



South Sefton
Clinical Commissioning Group

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Integrated Performance Report July 2020

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	Not available	Not available									R	
		Actual	52.3%	39.1%												45.7%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	65.46%	66.85%	53.45%	38.95%										
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	70.35%	59.72%	49.96%	47.24%										
		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	
		Actual	8	46	106	171									331	
		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	G	G	R									R	
		Actual	35	0	0	4									39	
		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														
		Actual	Not available	Not available	Not available	Not available										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	93.51%	99.72%	98.11%	96.45%										97.23%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	93.33%	100%	100%	96.55%										97.87%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G									R	
		Actual	94.92%	90.48%	98.36%	97.78%										95.65%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R									R	
		Actual	90.91%	100%	87.50%	80%										87.04%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G									R	
		Actual	100%	93.33%	93.75%	100%										97.01%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R	G									G	
		Actual	100%	100%	85.71%	100%										96.94%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	G									R	
		Actual	79.31%	73.91%	83.87%	85.71%										80.77%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R		R									R	
		Actual	50%	66.67%	No patients	50%										57.14%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG				G										
		Actual	80%	0%	75%	90.91%										80.65%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2020-21													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
<u>4-Hour A&E Waiting Time Target</u> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R									R
Actual		93.19%	96.37%	94.80%	93.33%										94.44%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													G
Actual		Not available	Not available	Not available	Not available										
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available										
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
<u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G									G
YTD		0	0	0	0										0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G									G
YTD		4	6	7	9										9
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<u>Number of E.Coli</u> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G									G
YTD		9	23	35	39										39
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	97.3%												97.3%
		Target	95%			95%			95%			95%			95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G												G
		Actual	77.6%												77.6%
		Target	60%			60%			60%			60%			
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R									R
		Actual	39.8%	34.2%	44.3%	46.0%									41.88%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R									R
		Actual	0.74%	0.46%	0.67%	0.77%									2.64%
		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%	
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
		Actual	100%	95.71%	98.50%	98.6%									98.1%
		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
		Actual	100%	98.57%	100%	100%									99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R									R
		Actual	60.40%	59.42%	59.36%	59.53%									59.68%
		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%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	No new update as at Q1												
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)	South Sefton CCG	RAG	R											R	
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	19%											19%	
		Target	50%			50%	50%	50%	50%	50%	50%	50%	50%	50%	
Children & Young People Mental Health Services (CYPMH)															
Improve access rate to Children and Young People's Mental Health Services (CYPMH)	South Sefton CCG	RAG	G											G	
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual	14.6%											14.6%	
		Target	8.75%			8.75%	8.75%	8.75%	8.75%	8.75%	8.75%	8.75%	8.75%	YTD 35%	
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	To be updated in month 5 report												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual													
		Target	95.00%			95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	To be updated in month 5 report												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual													
		Target	95%			95%	95%	95%	95%	95%	95%	95%	95%	95%	

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 4 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for July and Quarter 1 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	38.95%	42.78%
Referral to Treatment (RTT) (92% Target)	47.24%	41.72%
No of incomplete pathways waiting over 52 weeks	171	513
Cancer 62 Day Standard (Nat Target 85%)	85.71%	75.39%
A&E 4 Hour All Types (National Target 95%)	93.33%	92.56%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	108
Ambulance Handovers 60+ mins (Zero Tolerance)	-	21
Stroke (Target 80%)	-	72.70%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2020/21 - Q1	97.3%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	77.6%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.77%	-
IAPT Recovery (Target 50%)	46.0%	-
IAPT 6 Weeks (75% Target)	98.6%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Liverpool system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended to the end of December 2020.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed for routine elective activity. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list

numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels. However, in response to the expectations set out in the phase three recovery letter, final recovery plans are due for submission on 21st September 2020. This will require close collaborative working between CCG and Trust leads to align trajectories and provide greater clarity to the operational issues providers are experiencing to deliver expected levels of activity.

Trends show that total secondary care referrals have increased by 33% from the previous month in July, which is the third consecutive monthly increase. GP referrals are reporting a year to date - 57.6% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 26 additional GP referrals per day in July when comparing to the previous month.

