



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – January 2022

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															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%	19.36%	19.97%			
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%	54.67%	52.08%			
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,381	1,513			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	2	2	1	7	19	14	5	4	4	13		72	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	R	G	G	G	G	G	G	G		R	
		Actual	0	0	1	0	0	0	0	0	0	0		1	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R			R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%	74.77%	69.39%			85.17%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G	G	R	R	R	R	R			R
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%	35.56%	23.26%			67.0%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	G	R			G
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%	97.44%	93.06%			96.77%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R	R	R	R	R			R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%	91.67%	82.85%			89.71%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G	G	G	G	R			G
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%	100%	100%	96.15%		98.83%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%	100%	100%	100%		99.16%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R			R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%	74.29%	69.70%			70.54%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R	R			R
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%	66.67%	60.0%			68.92%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%	69.23%	50.0%			68.87%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			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	R	R	R	R	R	R			R
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%	65.40%	64.99%	67.35%	69.68%			69.85%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G	G	G			G
		Target	0	0	0	0	0	0	0	0	0	0			0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G	G	G			G
		Target	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	R	R	R	R	R	R			R
		YTD	0	0	1	1	1	1	1	1	1	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	R	R	R	R	R	R			R
		YTD	7	13	16	22	26	31	36	39	44	51			51
		Target	6	10	14	18	22	27	31	35	41	45	49	54	54
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		YTD	6	18	34	45	61	75	85	94	103	108			108
		Target	17	33	47	59	70	80	91	103	116	130	144	156	156

Metric	Reporting Level		2021-22													
			Q1			Q2			Q3			Q4			YTD	
			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	G	G	G	R	G	G			G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	92.3%	100%	100%			98.1%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within 2 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			G						G	
		Actual	64.3%			90.9%			70%						75.1%	
		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	R	R	R	R	R	R			R	
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%	37.3%	35.4%			29.73%	
		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	R	R	R	R	R	R			R	
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%	0.83%	0.83%			8.02%	
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT 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	R	R	R	R	R	G			R	
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%	35.3%	50.7%			42.84%	
		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	G	G	G	R	R	R			G	
		Actual	96%	100%	92%	88%	88%	79%	85%	70%	70%	63%			83.0%	
		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	G	G	G	R	G	G			G	
		Actual	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%			99%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	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	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%	58.6%	59.3%			58.91%
		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%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R			R						R
		Actual	6.09%			20.21%			26.6%						26.6%
		Target	18%			35%			52%			70%			70%
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of quarter															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R			R						
		Actual	20.8%			21.1%			23.9%						
		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	G			R			R						G
		Actual	20.3%			8%			5.4%						38.8%
		Target	8.75%			8.75%			8.75%			8.75%			35.00% YTD
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			R						R
		Actual	69.6%			47.7%			19.5%						45.6%
		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			R			R						R
		Actual	100%			75%			80%						85%
		Target	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	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey - KPI 5/5	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%	22.5%			47.0%
		Target	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 - KPI 5/6	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%	69.2%			56.3%
		Target	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 - KPI 5/9	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	100%			99.00%
		Target	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 - KPI 5/10	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%			68.00%
		Target	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 - KPI 5/12	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	100%			99.00%
		Target	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 - KPI 5/13	Sefton	RAG	G	G	G	G	R	R	R	R	R	R			R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%			88.00%
		Target	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 – KPI 5/15	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7	11.5			
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment <u>in weeks</u> (ages 16 - 25 years) - Mersey Care – KPI 5/16	Sefton	RAG													
		Actual	77.9	77.4	79.3	78.6	79.6	81.3	90.2	87.7	88.2	89.8			
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9	60.5			
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 10 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for January & Quarter 3 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	19.97%	16.75%
Referral to Treatment (RTT) (92% Target)	52.08%	54.55%
No of incomplete pathways waiting over 52 weeks	1,513	6,028
Cancer 62 Day Standard (Nat Target 85%)	69.70%	56.36%
A&E 4 Hour All Types (National Target 95%)	69.68%	68.66%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	481
Ambulance Handovers 60+ mins (Zero Tolerance)	-	139
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	1
CPA 7 Day Follow Up (95% Target) 2021/22 - Q3	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q3	70.0%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.83%	-
IAPT Recovery (Target 50%)	50.7%	-
IAPT 6 Weeks (75% Target)	63.0%	-
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 Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, 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 has now successfully fully vaccinated the majority of patients in cohorts 1 to 9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 and booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1 to 12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16 to 17 and 12 to 15 are now eligible. At the end of January-22 there have been 109,657 (or 73.8%) first dose vaccinations and 102,287 (68.9%) second dose vaccinations. Denominator populations now include under 16s as they are eligible for doses 1 and 2. 77,341 (75.6%) of eligible 18+ patients had booster vaccinations given at the end of January-22.

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 the context of responding to the ongoing challenges presented by COVID-19, whilst also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at Trust and system level is being assessed against agreed trajectories for H2 (Half year 2).

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. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). Outpatient validation has been another area of focus to support elective recovery. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity' – aim to reduce patients waiting for operations, elective theatre utilisation within the following specialties: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with CCG and Trust leads. The expectation that these programmes will provide additional capacity by either reducing demand or making better use of current resources. The National Getting it Right First Time (GIRFT) Lead – Professor Tim Briggs and his team are expected to meet clinical and programme leads for Cheshire & Merseyside in the coming weeks to support the system in progressing elective recovery. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of services via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

