in demand for the service and the impact of the second of wave of Covid-19 on staff absence, the CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. This additional resource is expected to commence in January 2021.</li> <li>The trust has introduced a new "COVID support team" which will commence in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> <li>The service continues to monitor referral rates and manage urgent versus routine demand.</li> </ul>						
<b>When is performance expected to recover:</b>						
The 92% target was achieved in October, however, this will continue to be closely monitored given the demand for the service and the impact of the pandemic.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
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
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
<b>RED</b>	<b>TREND</b>	Jul-20	Aug-20	Sep-20	Oct-20	
		40.0%	36.0%	63.6%	62.5%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• There has been a small deterioration in performance in October, however, this is still a significant improvement compared to previous months this year.</li> <li>• There continues to be an increase in demand for the service which is being closely monitored by the CCG.</li> <li>• It is expected that waiting times to partnership will continue to improve over the coming months.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> <li>• The increase in service capacity continues as all staff redeployed to the 24/7 crisis service were returned to the service in September; additional capacity was also continued through agency staff and staff from the existing workforce.</li> <li>• Given the increase in demand for the service and the potential impact of the second of wave of Covid-19 on staff absence, the CCG has agreed additional short term investment to support service resilience and to ensure no further deterioration in waiting times. This additional resource is expected to commence in January 2021.</li> <li>• The trust has introduced a new "COVID support team" which will commence in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.</li> </ul>						
<b>When is performance expected to recover:</b>						
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.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.3 Children's Community (Alder Hey)

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

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). 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
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Jul-20	Aug-20	Sep-20	Oct-20		
		27 wks	27 wks	27 wks	21 wks		
		Jul-19	Aug-19	Sep-19	Oct-19		
36 wks	35 wks	34 wks	33 wks				
Target <= 18 weeks							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The number of patients waiting over 18 weeks for an initial assessment decreased further from 68 in September to 38 in October.</li> <li>There was an increase in the number of referrals in October; 203 compared to 133 in September.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Since the service moved into phase 3 of the pandemic response, face to face activity in clinic and schools has resumed where possible. There continues to be regular reviews of risk and Infection Prevention Control (IPR) requirements. Specialist visors are being trialed to enable more face to face appointments.</li> <li>The improvement plan has been adjusted to take account of increases in referrals during July, August and September; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020.</li> <li>The overall improvement plan also takes account of the SEND improvement trajectories for SALT waiting times, which uses an average waiting time target. In October, the average wait was 13 weeks, exceeding the target as set out in the Trust's improvement plan.</li> </ul>							
<b>When is performance expected to recover:</b>							
In line with the Trust's recovery plan, average waits were reduced to 18 weeks in September 2020 and maximum waiting times are on schedule to be achieved by the 18 week target 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.							
<b>Quality impact assessment:</b>							
There are no identified quality issues to report.							
<b>Indicator responsibility:</b>							
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.



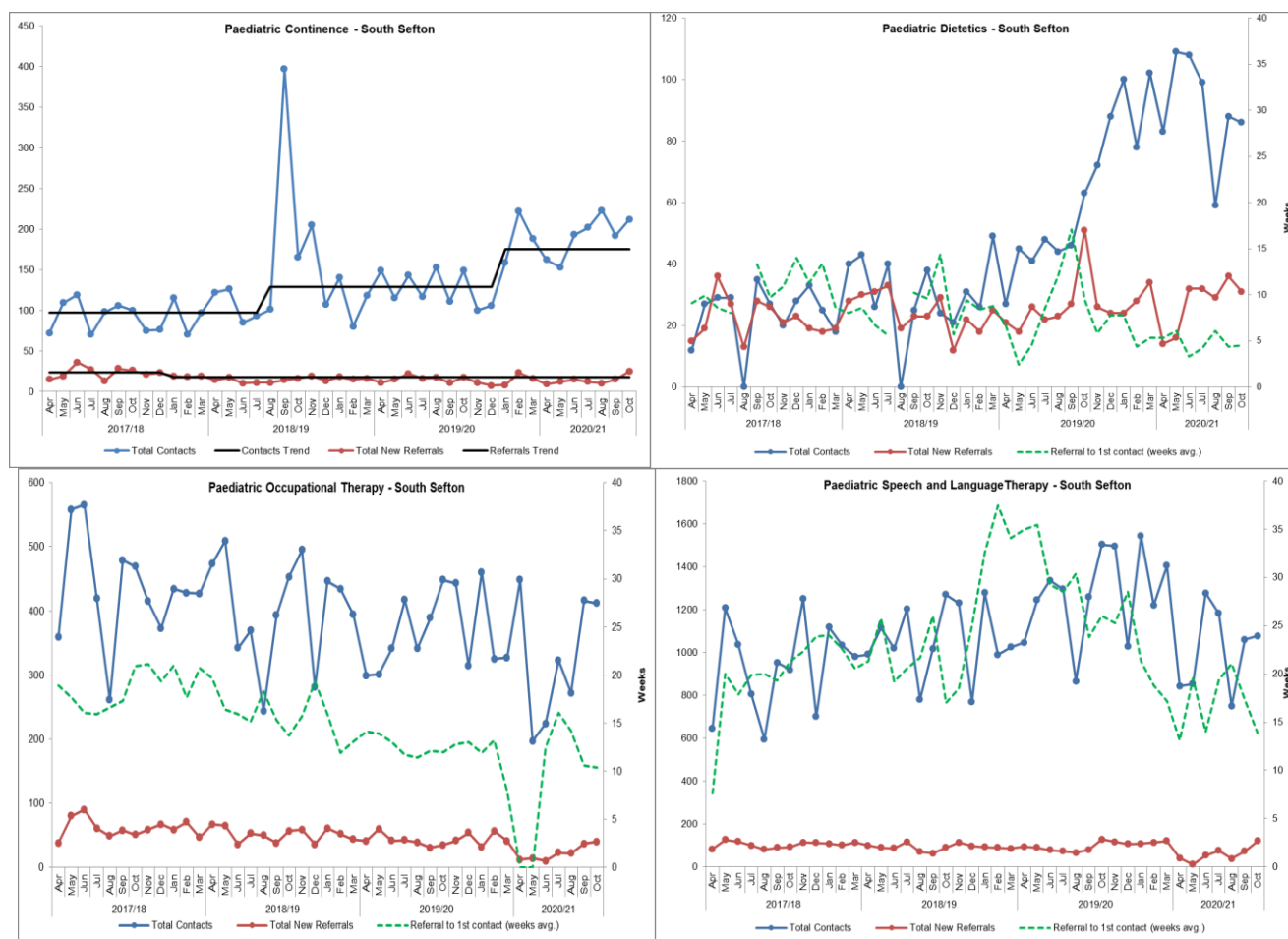
The activity reported in the October contract statement is very positive and shows that there were a total of 86 dietetic appointments, and that the average waiting time was 8.76 weeks with no patients waiting over 18 weeks.

