



South Sefton
Clinical Commissioning Group

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Integrated Performance Report September/Quarter 2 2021-22

Contents

1. Executive Summary	10
2. Planned Care	18
2.1 Referrals by source	18
2.2 NHS E-Referral Services (e-RS)	19
2.3 Diagnostic Test Waiting Times	20
2.4 Referral to Treatment Performance (RTT)	23
2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters	24
2.4.2 Provider assurance for long waiters	27
2.5 Cancer Indicators Performance	29
2.5.1 104+ Day Breaches	30
2.5.2 Faster Diagnosis Standard (FDS)	31
2.6 Patient Experience of Planned Care	32
2.7 Personal Health Budgets (PHBs)	32
2.8 Planned Care Activity & Finance, All Providers	33
2.8.1 Aintree Hospital	35
2.8.2 Renacres Hospital	36
2.9 Smoking at Time of Delivery (SATOD)	37
3. Unplanned Care	38
3.1 Accident & Emergency Performance	38
3.1.1 A&E 4 Hour Performance	38
3.2 Urgent Care Dashboard	39
3.3 Ambulance Performance Indicators	41
3.4 Ambulance Handovers	42
3.5 Unplanned Care Quality Indicators	43
3.5.1 Stroke and TIA Performance	43
3.5.2 Healthcare associated infections (HCAI): MRSA	43
3.5.3 Healthcare associated infections (HCAI): C Difficile	44
3.5.4 Healthcare associated infections (HCAI): E Coli	45
3.5.5 Hospital Mortality – Liverpool University Hospital Foundation Trust (LUHFT)	46
3.6 CCG Serious Incident (SI) Management – Quarter 2	46
3.7 Patient Experience A&E	51
3.8 Unplanned Care Activity & Finance, All Providers	52
3.8.1 All Providers	52
3.8.2 Aintree Hospital	54
4. Mental Health	55
4.1.1 Care Programme Approach (CPA) Follow up 2 days (48 hours)	55
4.1.2 Eating Disorder Service Waiting Times	56
4.1.3 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool	57
4.1.4 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place	57
4.2 Mental Health Matters (Adult)	58
4.2.1 Improving Access to Psychological Therapies: Access	58

4.2.2	Improving Access to Psychological Therapies: Recovery	59
4.3	Dementia	60
4.4	Learning Disabilities (LD) Health Checks.....	61
4.5	Severe Mental Illness (SMI) Health Checks.....	62
5.	Community Health.....	62
5.1	Adult Community (Mersey Care Foundation Trust)	62
5.1.1	Quality	63
5.1.2	Mersey Care Adult Community Services: SALT	63
5.1.3	Mersey Care Adult Community Services: Physiotherapy	64
5.1.4	Mersey Care Adult Community Services: Phlebotomy	65
5.2	Any Qualified Provider (AQP) – Audiology.....	65
6.	Children’s Services.....	66
6.1	Alder Hey NHS FT Children’s Mental Health Services	66
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH).....	66
6.1.2	Waiting times for Routine/Urgent Referrals to Children & Young People’s Eating Disorder Services – Routine cases within 4 weeks of referral.....	67
6.1.3	Waiting times for Routine/Urgent Referrals to Children & Young People’s Eating Disorder Services – Urgent Cases within 1 weeks of referral	68
6.1.4	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks ...	69
6.1.5	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks ...	70
6.1.6	Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks	71
6.1.7	Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks	72
6.2	Child and Adolescent Mental Health Services (CAMHS).....	73
6.2.1	% Referral to Choice within 6 weeks.....	73
6.2.2	% Referral to Partnership within 18 weeks	74
6.3	Children’s Community (Alder Hey).....	75
6.3.1	Paediatric Speech & Language Therapies (SALT)	75
6.3.2	Paediatric Dietetics.....	76
6.3.3	Paediatric Occupational Therapy (OT).....	76
6.3.4	Paediatric Children’s Continence Promotion Service	77
6.3.5	Paediatric Children’s Physiotherapy	77
7.	Primary Care	78
7.1.1	CQC Inspections	78
8.	Third Sector – Quarter 2.....	79
9.	NHS Oversight Framework (NHS OF)	85
10.	Appendices.....	86
10.1.1	Incomplete Pathway Waiting Times	86
10.1.2	Long Waiters analysis: Top Providers.....	86
10.1.3	Long Waiters Analysis: Top Provider split by Specialty	87

Summary Performance Dashboard

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			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							
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%							
		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							
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%							
		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							
		Actual	1422	978	912	1,017	1,082	1,231							
		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
		Actual	2	2	1	7	20	14							46
		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							R
		Actual	0	0	1	0	0	0							1G
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R							R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%							92.59%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G	G	R							G
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%							93.01%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	100%	96.92%	100%	94.34%	96.88%	93.02%							97.34%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R							R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%							90.48%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G							G
		Actual	95%	95.24%	100%	100%	100%	100%							98.73%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	95.24%	96.15%	100%	100%	100%	100%							98.71%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R							R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%							73.58%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R							R
		Actual	75%	75%	40%	60%	100%	25%							62.50%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%							73.56%
		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	R	R							R	
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%							71.79%	
		Target	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	Nor 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	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	R	R							R	
		YTD	0	0	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	
		YTD	7	13	16	22	26	31							26	
		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	
		YTD	6	18	34	45	61	75							61	
		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
		Actual	100%	100%	100%	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									G
		Actual	64.3%			90.9%									76%
		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
		Actual	34.38%	30.30%	36.10%	25.7%	11.4%	29.5%							27.9%
		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
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%							4.55%
		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	R	R							R
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%							41.5%
		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
		Actual	96%	100%	92%	88%	88%	79%							90.5%
		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
		Actual	100%	100%	100%	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	R	R							R
		Actual	57.88%	57.74%	58.5%	59.3%	59.7%	59.8%							58.60%
		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 cumulative	South Sefton CCG	RAG	R			R									R
		Actual	6.98%			20.21%									20.21%
		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									
		Actual	20.8%			21.1%									
		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												G
		Actual	20.3%			Q2 data due December									40.4%
		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									R
		Actual	69.6%			47.7%									58.7%
		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
		Actual	100%			75%									87.5%
		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	R	R							R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%							55.1%
		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	Sefton	RAG	R	R	R	R	R	R							R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%							51.7%
		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	Sefton	RAG	G	G	G	G	G	G							G
		Actual	96%	98%	100%	100%	100%	100%							99.0%
		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	Sefton	RAG	R	R	R	R	R	R							R
		Actual	85%	83%	77%	72%	66%	63%							74.3%
		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	Sefton	RAG	G	G	G	G	G	G							G
		Actual	99%	98%	100%	100%	100%	99%							99.3%
		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	Sefton	RAG	G	G	G	G	R	R							G
		Actual	98%	93%	91%	90%	88%	85%							90.8%
		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	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3							
		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	78.4	63.8	62.9	65.0							
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 6 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for September & Quarter 2 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	19.19%	10.88%
Referral to Treatment (RTT) (92% Target)	59.82%	58.72%
No of incomplete pathways waiting over 52 weeks	1,231	5,470
Cancer 62 Day Standard (Nat Target 85%)	71.05%	67.09%
A&E 4 Hour All Types (National Target 95%)	65.90%	64.59%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	537
Ambulance Handovers 60+ mins (Zero Tolerance)	-	182
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 - Q2	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q2	90.9%	-
IAPT Access (1.59% target monthly - 19% YTD)	1.11%	-
IAPT Recovery (Target 50%)	47.7%	-
IAPT 6 Weeks (75% Target)	79.0%	-
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, 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 were closed at the end of June having successfully administered dose 1 & 2 vaccinations to the majority of patients in cohorts 1-9, along with care home residents and staff and the local homeless population. Seaforth village Surgery has been introduced as a vaccination site and continues to offer dose 1, 2 & booster vaccinations to the local population. The vaccination programme continues to offer vaccinations to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 are now eligible and vaccinations for the 12-15 cohort will commence in October. At the end of Sept 2021 there have been 103,602 (or 76.0%) first dose vaccinations and 96,427 (70.7%) second dose vaccinations. Phase 3 Booster

vaccinations for vulnerable and at risk populations has begun and there have been 1,707 (1.25%) booster vaccinations given at the end of Sept 21.

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, while 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 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 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 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals in September-21 have increased from the previous month but are below a 2021/22 average for this site. GP referrals have seen significant increases in 2021/22 to the previous year and are reporting a 19% increase in September-21 when comparing to the previous month. In terms of referral priority, the majority of priority types have seen an increase at month 6 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 80% (10,072). However, Urgent referrals have decreased by -28% which is largely a result of reduced consultant-to-consultant referrals at Aintree Hospital within the Ophthalmology and Trauma & Orthopaedics services.

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 19.19% in September - this being a decline in performance from last month (16.55%). Despite failing the target, the CCG is measuring well below the national level of 26.1%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 10.88% in August, similar to last month when 10.62% 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 September was 59.82%, a decline to last month's performance (63.19%). Unfortunately, the CCG is reporting below the national level of 66.5%. LUHFT reported 58.72% which is also a decline on last month when 61.84% 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. Increases in the number of COVID positive patients and sickness absence has led LUHFT to request further mutual aid. This request is being facilitated by the lead commissioner, Liverpool CCG.

There were a total of 2,723 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,231 patients were waiting over 52 weeks, an increase of 149 on last month when 1,082 breaches were reported. The majority of these patients were at LUHFT (1,068) with the remaining 163 breaches spanned across 13 other Trusts.

Included in the long waiters there were 31 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 1,231 52+ week wait breaches reported for the CCG represent 6.45% of the total waiting list in September 2021 which is just above the national level of 5.15%.

Overall waiters increased by 690 this month with a total 19,085 South Sefton patients now on the RTT waiting list in September 2021. This is compared to 13,626 patients waiting in the equivalent period of the previous year and 18,395 in August 2021. The monthly waiting list position is increasing month on month at CCG and Trust, mirroring the national trend.

LUHFT had a total of 5,470 52-week breaches in September 2021, showing an increase of around 11.8% (646) from previous month when the Trust reported 4,824.

The Trust has reported 14 cancelled operations in September. 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 4 of the 9 cancer measures year to date and 3 in September. LUHFT are achieving 3 year to date and 1 in month.

The Trust are still achieving both 2 week wait measures year to date. The 2 week wait measure is reporting just under target the 93% for the second month for the CCG recording 90.95% and is also failing year to date.

For Cancer 62 Day standard the CCG is measuring slightly above the national level of 68% recording 71.05% in September but below the operational standard of 85%.

For patients waiting over 104 days, the CCG reported 3 patients in September. Of the 3 there were 2 gynae who waiting 123 days and 104 days respectively with these delays due to complex diagnostic pathways (first seen and first treatment Trust being Liverpool Womens). The third was a lung patient who waited 307 days with no reason for delay given (categorised 'other'). The first seen Trust for this patient was LUHFT and first treatment Trust Clatterbridge. Liverpool CCG as lead commissioner for the Trust has 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.

Performance against recovery trajectories demonstrates that in September the CCG is exceeding plan for numbers 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 18.9% in August 2021 at 21.1% (latest data reported). The percentage of patients who would recommend the service has improved to 91%, which is below the England average of 94% and the percentage who would not recommend has remained at 6% and is still above the England average of 3%. 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 Clinical Quality Performance Group (CQPG) and discussed with rationale for dips in performance provided by the Trust.

The CCG have reported 154 Personal Health Budgets (PHBs) in quarter 2, previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/IT's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB.

Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 2 recording 10% of pregnant women smoking at time of their delivery.

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 6 of 2021/22, this has resulted in a 22% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the H1 Planning Guidance, CCGs were expected to plan for 85% of 2019/20 (pre-pandemic) activity levels being completed from July-21 and available contracting data suggests this has been achieved with activity in month 6 representing 96% of that in September-19.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in September 2021, reporting 65.9% and 64.59% respectively. This shows a decrease from the previous month and the CCG and Trust performance is lower than the nationally reported level of 75.19%. LUHFT's catchment position continues to show a sustained historical peak which is impacting on performance. The Trust have reported no 12-hour breaches in September.

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 September 2021, when the average response time for South Sefton was 9 minutes, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 21 minutes against a target of 18 minutes. The CCG also failed the category 2, 3 and 4 90th percentile, these have shown the largest deterioration in recent months. 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.

For ambulance handovers, LUHFT reported an improvement in performance for ambulance handover times in September for handovers of 30 and 60 minutes which decreased from 670 to 537, those above 60 minutes decreased from 234 to 182. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets, which includes the adoption of the ED Checklist to support turnaround times within ED. 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.

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 with recent presentations to local Oversight and Scrutiny Committees (OSCs). Also achieving a successful outcome of the Stage 2 NHSE assurance process.

The CCG and Trust reported no new cases of MRSA in September 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 5 new cases of C difficile cases in September (31 year to date) against a year-to-date target of 27. The CCG now have the new objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 8 new cases in September (70 year to date) against a year-to-date target of 74 and are achieving.

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 September there were 14 new cases (75 year to date), against a year-to-date target of 80 so achieving the target currently, year-end target is 156. LUHFT reported 4 new cases in September (95 year to date) against their year-to-date plan of 117 so are also achieving.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 87.02 in September by the Trust, under 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 August 2021 at 16.7% (latest data available). The percentage of patients who would recommend the service has decreased to 55%, which is below the England average of 77%. The percentage who would not recommend has increased to 35% and above the England average of 16%. The Trust continue to work with the Care Quality Commission (CQC) and the CCG on the AED Improvement Plan. The improvements include increasing staff capacity and patient flow in AED which aims to have a positive impact on waiting times and therefore patient experience. Implementation of the plan and progress continues to be monitored by the CCG via monthly Clinical Quality Performance Group (CQPG) meetings and the Commissioning Collaborative Forum (CCF).

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, particularly in Q1 of 2021/22, 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 although the following months have seen a decrease, urgent care activity levels remain above average. Focussing specifically on A&E type 1 attendances, activity during September-21 was equal to that reported in September-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 2021/22.

Mental Health

Patients on CPA follow up within 2 days reported below the 95% target in quarter 2 for South Sefton CCG recording 50%. Out of the 2 patients 1 was not followed up within 2 days. Overall, the Trust had 3 patient breaches out of a total of 53 in quarter 2 reporting 90.6% and under the 95% target.

The Eating Disorder service has reported 29.5% of patients commencing treatment within 18 weeks of referral in September, compared to a 95% target. Just 13 patients out of 44 commenced treatment within 18 weeks, which shows an improvement on last month (11.4%). Demand for the services continues to increase and to exceed capacity.

For Falls Management and Prevention, the CCG reported 40% in quarter 2 of all adult inpatients being risk assessed using an appropriate tool within 24 hours of admission. A decline from last quarter when 100% was reported. The Trust overall had 32 out of 50 inpatients risk assessed in quarter 2 reporting 64%.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 1.11% in September, below the monthly target standard of 1.59%.

The percentage of people who moved to recovery was 47.7% in September against the target of 50%, which is an improvement from last month when 33.3% was reported. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider is planning to allocate the recently recruited High Intensity Therapist (HIT) resource to address a ringfenced cohort of internal waiters. The established resource is working to prevent additional internal waiters “tip” over the 18-week threshold.

The CCG is recording a dementia diagnosis rate in September of 59.8%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to last month’s performance of 59.7%.

For the percentage of people on general practice SMI register who have had a physical health check the CCG reported 21.1% in quarter 2 against a plan of 50%. The COVID-19 pandemic has impacted the delivery of some of the 6 interventions which made up the indicator e.g., blood bottle shortage.

The CCG reported 20.21% of patients with learning disabilities receiving their health checks as at quarter 2 against a target of 35%, so failing the year-to-date target.

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 is also intending to remodel and the expectation is that this will generate additional assessment capacity. In addition, the service is recruiting an assistant psychologist to enhance existing post diagnostic support.

The Trust has developed a waiting list initiative aimed at reducing ADHD wait times which were reported as being 65 weeks in September 2021. The waiting list cleanse has been completed and the 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 has recruited 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 a minimum of 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff. The Trust has recently contacted the CCG to report that for reasons outside their control they are unable to progress sub-contracting with the original provider identified and are looking for an alternative provider to address the waiting list.

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 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.