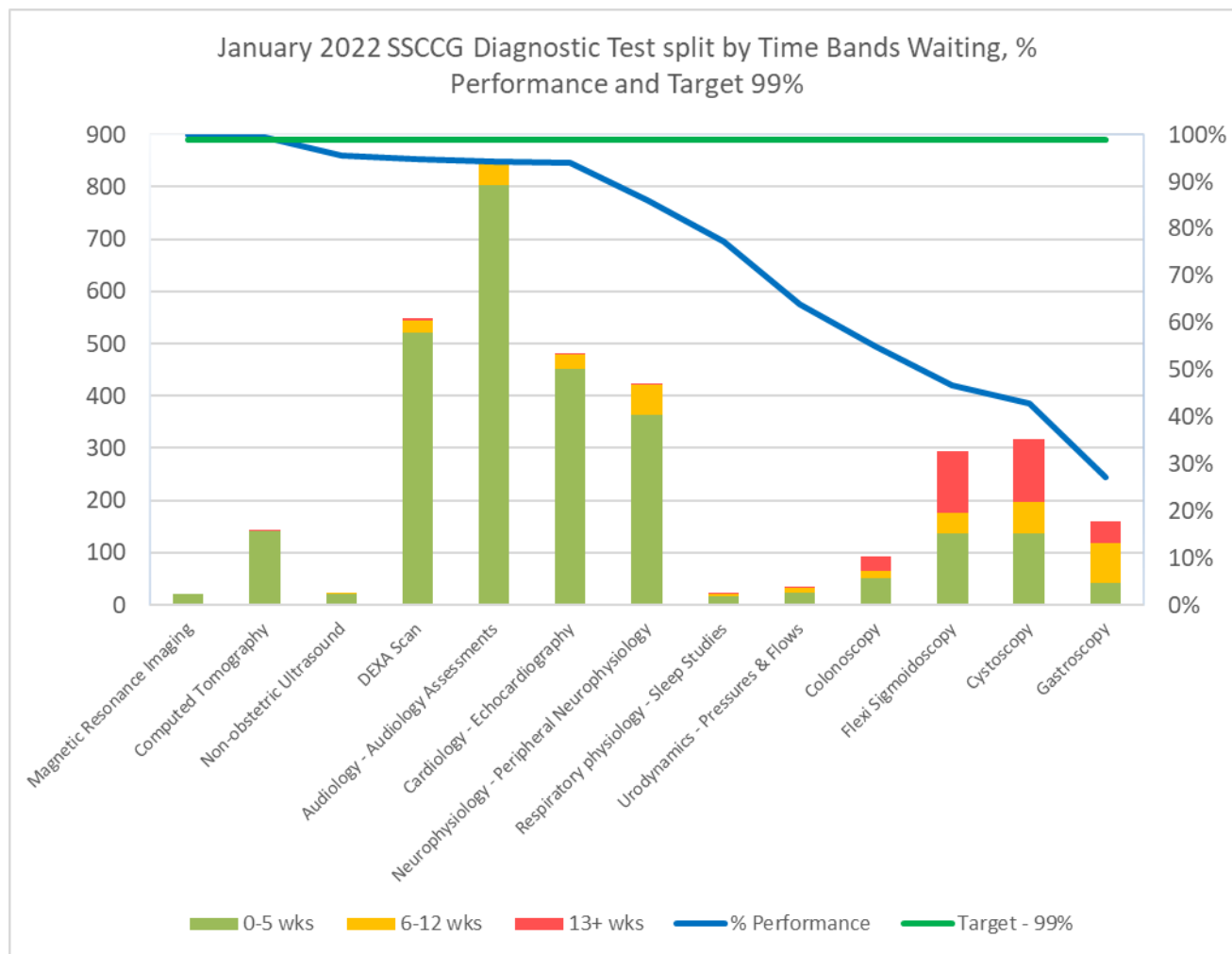
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic). However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -5.1% lower as at month 10. GP referrals have seen significant increases in 2021/22 compared to the previous year; however, are reporting a 10% increase in December-21 when comparing to the same period of 2019/20 (i.e. pre-pandemic).

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 is over the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 19.97% in January - this being similar performance compared to last month (19.36%). Despite being above the target, the CCG is measuring well below the national level of 30%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 16.75% in January, higher than last month when 15.24% was reported. 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. Planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside is expected within the coming months, which is expected to deliver additional capacity and improve performance across the system.

Figure 1 – January CCG Diagnostics Chart and Table



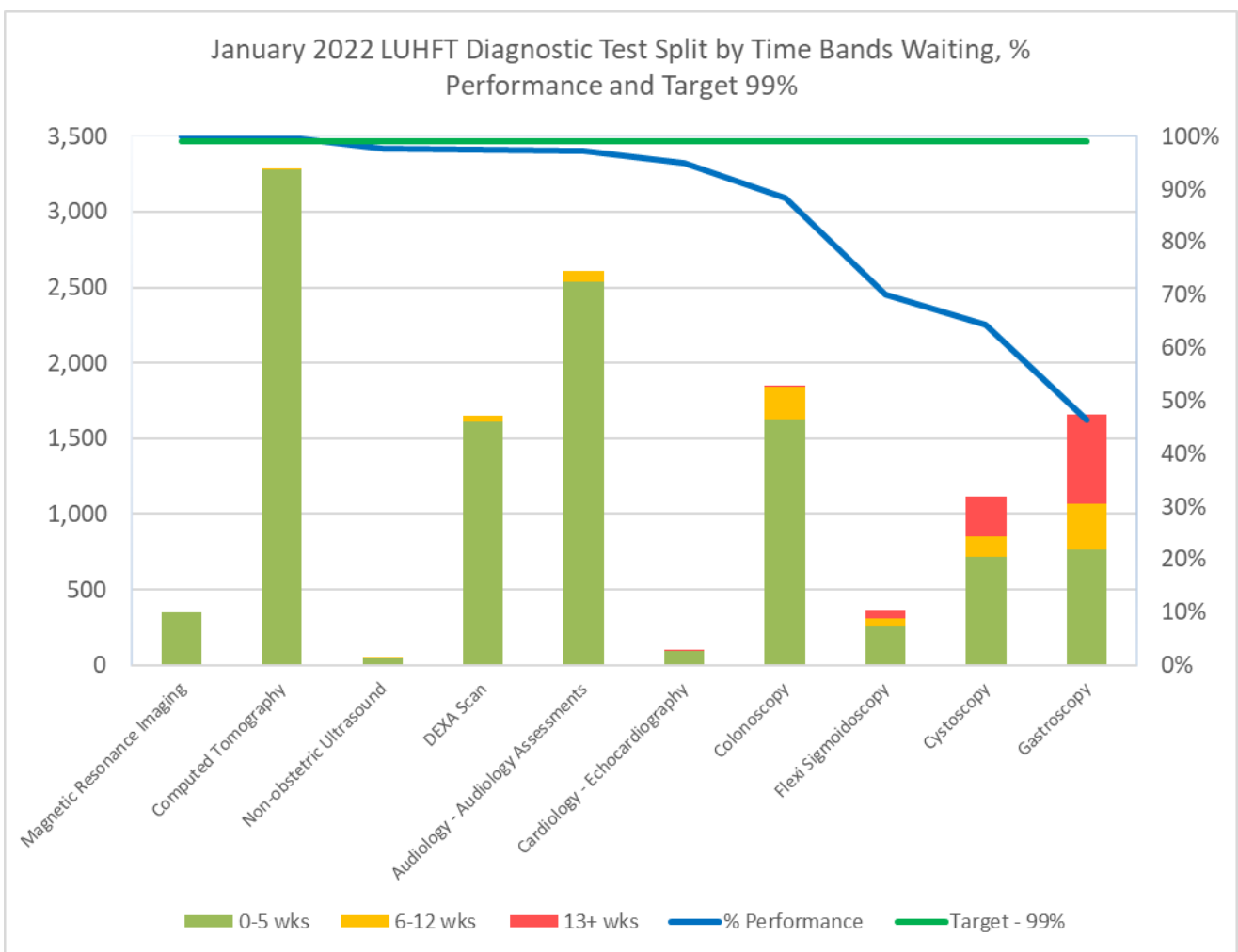
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Neurophysiology - Peripheral Neurophysiology	20	0	0	100.00%	99%
DEXA Scan	142	0	1	99.30%	99%
Audiology - Audiology Assessments	21	1	0	95.45%	99%
Computed Tomography	520	24	4	94.89%	99%
Non-obstetric Ultrasound	804	49	0	94.26%	99%
Magnetic Resonance Imaging	451	28	1	93.96%	99%
Cardiology - Echocardiography	364	58	1	86.05%	99%
Cystoscopy	17	3	2	77.27%	99%
Urodynamics - Pressures & Flows	23	10	3	63.89%	99%
Flexi Sigmoidoscopy	51	14	28	54.84%	99%
Gastroscopy	137	39	118	46.60%	99%
Colonoscopy	136	61	120	42.90%	99%
Respiratory physiology - Sleep Studies	43	76	40	27.04%	99%
Total	2,729	363	318	80.03%	99%