**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	Oct-20
Number of Referrals	14	16	32	32	29	36	31
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76	13.60	12.08	11.20	8.76
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%	100.00%	97.56%	100.00%	100.00%
Total Number Waiting	28	22	31	38	41	32	32
Number Waiting Over 18 Weeks	1	1	1	0	1	0	0



## 6.4 Alder Hey Activity & Performance Charts

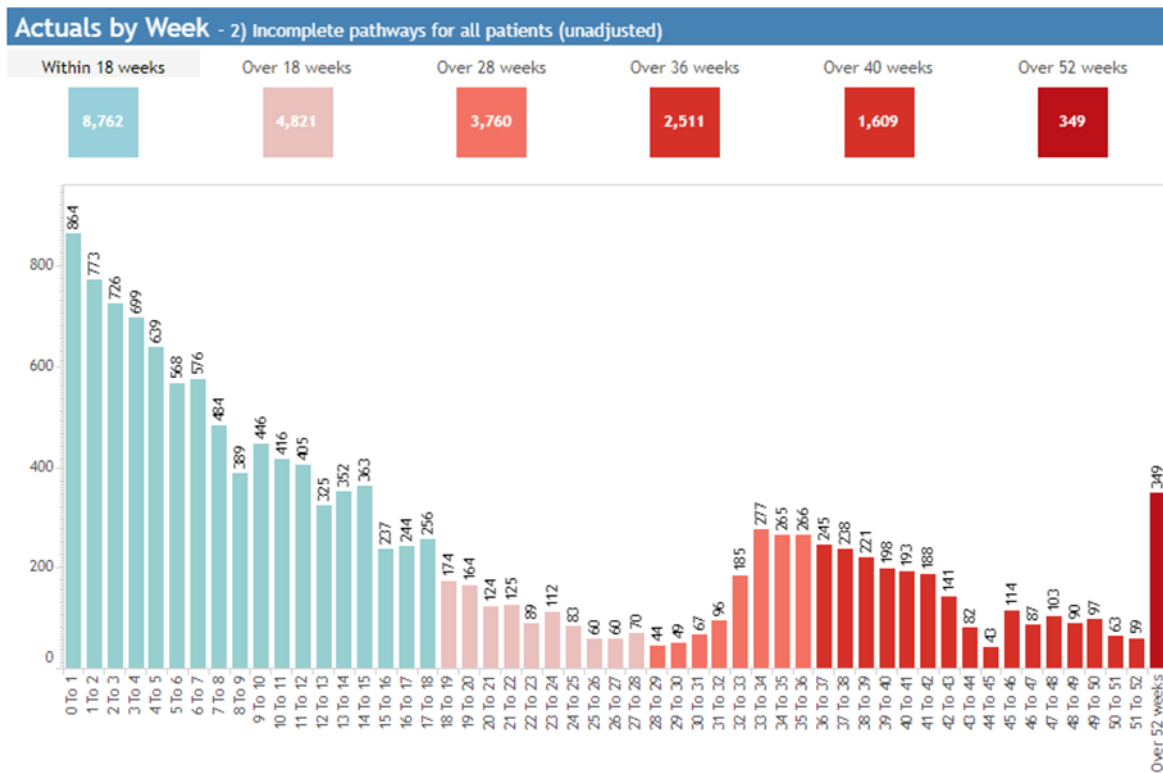




## 7. Appendices

### 7.1.1 Incomplete Pathway Waiting Times

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



### 7.1.2 Long Waiters analysis: Top Providers

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

**Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)**

	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	6,170	3,764	3,064	2,085	1,374	313
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	640	390	267	157	73	3
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	393	120	84	54	32	1
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	150	112	80	45	35	6
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	180	109	48	25	8	1
SPIRE LIVERPOOL HOSPITAL : (NT337)	217	80	54	41	28	7
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	330	77	42	16	5	
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	70	49	27	16	6	2

### 7.1.3 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