The CCG have failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 38.95% in July, an improvement from last month when 53.45% was reported - initial decline being due to the impact of COVID-19 and reductions in activity. Liverpool University Hospital Foundation Trust (LUHFT) performance was 42.78% in July, also an improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in July was 47.24%. LUHFT reported 41.72%. This is a further drop in performance for the both CCG and Trust.

In July, the CCG reported 171 patients waiting over 52 weeks for treatment. LUHFT reported 513 breaches in July failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 3 of the 9 cancer measures year to date. LUHFT are achieving 2 out of the 9 measures.

Month 4 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

Unplanned Care

In relation to A&E 4-Hour waits (all types); the CCG and Trust have failed the 95% target in July after achieving in May, reporting 93.33% and 92.56% respectively. The improvements seen a couple of months ago were largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 has not been met and was severely adversely impacted upon by COVID-19 which began to hit them in Q4 and then all the way through Q1 and continuing into Q2. The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of Double Crewed Ambulance (DCA) v Rapid Response Vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards. CCG commissioners have been provided with a briefing that was presented to the July meeting of the Cheshire & Mersey UEC Network Board that provides a broader review of NWAS through the pandemic to date outlining key impacts and lessons learned to inform the future service model.

The CCG reported no new cases of MRSA in July. LUHFT also had no new cases, but had 1 case in May and April, so have failed the zero tolerance threshold for 2020/21.

For C difficile, the CCG reported 2 cases of C difficile cases in July (9 year to date). National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives and are achieving.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so are reporting against last year's target of 128. In July there were 4 cases (39 YTD) against a target of 42 so are not achieving the target. There are no targets set for Trusts at present.

Month 4 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. However, some recovery of activity has been apparent following the first phase of the NHS response (but with year to date activity levels remaining below historical averages) and further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.77% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 46% in month 4 of 2020/21, which also failed the 50% target but shows an improvement from the previous month.

Early Intervention Psychosis (EIP) is achieving the threshold of 60%.

The provider has undertaken a capacity and demand exercise which is informing an internal business aimed at reducing excessive Autistic Spectrum Disorder (ASD) waits. The capacity and demand exercise findings were shared with commissioners on 13th August 2020. Demand for ASD assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Commissioners are awaiting a detained investment case from the Trust in September.

For outpatient follow up appointments against a plan of 18%, the Trust reported a DNA rate of 19.1% compared to 19.0% in June.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in July of 59.5%, which is under the national dementia diagnosis ambition of 66.7%. This is very similar as to what reported last month.

Commissioners have raised concerns in relation to Mersey Care's Brain Injury service and in particular criteria and access to commissioned beds and the interface with other services and care pathways. There is a proposal going through the Rehabilitation network Collaborative Commissioning Forum (CCF) that a dedicated commissioning resource to be created to work to resolve these issues across the network, however in the short term there is a need to agree a revised specification with clinical input and develop a risk share arrangement in respect of the 8 commissioned beds within the Trust.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next CQPG in August 2020. The Trust reported that the pandemic had impacted on performance, the Trust was reminded of the clinical risk associated with the KPI and the expectation is that performance must improve. This may also contribute to dementia diagnosis underperformance. CCGs await the next Q2 figures.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.2% in July compared to 7.8% in June.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) has been reinstated from June 2020 with restart of the Information Sub-Group in July. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

Children's Services

In the move to phase three of the pandemic response, Alder Hey has been implementing recovery plans for community services and Child and Adolescent Mental Health Services (CAMHS) and has been increasing delivery capacity to return, as far possible, to pre-COVID-19 levels of activity.

The positive increase in community therapy services provision has also been accompanied by a steady rise in referral numbers, notably for SALT which received an unexpected significant increase in July compared with previous month; likely due to suppressed demand in response to the pandemic. This has resulted in an increase in waiting times for some therapies, which may delay recovery and require plans to be revised. However, services continue to carry out local risk assessments and prioritise Allied Health Professional (AHP) caseloads and new referrals in accordance with risk and needs of the child/young person. The Trust is also working to support increases in face to face activity in clinic where possible, and anticipates that where numbers of face to face appointments increase, waiting times will reduce further. All other interventions are continuing to be offered virtually, by telephone or Attend Anywhere.