Month 6 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 at 32 weeks as the longest wait and Speech and Language Therapy at 25 weeks. CCG continues to monitor waiting times with close monitoring of the Speech & Language Therapy (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. 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. As previously reported, the SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. Whilst referrals have reduced over the summer holiday period, the backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. September 18 weeks performance is at 32% for South Sefton. The position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. From mid-September, the service will be fully staffed and it is anticipated that if referral levels begin to return to pre-covid levels, improvements will be seen in subsequent months.

Physiotherapy and dietetics continue to perform better than the 92% KPI. Occupational Therapy and continence perform better than 92% KPI in Southport & Formby, but just under for South Sefton (88.7% and 83.3% respectively), partially attributable to staff absences and delays in recruitment but both are improvements on previous performance.

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. Plans for investing the full amount of additional funding flowing via Service Review Funding (SRF), Service Development Funding (SDF) and Mental Health Investment Standard (MHIS) for children and young person's mental health have been agreed with the provider Alder Hey Children's Hospital (AHCH). Process of recruitment has begun but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the trust focuses on those children and young people who have been waiting the longest for assessment and treatment. However, there has been some improvement in performance notably against the 18 weeks KPI, which has improved from 25% in August to 68.18% in September.

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 and identifying opportunities for further improvement.

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.

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. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within the agreed timescales. Despite this the service is still currently complying with the 12-week triage NICE requirement. ADHD waiting times are increasing and have fallen below target for completed assessments within 30 weeks reporting 85% against the 90% target. Also 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 September and fell to 63%. The Trust has a number of mitigating actions in place to manage this and is undertaking a deep dive of the drivers for the increase. The CCGs will review the outcomes from the deep dive alongside the Trust's paper which details the current position, mitigations and options for consideration.

CQC Inspections

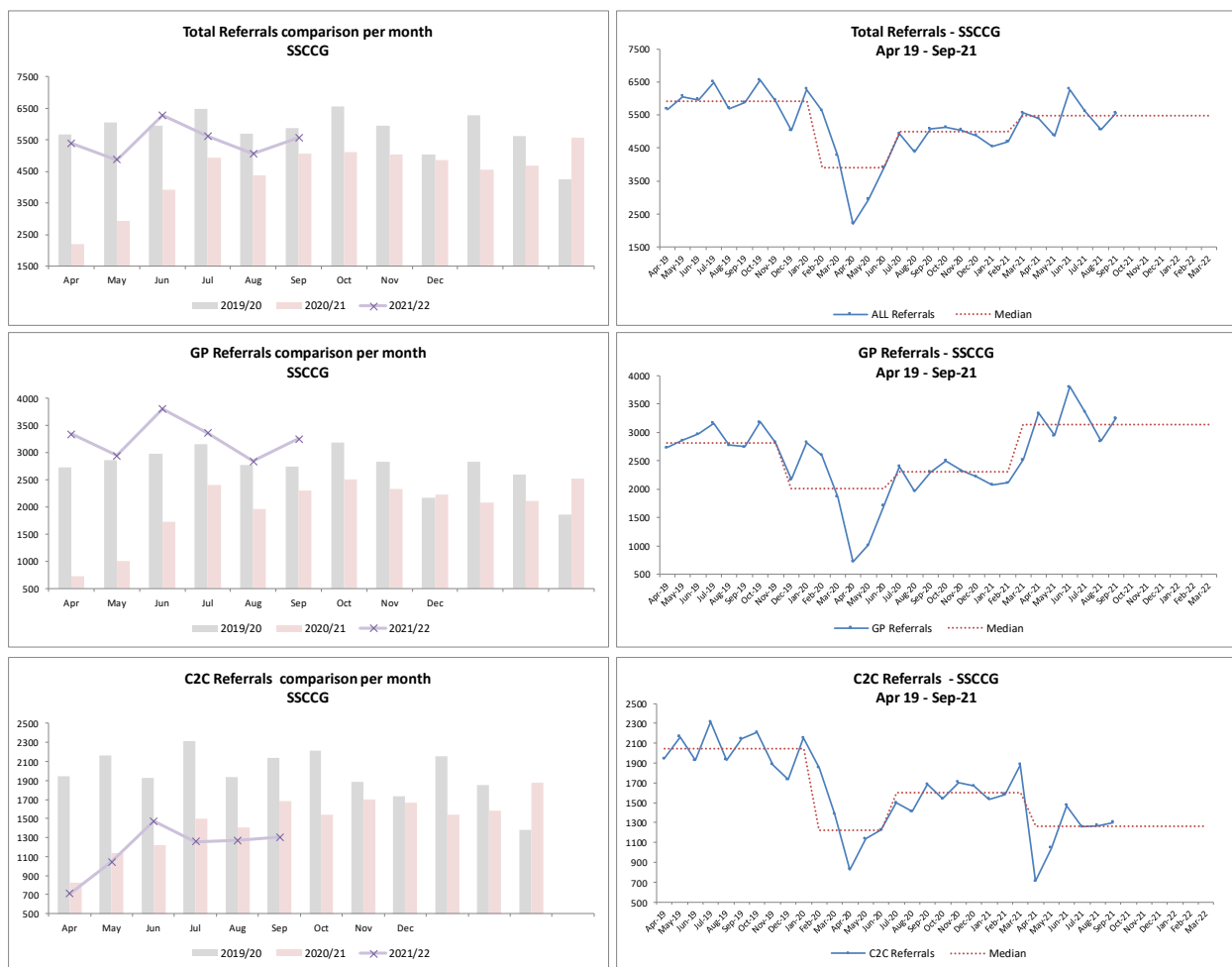
Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed, but no new inspections happened in September.

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	3340	2615	360.7%	828	709	-119	-14.4%	2200	5386	3186	144.8%
May	1012	2943	1931	190.8%	1138	1042	-96	-8.4%	2929	4868	1939	66.2%
June	1719	3803	2084	121.2%	1224	1471	247	20.2%	3910	6270	2360	60.4%
July	2402	3363	961	40.0%	1501	1257	-244	-16.3%	4929	5609	680	13.8%
August	1966	2843	877	44.6%	1410	1271	-139	-9.9%	4380	5051	671	15.3%
September	2301	3252	951	41.3%	1683	1302	-381	-22.6%	5070	5563	493	9.7%
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	3257	1267	63.6%	1475	1175	-299	-20.3%	4437	5458	1021	23.0%
YTD Total Month 6	10125	19544	9419	93.0%	7784	7052	-732	-9.4%	23418	32747	9329	39.8%
Annual/FOT	23889	39088	15199	63.6%	17697	14104	-3593	-20.3%	53245	65494	12249	23.0%

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



Month 6 Summary:

- A focus on elective restoration has ensured that South Sefton CCG referrals in H1 of 2021/22 are 40% 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 6.
- GP referrals have seen significant increases in 2021/22 to the previous year and are reporting a 19% increase in September-21 when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately 12 additional GP referrals per day in month 6 when comparing August-21.
- At the lead provider hospital site, trends show that total secondary care referrals in September-21 have increased by 310/10.6% when compared to the previous month for Aintree Hospital but total referrals in month are slightly below a 2021/22 average.
- Referrals to Aintree Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -11% below pre-pandemic (i.e. 2019/20) levels. Despite this, June-21 saw the highest number of referrals since October-19.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2020/21 but referrals to this specialty have decreased significantly in 2021/22. 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, Rehabilitation and Cardiology.
- Physiotherapy and Rehab at the Aintree Hospital site saw a maximum of 6 referrals in a given month during 2020/21 and the current monthly average for 2021/22 stands at 745 and 36 respectively. Also, Cardiology referrals and outpatient appointments are currently being investigated by South Sefton CCG with the provider (with the average monthly total increasing by 564% this year).
- In terms of referral priority, the majority of priority types have seen an increase at month 6 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 80% (10,072). However, Urgent referrals have decreased by -28% which is largely a result of reduced consultant-to-consultant referrals at Aintree Hospital within the Ophthalmology and Trauma & Orthopaedics services.
- Analysis suggests a recovery of two week wait referrals with the 983 reported in March-21 representing the highest monthly total of the last three years. A similar peak of 982 referrals was also reported in September-21 with the Dermatology and Breast Surgery services making up much of this increase followed by Gastroenterology.

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



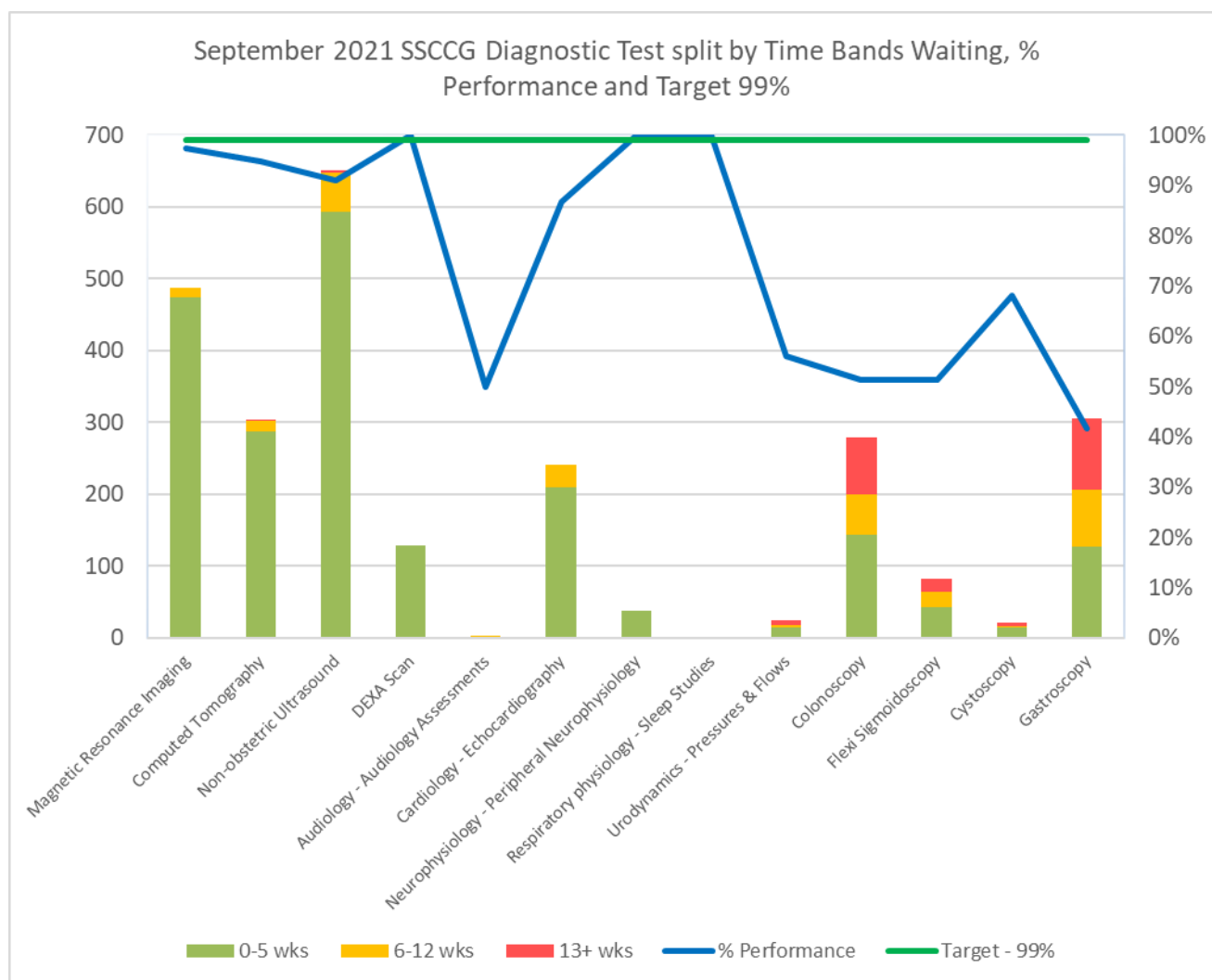
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with 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		Jun-21	Jul-21	Aug-21			Sep-21
		CCG	14.14%	15.02%	16.55%			19.19%
		LUHFT	8.24%	7.94%	10.62%			10.88%
		Previous year	Jun-20	Jul-20	Aug-20			Sep-20
		CCG	53.45%	38.95%	39.38%			31.61%
		LUHFT	53.50%	42.78%	41.41%			33.40%
National Target: less than 1%								
Performance Overview/Issues:								
<ul style="list-style-type: none">For the CCG 2,564 patients on the waiting list with 492 waiting over 6 weeks (of those 212 are waiting over 13 weeks). Same period last year saw 3,312 patients waiting in total and 1,047 waiting over 6 weeks (of those 440 waiting over 13 weeks).Gastroscopy (178) and Colonoscopy (136) make up 63.8% of the total breaches.The CCG and Trust is reporting well below the national level of 26.1%.For LUHFT joint performance was 10.88% in September compared to 10.62% 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 providersCCG 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 H2, CCGs submitted final expected activity/financial assumptions in October 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.								
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			

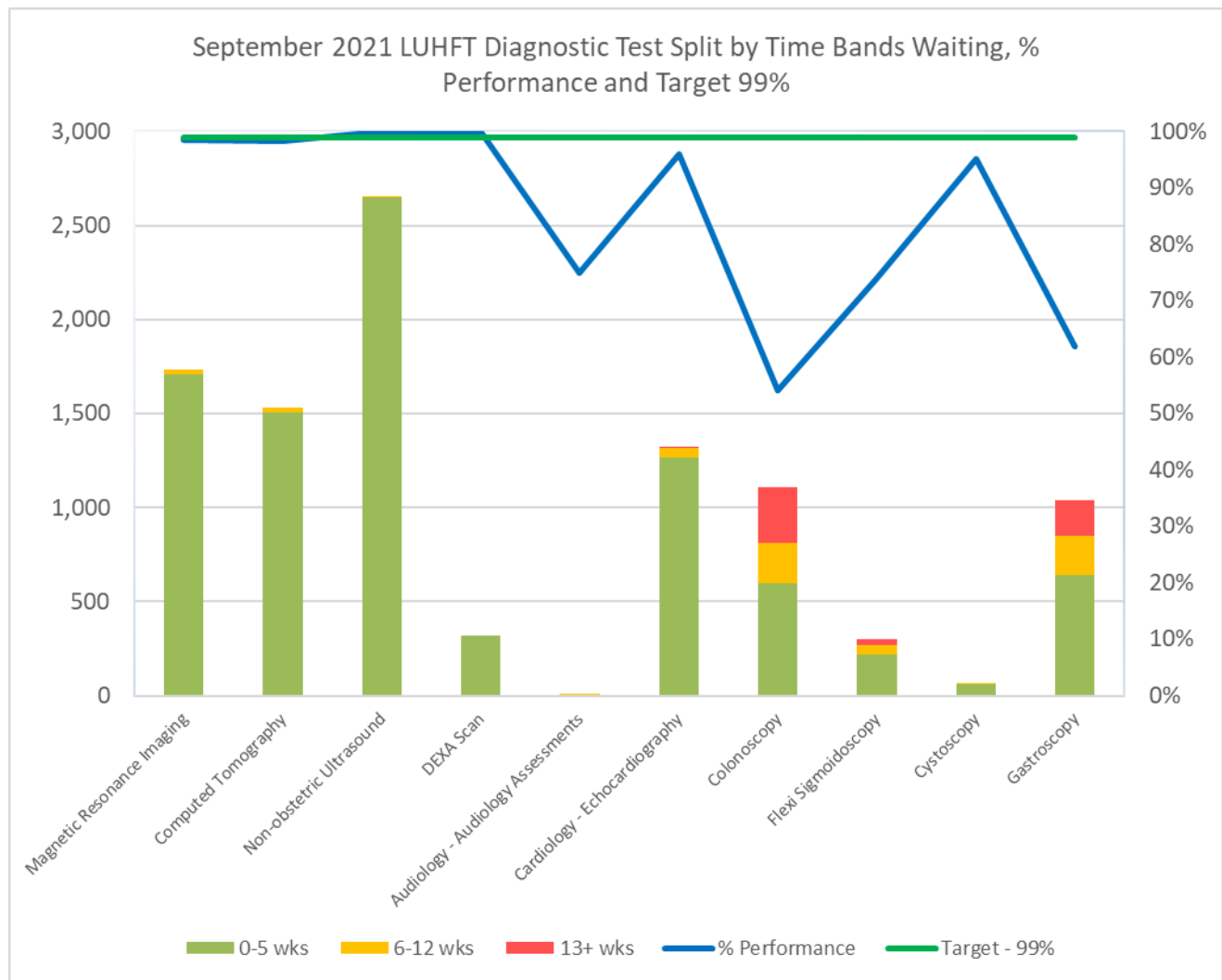
Figure 2 – September CCG Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	475	13	0	97.34%	99%
Computed Tomography	288	15	1	94.74%	99%
Non-obstetric Ultrasound	593	55	3	91.09%	99%
DEXA Scan	128	0	0	100.00%	99%
Audiology - Audiology Assessments	1	1	0	50.00%	99%
Cardiology - Echocardiography	209	32	0	86.72%	99%
Neurophysiology - Peripheral Neurophysiology	37	0	0	100.00%	99%
Respiratory physiology - Sleep Studies	0	0	0		99%
Urodynamics - Pressures & Flows	14	4	7	56.00%	99%
Colonoscopy	143	57	79	51.25%	99%
Flexi Sigmoidoscopy	42	23	17	51.22%	99%
Cystoscopy	15	1	6	68.18%	99%
Gastroscopy	127	79	99	41.64%	99%
Total	2,072	280	212	80.81%	99%



Overall, the CCG is reporting 80.81%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy compared with other tests. National levels overall at 73.91% and proportion waiting over 13wks nationally at 10%. South Sefton CCG performing better on both counts.