Overall, the CCG is reporting 80.03%, below target of greater than 99% seen within 6 weeks. National levels overall are currently at 70% and the proportion waiting over 13 weeks nationally is at 10.48%. South Sefton CCG is performing better on both counts.

For the CCG there are significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Respiratory Physiology compared with other tests.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside and is expected to reduce the number of 2ww referrals and create capacity that will be focused on managing waiting lists.

Figure 2 – January LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	345	0	0	100.00%	99%
Non-obstetric Ultrasound	3,282	2	0	99.94%	99%
Audiology - Audiology Assessments	42	1	0	97.67%	99%
Magnetic Resonance Imaging	1,607	44	0	97.33%	99%
Computed Tomography	2,540	71	0	97.28%	99%
Cystoscopy	92	2	3	94.85%	99%
Cardiology - Echocardiography	1,623	215	1	88.25%	99%
Flexi Sigmoidoscopy	258	48	62	70.11%	99%
Gastroscopy	719	130	267	64.43%	99%
Colonoscopy	767	304	588	46.23%	99%
Respiratory physiology - Sleep Studies	212	386	187	27.01%	99%
Total	11,487	1,203	1,108	83.25%	99%

Figure 2 – CCG RTT Performance and Activity (Incomplete Pathways)

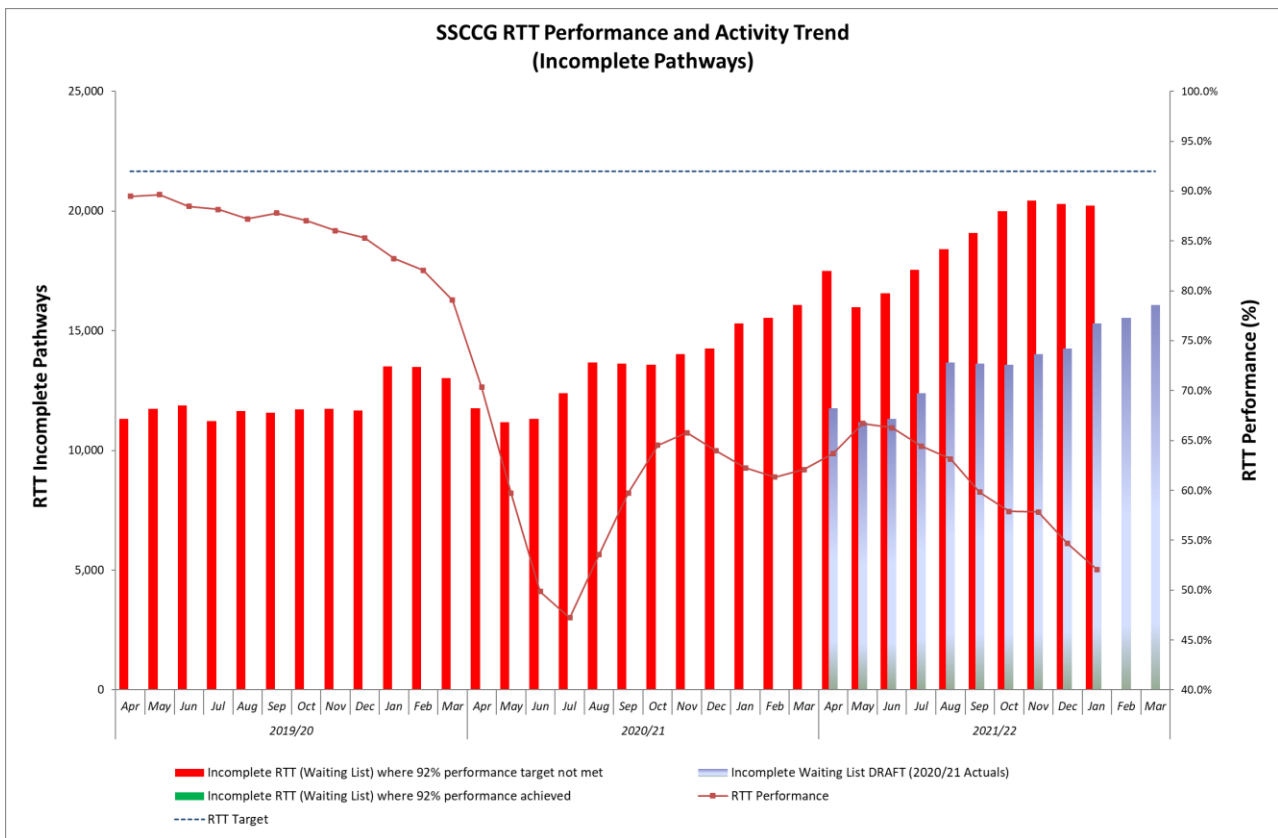


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

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	15,308
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431	20,296	20,229			20,229
Difference	5,740	4,798	5,265	5,148	4,713	5,459	6,341	6,402	6,031	4,921			4,921
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	1,017	1,082	1,231	1,390	1,382	1,361	1,513			
Difference	1,414	932	806	846	884	984	1,041	879	714	488			

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	46,052
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127	69,433	72,154			72,154
Difference	9,827	15,690	19,038	19,930	21,697	25,713	26,931	26,522	24,897	26,102			26,102

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

There were a total of 3,997 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,513 patients were waiting over 52 weeks, an increase of 152 on last month when 1,361 breaches were reported. The majority of these patients were at LUHFT (1,314) with the remaining 199 breaches spanned across 19 other Trusts.