In response to the increasing demand for mental health services and the anticipated surge in referrals, Alder Hey has developed and shared a service recovery plan with the CCG. This takes account of increases in referrals and the national mandate for the continuation of the 24/7 Crisis Care Service. The modelling predicts that waiting times will return to pre-COVID-19 levels by December 2020 if referral levels remain constant; however, if there is a 15% surge in referrals this will delay recovery until March 2021, given current levels of investment. Discussions between the CCG's finance lead and the Trust are scheduled to clarify local investment and funding in line with national Mental Health Investment Standard (MHIS).

The Trust has flagged an increase in demand for the Eating Disorders Service. This reflects the national picture and is being addressed in its recovery plans and as part of discussions with the CCG about future commissioning and investment plans. Last month the Trust queried the validity of the Q1 national performance data which continues to be investigated. It is anticipated that the matter will be resolved imminently.

Notably, the Q1 mental health access data for community based mental health services report a significant improvement in access rates compared to previous quarters. This is because the third sector provider, Venus, and the online counselling service, Kooth, are now reporting their activity through the national data set. In response to COVID-19, there has also been an increase in Kooth capacity to support young people and this is reflected in the activity data. Initial end of year projections encouragingly indicate that the CCG will exceed the 35% national target for 2020/21.

The IPR and SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent although there has been some slippage against the COVID-19 recovery plans, due to spikes in referrals and the challenges of delivering face to face appointments. The Trust has flagged the potential impact of the return to school on referral numbers and the ability of schools to support delivery and share information.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	3144	715	-2429	-77.3%	2191	819	-1372	-62.6%	6442	2177	-4265	-66.2%
May	3325	968	-2357	-70.9%	2430	1130	-1300	-53.5%	6945	2871	-4074	-58.7%
June	3389	1682	-1707	-50.4%	2158	1215	-943	-43.7%	6735	3844	-2891	-42.9%
July	3635	2358	-1277	-35.1%	2603	1624	-979	-37.6%	7346	5096	-2250	-30.6%
August	3172				2164				6402			
September	3131				2403				6607			
October	3627				2471				7374			
November	3259				2105				6692			
December	2546				1934				5695			
January	3271				2362				7004			
February	3060				2048				6366			
March	2182				1541				4835			
Monthly Average	3145	1431	-1714	-54.5%	2201	1197	-1004	-45.6%	6537	3497	-3040	-46.5%
YTD Total Month 4	13493	5723	-7770	-57.6%	9382	4788	-4594	-49.0%	27468	13988	-13480	-49.1%
Annual/FOT	37741	17169	-20572	-54.5%	26410	14364	-12046	-45.6%	78443	41964	-36479	-46.5%



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





Month 4 Summary:

- Trends show that total secondary care referrals have increased by 33% (1,252) from the previous month in July 2020, which is the third consecutive monthly increase. However, they have remained below historical levels for the last 6 months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals.
- GP referrals are reporting a year to date -57.6% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 26 additional GP referrals per day in July 2020 when comparing to the previous month.
- Aintree Hospital has reported a -49% decrease in total referrals at month 4 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality in month 4 are approximately -22% (-166) lower than in July 2019 and are -19% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 4 of 2020/21 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with a reduction of -60% (-10,310).
- Although some recovery of two week wait referrals is apparent in July 2020 (with numbers exceeding those reported in July 2019), year to date referrals for this priority type remain below the previous year (-10%).
- Decreases in referrals are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT and Ophthalmology.