Figure 2 – September LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	1,709	27	0	98.44%	99%
Computed Tomography	1,504	26	0	98.30%	99%
Non-obstetric Ultrasound	2,651	1	0	99.96%	99%
DEXA Scan	320	0	0	100.00%	99%
Audiology - Audiology Assessments	3	1	0	75.00%	99%
Cardiology - Echocardiography	1,264	52	1	95.98%	99%
Colonoscopy	599	214	296	54.01%	99%
Flexi Sigmoidoscopy	221	46	32	73.91%	99%
Cystoscopy	58	3	0	95.08%	99%
Gastroscopy	644	204	192	61.92%	99%
Total	8,973	574	521	89.12%	99%

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	66.29%	64.45%	63.16%	59.82%		
		LUHFT	65.58%	63.74%	61.84%	58.72%		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	49.96%	47.24%	53.57%	59.74%		
		LUHFT	47.35%	41.72%	48.01%	55.70%		
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 ENT (37.4%), General Surgery (38.5%), Urology (50.5%), Ophthalmology (55.3%) and T&O (57.5%).Included in the long waiters there were 31 patients waiting over 104 weeks. Of the 31 there was 13 ENT, 10 Other - Surgical Services, 3 ENT, 2 General Surgery, 2 Urology and 1 Gynaecology. The lead commissioner 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.The CCG and Trust are reporting below the national level of 66.5%.LUHFT's overall waiting list has increased by 2,134 from previous month to 66,130 in September.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.Work with National Elective care programme leads, sharing good practice in relation to development of integrated Gastroenterology pathways, that could be replicated across Cheshire and Merseyside footprint.Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.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:								
<p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none">LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic.Increased utilisation of Spire Liverpool, with further negotiations with Renacres with regards to Gynaecology capacity.Management of long wait patients and restoration of elective programmeContinued 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		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	912	1,017	1,082	1,231		
		LUHFT	4,122	4,452	4,824	5,470		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	106	171	198	247		
		LUHFT	248	513	691	843		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none">Of the 1,231 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (1,068) the remaining 163 breaches spanned across 13 other Trusts.52+ week waits for the CCG represent 6.45% of the total waiting list in September which is above the national level of 5.15%.LUHFT 52 week breaches increased to 5,470 in September compared to 4,824 in August. The largest number of patient waiting in excess of 52 weeks were in T&O (2,288), General Surgery (605), ENT (901)and other surgical services (635).								
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: <p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none">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 listReview 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 3 – CCG RTT Performance & Activity Trend

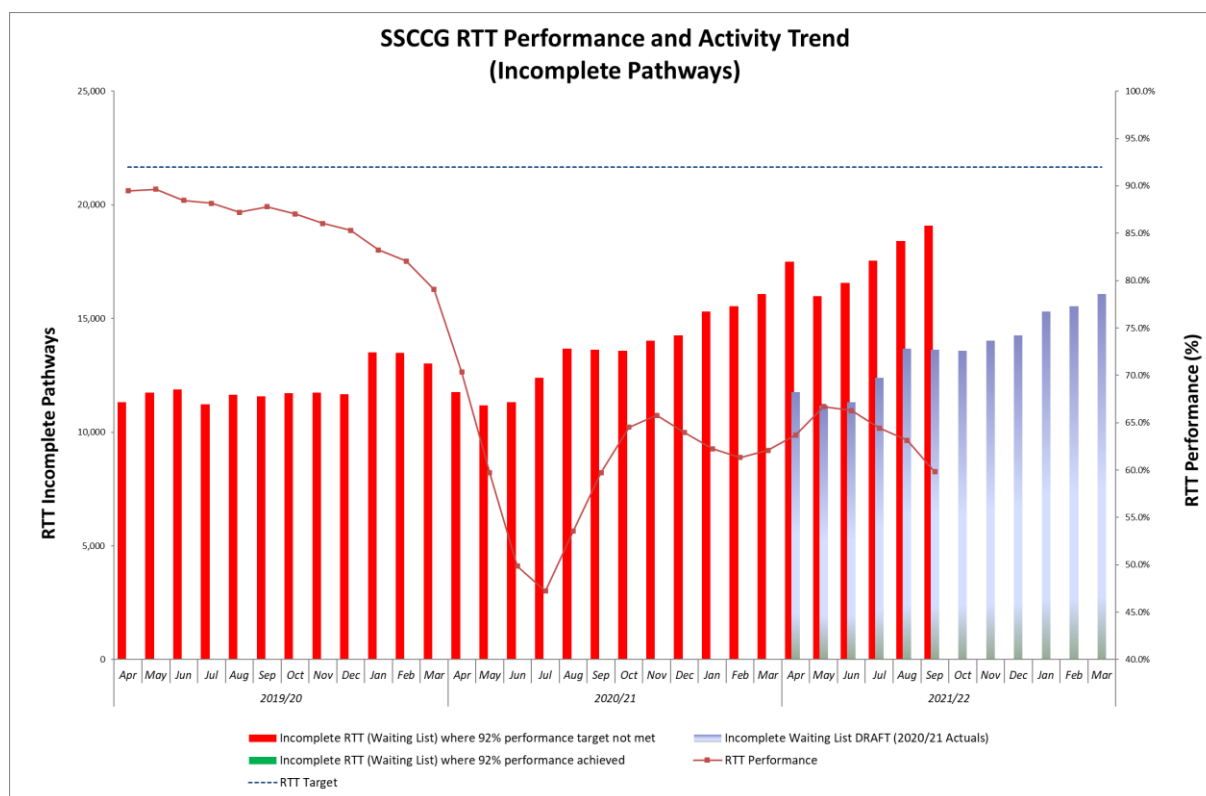


Figure 4 - South Sefton CCG and LUHFT Total Incomplete Pathways

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	13,626
2021/22	17,491	15,977	16,576	17,537	18,395	19,085							19,085
Difference	5,740	4,798	5,265	5,148	4,713	5,459							5,459
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							
Difference	1,414	932	806	846	884	984							

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	40,417
2021/22	51,649	55,528	58,134	61,222	63,996	66,130							66,130
Difference	9,827	15,690	19,038	19,930	21,697	25,713							25,713

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

There were a total of 2,723 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,231 patients were waiting over 52 weeks, an increase of 149 on last month when 1,082 breaches were reported. The 1,231 52+ week wait breaches reported for the CCG represent 6.45% of the total waiting list in September 2021 which is above the national level of 5.15%.

Included in the long waiters there were 31 patients waiting over 104 weeks. Of the 31, there were 13 ENT, 10 Other - Surgical Services, 3 ENT, 2 General Surgery, 2 Urology and 1 Gynaecology. 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).

Overall waiters increased by 690 this month with a total 19,085 South Sefton patients now on the RTT waiting list in September 2021. This is compared to 13,626 patients waiting in the equivalent period of the previous year and 18,395 in August 2021. Monthly waiting list is increasing month on month at CCG and Trust, mirroring the national trend.










LUHFT had a total of 5,470 52-week breaches in September 2021, showing an increase of around 11.8% (646) from previous month when the Trust reported 4,824.

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	1,206	1,068	The Trust has worked to maintain outpatient activity where possible and has seen a significant shift from face to face appointments to virtual appointments where it is clinically appropriate; mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme continues to focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance and the gateway criteria access to Elective Restoration Funding. The Trust has been working closely with system partners to maintain access to elective treatment for those patients who have a diagnosis of cancer or who are clinically urgent. This includes access to treatment at LUHFT, independent sector and mutual aid partners in Cheshire and Merseyside. The Trust continues to assess clinical prioritisation in line with national guidance on prioritisation codes 1 to 4 (P-codes). Focus remains on P1 and P2. As restrictions to the elective programme are lifted, focus will include P3 and P4 categories
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	137	42	The Trust performance for 52 week position has plateaued, largely due to reduced planned theatre sessions due to sickness absence. This has been compounded by continued increases in 2 week urgent referrals. Whilst the Trust continue to meet this urgent target to do so takes capacity from routine day case. Plans are in place to increase this capacity in H2. Elective priority is given to the most urgent cases. A further additional compounding factor is the reduction of elective sessions for oncology at Liverpool University due to their ongoing pressures. Regular review of long-waiting patients continue to ensure that actions towards ensuring management/treatment is taken in a timely way. There are weekly PTL meetings reviewing all patient queues. Regular WLI sessions are planned through October to December 2021. There is careful monitoring of clinic utilisation to ensure all available appointments are filled.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	36	45	All elective performance measures incrementally improving as the Trust delivers its recovery plans and the situation will be continually monitored to prioritise the most clinically urgent patients. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All theatres are now fully re-opened. All long wait patients are monitored individually, and the additional capacity will enable them to be booked as soon as feasible or when the patient agrees. Urgents, cancers and long waiters remain the priority patients for surgery at Whiston. Achievement of the elective activity recovery trajectories by March 2022 have been agreed with Cheshire and Merseyside ICS.
RENACRES HOSPITAL	30	13	Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
SPIRE LIVERPOOL HOSPITAL	21	40	Spire Liverpool has commenced a waiting list recovery working group with support from the Spire national clinical team, the teams focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing level to support the inpatient booking team to best utilise all available theatre/OPD capacity.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	14	4	The Trust is in a positive position regarding the elective restoration targets, with in-patient activity above target. The 52-week waiters will continue to decrease with the plan of opening further theatre lists. There is a continued focus on dating all P2 patients across all specialities. Recovery plans are in place across all specialities and a restoration plan has been submitted. The Trust continues to clinically prioritise surgical waiting lists as per the Federation of Surgical Specialty Association. Weekly PTL meetings taking place to track patients and escalate issues. Ongoing validation of lists to ensure duplications are removed. The Trust continues to use virtual appointments where possible. Gynaecology has pre-COVID theatres back to capacity. Theatres have now reverted to a six week notice period and looking to provide extra weekend sessions in Ophthalmology, Urology and T&O. Management of sickness absence within the theatres and organisational development is being undertaken. The Trust is now a sub group with Renacres to deliver activity as part of the Trust recovery plan.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	8	9	Regular reviews of risk stratification are undertaken according to clinical priority in accordance with Royal College recommendations. Additional clinical check has been introduced in the Division of Surgery where the largest volume of long waits are. The Greater Manchester Elective Recovery Reform Group is now in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	6	1	The restoration and recovery of elective services has progressed well with all services being fully restored, other than a small number of community outpatient settings. Performance against the recovery trajectories remains strong. All patients are clinically triaged to make sure it is safe for the procedure to be delayed. The 52 week wait performance remains in line with expected levels but there are challenges in a number of sub-specialty areas namely; aortic surgery, left atria appendage occlusion and electrophysiology. This has also been compounded by the shortfall in anaesthetic capacity due to unplanned absence. It is forecast that performance will remain in line with the trajectory subject to no further impact of COVID-19.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	3	1	The Trust is constantly monitoring waiting list movements alongside capacity available for clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services. For Spinal Disorders mutual aid discussions are on-going. A number of workforce actions are being undertaken inclusive of a locum consultant being appointed and a registrar also being recruited to support. An additional Senior Fellow will also join the cohort in February for 6 months. Further workforce actions also being explored and progressed. Planning guidance documents that the Trust should hold or where possible reduce the number of patients waiting over 52 weeks.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	3	1	The Trust continues with daily tracking and management of all Trust PTLs and data quality checks. There are weekly meetings between operations teams and central teams to support divisions and weekly Operational Delivery Group meetings take place for the oversight of overdue follow-up appointments, overdue planned patients and all RTT long waiters. The clinical prioritisation process has been implemented.. Review of P2 patients at regional hubs continue via the established Harm Review Process. There is insourcing and outsourcing of activity where clinically appropriate. The Trust has implemented a Trust wide training programme for the management of elective care. There is also a regular forum between information and Business Intelligence to ensure data quality and completeness.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2	3	The Manchester Emergency & Elective Surgical Hub has been mobilised to ensure that the 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 continues. 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.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	1	2	The Trust continues with weekly performance tracking for Cancer and RTT. An escalation policy is in place to respond to increases in occupancy. Weekly long length stay of reviews process continues. A Restoration and Recovery Plan has been developed to respond to the requirement to restore elective activity lost during the pandemic with clinical prioritisation of patients awaiting treatment, using national clinical prioritisation guidance.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1	1	A new plan is in development to identify and track patients suitable for transfer patients to the Independent sector as they are added to the waiting list. The next Planned Care Cell focus will be on theatre capacity and productivity given the emergent covid risks and staff isolation rate of attrition. There is scoping of schemes to support the management of referred demand (Referral Hub) and waiting list management (Patient Contact Initiative). Patients are to be contacted via text message to confirm that they still wish to have their procedure, with longest waiting patients prioritised for contact by phone.
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1	All specialties are having review meetings to ensure their activity is working towards pre COVID-19 levels and that appropriate capacity is in place to meet demand. Within the service specific and overarching weekly meetings to review outpatient activity and effectiveness, any areas where activity is not at expected levels is investigated and ways to improve activity are explored, including booking utilisation, new to follow up ratios, waiting list volumes and how these factors are changing over time. The use of clinical prioritisation guidelines and daily review of patients waiting over 40 weeks continues with services using virtual clinics maximising available elective capacity whilst maintaining patient safety.
OTHER TRUSTS	3	0	No Trust Information.
	1,471	1,231	




2.5 Cancer Indicators Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer Measures		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Jun-21	Jul-21	Aug-21	Sep-21	YTD			
	2 Week Wait (Target 93%)	CCG	92.13%	93.89%	92.04%	90.95%	92.59%			
		LUHFT	94.34%	93.63%	93.19%	92.84%	93.90%			
	2 Week breast (Target 93%)	CCG	97.78%	94.34%	95.00%	84.85%	93.01%			
		LUHFT	93.41%	94.32%	92.31%	89.86%	93.36%			
	31 day 1st treatment (Target 96%)	CCG	100%	97.33%	96.88%	93.02%	97.34%			
		LUHFT	93.75%	93.88%	92.39%	92.54%	93.80%			
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	98.73%			
		LUHFT	100%	100%	100%	100%	100%			
	31 day subsequent - surgery (Target 94%)	CCG	100%	82.35%	92.31%	90.00%	90.48%			
		LUHFT	77.78%	88.14%	86.05%	89.13%	82.64%			
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.71%			
		LUHFT	No pats	No pats	No pats	No pats	No pats			
	62 day standard (Target 85%)	CCG	75.00%	76.09%	71.79%	71.05%	73.58%	122b		
		LUHFT	68.54%	64.41%	54.74%	67.09%	65.52%			
	62 Day Screening (Target 90%)	CCG	40.00%	60.00%	100%	25.00%	62.50%			
		LUHFT	67.65%	75.51%	72.86%	50.65%	67.27%			
	62 Day Upgrade (Local Target 85%)	CCG	64.29%	80.00%	90.00%	52.38%	73.58%			
		LUHFT	78.77%	85.91%	80.16%	75.41%	81.32%			
Performance Overview/Issues:										
<ul style="list-style-type: none">• The CCG is achieving 4 of the 9 cancer measures year to date and 3 measures in September.• The Trust is achieving 3 year to date and 1 in September.• The breast 2 week wait standard failed to be achieved in September but is achieving year to date.• For Cancer 62 Day standard the CCG is measuring above the national level of 68% recording 71.05% in September.										
2 week wait: referrals remain at 120% of pre-pandemic levels 31 day target: Performance driven primarily by an increase in breaches for Breast, Urology, Colorectal and Upper GI. 62 Day target: Haematology,, Skin and Testicular are the only specialties to meet the standard.										
Key Areas of Focus for LUHFT:										
2 week wait capacity in Colorectal (driven by chronic capacity problems) and fluctuations in Breast (ongoing challenges with alignment with diagnostics.) Delays in time to Decision to Treat; patient complexity, patient choice.										
Actions to Address/Assurances:										
<ul style="list-style-type: none">• 2021/22 Priorities and Operational Planning Guidance for October 21 to March 22 asks the system to accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022.• Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests.										
When is performance expected to recover:										
Trajectories have been submitted by providers for first appointments and first treatments to meet the expectation that the number of 62 day waits will return to pre pandemic levels by March 2022.										
Quality:										
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.										
Indicator responsibility:										
Leadership Team Lead			Clinical Lead				Managerial Lead			
Martin McDowell			Dr Debbie Harvey				Sarah McGrath			