The 1,513 52+ week wait breaches reported for the CCG represent 7.48% of the total waiting list in January 2022 which is above the national level of 5.10%.

Included in the long waiters there were 85 patients waiting over 104 weeks. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway). The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.

Overall waiters decreased by 67 this month with a total 20,229 South Sefton patients now on the RTT waiting list in January 2022. This is compared to 15,308 patients waiting in the equivalent period of the previous year and 20,296 in December 2021. The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG conducted further trend analysis into RTT incomplete pathways, which is expected to be shared at senior management team in March 2022.

LUHFT had a total of 6,028 52-week breaches in January 2022, showing an increase of 4.08% (246) from previous month when the Trust reported 5,782.

The Trust has reported 13 cancelled operations in January. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. 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 1 of the 9 cancer measures year to date and 3 in January 2022. LUHFT are achieving 1 year to date and 1 in January 2022.

The CCG and Trust are still below for the 2 week wait measure in month 10 and year to date. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand, which is sustained at 120% of pre pandemic levels.

For 2-week breast symptoms the CCG and Trust continue to fall way under the 93% target and report lower than last month, the CCG reported 23.26% and the Trust 22.27%. The maximum wait was 53 days at the Trust. Demand for breast services nationally has increased significantly over the last quarter which has been linked to heightened public awareness of breast cancer following the death of a young celebrity. 17 out of 19 Cancer Alliances have failed this standard in the last reporting period. The local provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. The maximum wait was 53 days at the Trust. The median wait for January for this indicator for the CCG was 24 days. Performance against the 28-day standard for patients referred with breast symptoms also was below the 75% standard for the CCG.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider will link with commissioners to plan a series of actions based on recruitment and re-design of the

diagnostic pathway in order to deliver a trajectory for improvement. Pathway changes are being worked through to prioritise radiology capacity for those with the most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway.

For the Cancer 62 Day standard, the CCG is measuring above the national level of 61.79% recording 69.70% in January 2022, around 5% lower than the previous month, also well below the operational standard of 85%.

The provider has been asked to develop comprehensive cancer improvement plans to tackle themes identified through root cause analysis of pathways which breach the performance standards. The plan Short to medium term actions include

- Creation of capacity from further roll out of risk stratified follow up.
- Breast services redesign as described above.
- Roll out of rapid diagnostic service (RDS) models.

For patients waiting over 104 days, the CCG reported no patients in January for the second time in recent months. New North West guidance has been issued to ensure any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Systems to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. Year to date, the CCG performed above the target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. 28-day FDS overall reporting for January 2021 is 56.01% and 65.32% year to date, under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

Performance against recovery trajectories demonstrates that in January 2022 the CCG is below plan for the number of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

LUHFT Friends and Family Inpatient test response rate is above the England average of 17.4% in December 2021 at 24.8% (latest data reported). The percentage of patients who would recommend the service has remained at 92%, remaining below the England average of 94%. The percentage who would not recommend fallen to 4% and is still just above the England average of 3%. The Trust are due to present a Patient Experience update at the CCG's Engagement & Patient Experience Group (EPEG) meeting in May 2022 and Patient Experience is embedded within the Trusts overall Improvement Plan which is monitored via the Clinical Quality Performance Group (CQPG) on a regular basis.

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. At month 10 of 2021/22, this has resulted in a 19% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -23% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during January-22 saw an 8% increase

compared to the previous month when there were bank holidays and also the COVID-19 Omicron outbreak caused a decrease in activity.

