



South Sefton
Clinical Commissioning Group

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Integrated Performance Report June 2021

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Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
<u>NHS e-Referral Service (e-RS) Utilisation Coverage</u> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
<u>% of patients waiting 6 weeks or more for a diagnostic test</u> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R										
		Actual	8.05%	12.71%	14.14%										
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<u>% of all Incomplete RTT pathways within 18 weeks</u> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R										
		Actual	63.70%	66.71%	66.29%										
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<u>Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks</u> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R										
		Actual	1422	978	912										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
<u>Cancellations for non-clinical reasons who are treated within 28 days</u> 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	R	R									R	
		Actual	2	2	1										5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Urgent Operations cancelled for a 2nd time</u> 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	G	R	R									R	
		Actual	0	1	1										2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	R	R									R	
		Actual	94.74%	91.88%	92.13%										92.93%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	R	R	G									G	
		Actual	90.91%	92.00%	97.78%										94.17%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></p> <p>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</p>	South Sefton CCG	RAG	G	G	G									G	
		Actual	100%	96.92%	100%										99.12%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	G	R	G									R	
		Actual	100%	83.33%	100%										93.18%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	R	R	G									R	
		Actual	95%	95.24%	100%										97.18%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G									G	
		Actual	95.24%	96.15%	100%										97.37%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></p> <p>The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	G	R									R	
		Actual	61.11%	85.71%	75%										73.98%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></p> <p>Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	R	R	R									R	
		Actual	75%	75%	40%										66.67%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></p> <p>% 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.</p>	South Sefton CCG (local target 85%)	RAG	G												
		Actual	100%	71.43%	70.42%										78.05%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R										R	
		Actual	85.48%	73.86%	71.29%											76.75%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI																
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R										R	
		YTD	0	0	1										1	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of C. Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R										R	
		YTD	7	13	16										16	
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R										R	
		YTD	6	18	34										34	
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	100%	100%										100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G												G
		Actual	64.3%												64.3%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R										R
		Actual	34.38%	30.30%	36.10%										37.5%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R										R
		Actual	0.56%	0.54%	0.72%										1.82%
		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%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R										R
		Actual	43.3%	41.4%	36.8%										40.78%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G										G
		Actual	96%	100%	92%										93%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	100%	100%										100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R	
		Actual	57.88%	57.74%	58.5%											58.31%
		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%
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check cumulative	South Sefton CCG	RAG	R												R	
		Actual	6.09%												6.09%	
		Target	18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R												R	
		Actual	20.8%												20.8%	
		Target	50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH) Rolling 12 month																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG														
		Actual	Q1 data due September													
		Target	8.75%			8.75%			8.75%			8.75%			35.00%	
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R												R	
		Actual	69.6%												69.6%	
		Target	95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%												100%	
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level	2021-22														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	81.4%	62.5%	54.2%											66.00%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	57.1%	42.3%	72.2%											57.2%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	96%	98%	100%											98.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R										R	
		Actual	85%	83%	77%											81.70%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	99%	98%	100%											98.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G										G	
		Actual	98%	93%	91%											94.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	90.5	77.0												
		Target														

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 3 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for June and Quarter 1 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	14.14%	8.24%
Referral to Treatment (RTT) (92% Target)	66.29%	65.58%
No of incomplete pathways waiting over 52 weeks	912	4,122
Cancer 62 Day Standard (Nat Target 85%)	75.00%	68.54
A&E 4 Hour All Types (National Target 95%)	71.29%	69.62%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	472
Ambulance Handovers 60+ mins (Zero Tolerance)	-	151
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2021/22 - Q1	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q1	64.3%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.72%	-
IAPT Recovery (Target 50%)	36.8%	-
IAPT 6 Weeks (75% Target)	92.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

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 Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, 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.

COVID Vaccination Update

The South Sefton COVID-19 vaccination programme continues to offer dose 1 and dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Maghull Town Hall and North Park Health Centre are now well into phase 2 of the programme and are successfully administering dose 2 vaccinations for patients in cohorts 1-9. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues have also engaged with the local homeless population to offer dose 1 vaccinations and the dose 2 catch up for care home patients, staff and nursing home residents has also happened. At the end of June 2021 there have been 97,794 (or 77.1%) first dose vaccinations and 77,846 (60.0%) second dose vaccinations in cohorts 1-12.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. 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. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent surgical patients (P2), long waiters (52 week plus) with work commencing on the prioritisation of diagnostic waits. Outpatient validation is another expected area of focus to support Elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in the first quarter of 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital has seen a 39.5% increase in secondary care referrals received in June-21 compared to previous month. GP referrals are reporting a 30.9% increase when comparing to the previous month. In terms of referral priority, as anticipated, all priority types have seen an increase at month 3 of 2021/22 when comparing to the equivalent period in the previous year. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals during 2020/21 and into 2021/22.

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 14.14% in June - this being a decline in performance from last month (12.71%). Despite failing the target, the CCG is measuring well below the national level of 22.4%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 8.24% in June, a small decline in performance from last month when 7.49% was reported. But through the commissioning of delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in June was 66.29%, similar to last month's performance (66.71%). Unfortunately, the CCG is reporting slightly below the national level of 68.76%. LUHFT reported 65.58% which is also similar to last month when 65.89% was reported. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat.

There were a total of 2,307 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 912 patients were waiting over 52 weeks, a decrease of 66 on last

month when 978 breaches were reported. The 912 52+ week wait breaches reported for the CCG represent 5.50% of the total waiting list in June 2021 which is just below the national level of 5.59%.

Overall waiters increased by 599 this month with a total 16,576 South Sefton patients now on the RTT waiting list in June 2021. This is compared to 11,311 patients waiting in the equivalent period of the previous year and 15,977 in May 2021.

LUHFT had a total of 4,122 52-week breaches in June 2021, showing a decrease of around -6.4% (282) from last month when the Trust reported 4,404.

The Trust has reported 1 cancelled operation in June. No details given by the Trust. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 3 of the 9 cancer measures year to date and 5 in June, LUHFT are achieving 3 year to date and 3 in month.

The 2 week wait measure remains under target (93%) in June for the CCG recording 92.13% and are now also failing to date. Two week wait breast services has achieved the 93% target and reported 97.78% and are also achieving year to date. LUHFT have achieved both 2 week measures in June and year to date. Access to breast services varies by hospital site for LUHFT and plans are in place to assign patients to the site with the shorter wait and equalise waiting times unless patient expresses a preference for given site.

For Cancer 62 Day standard the CCG is measuring above the national level of 73.27% recording 75% in June but now below the national standard of 85%.

For patients waiting over 104 days, the CCG reported 2 patients. The first (breast) patient's delay was due to complex diagnostic pathway, first seen and treatment Trust was LUHFT and waited 104 days. The second (urological) patient's delay was due to inadequate elective capacity first seen Trust was Southport & Ormskirk, first treatment Trust was LUHFT and waited 119 days. LCCG as lead commissioner for the Trust have set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In June, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

LUHFT Friends and Family Inpatient test response rate is above the England average of 19.6% in April 2021 at 22.2% (latest data reported). The percentage of patients who would recommend the service has slightly decreased to 92%, which is below the England average of 95% and the percentage who would not recommend has increased to 4.7% and still above the England average of 3%.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent 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. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. For the first quarter of 2021/22, this has resulted in a considerable 67% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 80% of 2019/20 (pre-pandemic) activity levels being completed during June-21 and available contracting

data suggests this has been achieved with activity in month representing an increase of 4% to that reported in June-19.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in June 2021, reporting 71.29% and 69.62% respectively. This shows a decline from the previous month and the CCG and Trust performance is now lower than the nationally reported level of 81.71%. LUHFT's catchment position is showing a sustained historical peak in June which is impacting on performance, this is being mirrored across the country at the moment. The Trust will present information around the governance in place internally regarding the AED improvement plans and mitigating actions for the current performance to provide assurance to the CCG and Governing Body. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions continue to be critical with sustained high levels of emergency admissions and A&E attendances at previous levels. COVID admissions have now reduced significantly. It is important to highlight though, that A&E attendances have continued to rise with increased walk-ins of low acuity not requiring emergency admission. This is also being seen in Walk-In Centre data and primary care also reporting pressures. Work is underway to try to understand causal factors and how best to address.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for June 2021, when the average response time for South Sefton was 8 minutes 19 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 42 minutes 09 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile this has shown the largest deterioration. The CCG is yet to achieve the targets in category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

For ambulance handovers, LUHFT reported a decrease in ambulance handover times in June for handovers of 30 and 60 minutes which decreased from 484 to 472, but those above 60 minutes increased from 137 to 151. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system.

The CCG and Trust reported 1 new case of MRSA in June against a zero-tolerance plan. This patient was identified at the Aintree site. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 3 new cases of C difficile cases in June (16 year to date) against a year to date target of 15. The CCG do not have the new objectives/plans for C. Difficile for 2021/22 as these have not been released nationally as yet, in the interim last year's plans are being used. LUHFT reported 14 new cases in June (33 year to date) against a year to date target of 27. It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E. coli for 2021/22 therefore the CCG is reporting against last year's target of 128. In June there were 16 new cases (34 year to date), against a year to date target of 32 so failing the target currently. LUHFT reported 12 new cases in June (31 year to date). There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 106.91 in June, over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 10.8% in June 2021 at 20.7%. The percentage of patients who would recommend the service has decreased to 79.7%, which is below the England average of 82%. The percentage who would not recommend has increased to 13.3% and also above the England average of 11%.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and June-21 has seen only a small decrease when compared to the previous month. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

Mental Health

The Eating Disorder service has reported 36.10% of patients commencing treatment within 18 weeks of referral in June, compared to a 95% target. 13 patients out of 36 commenced treatment within 18 weeks. This shows a small improvement on last on month (30.30%).

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.72% in June, below the monthly target standard of 1.59%.

The percentage of people who moved to recovery was 36.8% in June against the target of 50%, which is a decline from last month when 41.4% was reported.

South Sefton CCG is recording a dementia diagnosis rate in June of 58.5%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly better than last month's performance (57.7%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The Trust has undertaken a revalidation exercise of waiting times as figures reported prior to April 2021 were waiting times to initial assessment and not to diagnosis. The Trust is expecting to have all those identified with SEND (37 people) on the waiting list to have their diagnostic assessment to be completed by the end of July 2021. Once the 37 SEND assessments are completed the waiting list initiative will continue to operate targeting all age long waiters but with any new SEND referrals being prioritised. The CCG has approved of £53k (£100k) of recurring investment within the ASD service as part of its overall Mental Health Long Term Plan 2021/22 investment plan. This investment will ensure that the service is more sustainable by increasing assessment capacity going forward.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 78 weeks in June 2021. The waiting list cleanse has been completed and list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust originally planned to recruit two agency staff but this was not possible so instead the Trust is planning to second a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments

per week. In addition, the Trust plans to outsource 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)

Focus within 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 Clinical Quality Performance Group (CQPG) for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 3 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 26 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing and Physiotherapy which continues to see high demand. Consideration is being 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.

Children's Services

In its ongoing response to the impact of the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this 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, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service and all referrals are clinically triaged at the point of receipt and prioritised according to need. For June, whilst SALT continues to fall below the 92% target, dietetics and occupational therapies continue to be maintained. The trust has just commenced reporting monthly physiotherapy performance which is also within the 92% waiting time target.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in June. Notably SALT stood at 18 weeks against the 18-week KPI.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged locally. Whilst there has been an overall deterioration in performance since December 2020, there have been some improvements in referral to partnership waiting times, in part due to the additional staff who commenced in post as a result of the CCGs' short term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery and Sefton has been allocated an additional mental health investment of circa £800k in 2021/22. There has been significant system wide and local progress in relation to the allocation of the additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. These plans have now been finalised and providers have been allocated additional funding, including the third sector. Alder Hey has commenced the recruitment process for the additional posts. Over the

coming weeks, providers will develop revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the Trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced.

The 2020/21 year end mental health access rate was 34.7%. Whilst this narrowly missed the access plan target of 35% this is an improvement on the previous year, when the rate was 29.9%. The improvement is in part due to third sector provider, Venus, and the online counselling service, Kooth, commencing reporting of their activity through the national data set.