2.5.1 104+ Day Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days - SSCCG		Latest and previous 3 months					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21		
		2	1	1	3		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none">• The CCG reported 3 patients over 104 days in September, 2 gynae who waiting 123 days and 104 days respectively delay due to complex diagnostic pathways, first seen and first treatment Trust being Liverpool Womens. The third was a lung patient who waited 307 days n first seen Trust LUHFT and first treatment Trust Clatterbridge.• The CCG receives harm reviews for long waiting patients which are discussed at the Performance & Quality Investigation Review Panel (PQIRP) monthly.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">• See actions and assurances in the main cancer measures template,							
When is performance expected to recover:							
Providers have submitted trajectories for recovery of all over 62 day backlogs.							
Quality:							
<p>There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight.</p> <p>Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region. Key messages:</p> <ul style="list-style-type: none">• 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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Dr Debbie Harvey			Sarah McGrath		

2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Jun-21	Jul-21	Aug-21	Sep-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	66.44%	70.63%	67.46%	64.19%	66.98%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	100%	89.80%	94.74%	90.91%	92.99%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	45.45%	37.50%	31.43%	36.11%	40.77%		
		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 September 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 reporting for September is 64.04% and 66.86% 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.• 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.• A data validation exercise has been undertaken across the Cheshire and Merseyside Cancer Alliance to prepare for submission of data against the 28 day standard live from October 2021.									
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		Apr-21	Jun-21	Jul-21	Aug-21	
		% RR	22.2%	22.0%	21.6%	21.1%	
		% Rec	92.0%	92.0%	90.0%	91.0%	
		% Not Rec	4.7%	4.0%	6.0%	6.0%	
		2021/22 England Averages Response Rates: 18.9% % Recommended: 94% % 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 August.• LUHFT has reported a response rate for inpatients of 21.1% in August which is above the England average of 18.9%. The percentage of patients who would recommend the service is 9% but below the England average of 94% and the percentage who would not recommend remains at 6% - still above the England average of 3%.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">• Performance has started to improve slightly. The Trust have been supported by Healthwatch to identify key areas for improvement. Engagement sessions have been held with patient, carers and support networks and the Trust have enhanced mechanisms of obtaining feedback to drive improvements.• 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 Q3 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		
Jane Lunt		N/A			Mel Spelman		

2.7 Personal Health Budgets (PHBs)

The CCG have reported 154 personal health budgets (PHBs) in quarter 2, previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2021/22, but the CCG will continue to measure and monitor on a quarterly basis. The CCG is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

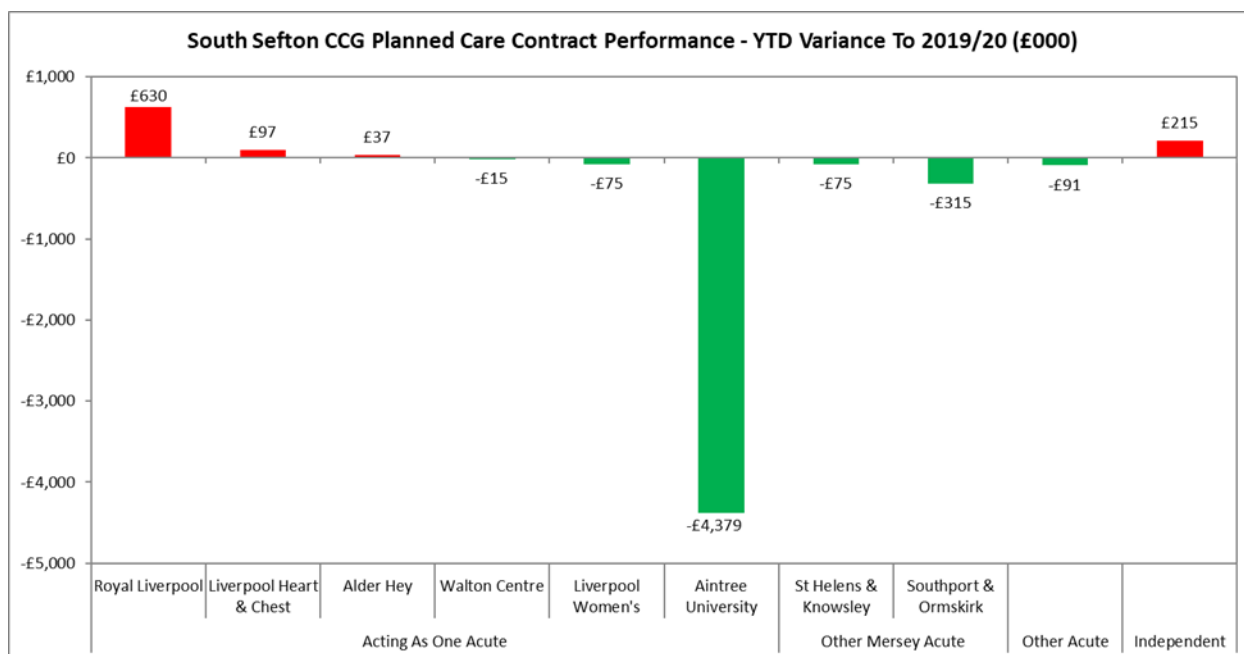
In terms of development of PHBs:

- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Development of CCG website and promotional materials.
- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- Further meetings are taking place with; CCG, MLCSU and LA to support the process for PHB's or Children and Young People

- Contract award has been made to a provider to support the CCG as a PHB support service, which is subject to contractual arrangements. The contract award is for 3 years +2 years. This will replace the arrangements the CCG had in place with Sefton Carers Centre as a pilot.

2.8 Planned Care Activity & Finance, All Providers

Figure 5 - 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. At month 6 of 2021/22, this has resulted in a 22% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the H1 Planning Guidance, CCGs were expected to plan for 85% of 2019/20 (pre-pandemic) activity levels being completed from July-21 and available contracting data suggests this has been achieved with activity in month 6 representing 96% of that in September-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 6 - Planned Care Activity Trends

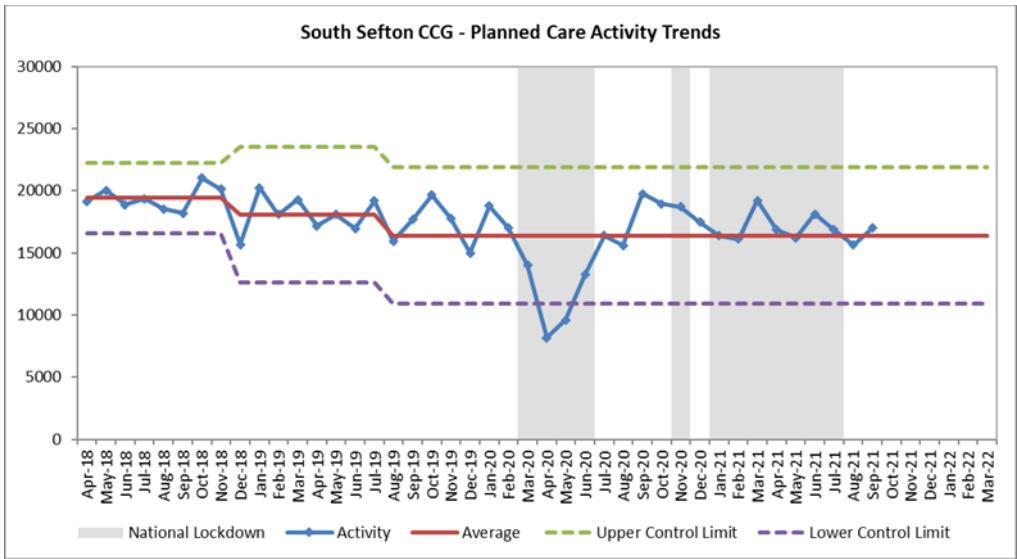


Figure 7 - Elective Inpatient Variance against Plan (Previous Year)

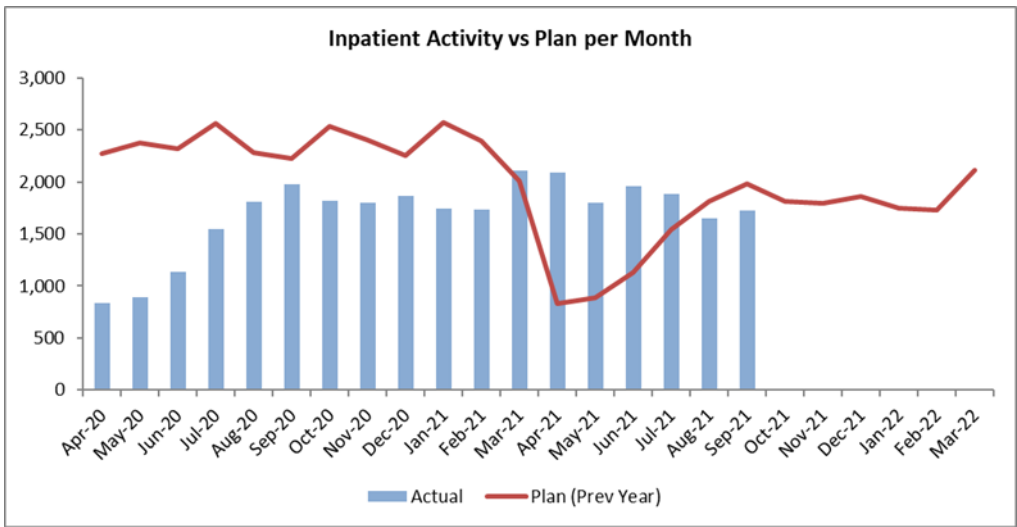
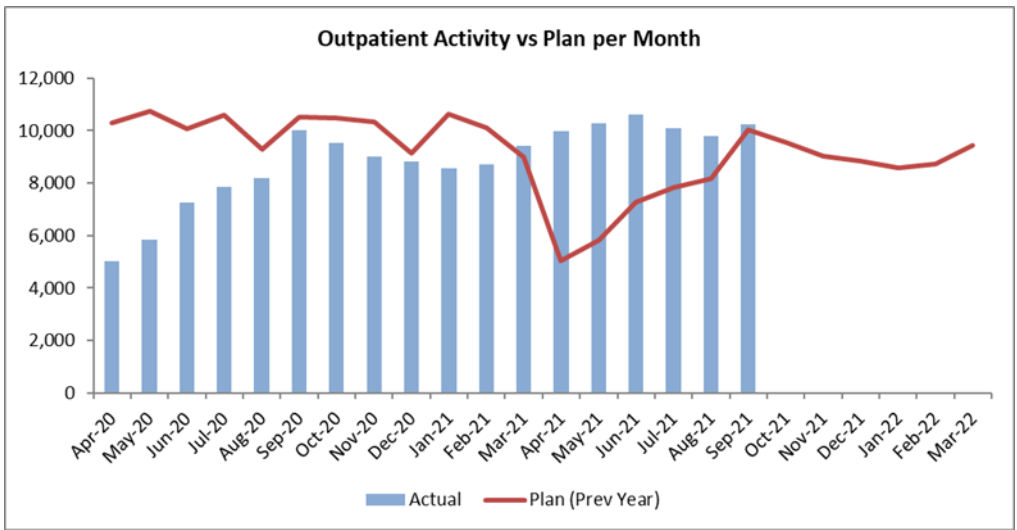


Figure 8 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.8.1 Aintree Hospital

Figure 9 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,272	4,971	-1,301	-21%	£3,930	£2,857	£-1,073	-27%
Elective	647	432	-215	-33%	£2,068	£946	£-1,123	-54%
Elective Excess BedDays	308	194	-114	-37%	£82	£52	£-30	-37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	104	11	-93	-89%	£21	£2	£-19	-90%
OPFANFTF - Outpatient first attendance non face to face	635	4,046	3,411	537%	£21	£510	£489	2308%
OPFASPCL - Outpatient first attendance single professional consultant led	15,324	11,063	-4,261	-28%	£2,478	£1,773	£-704	-28%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	393	27	-366	-93%	£41	£3	£-38	-93%
OPFUPNFTF - Outpatient follow up non face to face	3,136	10,877	7,741	247%	£79	£649	£570	722%
OPFUPSPCL - Outpatient follow up single professional consultant led	32,630	16,417	-16,213	-50%	£2,432	£1,270	£-1,162	-48%
Outpatient Procedure	11,348	2,902	-8,446	-74%	£1,583	£382	£-1,201	-76%
Unbundled Diagnostics	7,224	6,314	-910	-13%	£599	£540	£-59	-10%
Wet AMD	853	779	-74	-9%	£682	£653	£-29	-4%
Grand Total	78,874	58,033	-20,841	-26%	£14,016	£9,636	£-4,379	-31%

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 -£4.3m/-31% for South Sefton CCG at month 6 of 2021/22. In line with planned restoration of elective services, South Sefton CCG referrals to Aintree Hospital have increased during the first half of 2021/22 when compared to the previous year, with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. Despite this, year to date referrals remain -11% below that reported in the equivalent period of 2019/20.

The two points of delivery that continue to report an over performance at month 6 are for outpatient non face to face (first and follow up) activity, which reflects a change in service delivery 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, Respiratory 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 Ophthalmology, Breast 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 and South Sefton CCG will continue to monitor.

Elective and day case procedures remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures (predominantly diagnostic scopes) and is currently -18% below the equivalent period in 2019/20.

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

2.8.2 Renacres Hospital

Figure 9 - Planned Care – Renacres Hospital

Renacres Hospital 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	351	376	25	7%	£438	£409	-£30	-7%
Elective	78	81	3	4%	£445	£482	£37	8%
Outpatient First Attendance - Face to Face	743	797	54	7%	£127	£136	£9	7%
Outpatient First Attendance - Non Face to Face	0	81	81	#DIV/0!	£0	£10	£10	#DIV/0!
Outpatient Follow Up Attendance - Face to Face	1,126	781	-345	-31%	£79	£54	-£25	-31%
Outpatient Follow Up Attendance - Non Face to Face	2	606	604	30200%	£0	£31	£31	63739%
Outpatient Procedure	352	285	-67	-19%	£68	£49	-£18	-27%
Outpatient Pre-op	292	668	376	129%	£18	£41	£23	126%
Physio	745	648	-97	-13%	£23	£20	-£3	-14%
Unbundled Diagnostics	385	391	6	2%	£37	£38	£1	4%
Grand Total	4,074	4,714	640	16%	£1,235	£1,270	£35	3%



For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that South Sefton CCG is currently overperforming by approximately £35k/3% at month 6. Referrals to Renacres Hospital are currently 5% above 2019/20 levels and month 6 saw the highest number of monthly referrals reported during the last three years. A number of services saw increased referrals during this month with the Spinal Surgery Service reporting 23 referrals – an increase of 13/130% to the previous month.