Figure 5 – Planned Care All Providers - Contract Performance Compared to 2019/20

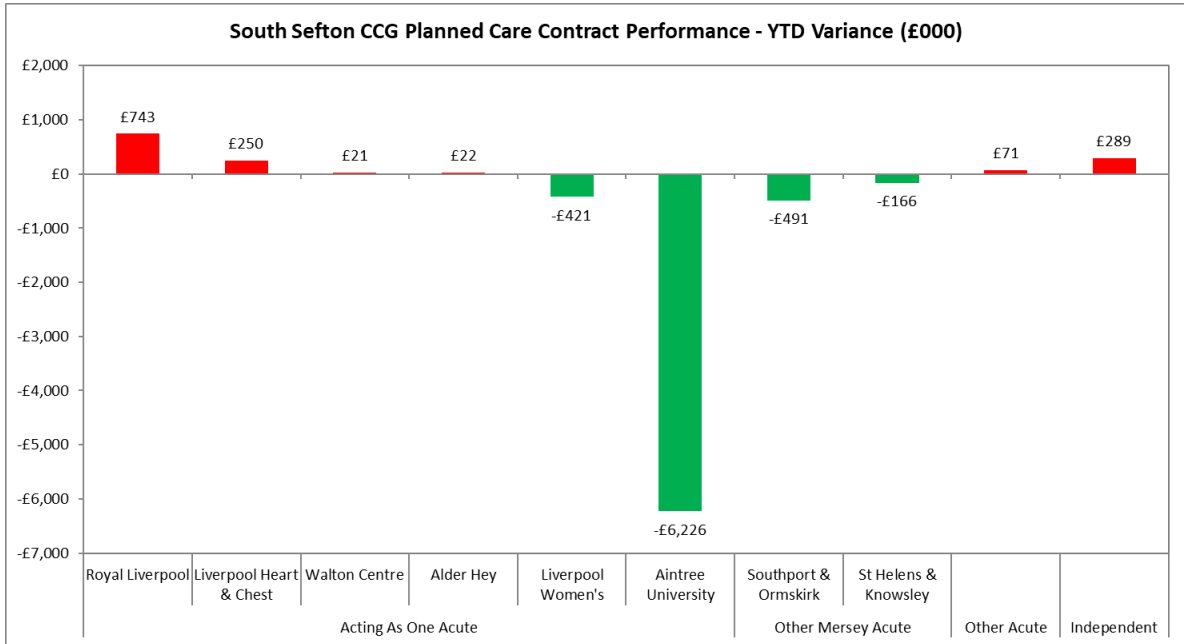


Figure 6 - Planned Care Activity Trends

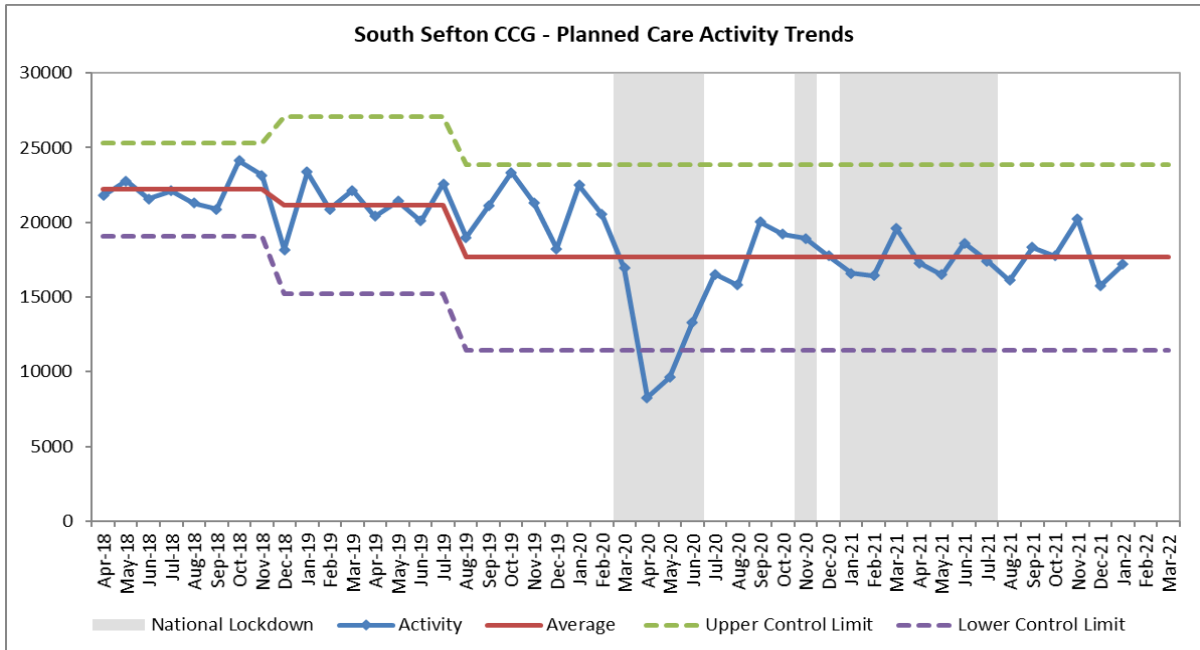


Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)

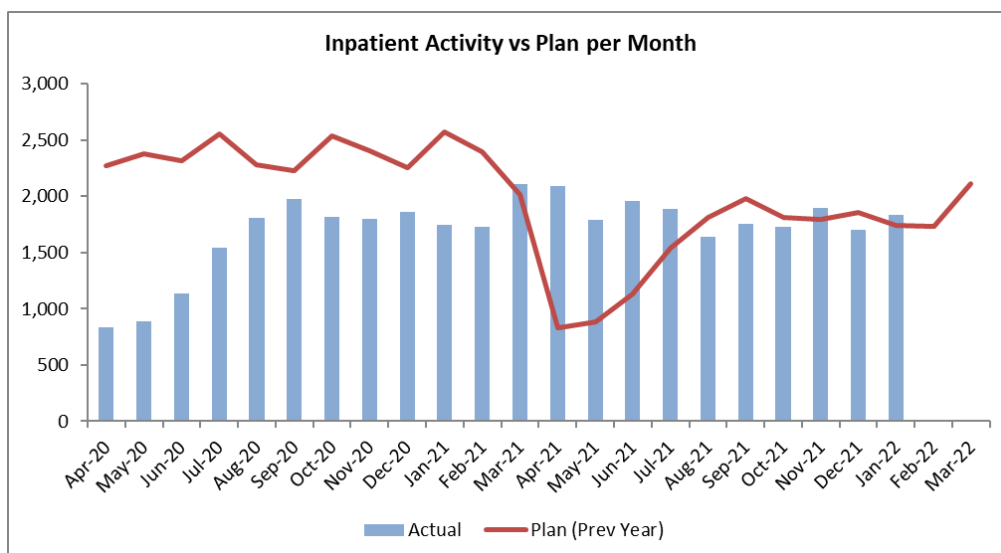
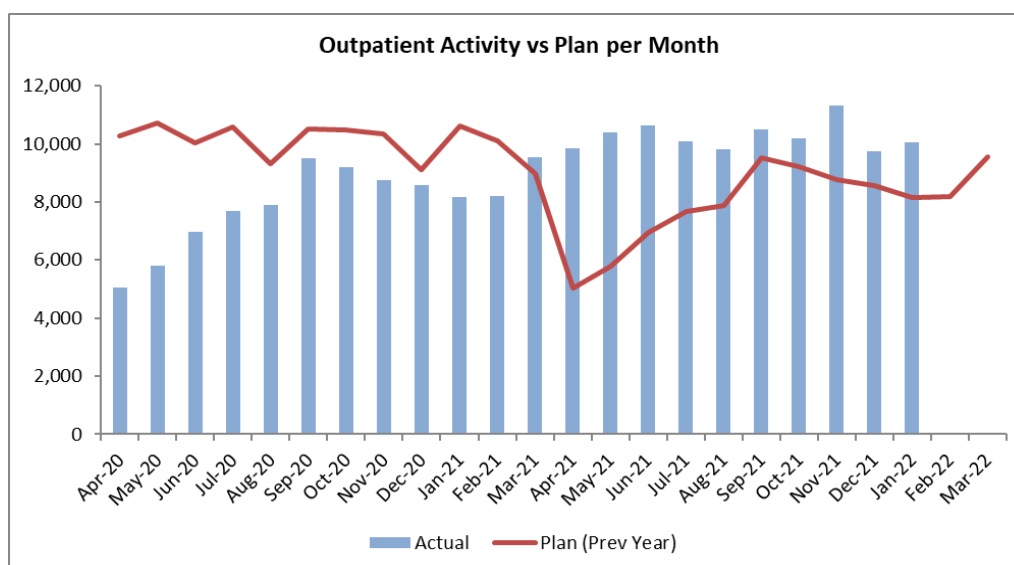


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT continue to report under the 95% target in January 2022, reporting 69.68% and 68.66% respectively. This shows a small increase of around 2.3% from the previous month and the CCG and Trust performance is lower than the nationally reported level of 74.35%.