2.2 NHS E-Referral Services (e-RS)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Feb-20	Mar-20	Apr-20	May-20		
		64.3%	50.3%	52.3%	39.1%		
		Plan: 100% by end of Q2 2018/19				The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Latest published data is May 2020. • As previously noted the above data is based upon NHS Digital reports which utilises MAR (Monthly Activity Reports) data, MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained. • Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. • In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. May data shows an overall performance of 58.4% for South Sefton CCG, a decline on the previous month (69.8%). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The phase 3 recovery letter issued on 31st July 2020, has set an expectation that elective activity/performance should resume to near normal levels before winter. • An expectation will be that more capacity will be available via ERS, resulting in fewer ASIs leading to improved performance. • The System management Group are reviewing the phase 3 response by exception in advance of the first draft planning submission on 1st September 2020, to ascertain realistic levels of activity/performance, and will provide assurance as to likelihood of achieving improved performance for this metric. • Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. 							
When is performance expected to recover:							
Performance is expected to improve by October 2020							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		CCG	65.46%	66.85%	53.45%		
		LUHFT	69.60%	67.82%	53.50%	42.78%	
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 3,520 patients on the waiting list with 1,371 waiting over 6 weeks, Same period last year saw 2,665 patients waiting in total. Non-Obstetric Ultrasound (364), Echocardiography (99), CT (295), Gastroscopy (240) make up over 73% of the total breaches. Both LUHFT sites recorded increases, the July waiting list number was 15,342 comparing to the waiting list size in June of 14,722. Impact on performance due to COVID-19 pandemic but is showing improvement. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. 							
System:							
<ul style="list-style-type: none"> Hospital cell is working on system recovery plans. Liverpool CCG is met with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. Phase 3 recovery letter – final recovery plan to be submitted by 21st September 2020. 							
LUHFT Actions:							
Capacity Actions:							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Business case for expansion of the radiographer workforce to be presented to the Reset Group to increase operational hours. Consideration to use of mobile unites to help accelerate recovery of DM01 position. 							
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. Work with BI to undertake a full demand and capacity analysis to gain greater visibility to the full demands on the scanner time and generate the capability to forecast the impact of services changes with greater confidence. 							
When is performance expected to recover:							
LUHFT do not plan to achieve the standard in 2020/21.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Terry Hill		

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		CCG	70.35%	59.72%	49.96%		
		LUHFT	68.73%	59.24%	47.35%	41.72%	
		Plan: 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic and continues to decline. The challenged specialties include ENT, Ophthalmology, General Surgery and Thoracic Medicine. The high volumes of routine patients on the waiting list have not been prioritised during phase 1 of the Reset Plan. Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients. The Phase 3 recovery letter expectation is that elective recovery resumes to near pre-COVID levels by October 2020, final plans expected by 21st September 2020. 							
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 in on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Agreement between SS & LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Ward 4 re-opened on the Aintree Site for additional Silver capacity. Redeployed anaesthetic and theatre staff from Critical Care back to Theatres. Increased elective theatre sessions on the Aintree site from 3 per day to 7 per day, Mon-Fri. Increased elective theatre sessions on the Royal site from 3 per day to 7 per day, Mon-Fri. Utilised 8.5 lists per week at Spire Liverpool theatres for Ambulatory Orthopaedic Trauma, Breast, Urology and Ophthalmology. Reopened Broadgreen for Elective Orthopaedics in July, with a phase increase from 15 to 20 sessions per week in July (2 GA and 2 LA per day). With effect from 7th September 2020, this is scheduled to change to 3 GA and 1 LA per day increasing the total number of elective orthopaedic sessions at Broadgreen to 70 per week. OPERA will also recommence with effect from 7th September 2020. Finalised plans to transfer the VIC to previous estate on the Aintree site in August. Finalised plans to re-open ECC theatres on the Aintree site to 20 sessions per week in August. Establish a weekly scheduling meeting with Spire Liverpool, chaired by the Deputy COO. This will ensure all available capacity to utilise efficiently and will also be a forum for negotiating additional capacity when available. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND	Apr-20	May-20	Jun-20	Jul-20			
		CCG	8	46	106			171
		LUHFT	11	85	248			513
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 171 breaches, the majority were at Liverpool University Hospital Foundation Trust (145), the remaining 26 breaches spanned across 10 other trusts. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. LUHFT 52 week breaches increased to 513 in July compared to 248 in June, the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and Oral Surgery. Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. 								
LUHFT Actions:								
<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. The Trust opened up to NHS e-RS on the 14th May 2020. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order, this will impact the future reporting position as providers would have had a focus on targeting long waiters. Where clinically appropriate, virtual clinics have occurred across all specialities. Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand, this to be completed by the end of August 2020. Additional staff booked to cover gaps via bank to maintain patient safety whilst review is being undertaken, this has been ongoing throughout the pandemic and discussed at weekly divisional meetings Requested additional theatre capacity at Spire Liverpool for long waiting routine General Surgery, Urology & Vascular patients for scheduling in July & August. Awaiting DoH gateway letter outlining waiting list validation expectations and confirmation of change in RTT clock guidance which will allow for a pause in RTT clock for patients choosing to not proceed with procedures due to COVID-19. 								
When is performance expected to recover:								
No set date for recovery. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Cameron Ward		John Wray		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