Referral rates for ASD/ADHD services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within agreed timescales. Whilst ADHD waiting times are increasing, they remain within target currently, but due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in June and fell to 77%. The trust has a number of mitigating actions in place to manage this and a paper has been shared by the CCGs outlining the current position, mitigations and options for consideration.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%	2020/21 Previous Financial Year	2021/22 Actuals	+/-	%
April	725	3288	2563	353.5%	828	699	-129	-15.6%	2200	5320	3120	141.8%
May	1012	2881	1869	184.7%	1138	1039	-99	-8.7%	2929	4803	1874	64.0%
June	1719	3771	2052	119.4%	1224	1448	224	18.3%	3910	6211	2301	58.8%
July	2402				1501				4929			
August	1966				1410				4380			
September	2301				1683				5070			
October	2502				1539				5123			
November	2325				1704				5041			
December	2220				1668				4869			
January	2078				1537				4546			
February	2115				1585				4689			
March	2524				1880				5559			
Monthly Average	1991	3313	1323	66.4%	1475	1062	-413	-28.0%	4437	5445	1008	22.7%
YTD Total Month 3	3456	9940	6484	187.6%	3190	3186	-4	-0.1%	9039	16334	7295	80.7%
Annual/FOT	23889	39760	15871	66.4%	17697	12744	-4953	-28.0%	53245	65336	12091	22.7%

Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 & 2021/22





Month 3 Summary:

- A focus on elective restoration has ensured that South Sefton CCG referrals in the first quarter of 2021/22 are 81% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -8% lower as at month 3.
- At the lead provider hospital site, trends show that total secondary care referrals in June-21 have increased by 1,126/39.5% when compared to the previous month for Aintree Hospital and are the highest number of referrals reported since October-19.
- Referrals to Aintree Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -7% below pre-pandemic (i.e. 2019/20) levels.
- GP referrals are reporting a 30.9% increase when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 20 additional GP referrals per day in June-21 when comparing to the previous.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2020/21. Referrals to this speciality in month 3 are approximately 17% (37) higher than in the previous month but remain below levels seen in 2020/21. However, South Sefton CCG are aware of a recording issue from May-21 as a result of a PAS merger between the Aintree Hospital and Royal Liverpool sites. This appears to have resulted in decreases in specialities such as Trauma & Orthopaedics and increases in specialities such as Physiotherapy and Cardiology.
- In terms of referral priority, all priority types have seen an increase at month 3 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with an increase of 153.9% (6,782).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in the previous year from June-20 to May-21. The 983 two week wait referrals reported in March-21 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up much of this increase with Gastroenterology and Dermatology also contributing significantly.
- Data for June-21 is significantly higher than in June-20 across the board, the majority of this is due to the effects of COVID-19 on 2020 data at the start of the pandemic. Much of this data is now being reconciled for 2021/22 which explains the high variances within the data.



2.2 NHS E-Referral Services (e-RS)

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. Current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Mar-21	Apr-21	May-21	May-21	
		CCG	8.39%	8.05%	12.71%	14.14%	
		LUHFT	10.79%	7.85%	7.49%	8.24%	
		Previous year	Mar-20	Apr-20	May-20	May-20	
		CCG	14.14%	65.50%	66.90%	53.45%	
		LUHFT	13.45%	69.60%	67.80%	53.50%	
National Target: less than 1%				Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%			
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 2,312 patients on the waiting list with 327 waiting over 6 weeks (of those 143 are waiting over 13 weeks). Same period last year saw 3,547 patients waiting in total and 1896 waiting over 6 weeks (of those 1237 waiting over 13 weeks). Gastroscopy (137) and Colonoscopy (101) make up 73% of the total breaches. The CCG and Trust is reporting well below the national level of 22.4%. For LUHFT joint performance was 8.24% in June compared to 7.49% a small decline from the previous month. Impact on performance due to COVID-19 pandemic but is showing improvement. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. 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 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. 							
System:							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, CCGs submitted final expected activity/financial assumptions in June 2021. Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. Through the commissioning and delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. The Trust continues to benefit from access to the relocatable scanner for imaging, insourcing endoscopy capacity and mutual aid. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	62.11%	63.70%	66.71%	66.29%	
		LUHFT	63.44%	63.42%	65.89%	65.58%	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	79.08%	70.40%	59.70%	49.96%	
		LUHFT	78.36%	68.70%	59.20%	47.35%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, this month there has been no improvement in performance compared to last month. The challenged specialties include T&O (54%), General Surgery (50.6%), Urology (55.3%) and ENT (46.8%). The CCG is reporting slightly below the national level of 68.76%. LUHFT's overall waiting list has increased by 2,606 from previous month to 58,134 in June. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. 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. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 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. The CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic. Increased utilisation of Spire Liverpool, Management of long wait patients and restoration of elective programme phased from mid-March 2021 ahead of plan by 15th April 2021. Continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Mar-21	Apr-21	May-21			Jun-21
		CCG	1,548	1,422	978			912
		LUHFT	5,027	4,758	4,404			4,122
		Previous year	Mar-20	Apr-20	May-20			Jun-20
		CCG	3	8	46			106
		LUHFT	0	11	85			248
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 912 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (745) the remaining 167 breaches spanned across 16 other trusts. 52+ week waits for the CCG represent 5.50% of the total waiting list in June which is slightly below the national level of 5.59%. LUHFT 52 week breaches decreased to 4,122 in June compared to 4,404 in May. The largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and ENT. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 								
LUHFT Actions:								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 								
When is performance expected to recover:								
No set date for recovery.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		John Wray			Terry Hill			

Figure 2 – CCG RTT Performance & Activity Trend

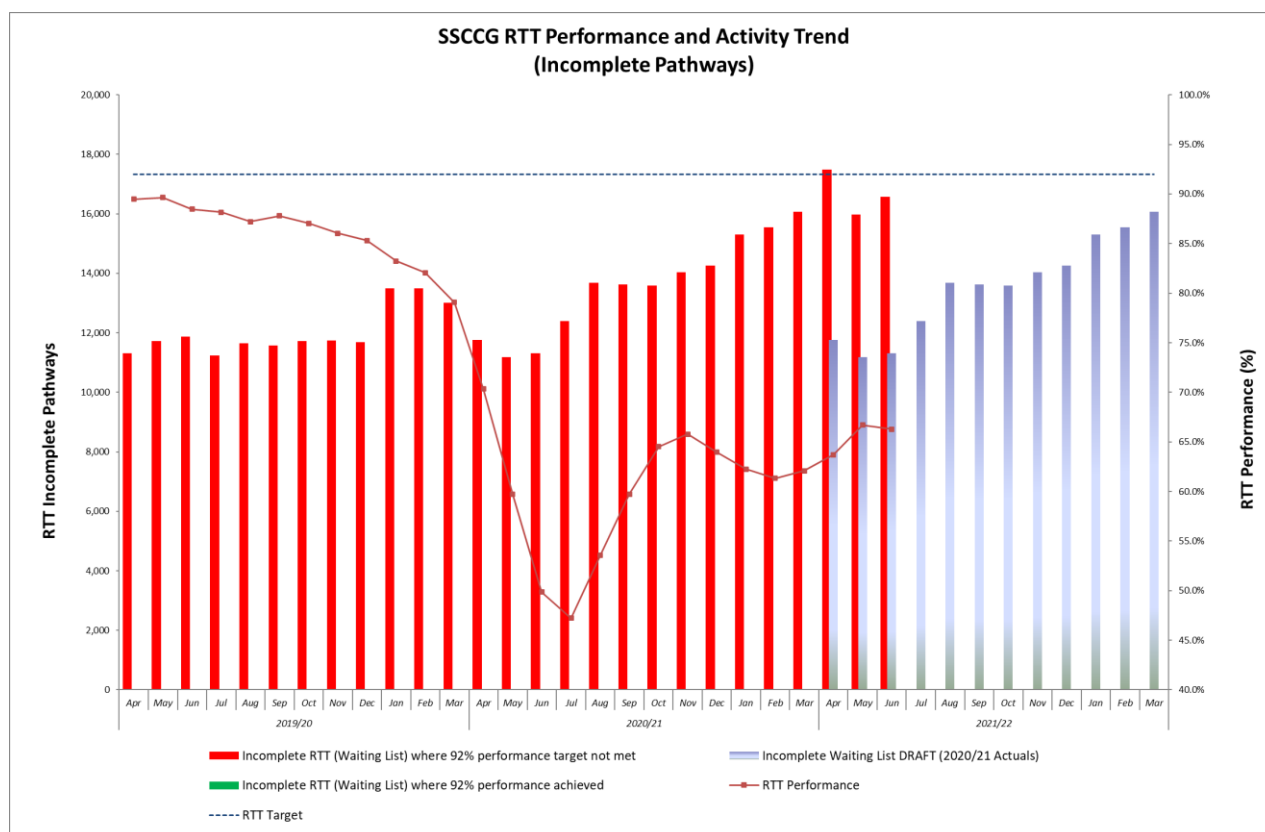


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	11,311
2021/22	17,491	15,977	16,576										16,576
Difference	5,740	4,798	5,265										5,265
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978	912										599
Difference	1,414	932	806										

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	39,096
2021/22	51,649	55,528	58,134										58,134
Difference	9,827	15,690	19,038										19,038

*NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.

There were a total of 2,307 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 912 patients were waiting over 52 weeks, a decrease of 66 on last month when 978 breaches were reported. The 912 52+ week wait breaches reported for the CCG represent 5.50% of the total waiting list in June 2021 which is just below the national level of 5.59%.

Overall waiters increased by 599 this month with a total 16,576 South Sefton patients now on the RTT waiting list in June 2021. This is compared to 11,311 patients waiting in the equivalent period of the previous year and 15,977 in May 2021.










LUHFT had a total of 4,122 52-week breaches in June 2021, showing a decrease of around -6.4% (282) from the previous month.

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	1056	745	Where clinically appropriate, virtual clinics have occurred across all specialities and action has been taken to reintroduce referrals via ERS. Across the organisation specialities have completed a comprehensive validation of waiting lists to ensure appropriateness and priority of patients. As the organisation enters into the reset phase there has been an introduction of new patient clinics for urgent referrals. There has been a phased increase in the number of operating sessions for cancer and urgent patients on both the Royal and Aintree sites. Local Liverpool Specialist Trusts continue to work collaboratively with LUHFT to provide additional theatre capacity. Theatre sessions are being provided at Spire Liverpool (Breast, Urology and Ambulatory Orthopaedic Trauma Services). Plans were in place to schedule clinically appropriate routine General Surgery patients at Spire Liverpool from July. Priority will be given to patients who have waited in excess of 40 weeks for treatment. The Walton Centre continue to support spinal services and Liverpool Heart and Chest vascular and upper GI services.
SPIRE LIVERPOOL HOSPITAL	91	50	The Trust is now operating almost back to normal capacity and is recruiting aggressively in outpatients, physiotherapy, diagnostics and theatre. The Trust is continuing to drive down the waiting lists over 52 weeks as well as ensuring increased access to diagnostics within 6 weeks.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	116	32	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The service intends to keep in regular contact with those long waiting patients as was done during the national clinical validation programme. The Trust has met required recovery trajectories for outpatients and elective activity to date and RTT performance continues to improve. Following successful recruitment in theatre services the Trust is now able to maximise a 38-session week which allows the service to address the long wait backlog.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	41	29	Recovery plans are in place and all theatres are now fully re-opened. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. The Trust expects a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent Care, Cancers and long waiters remain the priority patients for surgery at Whiston with application of P-codes being effectively implemented. Application of D-codes is on target for delivery.
RENACRES HOSPITAL	34	14	Ramsay Health has played a key role in providing healthcare services to local communities since March 2020 in partnership with the NHS and continues to support the NHS in tackling the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	23	11	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. The Trust is currently meeting targeted restoration activity levels as per national guidance. The Trust continues to Clinically Prioritise surgical waiting lists as per the Federation of Surgical Specialty Association (FSSA)/ NHSE Clinical Guide to Surgical Prioritisation. Weekly PTL meetings to track patients and escalate issues continue with OSM daily monitoring. Ongoing validation of lists to ensure duplications are removed. Use of virtual appointments where possible. Gynaecology has pre-Covid theatres back to capacity and the Trust is looking to provide extra weekend sessions for Ophthalmology, Urology and T&O. A sub-contract with Renacres to deliver activity as part of the Trust recovery plan is in place and the Trust is the second best performer in Cheshire and Merseyside at dating P2.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	10	The Overall 18 Weeks Waiting List continues to grow. Despite this increase, the Trust has seen the number of patients waiting over 52 weeks for treatment drop for the third consecutive month, reducing by 24% since the start of the financial year. This, combined with a 7% financial year-to-date decrease in the amount of Priority 2 patients waiting for treatment, shows that the Trust's current elective strategy is working and that the growth of the waiting list is due to an increase in new RTT. The Greater Manchester Elective Recovery Reform Group is now in place. The Trust continue to access independent provider capacity.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	2	5	There has been a 40% reduction in patients waiting over 52 weeks over the last two months. Development of actions has progressed well to address the longest waiters. The Trust is aiming to increase theatre productivity (by Oct 2021) and has increased outpatient productivity focus. The validation and education programme has commenced.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	2	5	There has been a 40% reduction in patients waiting over 52 weeks over the last two months. Development of actions has progressed well to address the longest waiters. The Trust is aiming to increase theatre productivity (by Oct 2021) and has increased outpatient productivity focus. The validation and education programme has commenced.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	5	5	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the Covid pandemic. 52 week waiting patients undergo a harm review by the consultant responsible for the patients care. Due to the challenges with non-elective demand and the focus on treating elective urgent patients first there is the possibility that the number of patients waiting longer than 52 weeks will increase which was predicted in the recovery trajectories submitted to the regional recovery programme. Pressures with consultant anaesthetist capacity is also proving a challenge each month.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0	3	The Manchester Emergency & Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated, and maintain oversight and effective use of resources across Manchester University sites. The potential to utilise private sector capacity, Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue and there is ongoing outpatient Improvement work as part of the Recovery Programme to develop transformation opportunities. The Trust ensures that there is a consistent, safe approach to the development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes.
NUFFIELD HEALTH, THE GROSVENOR HOSPITAL, CHESTER	2	2	As the UK's largest healthcare charity, Nuffield has been supporting the NHS during the COVID-19 pandemic, providing hospital team members, facilities and equipment to local NHS trusts to support NHS patients, including those with COVID-19, cancer and needing urgent surgery.
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1	All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues. Services have also been transferring clinically suitable long wait patients to the independent sector during under revised contractual arrangements.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	0	1	Patients who have a rating priority P1 or P2 are being prioritised and will be treated immediately or within the next 4 weeks. Patients who are worried that they are on a lower priority list than they should be and have a risk of deterioration, with an impact on their outcome or independence, have been added to the priority list following agreement with clinical colleagues through the Clinical Reference Group.
FAIRFIELD HOSPITAL	0	1	All our service are available. As a green (Non-COVID) site for the NHS throughout COVID-19, we have adapted our services to the challenges presented from the pandemic.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	1	1	Actions in place are monitored through the Restart, Recovery & Renewal subcommittee. Planning assumptions are now in place and the Trust will be following good planning methodology to continually check performance against those assumptions, ensuring capacity is well utilised. The Trust continues to balance capacity between the clinical prioritisation of the most urgent patients as well as treating long waiters. The Trust continues to review the clinical priority of patients and update harms assessments as appropriate. The Trust is progressing plans to date the longest waiting patients and expects to see the outcomes of this towards the end of quarter 2.
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1	Recovery of the elective programme is taking place with urgent cancer and elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients. Elective capacity has been restored at the Halton Elective Centre and Captain Sir Tom Moore Centre. The Trust continues to utilise Independent Sector Capacity. Restoration and recovery plans for 2021/22 have been drawn up in line with Operational Planning Guidance.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	5	1	The Trust restarted non urgent activities in March 2021 and has developed activity and performance trajectories. It is expected that RTT performance will improve moderately month on month but scenarios around referral growth will be monitored closely. There had been improvements in the number of patients classified as needing treatments within a month (P2 patients) which were clinically deferred as part of the COVID-19 response. It is anticipated that the waiting list for P2 patients will be cleared by the end of June 2021 and there has also been significant improvements in the 52-week wait.
OTHER TRUSTS	9	0	No Trust Information.
	1,395	912	