The majority of planned care points of delivery are currently over performing although it should be noted that an element of this is related to outpatient non-face-to-face activity, which had seen little or no activity previously recorded. This reflects a change in service delivery as a result of the pandemic.

The significant increase in outpatient pre-op appointments during H1 of 2021/22 is partly a result of patients receiving a PCR COVID-19 test. This is in addition to a usual pre-op attendance for diagnostic tests and has a £60 tariff. South Sefton CCG anticipates a reduction in these pre-op appointments as Renacres Hospital are now in receipt of NHS tests which are sent out to a patient.

South Sefton CCG's performance is in contrast to the Renacres overall catchment position which is under performing and to the major commissioners within the contract- Southport & Formby and West Lancashire which are both under plan.



2.9 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. <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.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		10.59%	7.49%	11.08%	10.00%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		12.27%	9.01%	10.84%	11.28%		
National ambition of 6% or less of maternities where mother smoked by 2022 Local Aim for Q2 8.87% - Actual 10% so not achieved							
Performance Overview/Issues:							
<ul style="list-style-type: none">During Quarter 2, the number of South Sefton CCG Maternities were 420, of which 42 were reported as Smoking at time of Delivery giving the statistic of 10%, which is a small improvement of 1.08% compared to Quarter 1 and also a small improvement compared to last year.COVID has caused heightened anxiety and stressful home situations for many pregnant women. There has been a surge of new cases reported in the Sefton area and this has likely impacted on antenatal appointments and opportunities to do brief interventions as in other areas.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">There has been no update received from the Trust. The Quality and Performance Team are aware and the CCG understand that there has been enormous strain on the Liverpool Womens Hospital Trust. The Trust do have a smoking cessation midwife but is funded for just one day per week.The CCG have submitted a bid for NHSE funding late October that has been made available to further support the Smoking cessation in Pregnancy programme under Health Inequalities. The CCG have proposed funding for a dedicated smoking cessation midwife and 3 HCA grade to undertake a programme of brief interventions and smoking cessation advice to support the roll out of the GM model that has been recommended. The bid results have not yet been announced but it is hoped to be able to commission a post that will better serve our population.							
When is performance expected to recover:							
Performance improvement is hoped to be seen next quarter. If the NHSE Maternal Health inequalities funding bid the CCG submitted is approved, this would certainly bolster the ability to improve.							
Quality:							
No specific quality issues relating to SATOD reported, however the CCG are still awaiting engagement from the Trust following staffing changes.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		

3. Unplanned Care

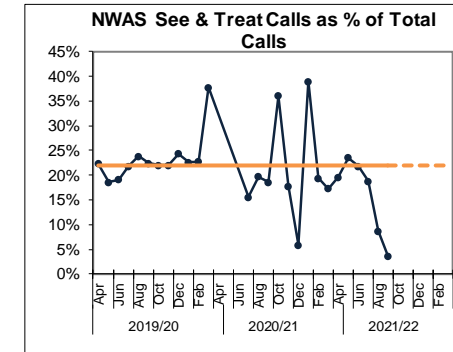
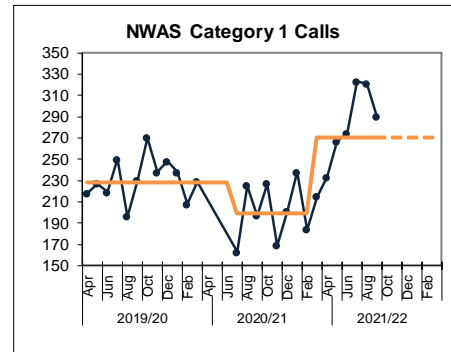
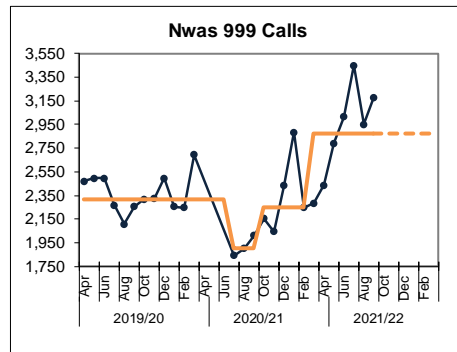
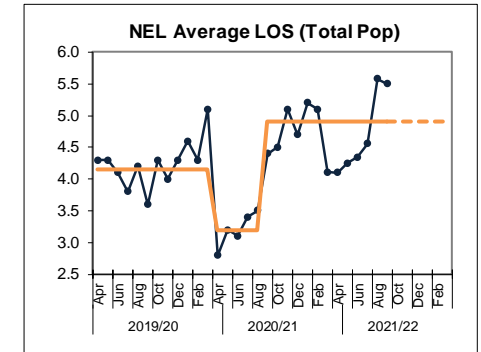
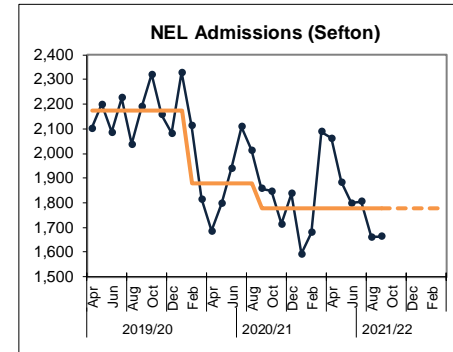
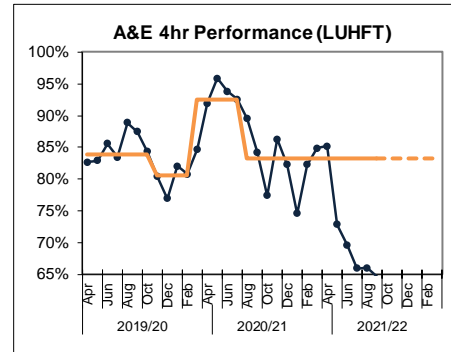
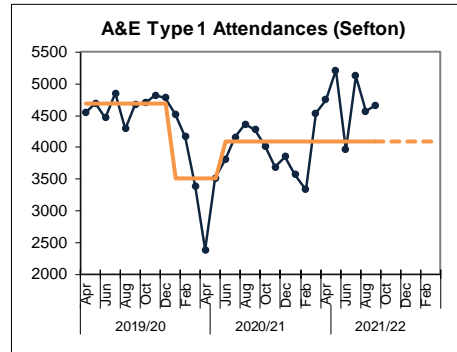
3.1 Accident & Emergency Performance

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		Jun-21	Jul-21	Aug-21	Sep-21	YTD	National Standard: 95% No improvement plans available for 2020/21	
		CCG All Types	71.29%	66.63%	67.75%	65.90%	71.79%		
		Previous Year	Jun-20	Jul-20	Aug-20	Sep-20	YTD		
		CCG All Types	94.13%	92.81%	89.83%	85.16%	91.31%		
			Jun-21	Jul-21	Aug-21	Sep-21	YTD		
		LUHFT All Types	69.62%	65.90%	66.03%	64.59%	70.65%		
		LUHFT Type 1	59.33%	54.07%	53.53%	52.10%	60.59%		
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 decrease in September after a deteriorating position, likely as a result of activity increasing month on month.CCG and Trust A&E performance in September is lower than the national level of 75.19%.									
Actions to Address / Assurances									
Work continues in regard to following actions:									
<ul style="list-style-type: none">North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required.Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. 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, Mersey Care Foundation Trust (MCFT) are producing a communications plan to encourage utilisation of the local Walk-in Centres (WiC's).North West Ambulance Service (NWAS) conveyance to non-ED services – NWAS and the Liverpool WiCs and Litherland UTC have established a pathway to redirect conveyances that can be managed within the WiCs/UTC.									
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 September.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Craig Blakey			Janet Spallen			

3.2 Urgent Care Dashboard



SOUTH SEFTON 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.
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 1 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.

3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Jul-21	Aug-21	Sep-21		
		Cat 1 mean	<=7 mins	00:09:14	00:08:37	00:09:01		
		Cat 1 90th Percentile	<=15 mins	00:15:09	00:14:01	00:15:23		
		Cat 2 mean	<=18 mins	01:09:00	01:09:39	01:21:25		
		Cat 2 90th Percentile	<=40 mins	02:25:47	02:18:34	02:50:15		
		Cat 3 90th Percentile	<=120 mins	11:36:20	09:39:47	09:44:38		
		Cat 4 90th Percentile	<=180 mins	18:38:16	17:54:29	20:52:25		
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 September 2021 there was an average response time in South Sefton of 9 minutes, not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 1 hour 21 minutes against a target of 18 minutes. The CCG also failed the category 3 and for 4 90th percentile this has shown the largest deterioration of 20 hours 52 minutes. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system.• The deteriorating position for ambulance is in line with the increased NWAS 999 calls, this is a system issue and not a localised.								
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).• Turnaround Improvement – NWAS are rolling out the ED Checklist that is expected to include most AEDs (with the exclusion of paediatrics), which will increase ambulance handover times but maintain patient safety.								
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					<div>a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)</div> <div>b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)</div>		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	LUHFT	Target	Jul-21	Aug-21	Sep-21			
		(a)	<=15-30mins	503	670	537			
		(b)	<=15-60mins	153	234	182			
		LUHFT	Target	Jul-20	Aug-20	Sep-20			
		(a)	<=15-30mins	129	185	276			
		(b)	<=15-60mins	21	15	70			
Plan: Zero									
Performance Overview/Issues:									
<ul style="list-style-type: none">• The Trust reported a lower number of handovers between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 537 breaches compared to 670 last month.• There was also decline in handovers (so improvement) within 30 minutes and none waiting more than 60 minutes, recording 182 compared to 234 last month.• Handovers performance had 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 Infection Prevention Control (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.• NWS are implementing the ED Checklist for most A&Es to support the reduction in ambulance handover times and maintain patient safety.									
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. NHSEI and the regional team are prioritising turnaround with support to struggling ED performance.									
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.



CCG Actions:

- The extensive work of the Merseyside Stroke Board continues with recent presentations to local Oversight and Scrutiny Committees (OSCs). Also achieving a successful outcome of the Stage 2 NHSE assurance process.
- The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited.



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		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	1	1	1	1		
		LUHFT	1	1	1	1		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	0	0	0	0		
		LUHFT	2	2	3	3		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none">• RAG rating and trend is on CCG cases.• The CCG and Trust reported no new cases in September but are failing the zero tolerance plan for 2021-22.• The hospital onset healthcare associated case in June 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">• 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		
Jane Lunt			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)					2021/22 Plans New National Objectives: CCG: <= 54 YTD Trust: LUHFT <= 148 YTD	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
RED	TREND		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	16	22	26	31		
		LUHFT	33	47	62	70		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	7	9	11	17		
		LUHFT	16	27	35	54		
CCG - Actual 31 YTD - Target 27 YTD LUHFT - Actual 70 YTD - Target 74 YTD								
Performance Overview/Issues:								
<ul style="list-style-type: none">• The CCG now have new objectives/plans for c.difficile for 2021/22.• The CCG is reporting over the year to date plan of 31 in the first 2 quarters of 2021/22, with the Trust current cumulative performance being 70 cases against a cumulative trajectory of no more than 74 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.• The Divisional Quality Group will also monitor achievements against any proposed objectives to support the national trajectory's.								
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			
Jane Lunt		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)					2021/22 Plans New National Objectives: CCG: <= 156 YTD Trust: LUHFT <= 233 YTD	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
GREEN	TREND		Jun-21	Jul-21	Aug-21	Sep-21		
		CCG	34	45	61	75		
		LUHFT	47	73	91	95		
		Previous year	Jun-20	Jul-20	Aug-20	Sep-20		
		CCG	35	39	56	67		
		LUHFT	15	18	31	42		
CCG - Actual 75 YTD - Target 80 YTD LUHFT - Actual 95 YTD - Target 117 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 have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor.• Currently the CCG is reporting under the year to date plan and reporting green.• For the Trust, there have been 95 cases year to date of reported healthcare associated infections against a target of 117, also reporting green.								
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 and meet every 6 weeks.• 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.								
When is performance expected to recover:								
This is a cumulative total shows a decline 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			
Jane Lunt		Gina Halstead			Jennifer Piet			

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

Figure 10 - Hospital Mortality

Mortality					
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Sept	100	87.02	↓	100.78 reported last quarter.

For September HSMR is lower than reported the previous quarter at 87.02. 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 May 2020 - April 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 2

Number of Serious Incidents Open for South Sefton CCG

As of Q2 2021/22, there are 4 serious incidents (SI) open on STEIS where South Sefton CCG are either responsible or accountable commissioner. See table below for breakdown by Provider. *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
North West Ambulance Service (Treatment Delay x 3)	3
RCA ongoing – on target	3
Lancashire Teaching Hospitals NHS Trust (Pressure Ulcer x 1)	1
RCA received and reviewed at SIRG (closed at the time of writing report)	1
TOTAL	4

Number of SIs Closed during Q2 2021/22

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes monthly 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). There were 2 SIs closed during Q2 2021/22, one for North Park Medical Centre and one for DMC Healthcare.

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 Q2 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

There have been no SIs reported by South Sefton CCG during Q2 2021/22. The following table shows the types of SIs reported by South Sefton CCG during 2020/21 and 2021/22.

Provider and SI Type	YEAR 20/21	Q1 21/22	Q2 21/22
SOUTH SEFTON CCG*	3	2	0
Medication incident meeting SI criteria (North Park Vaccine Centre & DMC)	0	2	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	1	0	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0	0
TOTAL	3	2	0

Number of Never Events reported

There have been no 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 2021/22.

Cheshire & Merseyside Maternity Escalation & Divert Policy

Due to significant variation across the C&M area relating to the application of the policy, it was reviewed at the Cheshire & Merseyside Maternity Escalation & Divert Policy Task & Finish Group. With representation from NHSE/I Nursing & Quality, NHSE/I Emergency preparedness and resilience and response (EPRR), CCGs, Local Maternity System (LMS), Maternity Providers & NWAS. Agreement was achieved on the updated policy, which was published and took effect from 01 September 2021.

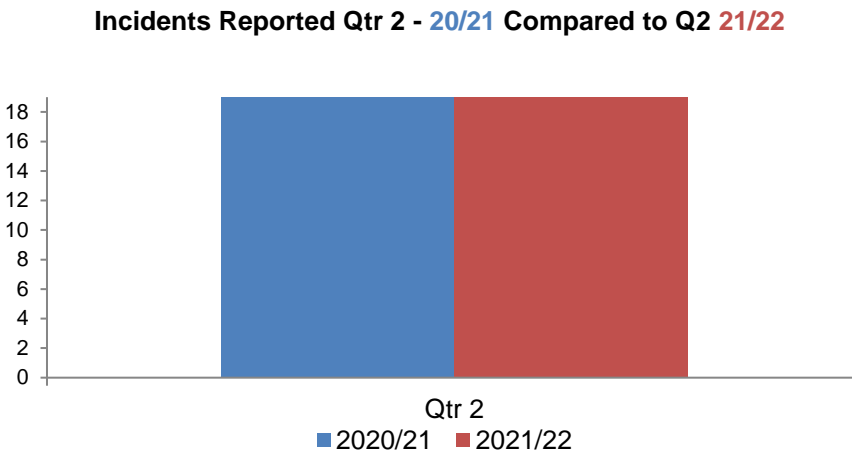
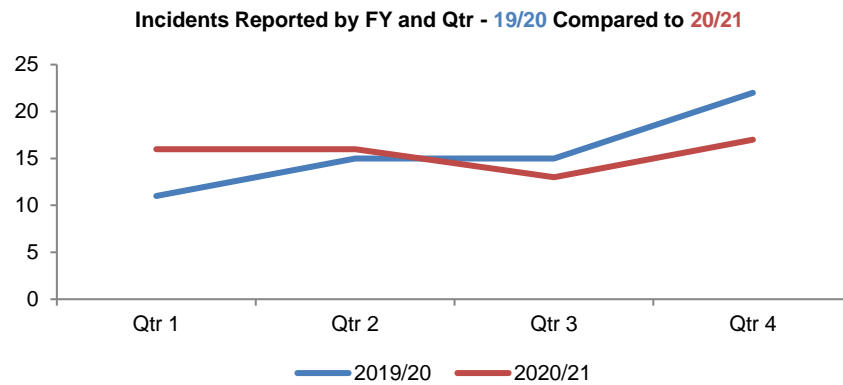
The policy supports improved communication across the system, to ensure the safe transfer of pregnant women between maternity providers. The CCGs serious incident policy has been updated to reflect the changes which was submitted to JQPC in September for approval.