CCG Actions:

- Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the short fall in domiciliary care packages.
- CCG and local authority have commissioned additional bed capacity to mitigate the risk of delays. The Local Authority have block booked additional hours however situation remains challenged due to workforce sickness and absence rates due the Omicron variant.
- Additional funding to support discharge and 14 and 21 day reduction in length of stay has been allocated and system schemes with forecasted reductions in length of stay (LOS).
- CCG has put in place Nurse programme Director oversight of discharge process into the LUHFT system. This include daily review of the RFD data and validation.

- As a consequence of this work additional community bed capacity has been blocked to reduce discharge delays.
- Emergency Care Improvement Support Team (ECIST) support is scheduled to look specifically at pathway 0's and pathway 1 discharges, this is in conjunction with long length of stay review to reduce the 14 and 21 day length of stays. This is facilitated under the leadership of Mersey Care senior flight controller role and link to system flow.

Trust Actions:

- Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Trust to report findings and performance.
- Additional 7 beds commissioned to support flow for pathways 1 and 3.

The Trust have reported one 12-hour breach in January, the second of 2021/22 at the Aintree site. The volume of attendances at AED at the Trust remained high during January 2022 which resulted in longer waits due to poor flow through ED and ward areas. Actions taken by the Trust to address this include:

- Embedding pathway redesign for direct conveyancing to assessment areas
- Ringfencing assessment capacity in Ambulatory Acute Wards (MAB/) FAB at Aintree
- Optimising Same Day Emergency Care on both sites and reducing corridor care

Performance and Quality will continue to be monitored by the Lead Commissioner for LUHFT (Liverpool CCG) via the monthly Clinical Quality Performance Group (CQPG) meetings.

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 January-22, when the average response time for South Sefton was 8 minutes, 40 seconds over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 6 minutes against a target of 18 minutes. The CCG also failed the category 2 and 3 90th percentile, but these have shown improvement from last month. Data for Category 4 90th percentile is reporting over 15 hours well over the 180-minute target. 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 will go-live in April 2022. Also, the Ageing Well Programme will look to support NWS by improving access to urgent community response including referrals from NWS and the community teams with a response within 2 hours.

For ambulance handovers, LUHFT reported an improvement in performance for ambulance handover times in January 2022 (for handovers of 30 and 60 minutes) which decreased to 481 from 603 last month. Those above 60 minutes decreased to 139 from 255. 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. NWS have redeployed Patient Transport Service (PTS) vehicles in preparation for the expected spike in C19 incidents and probably winter surge. The Military have been supporting the PTS to increase capacity within emergency services and to support timely discharge from both secondary care and intermediate care services. This additional support will provide cover for staff sickness and absence rates, which should support the performance of category 1 and 2 response times. In April 2022, the CCG will implement a push model into the community 2hr UCR services for cat 3, 4 and 5 to reduce waits and release NWS capacity. NWS NHS 111 first and direct booking services remain in place to triage and redirect away from NWS 999 services.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero,

published data shows the CCG reported no breaches in January and the Trust reported 1 no details provided by the Trust.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues, and the public consultation period has now commenced led by Liverpool CCG and will end on 14th February.

The CCG and Trust reported no new cases of MRSA in December but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. 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 7 new cases of C difficile cases in January (51 year to date) against a year-to-date target of 41 so are above the planned trajectory. The CCG objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 11 new cases in January (114 year to date) against a year-to-date target of 123 and are achieving. Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In January there were 5 new cases (103 year to date), against a year-to-date target of 116 so achieving the target currently, year-end target is 156. LUHFT reported 16 new cases in January (165 year to date) against their year-to-date plan of 194 so are also achieving. 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 and meet every 6 weeks, although due to COVID they had been stood down in December, January and February. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 100.81 in January 2022 by the Trust, just 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 10.1% in December 2021 at 17.4% (latest data available). The percentage of patients who would recommend the service has increased to 65% (from 61% last month), which is below the England average of 80%. The percentage who would not recommend decreased to 25% (from 29%) but remains above the England average of 16%. Poor Performance in terms of waiting times within A&E continues to have the biggest impact on Patient Experience. Communication with relatives, patients and staff also remains to be a key theme, compounded by ongoing visiting restrictions. The Trust are utilising feedback to drive and implement improvements within the systems. This continues to be monitored via the Trust Improvement Plan at Clinical Quality Performance Group (CQPG).

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'. Trends across 2021/22 have shown notable increases in A&E activity but more expected levels of non-electives when comparing to pre-pandemic activity. Total Unplanned activity at January-22 is recording a 7,646/13% increase compared to 2020/21 but a decrease of -4,353/-3% when compared to pre-pandemic levels of activity. Focussing specifically on A&E type 1 attendances, activity during January-22 has increased from the previous month following the COVID-19 Omicron outbreak. Total attendances showed a 2% increase compared to December-21 but still -7% lower than November-21.

Figure 9 – Unplanned Care All Providers - Contract Performance Compared to 2019/20