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		Mar-21	Apr-21	May-21	Jun-21		
	2 Week Wait (Target 93%)	CCG	96.59%	94.74%	91.88%	92.13%	92.93%	
		LUHFT	97.96%	94.99%	94.57%	94.34%	94.63%	
	2 Week breast (Target 93%)	CCG	98.04%	90.91%	92.00%	97.78%	94.17%	
		LUHFT	97.90%	95.24%	94.21%	93.41%	94.31%	
	31 day 1st treatment (Target 96%)	CCG	95.83%	100%	96.92%	100%	99.12%	
		LUHFT	95.76%	96.58%	94.14%	93.75%	94.80%	
	31 day subsequent - drug (Target 98%)	CCG	100%	95.00%	95.24%	100%	97.18%	
		LUHFT	100%	100%	100%	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	100%	83.33%	100%	93.18%	
		LUHFT	91.11%	77.78%	75.00%	77.78%	77.14%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	95.24%	96.15%	100%	97.37%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	64.52%	61.11%	85.71%	75.00%	73.98%	
		LUHFT	66.53%	68.31%	72.09%	68.54%	69.52%	
	62 Day Screening (Target 90%)	CCG	100%	75.00%	75.00%	40.00%	66.67%	
		LUHFT	80.00%	78.18%	65.15%	67.65%	69.84%	
	62 Day Upgrade (Local Target 85%)	CCG	72.73%	100%	71.43%	64.29%	78.05%	
		LUHFT	80.00%	88.79%	79.56%	78.77%	81.79%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date and 5 measures in month 3. The Trust are achieving 3 year to date and 3 in month. The breast 2 week wait standard has failed in month 1 and 2 but is now achieving again in month 3 for the CCG, the Trust is still on target for the operational standard. For Cancer 62 Day standard the CCG is now measuring above the national level of 73.27% recording 75% in June. 2 week wait referrals remain at 120% of pre pandemic levels The size of the surgical waiting list remains stable. The two principal reasons for patient breaches are the complexity of an individual pathway and patient choice. 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. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. <p>CMCA is supporting development of a single cancer PTL across the system based on similar successful work in Greater Manchester</p> <p>Key local actions:</p> <ul style="list-style-type: none"> In respect of breast services, LUHFT is developing a single point of access model so that waiting times can be equalised across the 2 hospital sites LHCH and CCC are providing additional MR and CT scanning capacity to LUHFT. 								
When is performance expected to recover:								
<p>Performance for LUHFT against several of the key cancer access targets was already challenged before the Covid-19 pandemic. The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral to be restored to pre-pandemic levels Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. <p>Providers have submitted their cancer restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.</p>								
Quality:								
<p>Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.</p> <p>LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			




2.5.1 104+ Day Breaches

For patients waiting over 104 days, the CCG report 2 patients. The first (breast) patient's delay was due to complex diagnostic pathway, first seen and treatment Trust was LUHFT and waited 104 days. The second (urological) patient's delay was due to inadequate elective capacity first seen Trust was Southport & Ormskirk, first treatment Trust was LUHFT and waiting 119 days. LCCG as lead commissioner for the Trust have set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.



Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region. Key messages:

- Almost half (49%) of very long waits were lower GI pathways
- Diagnostic delays accounted for 30% of delays cited although commentaries highlight most delays are complex and multifactorial; single categorised reasons may not capture true picture.
- Only 15% of lower GI long waiting patients ultimately received a confirmed cancer diagnosis compared with 39% of non lower GI patients, supporting the evidence that reducing diagnostic delay for gastrointestinal patients needs to be the key focus.

2.5.2 Faster Diagnosis Standard (FDS)

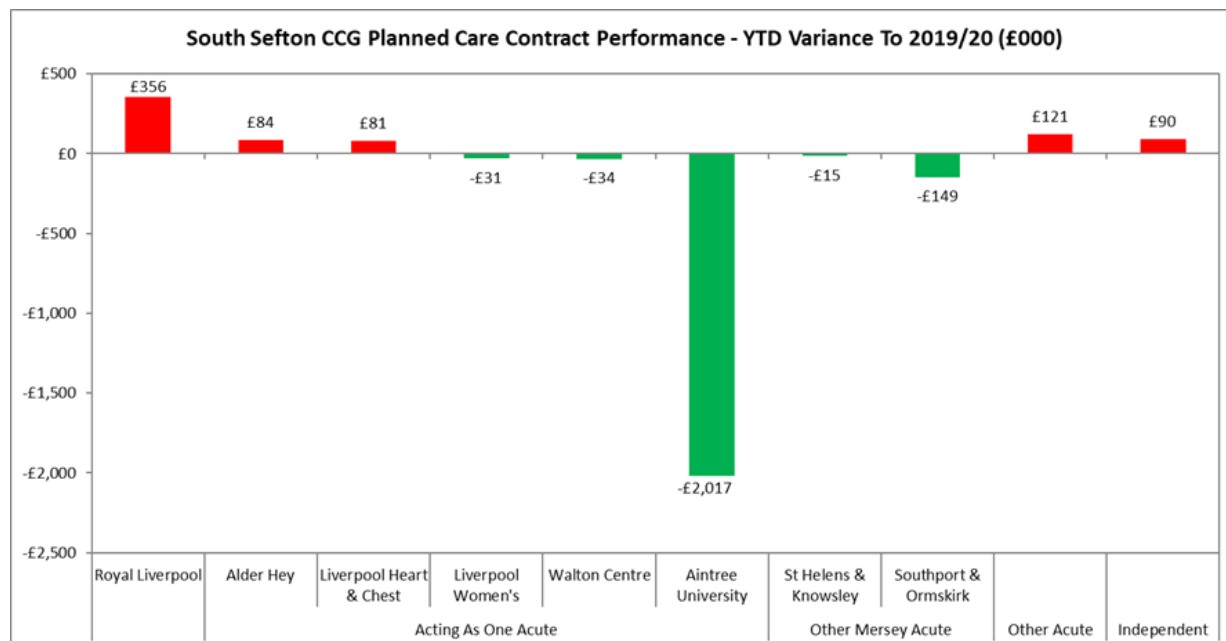
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Mar-21	Apr-21	May-21	Jun-21	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	72.05%	66.13%	68.00%	66.44%	66.80%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	87.23%	94.29%	88.00%	100%	94.68%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS Screening Referral	CCG	55.93%	48.72%	41.67%	45.45%	45.38%	
		Target	75% Target from Q3 2021-22					
Performance Overview/Issues:								
<ul style="list-style-type: none"> • The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. • Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. • In May and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. • RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. • 28 Day FDS overall is reporting for May is 66.42% and 66.73% year to date, under the proposed 75% target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> • The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. • Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. • Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. • The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Jan-21	Feb-21	Mar-21	Apr-21		
		% RR	21.7%	20.0%	21.8%		22.2%
		% Rec	91.6%	93.0%	92.8%		92.0%
		% Not Rec	4.5%	4.3%	4.2%		4.7%
		2021/22 England Averages Response Rates: 19.6% % Recommended: 95% % Not Recommended: 3%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was been paused during the response to COVID-19, but has now resumed. Latest data being April. LUHFT has reported a response rate for inpatients of 22.2% in April which is above the England average of 19.6%. The percentage of patients who would recommend the service is 92% but below the England average of 95% and the percentage who would not recommend has increased slightly to 4.7% - still above the England average of 3%. There was no submission for Friends and Family Test (FFT) for May 2021 due to no data being available for the Aintree site during the month. This means that FFT performance could not be analysed at a Trust level and therefore no submission was required to NHS England. This was due to the switchover of systems as part of the PaperLite project, no data on attendances and discharges on the Aintree site was being sent to Health Care Communications (HCC), meaning that no surveys were being sent by text message or automated call. The PaperLite project did not affect FFT collection for the Royal Liverpool and Broadgreen, which continued as normal. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The problem has now been addressed and FFT surveys have been sent to patients attending the Aintree site during June 2021. Although FFT data was still collated for the Royal and Broadgreen sites during May 2021, FFT reporting to NHS England must be on a Trustwide level. FFT at Trust level will resume for June 2021 and FFT feedback for the Royal and Broadgreen sites during May 2021 will still be reviewed and reported through the Patient Experience governance structure at Trust and divisional level. The Quality team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with performance expected to improve during Q2 2021/22.							
Quality:							
No quality concerns identified in relation to Patient Experience the Provider continues to present updates bi-annually at the CCGs Engagement & Patient Experience Group (EPEG).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		N/A		Mel Spelman			

2.7 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care All Providers – Contract Performance Compared to 2019/20



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent 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. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. For the first quarter of 2021/22, this has resulted in a considerable 67% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 80% of 2019/20 (pre-pandemic) activity levels being completed during June-21 and available contracting data suggests this has been achieved with activity in month representing an increase of 4% to that reported in June-19.

NB. Aintree Hospital and Royal Liverpool & Broadgreen Hospitals formally merged on 1st October 2019 to become Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, South Sefton CCG will continue to monitor performance on an individual site basis. Contracted performance is compared against 2019/20 actuals.