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)

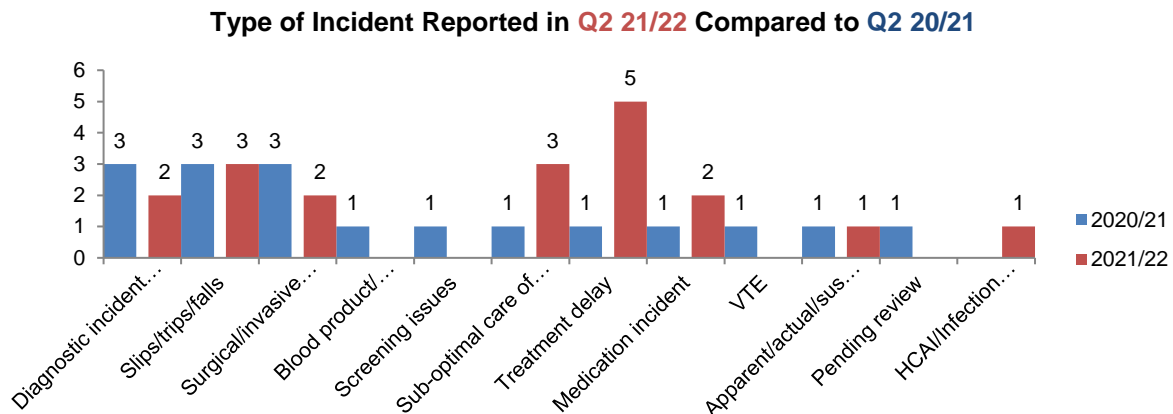
Total SIs reported for Q2 compared with Q2 2020/21

The following graph shows the number of SIs reported during 2020/21 compared with 2019/20, followed by those reported in Q2 2021/22 compared with Q2 2020/21.



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

The following graph shows the type of SIs reported in Q2 2021/22 compared to Q2 2020/21.



The graph indicates a notable increase in treatment delay. This is largely attributed to the trust long waiters (particularly gastroenterology – see below for further update) and the impact on patient safety.

Gastroenterology SIs

All reviews are on track and there are no more urgent patients who require review. The Trust has secured some extra capacity from Medinet and are also seeking additional support from Spire for routine screening. NHS Liverpool CCG reported assurance that the Trust is appropriately tracking all patients affected by this serious incident. Monthly updates continue to be provided at Op-CQPG.

Number of Never Events reported

There have been a total of 6 Never Events reported by the Trust in 2021/22. Four were reported in Q1 2021/22 and two were reported in Q2 2021/22.

Never Events Reported			
Provider	2019/20	2020/21	2021/22
Liverpool University Hospitals NHS Foundation Trust	8	7	6
TOTAL	8	7	6

Never Events

The 2 Never Events reported by the provider during Q2 2021/22 both relate to misplaced naso- or oro-gastric tubes.

NHS Liverpool CCG convened a Never Events panel in November 2021 with the Trust in attendance. Unfortunately, the CCG was not provided with adequate assurances against embedding learning. The Chief Nurse has formally written to the trust outlining these concerns and the actions required from the Trust. This continues to be monitored on a monthly basis via CQPG.

SIs reported within 48 Hour Timescale

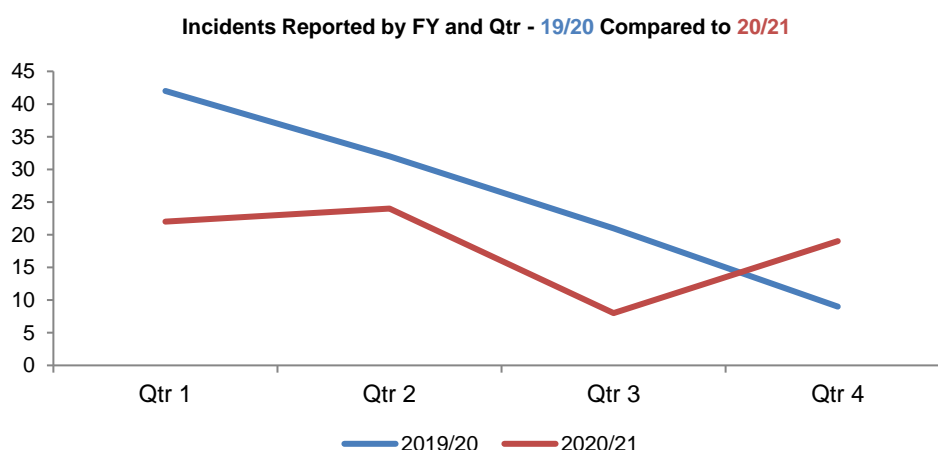
The provider has reported 100% of all SIs within 48 hours for Q2 2021/22. There was 1 SI that was reported outside the timescale during Q1 2021/22, this was delay was due to the incident being reported following an internal harm free care review that identified the incident as meeting the SI threshold.

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)

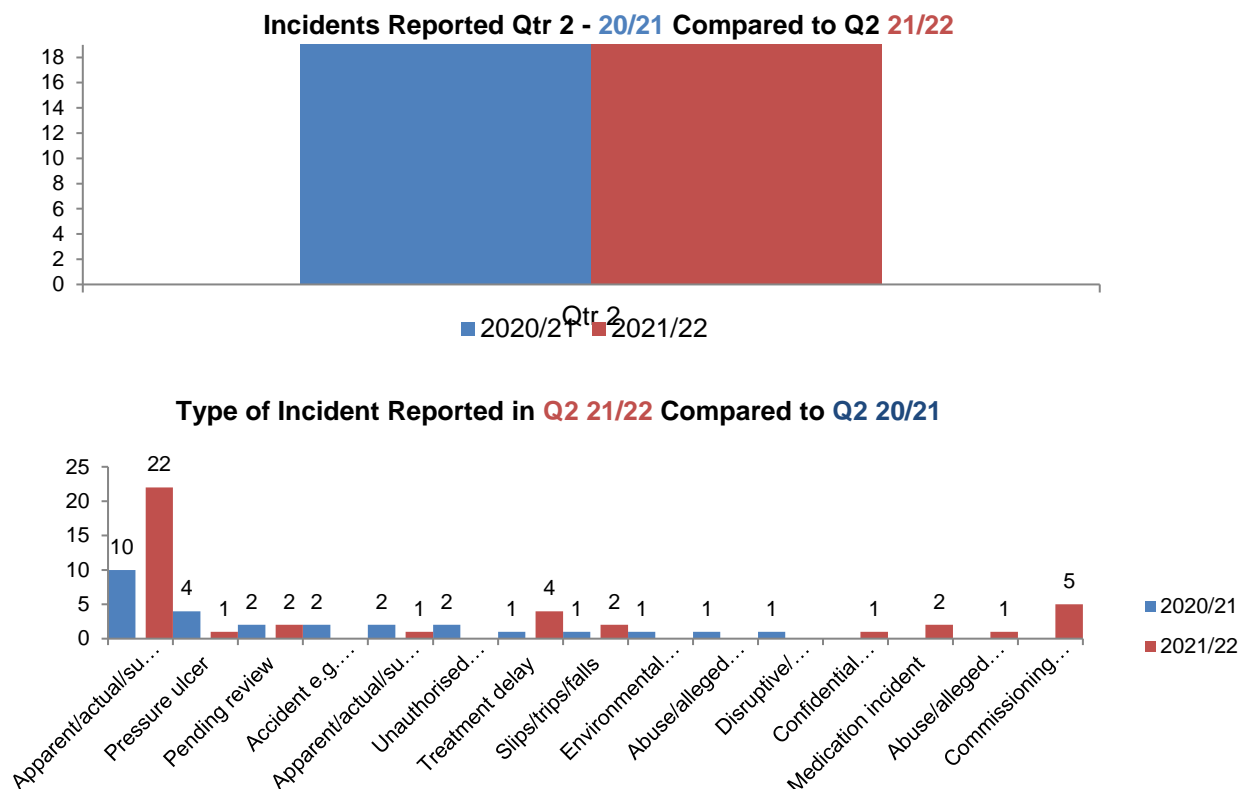
Total SIs reported for 2020/21 and 2019/20

The following graph shows the number of SIs reported during 2020/21 compared with 2019/20 followed by those reported in Q2 2021/22 compared to Q2 2020/21.



Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q2 2021/22 compared to Q2 2020/21.





Number of Never Events reported

There have been no Never Events reported by the provider in 2021/22.

SIs reported within 48 Hour Timescale

The Trust have reported 100% of SIs reported within the 48-hour timescale throughout Q2 2021/22.

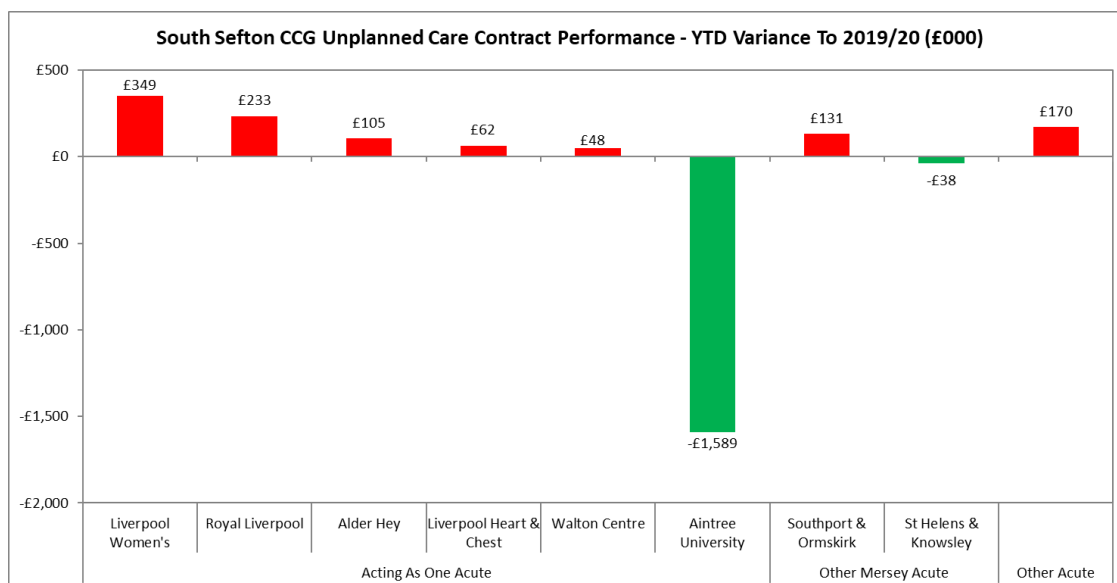
3.7 Patient Experience A&E

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	May-21	Jun-21	Jul-21	Aug-21		
		% RR	No data available for May	19.7%	20.9%		16.7%
		% Rec		65.0%	58.0%		55.0%
		% Not Rec		25.0%	31.0%		35.0%
		2021/22 England Averages Response Rates: 10.1% % Recommended: 77% % Not Recommended: 16%					
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 August 2021.• The response rates for LUHFT in August is 4% lower than last reported month at 16.7%. The percentage recommending the service has declined to 55%, this is lower than the England average of 77%. The percentage not recommending is higher than the England average of 16% recording 35%.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">• The Trust attended the CCGs Engagement & Patient Experience Group (EPEG) meeting in November to provide an update on actions taken by the provider to improve those areas of Patient Experience. This includes improved use of real time feedback via onsite surveys carried out on wards and AED and better use of technology (including tablets, QR codes, email and social media). Virtual engagement sessions have also been held with patients, carers and support groups and Healthwatch have been actively supportive with a recent listening event to explore the impact of COVID on patient experience.• In addition to this, the AED improvement plans continue to be implemented and monitored via CQPG on a monthly basis. This includes wider engagement work with Care Homes, NWAS and other organisations that support the wider healthcare system.• Updates are provided via the CCG's 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 Trust are unable to predict expected recovery at this time due to immense pressures on the system and moving towards the winter season. It is hoped performance will improve moving into Q4 21/22.							
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			
Jane Lunt		N/A		Mel Spelman			

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 11 - 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, particularly in Q1 of 2021/22, 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 although the following months have seen a decrease, urgent care activity levels remain above average. Focussing specifically on A&E type 1 attendances, activity during September-21 was equal to that reported in September-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 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 12 - Unplanned Care Activity Trends

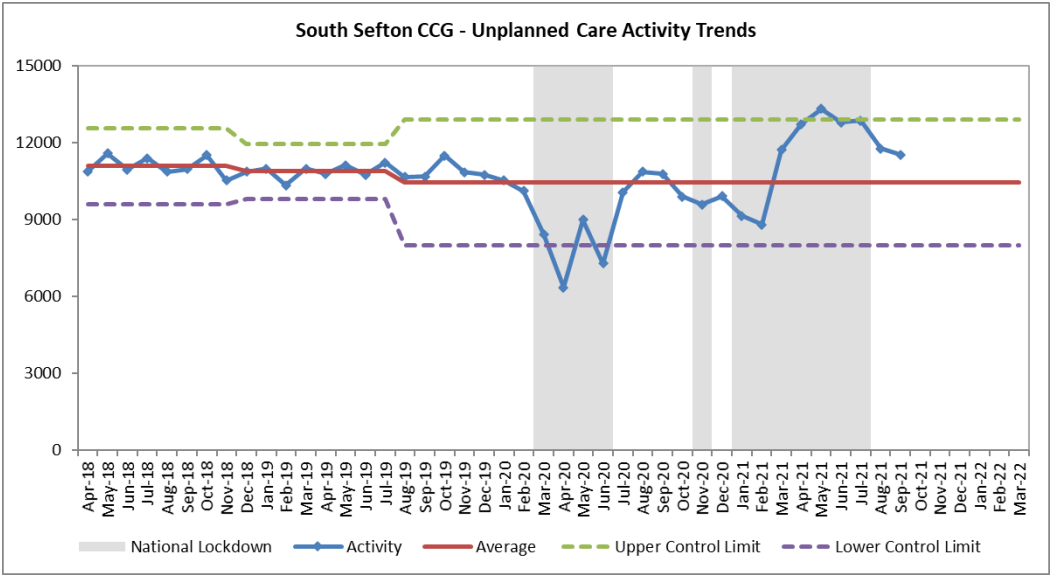


Figure 13 – A&E Type 1 against Plan (previous year)

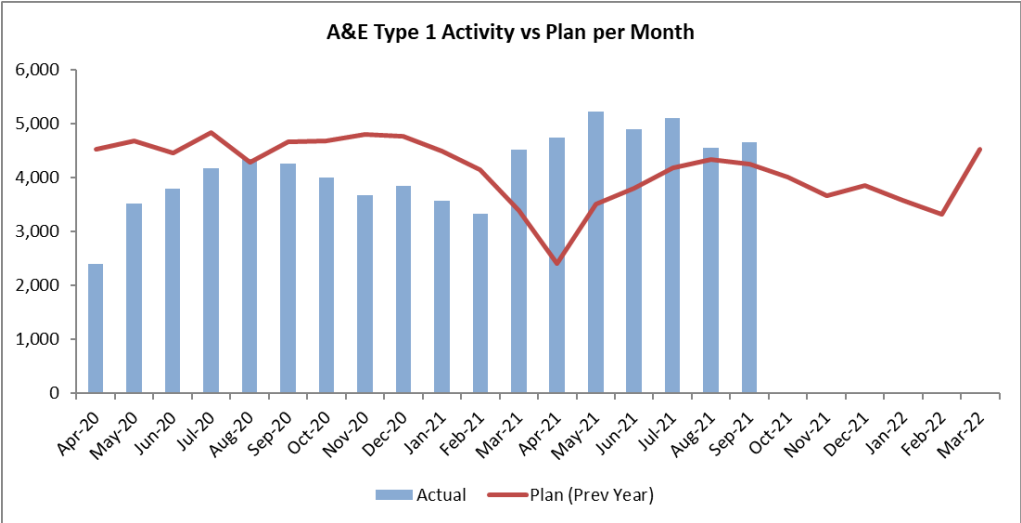
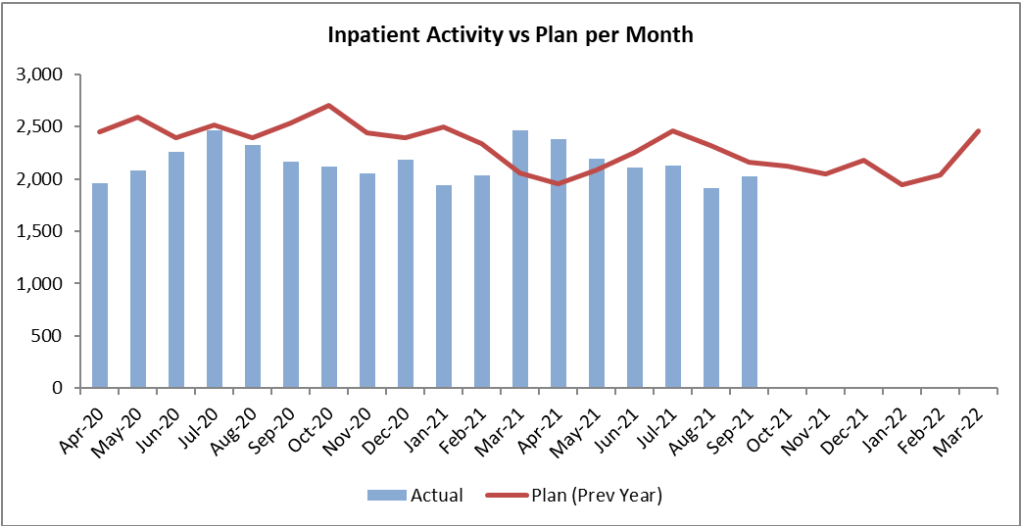