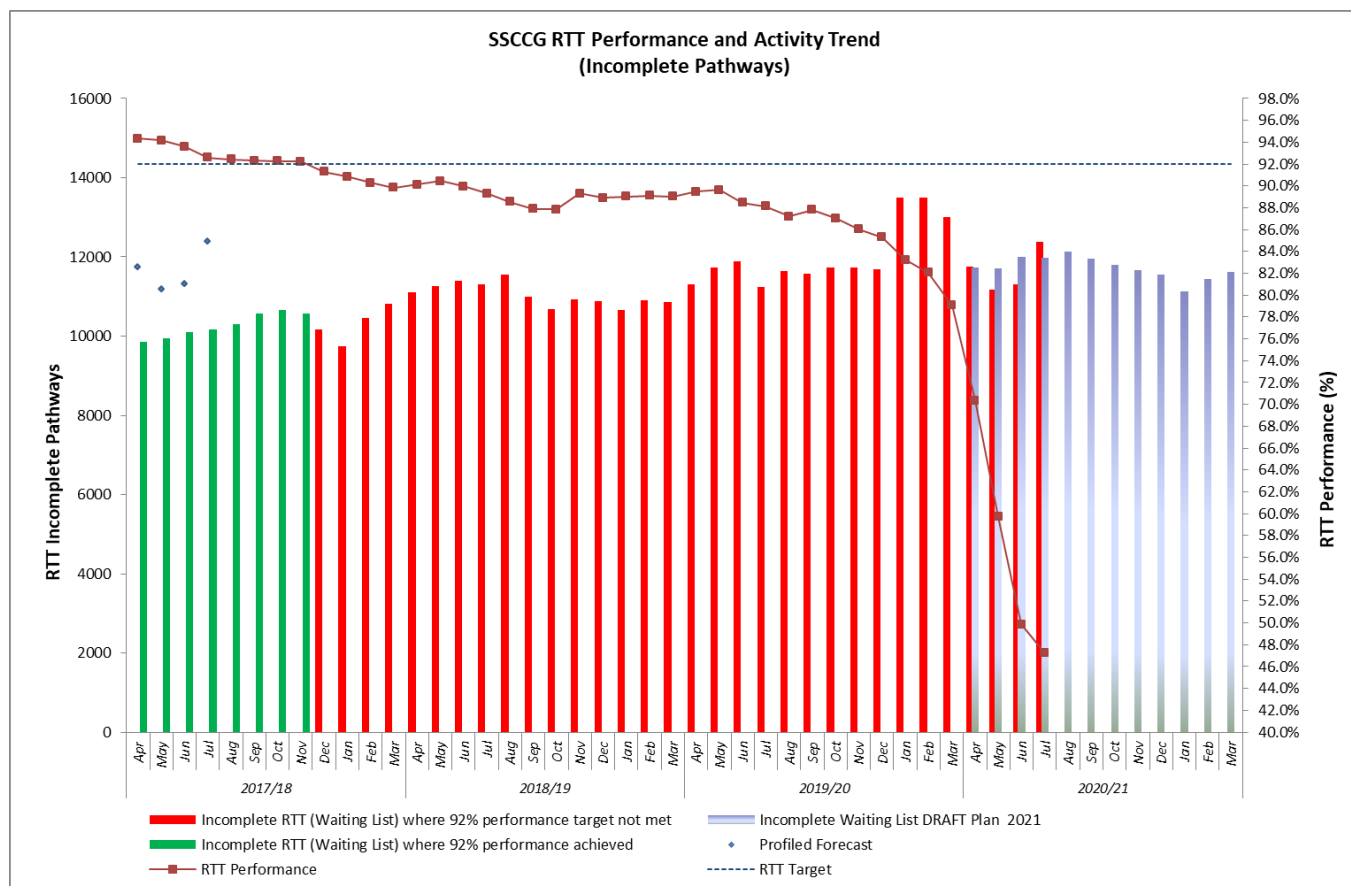


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	13,503
2020/21	11,751	11,179	11,311	12,389									12,389
Difference	442	-548	-569	1,155									-1,114

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	48,135
2020/21	41,822	39,838	39,096	41,292									41,292
Difference	-4,067	-6,975	-9,233	-6,592									-6,843

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	1,104	145	The largest number of patients waiting in excess of 52 weeks for South Sefton CCG are in T&O (34), General Surgery (31), Ophthalmology (55) and ENT (19). Overall the number of 52 week waiters at the Trust has increased to 513 in July compared to 248 in June.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	24	8	Of the 8 breaches, 3 patients were seen in August, 2 patient DNA'd and discharged as per Trust policy, 1 treatment now not required, 1 treatment declined and final patient booked in for treatment in September.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	84	5	5 patients breached 52 weeks, 2 have been treated, 1 patient has an appointment date in September, 1 has their TCI date and one awaiting their TCI date.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	12	3	3 patients breached 52 weeks, 1 due to patient cancellation, 1 due to hospital cancellation and 1 on hold all due to COVID.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	52 week breach due to the service unable to plan any operations due to the pandemic.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	Patients are still awaiting a TCI date due to inadequate elective capacity.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	3	1	Awaiting TCI Date to be booked. Delayed due to COVID-19 and inpatient capacity.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	2	1	Trust does not routinely provide patient level information on 52 week waiters/long waiters.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	1	The breach was for an upper gastrointestinal surgery patient.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	2	Not providing exception reporting since NHS England halted nationally all elective activity and associated reporting. Exception reports on hold until back to some sense of normal services.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	9	2	Delay due to the suspension of elective services.
Other Trusts	95	0	No Trust Comments.
	1,333	171	

LUHFT comments:

There had been an inability to provide sufficient operational capacity to meet demand and to achieve operational standards for NHS providers, and maintain services during pandemic. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order; this will impact the future reporting position as providers would have had a focus on targeting long waiters. Where clinically appropriate, virtual clinics have occurred across all specialities.

Alder Hey comments:

At Trust level the 52 week waiters have improved from June by a modest amount, 79 in July compared to 82 in June. The team are actively reviewing each patient and attempting to create the capacity to accommodate each patient. Each long waiting patient is clinically reviewed and the Trust is experiencing some challenges with families not being available. All since prioritised within the Outpatient Department Restart.