Figure 5 - Planned Care Activity Trends

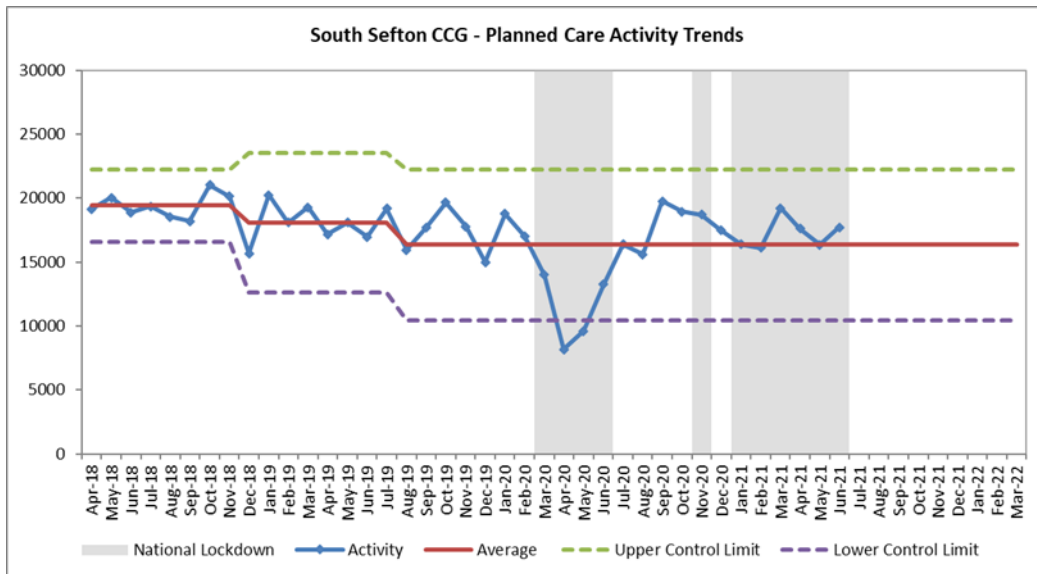


Figure 6 - Elective Inpatient Variance against Plan (Previous Year)

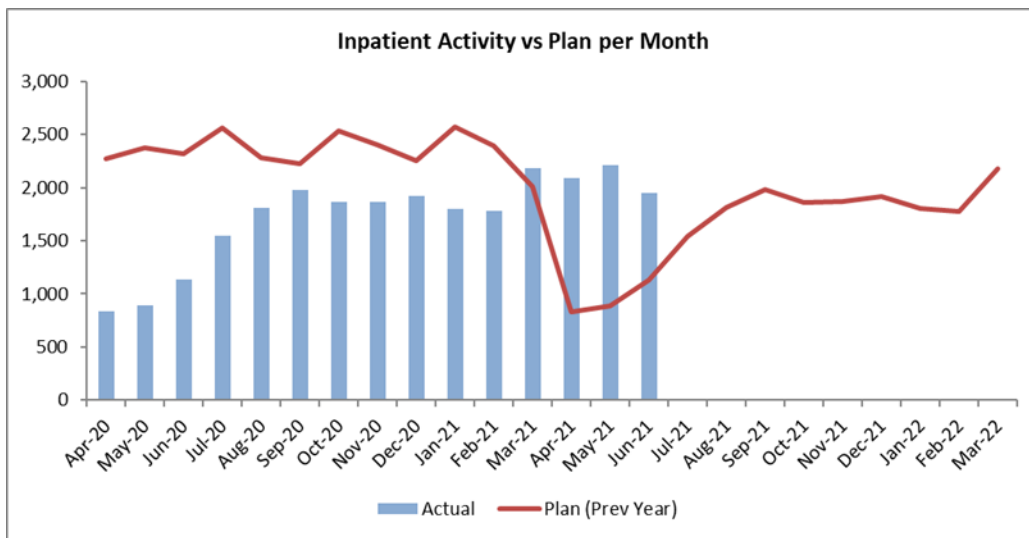
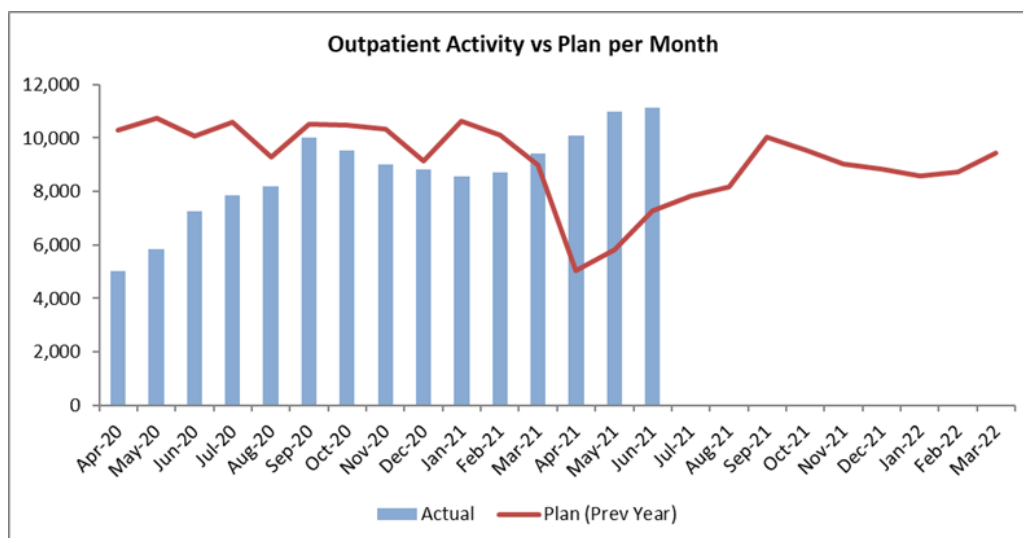


Figure 7 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.7.1 Aintree Hospital

Figure 8 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,166	2,700	-466	-15%	£1,952	£1,528	-\$425	-22%
Elective	353	199	-154	-44%	£1,178	£493	-\$685	-58%
Elective Excess BedDays	218	35	-183	-84%	£57	£9	-\$48	-84%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	55	11	-44	-80%	£11	£2	-\$9	-81%
OPFANFTF - Outpatient first attendance non face to face	283	1,758	1,475	521%	£9	£240	£231	2585%
OPFASPCL - Outpatient first attendance single professional consultant led	7,514	6,457	-1,057	-14%	£1,214	£1,073	-\$141	-12%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	179	25	-154	-86%	£19	£2	-\$16	-87%
OPFUPNFTF - Outpatient follow up non face to face	1,555	4,149	2,594	167%	£39	£260	£221	569%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,519	9,492	-7,027	-43%	£1,221	£667	-\$553	-45%
Outpatient Procedure	5,669	1,528	-4,141	-73%	£785	£204	-\$581	-74%
Unbundled Diagnostics	3,555	3,089	-466	-13%	£296	£274	-\$22	-8%
Wet AMD	398	389	-9	-2%	£317	£327	£10	3%
Grand Total	39,464	29,832	-9,632	-24%	£7,097	£5,080	-\$2,017	-28%

When comparing to 2019/20 (pre-pandemic), underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£2m/-28% for South Sefton CCG at month 3 of 2021/22. In line with planned restoration of elective services, South Sefton CCG referrals to Aintree Hospital have been on a general increasing trend with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. Despite this, year to date referrals in the first quarter of 2021/22 remain -7% below that reported in the equivalent period of 2019/20.



The two points of delivery that continue to report an over performance at month 3 are for outpatient non face to face (first and follow up) activity, which reflects a change in working patterns at NHS providers first established in 2020/21 to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines 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 below plan overall, a number of individual specialities have recorded increases in recent months including General Surgery and Trauma & Orthopaedics. However, a recent merging of Trust clinical systems between Aintree and Royal Liverpool sites has resulted in discrepancies with the recording of some outpatient appointments. There were a number of clinics cancelled as part of the cutover process between systems in May-21 and there were some delays in completing records due to the staff being unfamiliar with the new system. The provider has assured the CCG that teams are working on resolving any issues with numbers submitted.

Elective and day case procedures have increased each month in the first quarter of 2021/22, however, they remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures (predominantly diagnostic scopes) and is currently -15% below the equivalent period in 2019/20.

NB. Plan values in the above table relate to 2019/20 actuals.



2.8 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		<u>Risk to Patients</u> Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
		11.28%	10.59%	7.49%	11.08%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		14.02%	12.27%	9.01%	10.84%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
		Local Aim for Q1 10.03% - Actual 11.08% so not achieved					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • During Quarter 1, the number of South Sefton CCG Maternities were 379, of which 42 were reported as Smoking at time of Delivery giving the statistic of 11.08% , which is a decline of 3.59% compared to Quarter 4 and a negligible decline compared to last year. • To give a more rounded perspective over the last 5 months during COVID, the average SATOD performance figure works out to be 10.3%. To achieve the National ambition of 6% by the end of the year 2021/22 , the CCG need to reduce each remaining Qtr performance by 1.43%. This has been locally profiled for the rest of this year but has not yet been shared with the Trust: Q1 - 10.03%, Q2 - 8.87%, Q3 - 7.40% and Q4 - 6%. • Again, the CCG have seen an increase in reluctance to stop smoking at this time whilst the pandemic continues and recent ex-smokers are being reported as starting again mid-pregnancy. COVID has caused heightened anxiety and stressful home situations for many pregnant women, especially evident when face to face antenatal appointments with a midwife or obstetrician have either been reduced or not attended. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The Local Authority and CCG influence is indirect; The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. Serial scans have remained in place for pregnant smokers throughout the pandemic and they are counselled and advised on the risks of smoking and encouraged to try and quit. They are all referred to the Smoking cessation service at this point. • In terms of improving and achieving the long term plan for SATOD, the CCG and Public Health have commenced discussions to put forward a Business Case to employ a dedicated Smoking Cessation midwife in Liverpool Womens Hospital (LWH) Trust for Sefton. • Public Health provided Sefton investment monies for the Southport & Ormskirk unit which also covers Lancashire women and have informed us that any money for Liverpool Womens Hospital (LWH) will go to Liverpool CCG as lead commissioner, but obviously the model impacts on South Sefton women and the CCG will need to influence. Negotiations with LWH and Liverpool CCG are planned to ensure an equitable share is invested and services for Sefton patients attending the hospital for their maternity care. • Progression of the plan has been held off with the Trust due to their recent declaration of 'emergency status' from staffing pressures and the backlog of work however discussions have recommenced with Public Health and the CCG are keen to develop their plan in line with the Manchester Model of Smoking in Pregnancy and replicate the success of Southport and Ormskirk. 							
When is performance expected to recover:							
Performance improvement is hoped to be seen next quarter.							
Sefton CCG are keen to develop a business plan to put in post a dedicated Smoking Cessation midwife - similar to the one the CCG have in Southport and Formby to enable more dedicated support to patients and staff to spread good practice. Discussions about this have commenced with Public Health and we are keen to gain support from Liverpool CCG and LWH to progress an equitable model/ plan; in line with the Manchester Model of Smoking in Pregnancy.							
Quality:							
No specific quality issues relating to SATOD reported, however the CCG are awaiting sight of the current LWH performance return and Maternity dashboard.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		

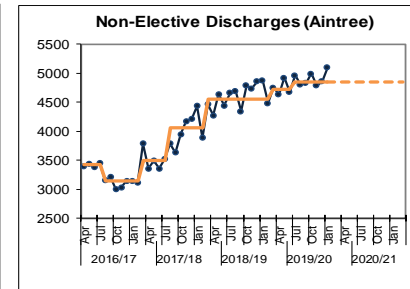
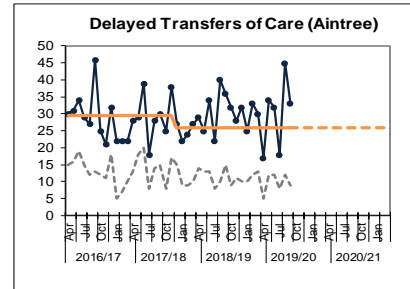
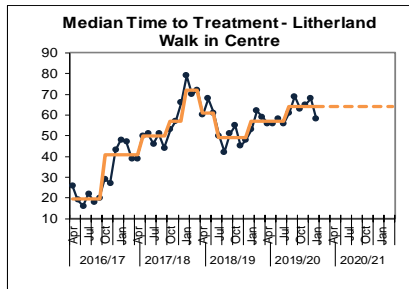
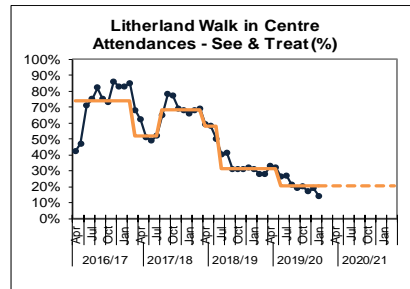
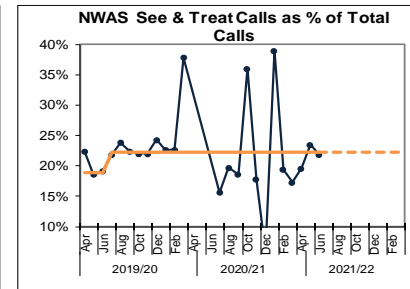
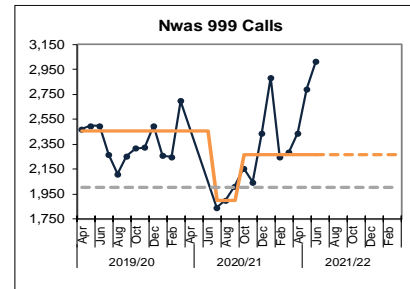
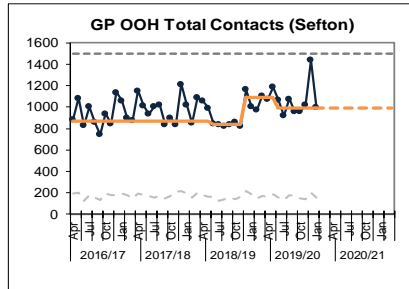
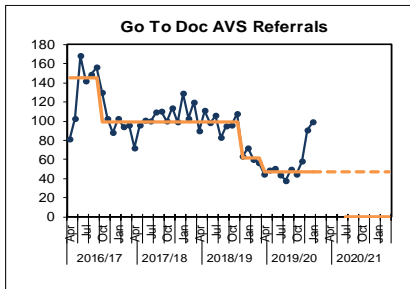
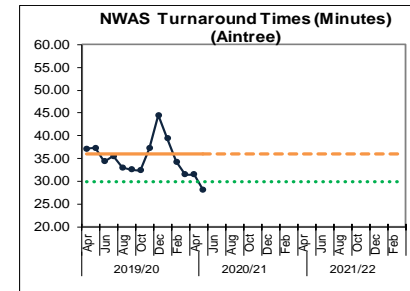
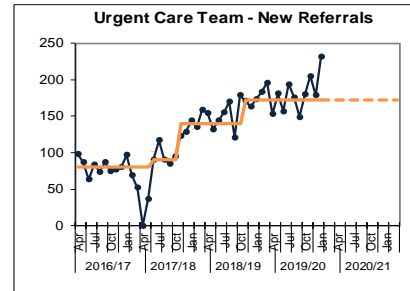
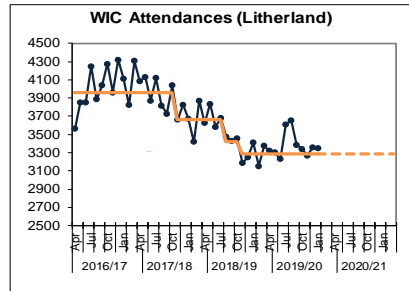
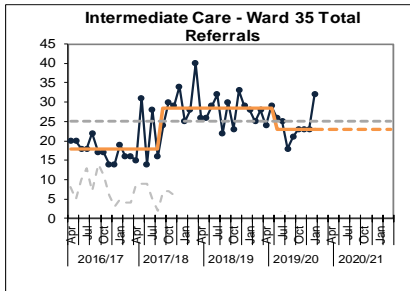
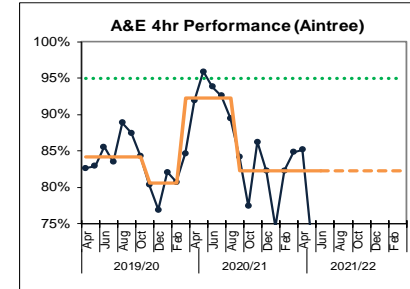
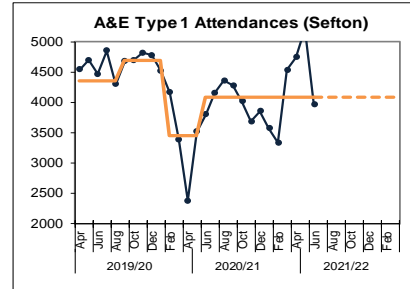
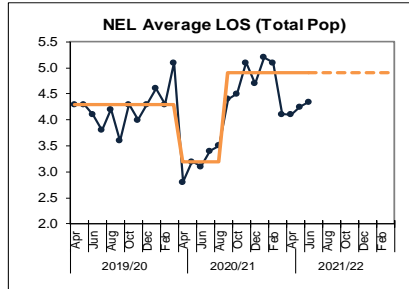
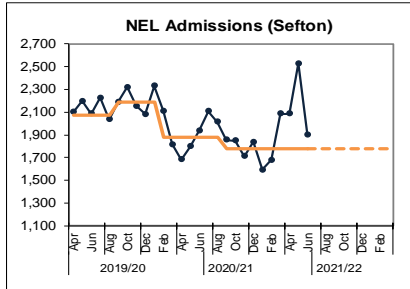
3. Unplanned Care