Figure 14 – Non-elective Inpatient Variance against Plan (Previous Year)



3.8.2 Aintree Hospital

Figure 15 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	20,489	31,072	10,583	52%	£505	£512	£7	1%
A&E - Accident & Emergency	18,651	18,171	-480	-3%	£3,030	£2,862	£-169	-6%
NEL - Non Elective	8,730	6,641	-2,089	-24%	£17,262	£16,601	£-661	-4%
NELNE - Non Elective Non-Emergency	23	23	0	0%	£135	£96	£-39	-29%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	24	33	9	-	£6	£8	£2	-
NELST - Non Elective Short Stay	1,847	1,497	-350	-19%	£1,288	£1,078	£-210	-16%
NELXBD - Non Elective Excess Bed Day	4,248	2,186	-2,062	-49%	£1,098	£578	£-520	-47%
Grand Total	54,012	59,623	5,611	10%	£23,324	£21,735	£-1,589	-7%

The total underperformance of -£1.5m/-7% 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 half 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 were at their highest since July-19 for South Sefton CCG at Aintree Hospital in early 2021/22 but have since decreased. Contracting data also suggests fewer patients require admission with a current conversion rate (attendance to admission) of approximately 44% compared to a pre-pandemic level of over 50%. Waits within the A&E department have also increased with a significant impact on A&E performance evident for LUHFT (individual site performance not available) in 2021/22 to date.



Overperformance at Aintree Hospital is evident against the A&E Litherland walk-in centre point of delivery. This service is operating on a new service model of pre-booked appointments from June-20 and a surge in attendances was seen in early 2021/22 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%. Attendances during 2021/22 have since decreased but remain above the pre-pandemic average.

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 46 COVID related admissions recorded in September-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 Care Programme Approach (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.		
		RED	TREND	Q3 20/21	Q4 20/21			Q1 21/22	Q2 21/22
				91.7%	83.3%			100.0%	50.0%
		Plan: 95% - Quarter 1 2021/22 reported 100% and achieved							
Performance Overview/Issues:									
<ul style="list-style-type: none">• The Trust is failing the 95% target reporting 50% for South Sefton CCG. This equated to just 1 out of a total of 2 patients not being followed up by an appropriate team.• Overall the Trust had 3 patient breaches out of a total of 53 in quarter 2 reporting 90.6% and under the 95% target.• The breaches were attributed to 3 individuals, one which occurred due to failed access from the community team following repeated attempts. Two further discharges to alternative providers did not receive follow up within the timescale.									
Actions to Address/Assurances:									
<ul style="list-style-type: none">• Performance on all follow ups post discharge continues to be discussed and reviewed in the weekly Divisional Safety Huddle.• 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:									
Quarter 3 2021.									
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	Jun-21	Jul-21	Aug-21	Sep-21		
		36.10%	25.70%	11.40%	29.50%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		33.75%	25.88%	31.61%	33.86%		
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 44 Service Users, only 13 started treatment within the 18 week target (29.5%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.Comparing to last year there has been a decline of 4.36% 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 been 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. Discussions will are expected to take place shortly on phased investment for 2022/23 and 2023/24.							
When is performance expected to recover:							
Expectation is that performance will begin to improve in Q3 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 24 hours of admission		Previous 3 quarters and latest				KPI 6a	Patient Safety.
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		100.0%	85.7%	100.0%	40.0%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		90.0%	85.7%	98.4%	100.0%		
Plan: 98% - 2020/21							
Performance Overview/Issues:							
<ul style="list-style-type: none">For South Sefton CCG the Trust reported 40% and have failed the 98% target, 2 out of the 5 patients being assessed. A decline from quarter 1 when 100% was reported.The Trust overall had 32 out of 50 inpatients risk assessed using an appropriate tool in quarter 2 reporting 64%.							
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 is expected to improve in Q3 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Gordon Jones		

4.1.4 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	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		75.0%	100.0%	100.0%	100.0%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		80.0%	75.0%	100.0%	80.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
• For South Sefton CCG the Trust continue to report 100%.							
Actions to Address/Assurances:							
• The Clinical Quality Performance Group (CQPG) pick up and review care plans.							
When is performance expected to recover:							
Performance continues to achieve in quarter 2.							
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	Jun-21	Jul-21	Aug-21	Sep-21		
		0.72%	0.90%	0.72%	1.11%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		0.67%	0.77%	0.81%	1.03%		
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:							
To address underperformance the following actions are being undertaken:							
<ul style="list-style-type: none">The service has recruited to long standing clinical lead vacancy.1 x Psychological Wellbeing Practitioner (PWP) agency staff commenced in June and 0.6 WTE agency PWP also commenced in July 2021.3 x PWP posts are currently vacant and are being advertised, however, it should be noted that there are national workforce pressures that are impacting on PWP recruitment and the provider is recruiting PWP trainees, with 4 commencing in October 2021 and a further 14 planned to commence in March 2022 as part of the Cheshire & Merseyside Health Care Partnership (HCP) system wide plan to improve access rates based on a 25% access rate in line with Long Term Plan expectations. The 4 x PWP trainees commencing in October are expected to take up clinical duties in January 2022.3 x agency High Intensity Therapists (HIT) have been recruited. 2 x HIT agency staff are due to commence in December 2021. Agency staff will have a primary focus on reducing lengthy internal waits.4 x HIT trainees are due to commence in January 2022 as part of the Cheshire & Merseyside HCP system wide plan to improve access rates.The service has recruited to a counsellor post vacancy.Ongoing marketing of IAPT at local and planned regional level.							
When is performance expected to recover:							
Achievement of the 19% access standard remains challenging in Q3.							
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. The provider has deployed agency resource to prevent internal waiters from breaching 18 weeks whilst deploying substantive resource to reduce the very long internal waiters.							
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	Jun-21	Jul-21	Aug-21	Sep-21		
		36.8%	42.3%	33.3%	47.7%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		44.3%	46.0%	48.4%	37.8%		
Recovery Plan: 50%							
Performance Overview/Issues:							
<ul style="list-style-type: none">• The recovery rate increased in August by 14.4 percentage points from previous month. Also a increase of 9.9 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 standing clinical lead vacancy has been recruited to. The postholder will have oversight in reviewing planned discharges to ensure optimum recovery is achieved• It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.• Agency HIT resource is being deployed to address long internal waiters.• Recruitment to previously vacant posts will have an impact on recovery.							
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	Jun-21	Jul-21	Aug-21	Sep-21		
		58.5%	59.3%	59.7%	59.8%		
		Jun-20	Jul-20	Aug-20	Sep-20		
		59.4%	59.5%	58.3%	58.5%		
Plan: 66.7%							
Performance Overview/Issues:							
<ul style="list-style-type: none">• The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) was impacted by the Government's COVID-19 restrictions. This had a severe impact on dementia assessments and dementia diagnosis ambition.• Compared to last year the measure has improved by 1.3%.							
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">1. Identify a practice lead for dementia (not necessarily clinical).2. Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia.3. 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 face to face activity which is contributing to improved waits.• 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 using 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 are resuming, 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 continuing this quarter and beyond.							
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	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		
		25.8%	60.1%	6.98%	20.21%		
		Q2 2021/22 Plan: 35% 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 2 2021/22, the total performance for the CCG was 20.51%, below the Q2 plan of 35%. 673 patients were registered with 138 being checked against a Q2 plan of 235 resulting in the CCG failing the quarter 2 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, information of practices wishing to take this option has been received. Data sharing agreements are in place, the Federation are in the process of securing clinical staff to start the health checks.A programme of work is due to begin 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		
<p>The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check</p>		Latest and previous 3 quarters				123g	<p>Risk that CCG is unable to achieve nationally mandated target.</p> <p>SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.</p>		
		RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22		Q2 21/22	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.
				12.3%	16.2%	20.8%		21.1%	
				Q3 19/20	Q4 19/20	Q1 20/21		Q2 20/21	
		22.7%	28.1%	19.0%	16.1%				
Plan: 50%									
Performance Overview/Issues:									
<ul style="list-style-type: none">• In Quarter 2 of 21/22, 21.1% of the 1,830 of people on the GP SMI register in South Sefton CCG (387) 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. These posts are being recruited to.									
When is performance expected to recover:									
Performance should improve from Quarter 3 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 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 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.



Month 6 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 at 32 weeks as the longest wait and Speech and Language Therapy at 25 weeks. CCG continues to monitor waiting times with close monitoring of the Speech & Language Therapy (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. 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

From September all Mersey Care meetings have been combined across the Mersey footprint and include both Mental Health and Community with one Clinical Quality & Performance Group meeting (CQPG) and one combined Collaborative Commissioning Forum (CCF).

It is acknowledged that this does not always allow for operational issues to be discussed in detail and currently with primary care, commissioning and quality, the CCG is scoping how this gap can be addressed.



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				<div><=18 weeks: Green</div> <div>> 18 weeks: Red</div>	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Jun-21	Jul-21	Aug-21	Sep-21		
		16 wks	16 wks	19 wks	21 wks		
		Jun-20	Jul-20	Aug-20	Sep-20		
		30 wks	30 wks	9 wks	9 wks		
Target: 18 weeks							
Performance Overview/Issues:							
<div><div>• September incomplete pathways reported over the 18 week standard at 21 weeks with fluctuations over the past few months.</div><div>• Early warning data shows waiting times are continuing to increase.</div><div>• Workforce issues remain a challenge.</div></div>							
Actions to Address/Assurances:							
<div><div>• 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).</div><div>• Recommencement of treatment of patients categorised as routine.</div><div>• Weekly review and validation of the waiting list introduced to understand the demand, initiatives to use clinic time more effectively signposting to other services.</div><div>• Trust reporting an improved staffing position with return of staff member from extended leave which has increased clinical time, additional locum support and staff working additional hours to manage the triage backlog.</div></div>							
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				<div><=18 weeks: Green</div> <div>> 18 weeks: Red</div>	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Jun-21	Jul-21	Aug-21	Sep-21		
		20 wks	23 wks	25 wks	25 wks		
		Jun-20	Jul-20	Aug-20	Sep-20		
		21 wks	24 wks	23 wks	12 wks		
Target: 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none">September incomplete pathways saw a similar position to last month reporting 25 weeks, since February the Trust have been above the waiting time threshold of 18 weeks.The number of monthly referrals decreased in September with 133 compared to 145 in August.Whilst the service has experienced reduced capacity due to some long-term sickness there has been an increase in patients waiting as well as long waiters is partially driven by a 31% increase in referrals between April-August 2021 when compared to same period in 2019. Trust advise attributed in part to the cessation of the Aintree at Home service as well as changes to the Rehab at Home pathway.							
Actions to Address/Assurances:							
Trust Performance Improvement Plan for the recovery of physiotherapy waiting times advises the following;							
<ul style="list-style-type: none">Service is managing the demand through robust triage process, continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support.Weekly breach report providing full oversight of current waiters is provided as part of the trust action plan for the team to review.Locum physiotherapist has been recruited whilst further recruitment is underway and being expedited to ensure sufficient capacity is increased to reduce the waiting times to 18 week standard.A review is taking place to refine the referral process.Due to increase in referrals a staffing review has indicated an additional 4.2wte staff are required.South Sefton CCG has agreed funding for 1wte physiotherapist to support ICRAS.							
When is performance expected to recover:							
The CCG continue to monitor progress Performance Improvement Plan for the recovery of physiotherapy waiting times.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.							
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 Urgent and Routine Domicilliary		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:					
			Jul-21	Aug-21	Sep-21		
		Urgent	2	1	1		
			Jul-21	Aug-21	Sep-21		
		Routine	27	2	2		
 							
Performance Overview/Issues:							
<ul style="list-style-type: none">• The Trust have advised that no longer in business continuity arrangements and the weekly report is within waiting time KPIs.• Following the recent national incident with regards to blood bottle supply disruption and staged reintroduction of service the trust resumed normal domiciliary provision from the first week in October and are now operating at 100% clinic capacity from 25-10-21.							
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.							
When is performance expected to recover:							
Performance in on target.							
Quality impact assessment:							
No quality issues reported.							
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. Work is taking place on updating the specification and CCGs are engaging with providers.

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

Activity reports for M6 2021/22 indicate:

Specsavers activity is over 2019/20 levels for South Sefton.



LUHFT – activity is close to 2019/20 levels for South Sefton.

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 2 data is available 13th December 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					Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
GREEN	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Rolling 12 Mth Rate		
		6.2%	5.0%	20.3%	40.4%		
		Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate		
		4.8%	7.4%	14.6%	32.2%		
		Annual Access Plan: 35% (RAG and trend on Q1 data)					
Performance Overview/Issues:							
<ul style="list-style-type: none">Quarter 1 shows a significant increase in the CYP Access rate which is a seasonal trend. The rolling 12 months rate was 40.4% compared to 32.2% for the same period in the previous year.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 – Routine cases within 4 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors	
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only. * suppressed data meaning less than 2 referrals in the quarter	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.
		97.6%	90.0%	69.6%	47.7%		May be a surge in referrals as part of COVID-19 recovery phase.
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		91.3%	91.7%	80.0%	100.0%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none">For Q2 the Trust reported 47.7% against the 95% National Standard.As the service has relatively small numbers breaches have a large impact on performance.For quarter 2, of the 44 completed pathways, 4 patients started treatment within 1 week and 17 patients in weeks 1 to 4, leaving 23 patients starting their treatment between 4 and 12 weeks.The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been agreed with AHCH. Recruitment is ongoing.The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitoredThe service has made adaptations in response to COVID and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home.							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		N/A			Peter Wong		



6.1.3 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Urgent Cases within 1 weeks of referral

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey		Latest and previous 3 quarters				* suppressed data meaning less than 2 referrals in the quarter	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
RED	TREND	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22		Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.
		95.7%	96.9%	100.0%	75.0%		
		Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21		
		100%	100%	*	*		
National standard 95%				May be a surge in referrals as part of COVID-19 recovery phase.			
Performance Overview/Issues:							
<ul style="list-style-type: none">For quarter 2 the Trust reported 75% and failed the 95% target.All of 8 urgent cases 6 started treatment within 1 week, 1 within 1-4 weeks and 1 4-12 weeks.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been agreed with AHCH. Recruitment is ongoing.							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		N/A			Peter Wong		



6.1.4 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				The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management: <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	Jun-21	Jul-21	Aug-21	Sep-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none">• In September 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target.• Referrals rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are 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">• The CCG and Alder Hey Children's Hospital (AHCH) in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs.						
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		



6.1.5 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					The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21		
		77%	72%	66%	63%		
		Plan: 90% of referrals: Assessments completed within 30 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none">• 63% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 6 of months.• Performance has declined since December due to the impact of increasing referrals on service capacity. Referral are 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. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.							
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		