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		Apr-20	May-20	Jun-20	Jul-20		
	2 Week Wait (Target 93%)	CCG	93.51%	99.72%	98.11%	96.45%	97.23%	
		LUHFT	93.44%	99.05%	98.40%	95.59%	96.80%	
	2 Week breast (Target 93%)	CCG	93.33%	100%	100%	96.55%	97.87%	
		LUHFT	96.88%	98.33%	98.32%	97.39%	97.72%	
	31 day 1st treatment (Target 96%)	CCG	94.92%	90.48%	98.36%	97.78%	95.65%	
		LUHFT	96.08%	91.49%	89.95%	96.61%	93.38%	
	31 day subsequent - drug (Target 98%)	CCG	100%	93.33%	93.75%	100%	97.01%	
		LUHFT	96.43%	88.89%	68.42%	100%	89.74%	
	31 day subsequent - surgery (Target 94%)	CCG	90.91%	100%	87.50%	80.00%	87.04%	
		LUHFT	88.89%	72.34%	79.71%	76.39%	77.67%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	85.71%	100%	96.94%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	79.31%	73.91%	83.87%	85.71%	80.77%	
		LUHFT	66.49%	70.06%	75.51%	75.38%	71.96%	
	62 Day Screening (Target 90%)	CCG	50.00%	66.67%	No pats	50.00%	57.14%	
		LUHFT	80.00%	53.33%	0.00%	0.00%	45.00%	
	62 Day Upgrade (Local Target 85%)	CCG	80.00%	0.00%	75.00%	90.91%	80.65%	
		LUHFT	90.79%	65.96%	86.42%	87.65%	84.56%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG are achieving 3 of the 9 cancer measures year to date. The Trust are achieving 2 of the 9 cancer measures year to date. Reasons for breached pathways recorded on the National Cancer Waits database relate to a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. <p>Key reasons and issues are:</p> <ul style="list-style-type: none"> 31 day standards - elective capacity constraints. 62 day standards - complex diagnostic pathways, inadequate elective capacity especially for urology. Monthly numbers treated by LUHFT on 62 day pathways are approximately two thirds of pre-pandemic levels. Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. Nationally the number not yet treated waiting over 62 days and 104 days has grown significantly since the start of the pandemic. 								
Actions to Address/Assurances:								
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard detailed the following with respect to cancer services:</p> <ul style="list-style-type: none"> Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to: <ul style="list-style-type: none"> To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by: <ul style="list-style-type: none"> Ensuring that sufficient diagnostic capacity is in place in COVID-19 secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres. Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy. Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments. Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment. Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them. Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days. 								
When is performance expected to recover:								
<p>The recent planning submission to support restoration of cancer services includes trajectories for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral. Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. 								
Quality:								
Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Dr Debbie Harvey			Sarah McGrath			

2.5.1 104+ Day Breaches



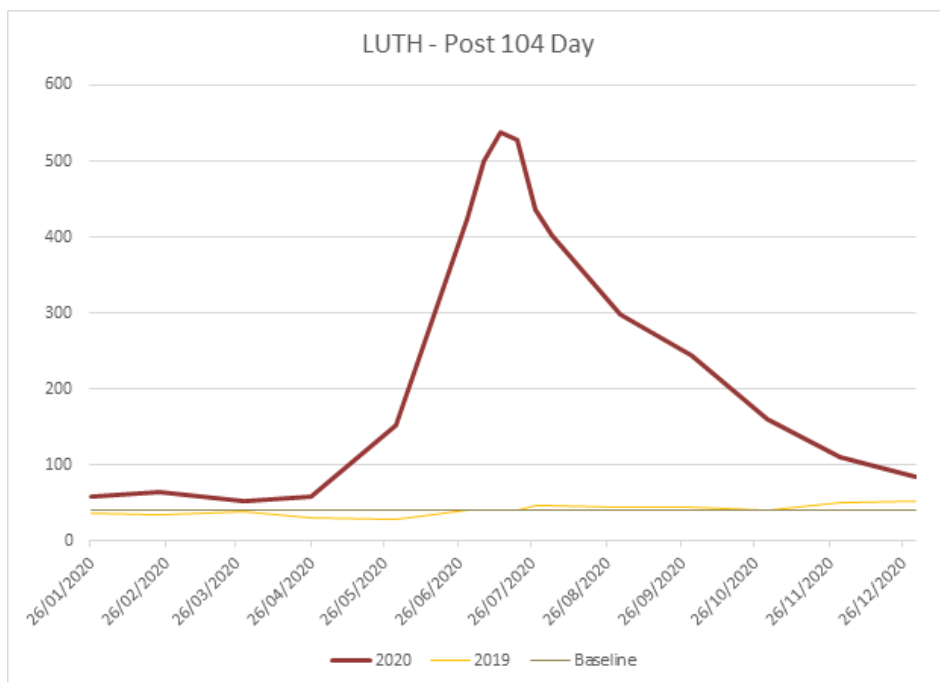



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		11	12	14	8	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Out of the 8 breaches in July, 4 urological, 2 upper gastro, 1 lower gastro and 1 skin There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). The average total days waited in July 2020 for LUHFT was 157 days, compared to 142 in June 2019. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is exceeding trajectory and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
Quality:						
There is work in progress to update the local agreement for management of long waiting cancer patients to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include:						
<ul style="list-style-type: none"> Cancer no longer operable More radical surgery required Reduced treatment options Loss of functionality Prolonged psychological harm 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Dr Debbie Harvey		Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