3.1 Accident & Emergency Performance


















3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD						127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	YTD		
		CCG All Types	85.63%	81.14%	73.86%	71.29%	76.75%		
		Previous Year	Mar-20	Apr-20	May-20	Jun-20	YTD		
		CCG All Types	86.03%	93.19%	96.37%	94.80%	94.93%		
			Mar-21	Apr-21			YTD		
		LUHFT All Types	84.86%	85.17%	72.83%	69.62%	75.74%		
	LUHFT Type 1	80.69%	80.17%	64.24%	59.33%	67.72%			
National Standard: 95% No improvement plans available for 2020/21									
Performance Overview/Issues:									
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. 4 hour performance shows a deteriorating trend into June, likely as a result of activity increasing in May compared to March and this has continued into June. CCG and Trust A&E performance in June is lower than the national level of 81.31%. 									
Actions to Address / Assurances									
<p>Work continues in regard to following actions:</p> <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. Intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - now implemented with ongoing review. Following implementation of the new PAS system into LUHFT, this has enabled additional data to be collated and begin flowing regular activity and pathway data from NHS 111 into LUHFT. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. In addition, MCFT are producing a communications plan to encourage utilisation of the local WIC's. 									
When is performance expected to recover:									
NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21 or 21/22. The region continues to see significant and unprecedented demand across all healthcare providers with no sign of receding.									
Quality:									
There have been no 12 hour breaches in June.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
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
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Apr-21	May-21	Jun-21		
		Cat 1 mean	<=7 mins	00:07:25	00:07:45	00:08:19		
		Cat 1 90th Percentile	<=15 mins	00:12:14	00:12:30	00:13:57		
		Cat 2 mean	<=18 mins	00:25:12	00:32:37	00:42:09		
		Cat 2 90th Percentile	<=40 mins	00:51:11	01:05:56	01:26:08		
		Cat 3 90th Percentile	<=120 mins	03:37:25	05:43:10	08:38:47		
Cat 4 90th Percentile	<=180 mins	06:26:49	07:29:02	16:59:51				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and into 2021/22. In June 2021 there was an average response time in South Sefton of 8 minutes 19 seconds, not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 42 minutes 09 seconds against a target of 18 minutes. The CCG also failed the category 3 and for 4 90th percentile this has shown the largest deterioration. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. 								
Actions to Address/Assurances:								
Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances as well as planning to establish a conveyance pathway to the WiC/UTC to avoid AED. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWAS will encourage greater utilisation of SDEC/ACU at LUHFT SDEC services and avoid AED (implement July/August 21). 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and was scheduled to report at the beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers



Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months						
RED	TREND	LUFHT	Target	Apr-21	May-21	Jun-21	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.
		(a)	<=15-30mins	206	484	472		
		(b)	<=15-60mins	33	137	151		
		LUHFT	Target	Apr-20	May-20	Jun-20		
		(a)	<=15-30mins	143	73	40		
		(b)	<=15-60mins	5	1	5		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported a small improvement in handovers between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 472 breaches compared to 484 last month. But there was a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 151 compared to 137 last month. Handovers have declined from previous year, on comparison in table above. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. The second week turnaround times in June were very poor, which impacted monthly performance due to implementation of the new PAS at Aintree and significantly reduced performance but this is now resolved. 								
When is performance expected to recover:								
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets.								
Quality:								
No quality / patient issues have been reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system.



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked. Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	2	0	0	1	
		LUHFT	4	0	0	1	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	1	0	0	0	
		Aintree	2	1	2	2	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> • RAG rating and trend is on CCG cases. • The CCG and Trust reported 1 new case in June now failing the zero tolerance plan for 2021-22. • The hospital onset healthcare associated case was identified at the Sefton Suite at the Aintree site. The patient previously had an MRSA in December 2020 and is currently being investigated to identify any lapses of care. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • A Post Infection Review (PIR) will be undertaken and reviewed as this is the first MRSA in over 5 months at the Trust. • All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. • Improvements noted through the MRSA admission screening. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery is not possible in 2021-22.							
Quality:							
Any further incidents will be reported by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)				<p>2021/22 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
RED	TREND		Mar-21	Apr-21	May-21		Jun-21
		CCG	44	7	13		16
		LUHFT	112	9	19		33
		Previous year	Mar-20	Apr-20	May-20		Jun-20
		CCG	63	4	6		7
		Aintree	93	9	21		33
		CCG - Actual 16 YTD - Target 15 YTD LUHFT - Actual 33 YTD - Target 27 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2021/22 as these have not been released Nationally. The decision has been made to measure against last year's objectives in the interim. The CCG is reporting over the year to date plan of 15 recording 16 in first 3 months of the year, with the trust current cumulative performance is 33 cases against a cumulative trajectory of no more than 27 cases. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Post infection reviews have been undertaken in all cases of healthcare associated infections. Key themes for learning identified across the Trust including delays in sampling and isolation, poor audits scores from cleaning and 1 case linked to another. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust. A trajectory for recovery has been requested although this is an issue facing a number of trusts due to the increased antibiotic prescribing due to COVID. 							
Quality:							
The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The Board Assurance Framework (BAF) which is produced for the meeting is now a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		Gina Halstead		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)					<p>2021/22 Interim Plan: <=128 YTD Measuring against last year's objectives: <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
RED	TREND		Mar-21	Apr-21	May-21	Jun-21	
		CCG	115	6	18	34	
		LUHFT	88	7	19	31	
		Previous year	Mar-20	Apr-20	May-20	Jun-20	
		CCG	156	9	23	35	
		LUHFT	71	5	9	15	
CCG - Actual 34 YTD - Target 32 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2021/22. The decision has been made in the interim to measure against last year's plan of 128. Currently the CCG is reporting over the year to date plan. For the Trust, in quarter 1 there have been 31 cases of reported healthcare associated infections compared to 15 cases in the same period last year. June saw 12 cases reported; 7 at the Aintree site and 5 at the Royal and Broagreens sites. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli. 							
When is performance expected to recover:							
This is a cumulative total and a small improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

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

Figure 9 - Hospital Mortality

Mortality					
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Jun	100	106.91	↑	100.78 reported last quarter.

For June HSMR is higher than reported the previous quarter at 106.91 (previous month 100.78). 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 1.04 and within expected parameters, for reporting period March 2020 - February 2021. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 1

Number of Serious Incidents Open for South Sefton CCG

As of Q1 2021/22, there are a total of 2 serious incidents (SIs) open on STEIS where South Sefton CCG are either responsible or accountable commissioner. See below:

N.B. South Sefton CCG will report and SIs for providers that do not have access to the STEIS database.

Provider and Current SI status	Total
SOUTH SEFTON CCG	2
RCA ongoing – on target (The Strand Medical Centre)	1
Downgraded Requested (North Park Vaccine Centre)	1
TOTAL	2

The Medication Incident at North Park Vaccine Centre related to patients receiving AstraZeneca as a second dose instead of Pfizer. This was due to an administrative error. Following an immediate harm review, it was found that this no longer meets SI criteria and a downgrade has been requested from NHSE/I.

Number of SIs Closed during Q1 2021/22

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the

reporting of SIs, for all South Sefton CCG commissioned providers or SIs from other organisations involving South Sefton CCG patients (excluding Liverpool CCG commissioned providers).

During Q1 2021/22, the SIRG panel closed 2 SIs, relating to Mental Health Matters and Chapel Lane Surgery.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q1 2021/22 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported in Quarter 1 2021/22

There have 2 SIs reported in Q1 2021/22 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by South Sefton CCG during 2020/21 and Q1 2021/22.

Provider and SI Type	YEAR 20/21	Q1 21/22
SOUTH SEFTON CCG*	3	2
Medication incident meeting SI criteria (North Park Vaccine Centre & the Strand Medical Centre)	0	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	1	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0
TOTAL	3	2

*N.B. South Sefton CCG will report any SIs for Providers that do not have access to the STEIS database.

South Sefton CCG Reported SIs

Total SIs reported for 2020/21 YTD and 2019/20

There was a total of 2 SIs reported for 2020/21 by South Sefton CCG on behalf of other providers. The types of SIs by Provider are included in the table above.

Number of Never Events reported

There have been not Never Events reported by South Sefton CCG in 2021/22.

SIs reported within 48 Hour Timescale

The CCG has reported 100% of all SIs within 48 hours for Q1 2021/22.

DMC Healthcare

The CCGs served a Contract Performance Notice (CPN) in March 2020, due to governance concerns for non-compliance of the management of serious incidents, in line with the national serious incident framework. In year DMC have undertaken a full review of their serious incident process, with the action plan shared with the CCGs.

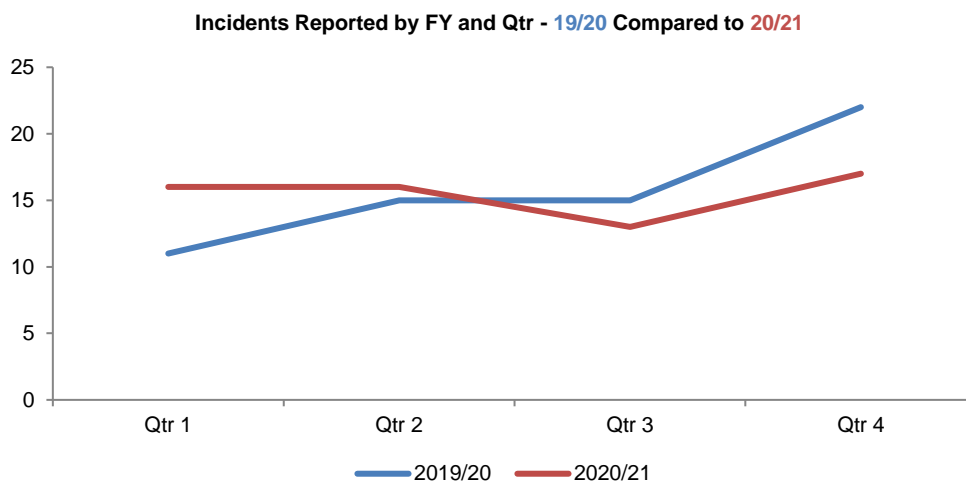
A further root cause analysis (RCA) has been received and reviewed following a serious incident, this was reported and completed within the timeframes set out and the standard of the report showed a significant improvement which was reassuring.

However, the CPN remains in place until the sustainability of the improvements are evidenced.