6.1.6 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	Jun-21	Jul-21	Aug-21	Sep-21	
		100%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none">• In September, 99% 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.• Referrals are 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.• 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.• The CCG and Alder Hey Children's Hospital (AHCH) in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs.						
When is performance expected to recover:						
Performance is on target, but the Trust has stated that performance is likely to worsen if referral rates continue at current levels. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.1.7 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				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none">• Decreased capacity within additional providers.• Ongoing impact of COVID-19 and future waves.
RED	TREND	Jun-21	Jul-21	Aug-21	Sep-21	
		91%	90%	88%	85%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none">• 85% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 5 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.• The CCG and AHCH in ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs.						
When is performance expected to recover:						
The Trust has stated that performance is likely to worsen if referral rates continue at current levels. Following an analysis of referral rates and sources the CCG is expected to consider options for this service before the end of November.						
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	Jun-21	Jul-21	Aug-21	Sep-21	
		54.2%	56.5%	38.2%	37.8%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none">Referral to choice waiting time has seen a decline in compliance to 37.8% in September.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.There has been an increase in the number of urgent cases referred to the service.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. Noting a significant improvement on 18 week KPI from 25-68%.All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.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 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 pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process.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.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.						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
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	Jun-21	Jul-21	Aug-21	Sep-21		
		72.2%	45.5%	25.0%	68.2%		
		Staged Target by March 2021: 75%					
Performance Overview/Issues:							
<ul style="list-style-type: none">• There has been a significant improvement in waiting times in September reporting 68.2%. 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.• There has been an increase in the number of urgent cases referred to the service.• 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.• All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.• 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 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 pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process.• 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.• 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.							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
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.	
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					 	
		Jun-21	Jul-21	Aug-21	Sep-21			
51.20%				42.30%	39.10%			32.10%
Total Number Waiting								
Jun-21	Jul-21	Aug-21	Sep-21					
485	509	538	537					
Target 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none">• The average number of weeks waiting referral to 1st contact in September is 16.8 weeks compared to 21.4 weeks last month.• For open pathways, the longest waiter was 46 weeks in September compared to 44 weeks last month.• Overall there had been a steady increase in new referrals since September 2020 when the schools reopened the service with received 79 in September 2021.								
Actions to Address/Assurances:								
<ul style="list-style-type: none">• The SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. Whilst referrals have reduced over the summer holiday period, the backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged.• The position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.• Families sent information on how to access resources including those on the service web page whilst waiting to be seen.• 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.								
When is performance expected to recover:								
From mid-September, the service will be fully staffed and it is anticipated that if referral levels begin to return to pre-COVID levels, improvements will be seen in subsequent months.								
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				<div><=92%: Green</div> <div>> 92%: Red</div>	<div>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</div> <div>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</div>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Jun-21	Jul-21	Aug-21	Sep-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Jun-21	Jul-21	Aug-21	Sep-21		
		38	40	33	34		
Target 92%							
Performance Overview/Issues:							
<div><div>The average number of weeks waiting referral to 1st contact in Seotember is 5.7 weeks.</div><div>For open pathways, the longest waiter was 5.7 weeks in September compared to 4.6 weeks in August.</div><div>Overall accepted new referrals to the service have increased slightly in September to 32 from 21 received in August.</div></div>							
Actions to Address/Assurances:							
<div>None specifically, as performance is exceeding target.</div>							
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.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Jun-21	Jul-21	Aug-21	Sep-21		
		94.9%	85.1%	84.9%	88.7%		
		Total Number Waiting					
		Jun-21	Jul-21	Aug-21	Sep-21		
		99	122	89	97		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none">The average number of weeks waiting referral to 1st contact in September is 14.8 weeks from 10.3 weeks last month.For open pathways, the longest waiter was 27 weeks in September compared to 26 weeks in August.Overall there has been a steady increase in new referrals, the service received 54 new referrals in September, this is an increase from 32 in August.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">The service continues to closely monitor performance.							
When is performance expected to recover:							
There has been improvement in September in average wait, RTT and longest wait. Depending on referral rates, improvement is expected to continue over the next few months.							
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 Continence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continence 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.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Jun-21	Jul-21	Aug-21	Sep-21		
		87.8%	81.1%	81.8%	83.3%		
		Total Number Waiting					
		Jun-21	Jul-21	Aug-21	Sep-21		
		49	53	44	36		
		Target 92%					
							
Performance Overview/Issues:							
<ul style="list-style-type: none">The average number of weeks waiting referral to 1st contact in September is 19.9 weeks, previous month reported 19.5 weeks.For open pathways, the longest waiter was 18 weeks in September 19.9 weeks compared to 19.5 weeks in August.New referrals to the service remain steady, 9 were received in September and 8 in August.							
Actions to Address/Assurances:							
<ul style="list-style-type: none">Staff capacity restored and improvements being seen in average wait, RTT and longest wait.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:							
With full capacity there is expected to be steady improvement up to the end of quarter 4.							
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				<div><=92%: Green</div> <div>> 92%: Red</div>	<div>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</div> <div>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</div>
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Jun-21	Jul-21	Aug-21	Sep-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Jun-21	Jul-21	Aug-21	Sep-21		
		19	21	24	31		
Target 92%							
Performance Overview/Issues:							
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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. There were no new inspection in September.

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 16 - 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	16 July 2021	Good	Good	Good	Good	Good	Good
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	Kingsway Surgery	07 October 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	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	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. Third Sector – Quarter 2

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q1 & Q2 2021-22. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during the year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton

The service has now been able to resume some face-to-face contact with clients. All are receiving, either one phone call or visit per week and during Q2 the team provided befriending support to 159 clients.

Recruitment of volunteer befrienders is slightly down on Q1. Promotion and recruitment events have also recommenced to help increase the number of volunteers in the service. Referrals to the service have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly.

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- Support in arranging a care package
- Anxiety support
- Support with walking aids
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a cleaner
- Referrals for benefit advice
- Occupational Therapist assessment referral
- Referrals for making a will
- Support to obtain hospital transport
- Support to obtain shopping support

Alzheimer's Society

All activities provided by the service remain on a virtual basis such as singing for the brain, this remains popular with around 16-20 attendances per week. Memory cafes and peer support groups are currently still on hold. Regular welfare calls are made by staff and volunteers, continuing to assess support needs, checking client safety, providing important advice and signposting to other essential services in the absence of face-to-face contact.

The service received 153 new referrals during Q1 & Q2, during the period 224 Welfare Calls were made.

The service continues to work with Southport Memory Clinic, negotiations are still underway for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

Citizens Advice Sefton

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

During Q1 & Q2 41 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this period, Sefton

residents received a total of £80,101 in new or backdated awards as a result of the work carried out by the advisor.

Crosby Housing and Reablement Team (CHART)

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

CHART are continuing with a mixture of working from home and office. Face to face appointments are being carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 122 new referrals during the period.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 & Q2 an average of 80 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. A booking system for attendance at the centre has been put in place and appears to be working well. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine Independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catchups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as Community Mental Health Team's concentrated on Essential Care.

Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

The need for IPS services, including employment retention is vital due to the high volume of clients being Furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

Netherton Feelgood Factory

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

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

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

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

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Counselling sessions have now resumed and a total of 452 sessions have been delivered since April. Self-referrals remain the largest source but GP referrals and recommendation are the second largest source of referrals to the service.

Smaller groups were introduced back into the centres but the cost of hosting more groups has increased; the organisation are actively seeking extra funding from charitable sources to help with the shortfall.

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

Sefton Advocacy

Sefton Advocacy continues to receive a high volume of referrals. Some staff are still working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. Personal Health Budget assessments have now recommenced, and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

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

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

The base for Sefton Advocacy has also relocated to Houghton Street, Southport making the venue accessible to all and reducing rent charges.

Sefton Carers Centre

During the first half of the year a total of 466 new carers were registered with the Centre. The centre made 3,159 telephone calls to carers, this has been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 101 remote Counselling sessions delivered and a further 735 hours of support given by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £351K of benefits for Carers. There are currently 561 registered tier 2 young carers receiving support from the centre. Face to face support has been re-introduced on a basis of need.

Sefton Council for Voluntary Service

BAME Service update

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

High Intensity Users

The team of 5 staff running this service are currently working in between home and the office.

Over the last year the introduction of the service has reported a 50% reduction in hospital admissions for High Intensity patients. This particular cohort of patients attended A&E more than 4 times during 18/19 leading to at least 1 hospital admission. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

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

Reablement Service

All members of the Health and Wellbeing team remain working remotely but have also now been assigned 2 bubbles for office working. Sefton CVS has issued the staff with PPE masks, visors and hand gel so that they can resume home visits, as appropriate. The team remains at full capacity with all positions filled. The team have continued to support remotely and make calls to check welfare, support and refer to other organisations and services if needed the team continue to support patients with the many various issues that impact on their health and wellbeing in order that they are able to make more positive lifestyle choices.

There are now four Adult Social Workers covering each of the localities, who continue in supporting the Integrated Care Team with being part of the MDT meetings via Skype. Health & Wellbeing Trainer's (HWBT) in all four localities continue to feel very supported by this discipline being part of the team and feel that the social worker and HWBT complement each other within working towards the Health and Wellbeing of service users. The social worker who covers Crosby HWBT's continue to work in partnership with other Community Voluntary Service (CVS) projects, such as Macmillan Community Navigators, Community Connectors and Living Well Sefton team.

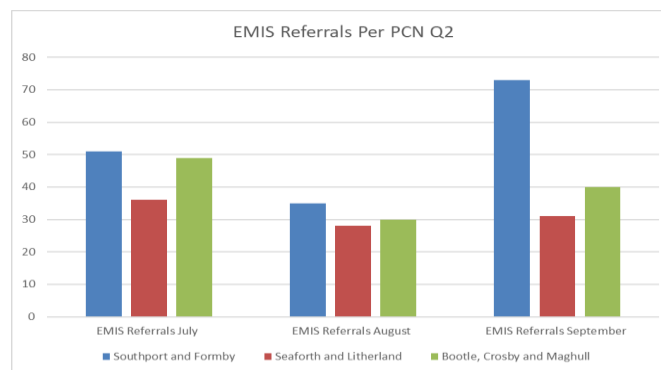
Social Prescribing

During the first half of the year there have been a total of 780 referrals to the service. This quarter saw a large increase in face-to-face community-based activity, a return to 'more normal' activity with referrals onto community activity increasing. There has been an increased focus on personal goals / care plans and good case management by Social Prescribing Link Workers (SPLW), increasing discharge rates. Current caseloads are still very high in most areas, with an average of 51 active cases per full time member of staff in September, partly due to a vacant post.

All SPLWs are now meeting in the community and conducting home visits and returning to more 'normal' SPLW activity. Supporting people to attend community-based activity is an important part of the work currently, as confidence has decreased through lockdown and anxiety has increased for our most vulnerable clients. This is time consuming as opposed to all telephone / virtual meetings and is taking time to adjust schedules and expectations.

With staff annual leave in August, referral numbers were slightly lower than previous months, mainly due to GP surgeries being aware of annual leave by individual SPLWs and holding referrals.

Referrals by Primary Care Network (PCN) Areas are shown in the table below:



From 1st November 2021, the individual PCN's will be taking over the grant agreements started by the CCGs, a full handover has been undertaken to enable services to continue seamlessly.

ECM Co-ordinator –Children and Families Development Officer

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

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus, multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online.

Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

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

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

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care

professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

The post stroke service is currently under review, the contract has ceased on 30th June 2021, commissioning intentions are to be communicated shortly. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available but this is only a short-term arrangement (end of May).

Some face-to-face services with stroke survivors have recommenced, staff and volunteers are mostly providing online assessment of needs and online support is offered via telephone.

Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown then closed again. The centre are looking to re-introduce face to face therapies gradually and within government guidelines. Services are currently a mixture of face to face and remote as appropriate, these include counselling, various online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now British Association Counselling & Psychotherapy (BACP) approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

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

Macmillan Cancer Support Centre – Southport

During Q1 the service received 83 new referrals. The highest source of referral continues to be from GP Practices within the Southport & Formby PCN area. The number of self-referrals has increased significantly to more than double, it is thought this is due to some promotions of face-to-face services and opening of appointments at the centre. There has also been an increase in referrals from Palliative care teams in the area. The level of support needed has varied but the centre is continuing to see more complex cases due to the pandemic and the impact this is having on the NHS and cancer services. There has been an increase in need for support for clients applying for Attendance Allowance and with onward referrals for benefits advice. In addition, the centre has made a number of referrals to the Clinical Psychology Service, this has jumped from 1 in Q4 to 9 in Q1. The demand for counselling services provided has also significantly increased during Q1.

Macmillan Cancer Support continue to make calls to vulnerable service users. Since January 2021 the service has supported 139 individuals making over 800 calls.

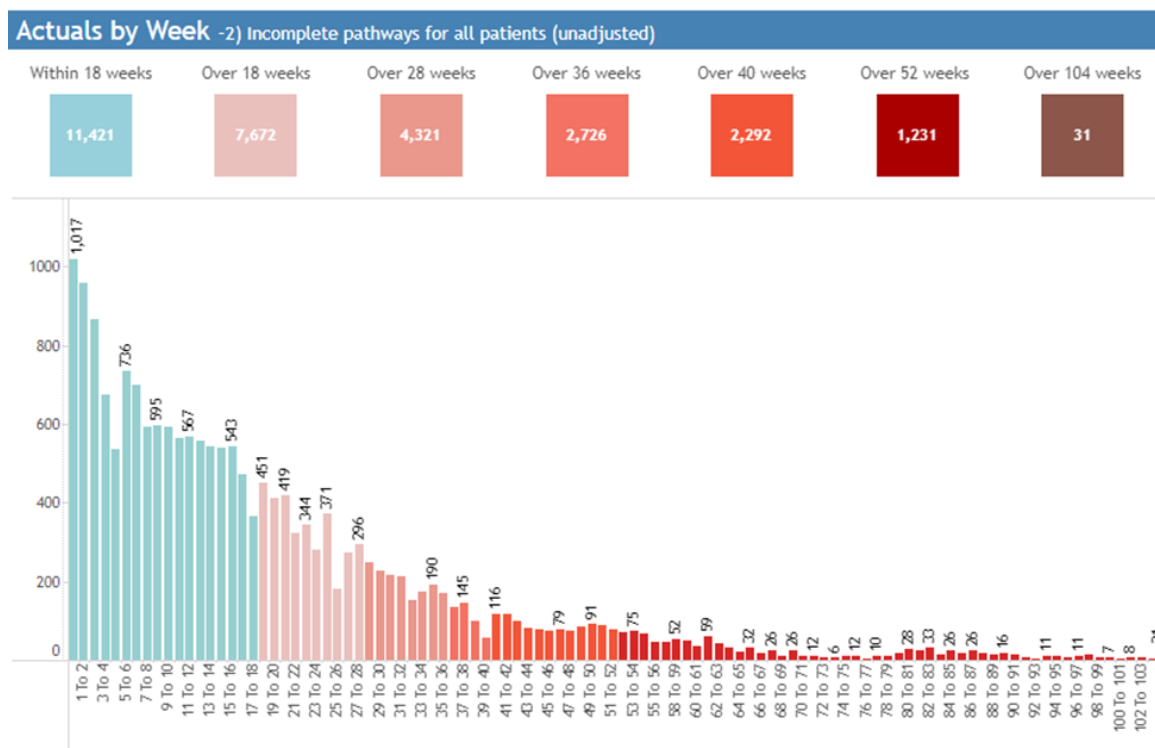
9. NHS Oversight Framework (NHS OF)

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 has been completed 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.

10. Appendices

10.1.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 18 - Patients waiting (in bands) on incomplete pathway for the top Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)							
	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks	Over 104 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	6,753	5,935	3,490	2,274	1,932	1,068	29
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	1,227	759	342	179	139	42	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	383	206	45	11	1	0	
SPIRE LIVERPOOL HOSPITAL : (NT337)	170	181	115	61	58	40	1
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	210	155	108	81	68	45	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	626	124	51	18	11	4	
RENACRES HOSPITAL : (NVC16)	1,254	111	62	43	37	13	
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	57	47	33	17	16	9	
	5,000	0 5,000	0 5,000	0 2,000 4,000	0 2,000	0 1,000	0 20 40

10.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 19 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