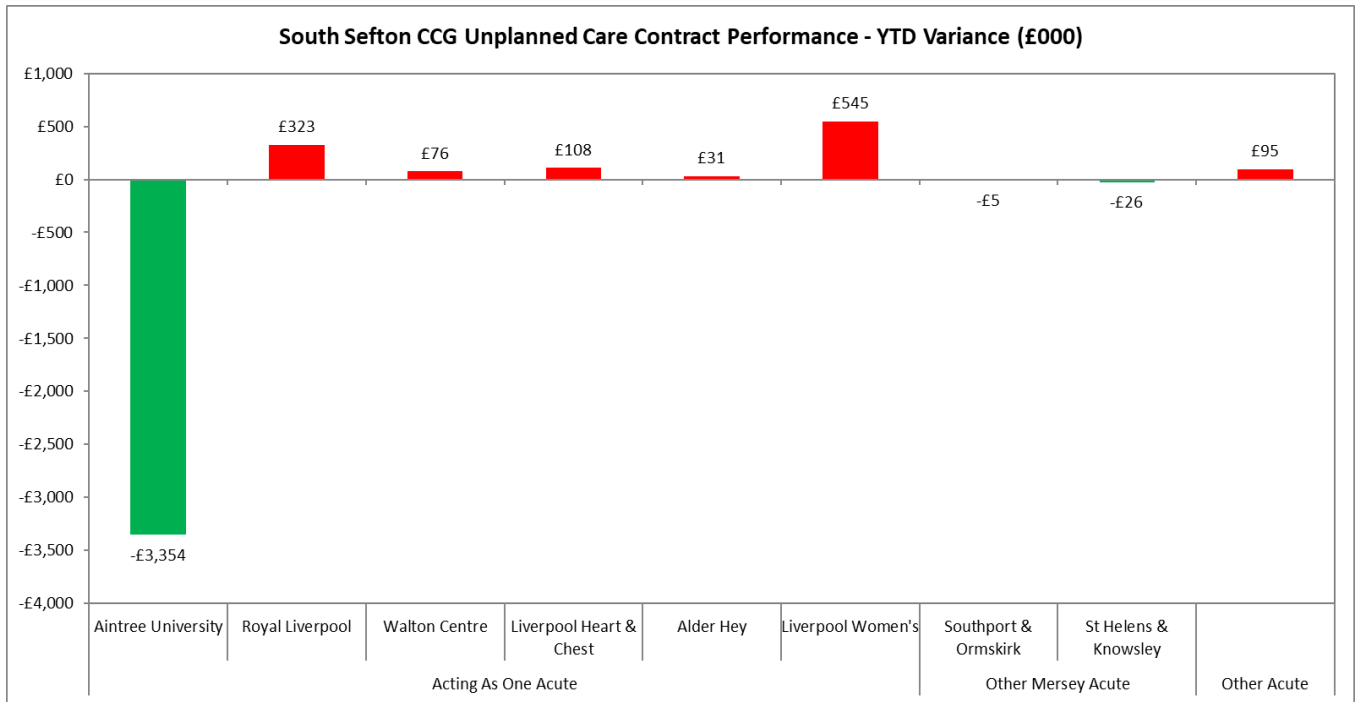


Figure 10 - Unplanned Care Activity Trends

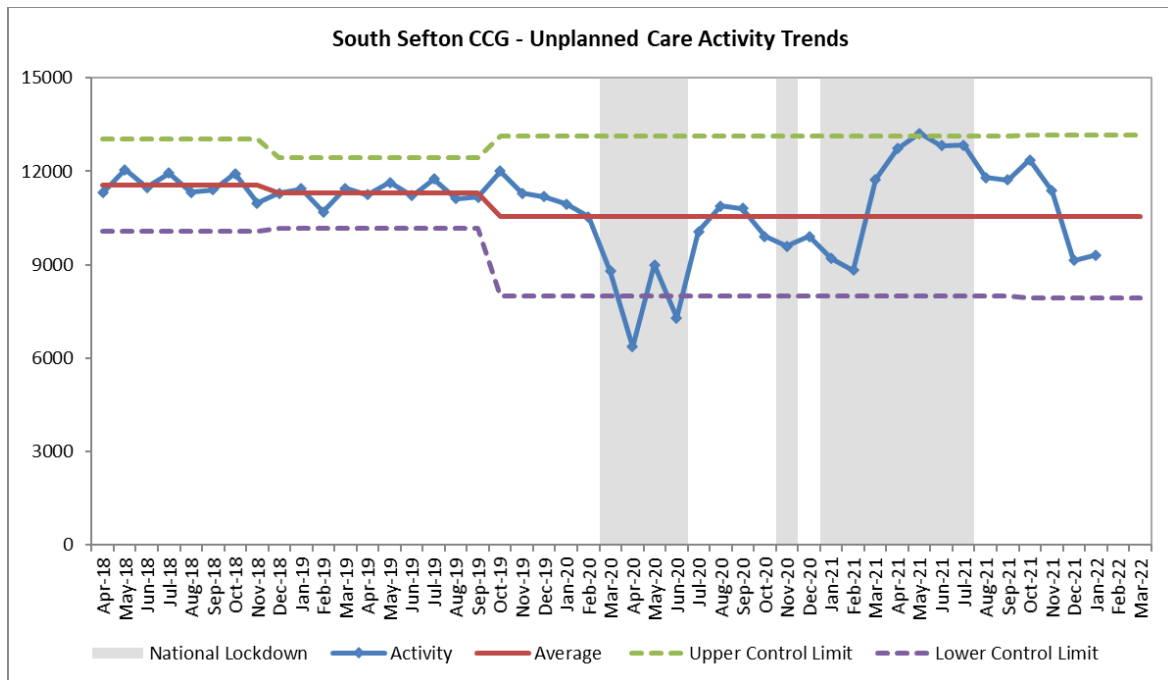


Figure 3 - A&E Type 1 against Plan (Previous Year)

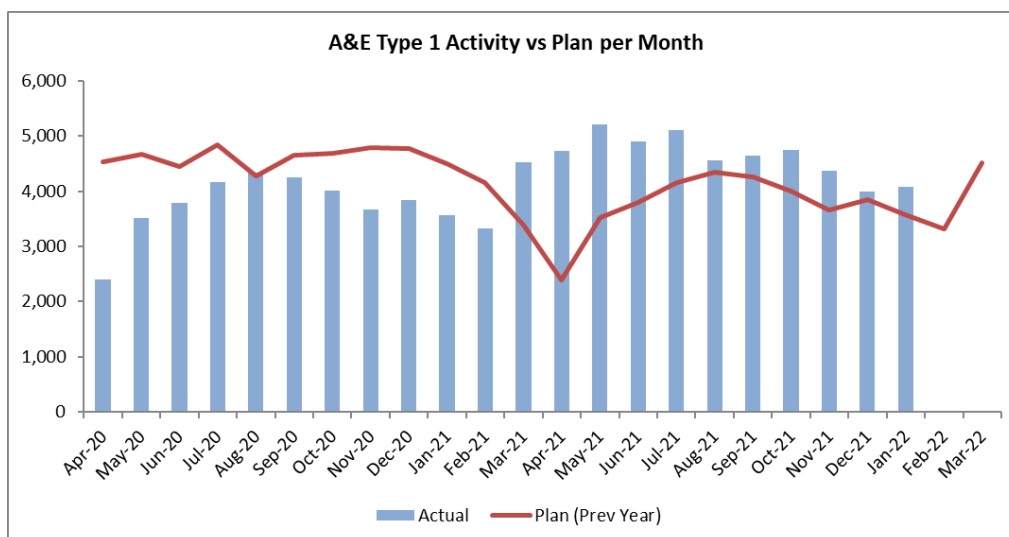
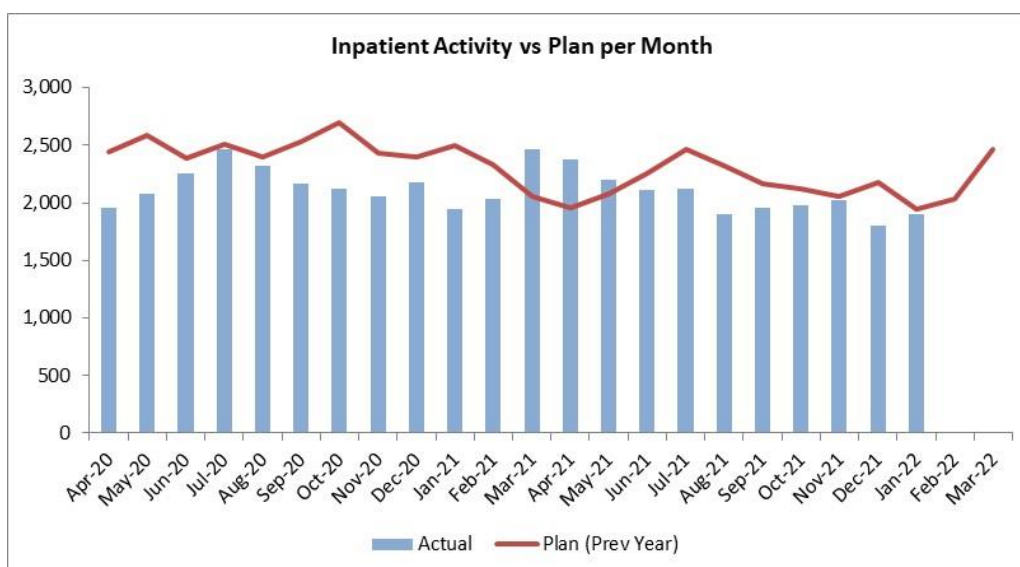