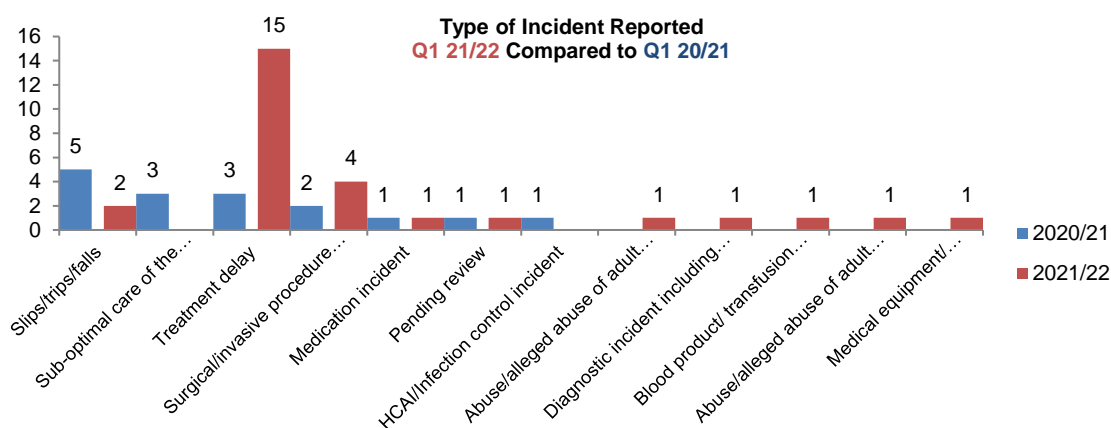
Liverpool University Hospitals NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 compared with 2019/20



Total SIs reported for Q1 2021/22 and Q1 2020/21 by Type of SI



The graph indicates a notable increase in treatment delay. This is largely attributed to Gastroenterology and lost to follow-ups. A further update is detailed below.

Gastroenterology SIs

Liverpool University Hospital NHS Foundation Trust declared an SI in relation to Gastroenterology patients beyond their planned follow update or without a follow update. LCCG are continuing to meet with LUHFT at Executive level on a monthly basis to expedite escalation and gain continued assurance that the incident is being managed appropriately and to a high standard. This includes ensuring that processes and outcomes are continuously maintained.

A specific RCA in relation to gastroenterology and lost to follow-up patients is due to be completed and reviewed by Liverpool CCG's SIRG panel. The Trust also continue to provide a briefing to commissioners via the monthly CQPG meetings.

Number of Never Events reported

There were a total of 7 Never Events reported by the Trust in 2020/21. One further Never Event was reported in Q4 2020/21 and related to a retained swab. Support has been offered to the team involved and an investigation has been commissioned and is ongoing as per the SI framework.

Never Events Reported			
Provider	2019/20	2020/21	Q1 2021/22
Liverpool University Hospitals NHS Foundation Trust	8	7	3
TOTAL	8	7	3

Never Events

There have been 3 further Never Events reported by the provider during Q1 2021/22:

- Surgical/invasive procedure incident meeting SI criteria (2)
- Medical equipment/ devices/disposables incident (1).

The Commissioner continue to monitor progress against the improvement plans developed following the declaration of a number of never events in 2020/21. They have been revisited and reviewed to ensure they are fit for purpose and sustainable. The commissioners receive assurances via regular quality meetings and the CQPG.

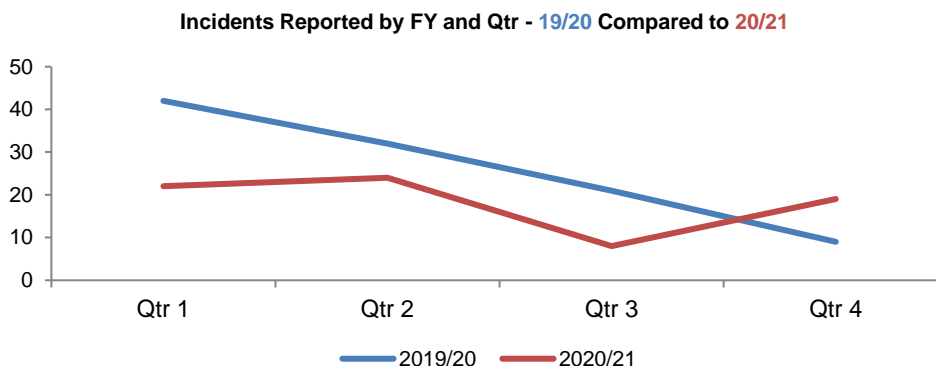
SIs reported within 48 Hour Timescale

The provider has reported 96% of all SIs within 48 hours for Q1 2021/22. There was 1 SI that was reported outside the timescale, this was delay was due to the incident being reported following an internal harm free care review that identified the incident as meeting the SI threshold.

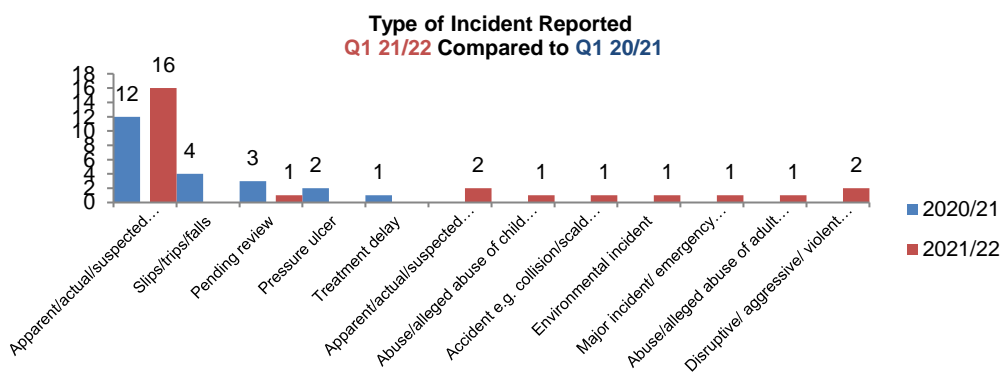
Mersey Care NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 compared with 2019/20



Total SIs reported for Q1 2020/21 compared to Q1 2021/22 by Type of SI





Number of Never Events reported

There have been no Never Events reported by the provider so far in 2020/21.

SIs reported within 48 Hour Timescale

All SIs reported during Q1 2021/22 were reported within the 48-hour timescale.

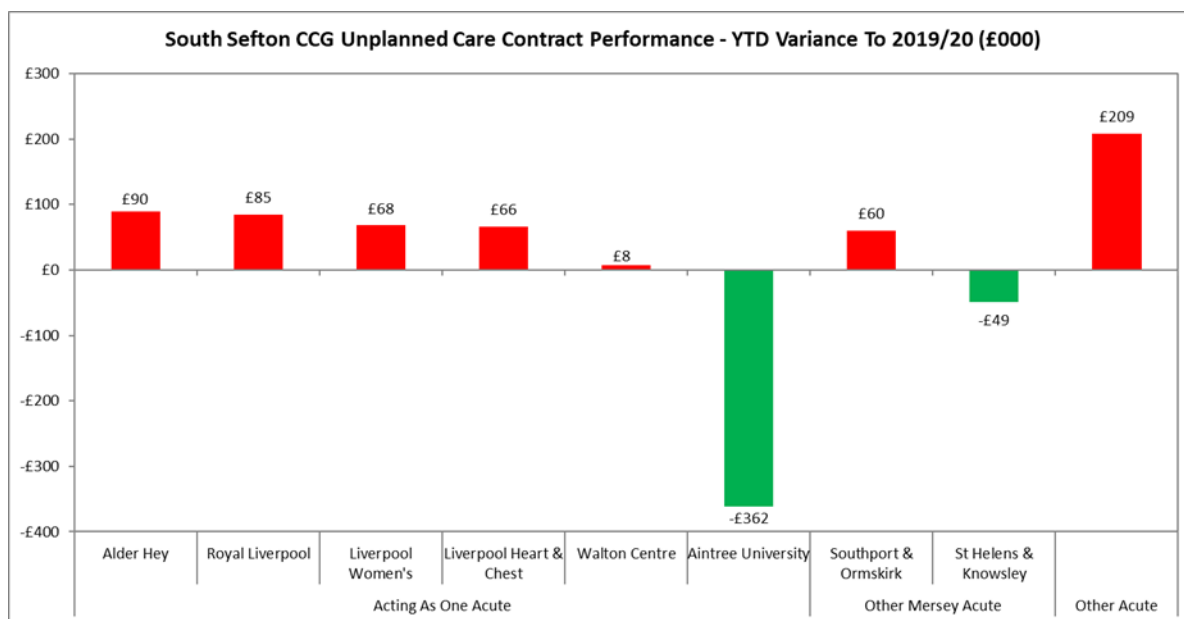
3.7 Patient Experience A&E

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test Results: A&E		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Jan-21	Feb-21	Mar-21	Apr-21		
		% RR	20.3%	20.1%	21.7%		20.7%
		% Rec	81.7%	82.5%	82.8%		79.7%
		% Not Rec	12.3%	12.2%	11.9%		13.3%
		2021/22 England Averages Response Rates: 10.8% % Recommended: 82% % Not Recommended: 11%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was paused during the response to COVID-19, but has now resumed, latest data is April 2021. The response rates for LUHFT in April is slightly lower than last month at 20.7%. The percentage recommending the service has declined to 79.7%, this is lower than the England average of 82%. The percentage not recommending is higher than the England average of 1% recording 13.3%. There was no submission for Friends and Family Test (FFT) for May 2021 due to no data being available for the Aintree site during the month. This means that FFT performance could not be analysed at a Trust level and therefore no submission was required to NHS England. This was due to the switchover of systems as part of the PaperLite project, no data on attendances and discharges on the Aintree site was being sent to Health Care Communications (HCC), meaning that no surveys were being sent by text message or automated call. The PaperLite project did not affect FFT collection for the Royal Liverpool and Broadgreen, which continued as normal. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The problem has now been addressed and FFT surveys have been sent to patients attending the Aintree site during June 2021. Although FFT data was still collated for the Royal and Broadgreen sites during May 2021, FFT reporting to NHS England must be on a Trustwide level. FFT at Trust level will resume for June 2021 and FFT feedback for the Royal and Broadgreen sites during May 2021 will still be reviewed and reported through the Patient Experience governance structure at Trust and divisional level. The Quality team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with performance expected to improve during Q2 2021/22.							
Quality impact assessment:							
A&E has been under considerable pressure during the pandemic, leading to increased waiting times and poorer patient experience. This has been identified as a focus area following a recent CQC re-inspection. The provider is working with CQC to identify improvements and implement accordingly.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		N/A		Mel Spelman			

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 10 - Unplanned Care – All Providers



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and June-21 has seen only a small decrease when compared to the previous month. Focussing specifically on A&E type 1 attendances, activity during June-21 was also 10% above that in June-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during the first quarter of 2021/22.

NB. Aintree Hospital and Royal Liverpool & Broadgreen Hospitals formally merged on 1st October 2019 to become Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, South Sefton CCG will continue to monitor performance on an individual site basis. Contracted performance is compared against 2019/20 actuals.

Figure 11 - Unplanned Care Activity Trends

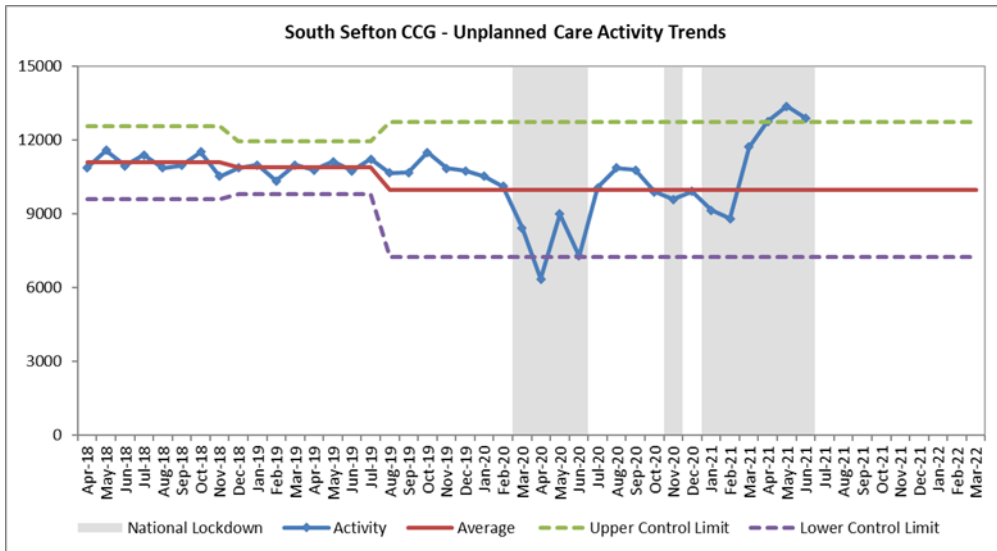


Figure 12 – A&E Type 1 against Plan (previous year)

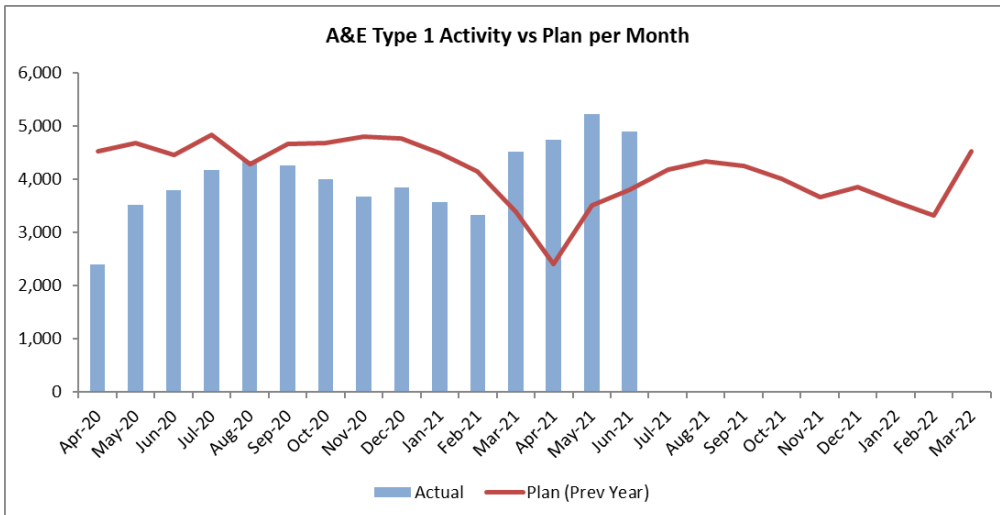
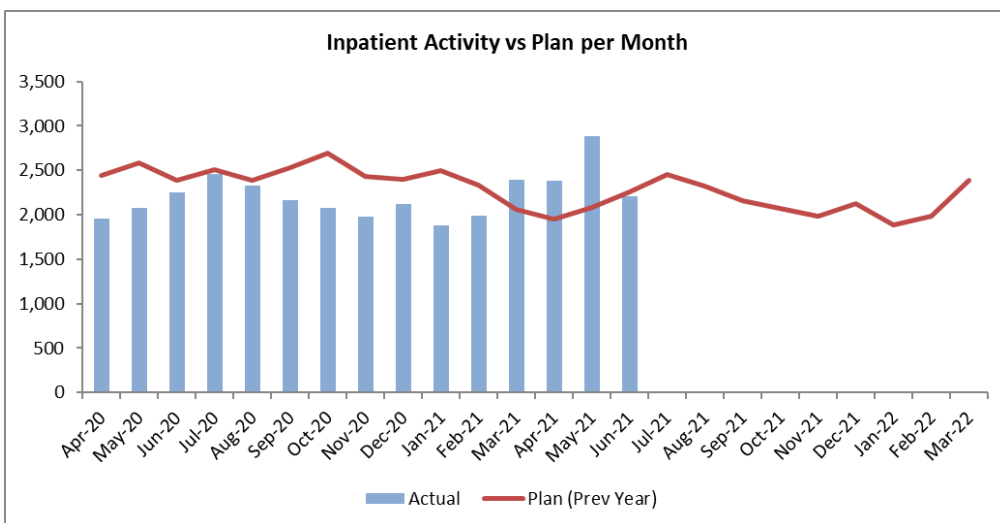


Figure 13 – Non-elective Inpatient Variance against Plan (Previous Year)



3.8.2 Aintree Hospital

Figure 14 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	9,850	16,034	6,184	63%	£252	£256	£4	1%
A&E - Accident & Emergency	9,192	9,408	216	2%	£1,496	£1,506	£10	1%
NEL - Non Elective	4,403	3,817	-586	-13%	£8,577	£8,588	£11	0%
NELNE - Non Elective Non-Emergency	11	12	1	9%	£60	£75	£15	25%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	35	35	-	£0	£9	£9	-
NELST - Non Elective Short Stay	881	839	-42	-5%	£609	£606	-£3	0%
NELXBD - Non Elective Excess Bed Day	2,623	1,026	-1,597	-61%	£681	£274	-£407	-60%
Grand Total	26,960	31,171	4,211	16%	£11,675	£11,313	-£362	-3%

Overperformance at Aintree Hospital is evident against both A&E points of delivery i.e. A&E type 1 and Litherland walk-in centre. The latter is operating on a new service model of pre-booked appointments from June-20 and has recently seen a surge in attendances resulting in historical peaks in activity during May-21. Attendances in May-21 were 5,746 compared to a pre-pandemic monthly average of 3,274, which represents an increase of 62%.



The total underperformance of -£362k/-3% for South Sefton CCG at Aintree Hospital can be attributed to a decrease in non-elective admissions and the associated non-elective excess bed days when comparing to the equivalent period in 2019/20. Non-elective admissions are also -2% below activity reported in the first quarter of 2020/21, which was during the first wave of the pandemic when overall unplanned care saw substantial reductions as a result of the initial national lockdown. A&E type 1 attendances have been at their highest since July-19 for South Sefton CCG at Aintree Hospital but contracting data suggests fewer patients require admission with a current conversion rate (to admission) of approximately 41% compared to a pre-pandemic level of 49%. The increased A&E attendances has had a significant impact on A&E performance for LUHFT (individual site performance not available) in 2021/22 to date.

In terms of COVID admissions, contracting data illustrates that South Sefton CCG saw peaks in admissions to Aintree Hospital during April-20, October-20 and January-21 mirroring local and national trends for increasing cases. There were 4 COVID related admissions recorded in June-21 compared to the last peak of 169 seen in January-21.



NB. Plan values in the above table relates to 2019/20 actuals.

4. Mental Health



4.1.1 CPA Follow up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
		100.0%	91.7%	83.3%	100.0%	
		Plan: 95% - Quarter 1 2021/22 reported 100% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is achieving the 95% target reporting 100% for South Sefton CCG. All 12 patients were followed up by an appropriate team. Overall catchment the Trust is failing this measure reporting 94.4% just under the target. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance back on track in quarter 1. Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Performance has recovered in Q1 2021-22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Gordon Jones		



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		33.30%	34.38%	30.30%	36.10%	
		Mar-20	Apr-20	May-20	Jun-20	
		45.83%	46.15%	48.70%	33.75%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 36 Service Users, 13 started treatment within the 18 week target (36.1%), which shows a slight improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 2.35 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • 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. • Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. • 2 x Clinical Psychologists have been recruited to and are due to commence in October 2021. • 1 x Assistant Psychologist (6 month fixed term) has been recruited to from underspend and this has been extended. • The Trust and CCGs recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. This investment will support a dietitian post and psychology post. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q2 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Gordon Jones		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 6 hours of admission		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		100.0%	100.0%	85.7%	100.0%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		100.0%	90.0%	85.7%	98.4%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 100% and have achieved the 98% target, all 9 patients assessed. The Trust overall had 63 out of 63 inpatients risk assessed using an appropriate tool in quarter 1 reporting 100%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance has been achieved in Q1.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		100.0%	75.0%	100.0%	100.0%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		85.7%	80.0%	75.0%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust continue to report 100%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance continues to achieve in quarter 1.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

4.2 Mental Health Matters (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	Mar-21	Apr-21	May-21	Jun-21		
		0.63%	0.56%	0.54%	0.72%		
		Mar-20	Apr-20	May-20	Jun-20		
		0.68%	0.74%	0.46%	0.66%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
<p>To address underperformance the following actions are being undertaken:</p> <ul style="list-style-type: none"> 1 x Psychological Wellbeing Practitioner (PWP) agency staff commenced in June and 0.6 WTE agency PWP will commence in July 2021 3 x PWP posts are currently vacant and are being advertised however it should be noted that national workforce pressures are impacting on PWP recruitment. 4 x High Intensity Therapists recruited with 3 commencing duties in June and 1 post to commence in July 2021. Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees supported by a proposed Cheshire & Merseyside supervision hub. Ongoing marketing of IAPT at local and planned regional level. 							
When is performance expected to recover:							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		38.3%	43.3%	41.4%	36.8%		
		Mar-20	Apr-20	May-20	Jun-20		
		45.5%	39.4%	34.2%	46.0%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased in June by 4.6 percentage points from previous month. Also a decrease of 9.2 percentage points from previous year. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Long internal waits within IAPT are a contributing factor to recovery rate and the provider working with commissioners has submitted a proposal for non-recurring funding to ring fence internal waiters who have waited over 18 weeks for Step 2 and Step 3 interventions with the aim of offering therapy through the deployment of agency staff. The initiative would run over a period of 38 weeks. The service is confident that once completed that they would have the staff to prevent this situation arising again. The QIPP Delivery Group considered the proposal and agreed that £169k of funding would be considered subject to the provider utilising £108k of slippage to addressing the internal waits and its impact. 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 3 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21		
		57.2%	57.9%	57.7%	58.5%		
		Mar-20	Apr-20	May-20	Jun-20		
		64.0%	60.4%	59.4%	59.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 0.9%. 							
Actions to Address/Assurances:							
Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:							
<ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. 							
The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.							
<ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced some face to face activity. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The SSCCG have received £48k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is intending to use the allocation for agency and staff overtime to reduce the waiting list. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates from July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Yinka Moss			Gordon Jones		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		12.5%	25.8%	60.1%	6.09%		
		Q1 2021/22 Plan: 18% Year End Target 70%					
		National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 470 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 1 2021/22, the total performance for the CCG was 6.09%, below the Q1 plan of 17%. 673 patients were registered with 41 being checked resulting in the CCG failing the quarter 1 target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. GP practices can sub-contract the LD DES to the GP Federation, the CCG are currently awaiting practice confirmation for those that require this support from the Federation. Data sharing agreements and staff to undertake the health checks are in place for this work to start in August 2021. A programme of work is beginning in September 2021 focusing on patients who did not take up the offer of an annual health check in 2020/21, to understand what the barriers might be and to support patients to access a health check. Practices usually undertake this work towards the end of the year, however are being encouraged to spread this work throughout the year. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, where previously extractions were quarterly. 							
When is performance expected to recover:							
Quarter 3 onwards.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Geraldine O'Carroll		

4.5 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.
RED	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		16.1%	12.3%	16.2%	20.8%		
		Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
		20.7%	22.7%	28.1%	19.0%	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.	
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 1 of 20/21, 20.8% of the 1,928 of people on the GP SMI register in South Sefton CCG (401) received a comprehensive health check. COVID-19 has impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. Spending Review funding of £64k has been identified to support physical health SMI. Funding will support HCA posts who will work closely with primary care and identify those individuals on SMI registers who require health checks. 							
When is performance expected to recover:							
Performance should improve from Quarter 2 2021/22 onwards.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

5. Community Health

5.1 Adult Community (Mersey Care FT)



Focus within 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 Clinical Quality Performance Group (CQPG) for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 3 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 26 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing and Physiotherapy which continues to see high demand. Consideration is being 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

Contract Quality and Performance Group continues with the community division across Liverpool and Sefton CCGs. Consistency of requests and reporting of KPI data has been completed whilst ensuring all commissioned services are reflected. Ward 35 has now moved bases over to Stoddart House with usage of the beds continually under review to ensure appropriateness of placement for service users.



5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-21	Apr-21	May-21	Jun-21		
		17 wks	14 wks	12 wks	16 wks		
		Mar-20	Apr-20	May-20	Jun-20		
		25 wks	21 wks	24 wks	30 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • June incomplete pathways reported within the 18 week standard at 16 weeks with fluctuations over the past few months. • Early warning data shows waiting times are continuing to increase. • Workforce issues remain a challenge but with cover in place for vacant posts and Trust reporting an improved staffing position with return of staff and a new starter in post. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). • Recommencement of treatment of patients categorised as routine. • Weekly review and validation of the waiting list. • Additional SALT capacity being utilised through overtime / additional hours within the division. 							
When is performance expected to recover:							
The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services.							
Quality impact assessment:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Gina Halstead		Janet Spallen			

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-21	Apr-21	May-21	Jun-21		
		19 wks	24 wks	24 wks	23wks		
		Mar-20	Apr-20	May-20	Jun-20		
		16 wks	20 wks	18 wks	21 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> June's incomplete pathways saw a small improvement at 23 weeks, since February the Trust have been above the waiting time threshold of 18 weeks. The number of monthly referrals decreased in June with 144 compared to 151 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans Further update from Trust is that additional staffing were not employed to reduce waiting times but a flexible approach between our planned and ICRAS urgent care physiotherapy workforce. 							
When is performance expected to recover:							
<p>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.</p> <p>A Performance Improvement Plan for the recovery of physiotherapy waiting times requested from trust by 20th August 2021.</p>							
Quality impact assessment:							
<p>The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.1.4 Mersey Care Adult Community Services: Phlebotomy

Indicator		Performance Summary			Target and RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Phlebotomy		Previous 3 months and latest			Target: Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: Green < target: Red	
GREEN	TREND	Next Available appointment:				
		Apr-21	May-21	Jun-21		
		Urgent	3	3		
		Apr-21	May-21	Jun-21		
		Routine	4	9	17	
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Due to sustained workforce pressures including vacant posts Trust reporting increased waiting times for domiciliary visits. • The service has reported a high number of referrals into the service for urgent domiciliary appointments and patients are not able to be seen within the current KPIs for routine domiciliary (10 days). 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank. • Trust closely monitoring clinics on a daily basis to ensure provide adequate appointments to meet demand whilst balancing the demand of domiciliary visits. • Trust activated business continuity plans on 3rd August 2021. 						
When is performance expected to recover:						
The Trust have been requested to provide a trajectory for recovery of domiciliary waiting times. At M4 the next available appointment reported by Trust for routine domiciliary appointment is reported at 27 days and urgent domiciliary appointments is within KPI target.						
Quality impact assessment:						
The Trust has assured the CCG that they continue to place patient safety as a priority and can confirm that clinic appointments in South Sefton are within KPI targets of 10 days and all urgent patients will continue to be seen within 2-3 days.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Gina Halstead		Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification and wider collaboration across a Cheshire & Merseyside footprint. Work has begun on reviewing the specification.