Figure 4 – Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 35.4% of patients commencing treatment within 18 weeks of referral in January 2022, compared to a 95% target. Just 17 patients out of 48 commenced treatment within 18 weeks, which shows a small decline in performance on last month when 37.3% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service is launching a digital peer support platform which will benefit those individuals on the waiting list. The service have also implemented a stepped care approach to ensure interventions are targeted as much as possible as early as possible. In addition, the service is looking at how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. The Trust and CCG recognise that considerable investment is required for the 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. The service has been asked to put together an outline of an MDT-led service model and associated costings for consideration. The service is completing a capacity and demand analysis which will inform the proposed service model.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.83% in January 2022, below the monthly target standard of 1.59%. The service now has a full complement of staff (including new clinical lead) so is confident that performance will begin to improve. Staffing has historically been a challenging issue.

The percentage of people who moved to recovery was 50.7% in January 2022 against the target of 50%, which is a significant improvement from 35.3% reported last month and now reporting over plan.

For IAPT 6 week waits to enter treatment, this measure has reported 63%, which is under the 75% target, this has now been under target for 3 months. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, although performance is expected to now start improving with a full staffing compliment in place.

The CCG is recording a dementia diagnosis rate in January 2022 of 59.3%, which is under the national dementia diagnosis ambition of 66.7%. This demonstrates a small improvement from last month's performance of 58.6%. Significant capacity and demand issues in primary care where initial dementia screening is completed are having an impact upon performance. The provider continues to operate weekend clinics in the memory service to address the backlog caused by COVID-19.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service have reported an increase in referrals in January and feel that demand is exceeding current capacity levels. The service continues to prioritise those individuals with a documented SEND requirement as requested. North and Mid-Mersey commissioners are in the process of mapping out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

For the month of January 2022, average waiting times for ASD service diagnostic assessment for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 89.8 weeks in Sefton. This is a slight increase on December 21, despite additional monies that have created some additional capacity this is not anywhere near to meeting current demand. This means that month on month there are more being added to a waiting list. Service continues to prioritise those individuals with a documented SEND requirement as requested. The Service are waiting for a response from commissioners about next steps and discussions about possible ways to move forward. Risk Mitigation: The Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list and escalate any concerns as per agreed pathways. To note: the average of 11.5 weeks waiting times for ASD performance in January reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had had their first seen appointment.

The Trust has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 60.5 weeks in January 2022. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12 to 14 new assessments per week. The Trust has also subcontracted work to an external provider with the plan for the provider to take on 820 cases from the backlog to complete an assessment through 3-4 virtual appointments. It is expected that the external provider will commence this work in May. The CCG and Mersey Care are working together to establish the performance metrics for the external provider. North and Mid-Mersey commissioners are in the process of mapping

out their respective pathways with a view to exploring how the current capacity and demand issues can be resolved more collectively.

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 regarding changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs has been introduced. 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. This work has been impacted by the pandemic.

Further to Month 9 which advised that the whole Trust had entered into business continuity, the Trust moved out of business contingency in Month 10.

Month 10 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy which remains static at 28 weeks and Speech and Language Therapy (SALT) decreased from previous month to 27 weeks. CCG continues to monitor waiting times with close monitoring of the SALT service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy and SALT. 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. However, this work has been impacted by the pandemic.

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).

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service. These include:

- Workforce gaps due to increase in maternity leave, short- and long-term sickness and challenges in recruitment.
- Impact of COVID-19 pandemic on throughput of patients.
- Impact of COVID-19 on the speech, language and communication needs of children and young people.
- Additional capacity impact of increasing caseload of children and young people and families with English not as first language (13% of overall caseload).
- Increased number of referrals/re-referrals over the past 2 years.

There have been significant efforts to address the capacity pressure and improve waiting times and there has been a further small improvement for the third consecutive month. Further actions are being implemented to return the performance to 18 weeks by March 2023, with the existing levels of commissioned resource. A paper about the service, its challenges and the improvement plan are being taken to Leadership Team.

All referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in January 2022.

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. Additional, investment has been agreed by the CCG in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing but it is likely to be May before all posts are filled and extra capacity is fully realised within the service offer – notwithstanding likely internal movement as posts are filled, and normal staff turnover. A detailed monthly trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve, however an initial timeline for returning to 6-week and 18-week KPIs is November 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In January there has been a slight deterioration in 6-week KPI (i.e. assessment) but there has been an improvement 18-weeks to treatment South Sefton 80.6%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has 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 and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. 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.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present 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. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. Although for both ASD and ADHD the KPI of 90% of assessments starting with 12 weeks (NICE requirement) is still being met. The increase referral rate is impacting on capacity and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

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. The inspections have resumed, with the latest inspection happening at Litherland Practice, with the practice continuing to perform 'Good' overall and for all inspection areas.

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report is prepared for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.