In terms of elective recovery, services are operational across the NHS Trusts and waiting times are good, broadly consistent with pre-pandemic levels.

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)

Quarter 1 data is available 13th September 2021, there will be an update in the next report. Latest update below:



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				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
AMBER	TREND	Q2 20/21	Q3 20/21	Q4 20/21	Rolling 12 Mth Rate	
		8.8%	6.2%	5.0%	34.6%	
		Q2 19/20	Q3 19/20	Q4 19/20	Rolling 12 Mth Rate	
		5.4%	4.8%	7.4%	29.9%	
Annual Access Plan: 35% (RAG and trend on Q1 data)						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 4 data shows a deterioration on Quarter 3. The year end Access rate was 34.6% which just narrowly missed the 35% target and showed an improvement on the previous year, when the rate was 29.9%. 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Although performance narrowly missed the 35% access plan, it is anticipated that quarterly and annual access figures will continue to improve in 2021/22.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the Trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand.

However, due to a further increase in referrals, there have been a number of breaches in the routine treatment waiting time standards (28 days) which the Trust is predicting will continue until further investment is confirmed and released. In line with the Mental Health Delivery Plan and COVID recovery, allocation of funds have now been agreed, including additional investment to support expansion of the model to include Avoidant Restrictive Food Intake Disorders (ARFIDs).



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		91.0%	96.0%	98.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 100% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and above the planned target. • Referral rates continue to increase at a rate significantly higher than what is currently commissioned. From November 2020 to June 2021 they were 57% higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



6.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		90%	85%	83%	77%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 77% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 3 of months. • Performance has declined since December due to the impact of increasing referrals on service capacity. From November 2020 to June 2021 referrals were 57% higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To mitigate the risk of increasing demand, the service is making greater use of independent sector providers Axia and Healios to support the assessment process. • Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. • To understand the drivers for the continued increase in demand the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position, mitigations and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
The Trust has stated that performance will continue to be challenged if referral rates continue at current levels. A recovery plan will be agreed and developed following further analysis and discussions with the trust.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.5 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		97%	98%	99%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times • Between November 2020 and June 2021, referrals were 40% higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021 (67), which was an increase of 91% from the previous month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • To understand the drivers for the continued increase in demand, the Trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Performance is on target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.6 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Mar-21	Apr-21	May-21	Jun-21	
		94%	98%	93%	91%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 91% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows a decline in the last 2 months. • The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. • Waiting times are being closely monitored to understand the impact of this increase in demand. • To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners and is undertaking a detailed analysis of the data. • A paper outlining the current position and options for consideration has been shared with the CCGs and SEND forums for information and further discussion. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		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 ongoing impact of COVID, 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 a result of the ongoing impact of the pandemic.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		50.9%	81.4%	62.5%	54.2%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a decline of 8.3 percentage points in compliance with the agreed 6 week standard in June. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The Trust has introduced a new "COVID Support Team" which commenced 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. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and plans are progressing to mobilise the service. In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, 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 a result of the ongoing impact of the pandemic.
RED	TREND	Mar-21	Apr-21	May-21	Jun-21	
		70.6%	57.1%	42.3%	72.2%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in June as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. • There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. • This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. • In response to the national ongoing increase in demand for mental health support, the government has released an additional £79 million investment to support mental health COVID recovery in 2021/22 (circa £800K for Sefton). In July 2021, the CCGs agreed and released additional funding to Alder Hey and third sector providers, which will increase service capacity and reduce waiting times. • Alder Hey has commenced the recruitment process for the additional posts and will develop recovery plans and trajectories to achieve a staged and sustainable return to the 92% waiting time measure. 						
When is performance expected to recover:						
Revised COVID recovery plans and trajectories will be developed and agreed in the near future.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		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				<=92%: Green > 92%: Red	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. 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 due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		75.00%	66.70%	59.40%	51.20%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
		368	399	448	479		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 17.1 weeks compared to 16.7 weeks last month. For open pathways, the longest waiter was 36 weeks in June compared to 31 weeks in May. Overall there had been a steady increase in referrals since September when the schools reopened the service received 131 in May and 90 in June. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased and service capacity continues to be challenged. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need i.e. urgent or routine. Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 							
When is performance expected to recover:							
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		97.6%	97.4%	100.0%	100.0%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
42	39	54	38				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 5.1 weeks. For open pathways, the longest waiter was 9 weeks in June compared to 13 weeks in May. Overall accepted new referrals to the service have decreased slightly in June to 35 from 43 received in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		98.9%	98.8%	100.0%	94.9%		
		Total Number Waiting					
		Mar-21	Apr-21	May-21	Jun-21		
89	82	92	97				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in May is 11 weeks. For open pathways, the longest waiter was 17 weeks in May compared to 17.1 weeks in April. Overall there has been a steady increase in new referrals since August, the service received 57 in June, this is an increase from 53 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding the target for seventh consecutive month. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
		93.9%	94.1%	89.5%	98.6%		
Total Number Waiting							
		Mar-21	Apr-21	May-21	Jun-21		
		49	53	57	52		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 11.7 weeks, previous month reported 13.5 weeks. For open pathways, the longest waiter was 18 weeks in June compared to 37 weeks in May. Referrals to the service remain steady, 21 were received in June and 20 in May. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently back within target. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance back on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-21	Apr-21	May-21	Jun-21		
			100.0%	100.0%	100.0%		
Total Number Waiting							
		Mar-21	Apr-21	May-21	Jun-21		
			51	52	38		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in June is 5.89 weeks, previous month reported 6.60 weeks. For open pathways, the longest waiter was 11 weeks in June which is the same as to what was reported in May. New referrals to the service remain steady, 29 were received in June and 33 in May. 							
Actions to Address/Assurances:							
None specifically as performance is currently back within target.							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. July saw 1 new inspection, Hightown Village Surgery, where the rating improved from their previous inspection with 'Safe' now reporting as good after requiring improvement.

Also to note, practices were reviewed on 9-7-21 no evidence was found for a need to carry out any inspections or reassess their ratings at this stage. This can change at any time if the CQC receive new information. They will continue to monitor data on these GP Services.

All results are listed below:

Figure 15 - CQC Inspection Table

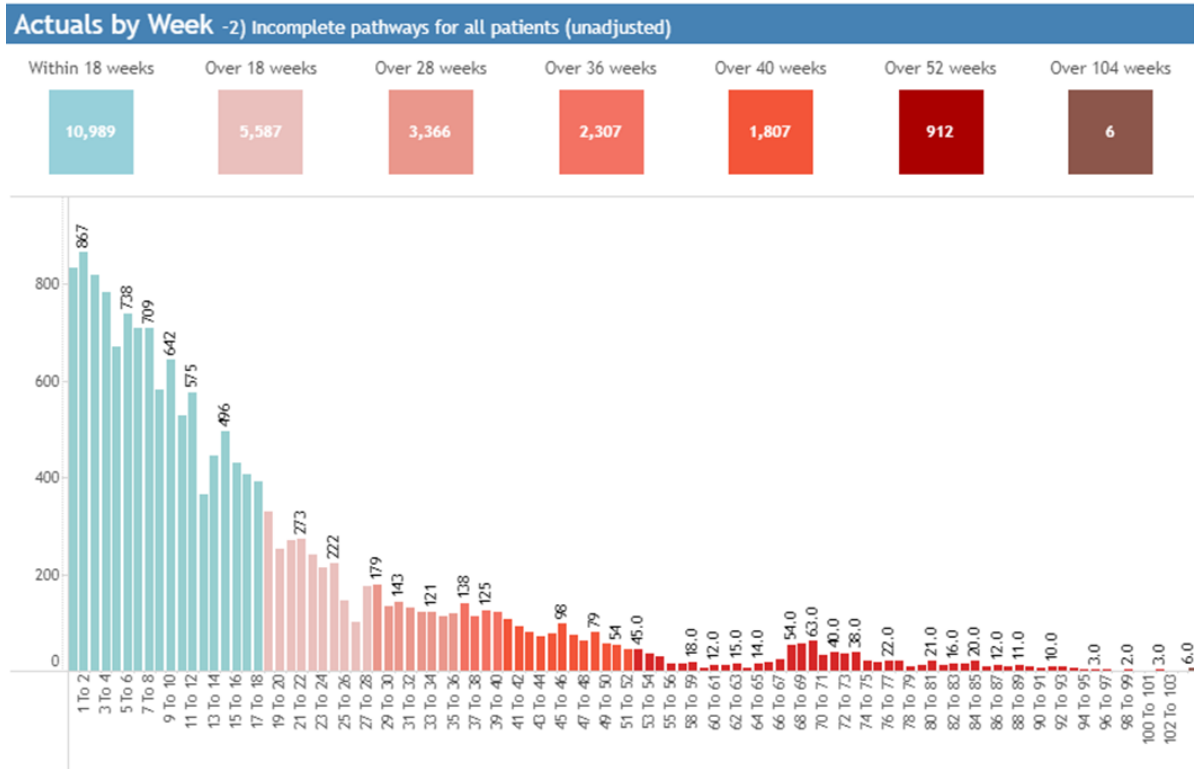
South Sefton CCG								
Practice Code	Practice Name	Lastest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	26 February 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	30 April 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	12 November 2019	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	40-42 Kingsway Surgery	15 June 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Practice	14 December 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	13 July 2021	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	16 April 2019	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	16 July 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	05 March 2020	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	19 August 2016	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	19 August 2016	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	12 February 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

8. Appendices

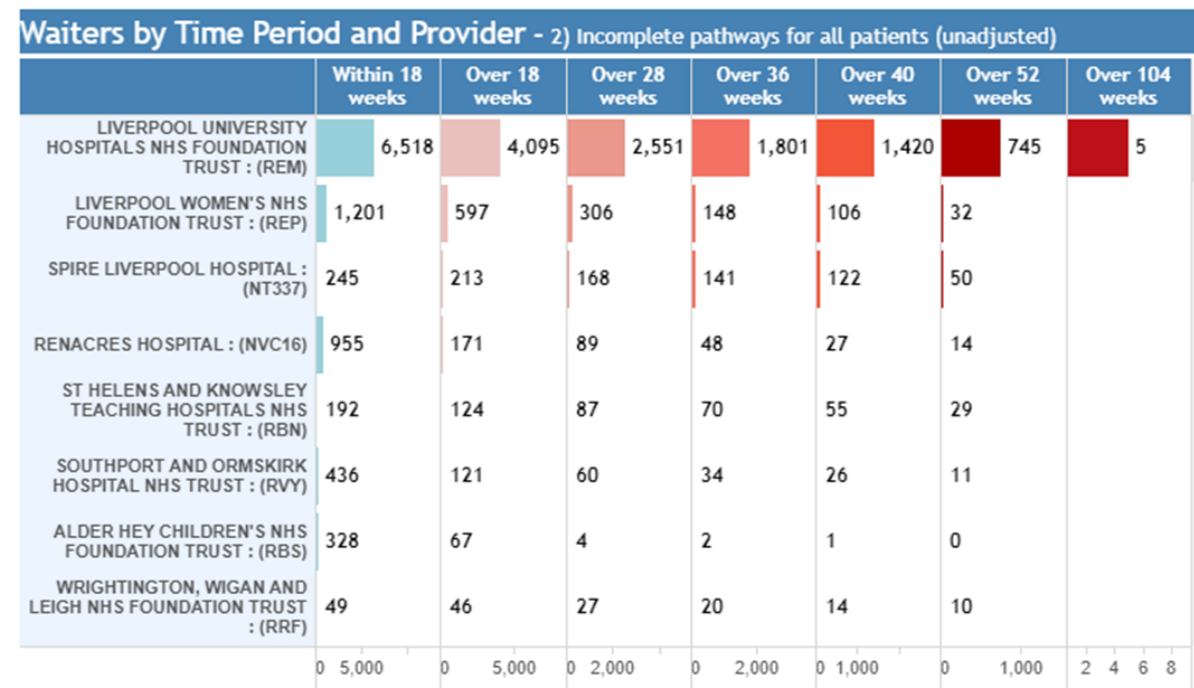
8.1.1 Incomplete Pathway Waiting Times

Figure 16 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



8.1.2 Long Waiters analysis: Top Providers

Figure 17 - Patients waiting (in bands) on incomplete pathway for the top Providers



8.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 18 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