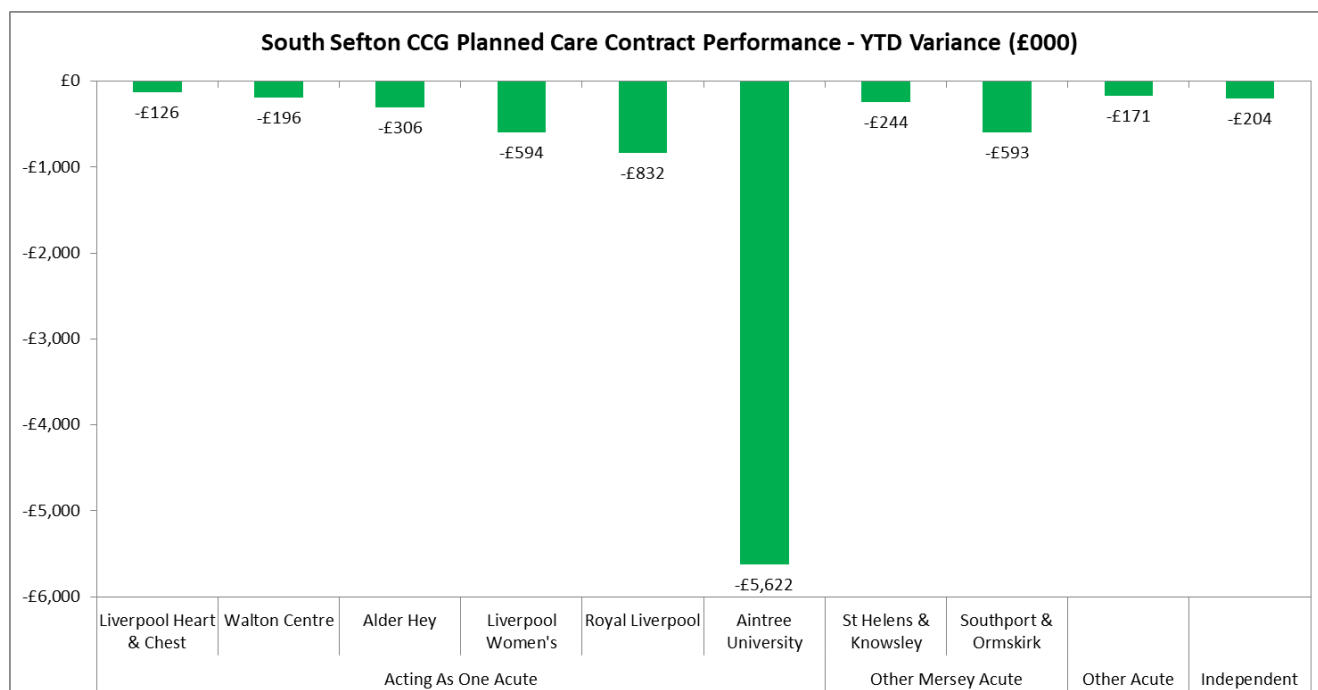


2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Apr-20	May-20	Jun-20	Jul-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	65.91%	89.96%	79.75%	71.86%	76.40%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	92.00%	100%	97.22%	85.96%	92.00%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS Screening Referral	CCG	40.00%	50.00%	10.00%	23.81%	27.66%	
		Target	Target due to start 2021 - 75%					
Performance Overview/Issues:								
<ul style="list-style-type: none"> Shadow reporting started April 2019. Targets due to start in 2021, date to be confirmed. RAG is indicating what the measure would be achieving when the target comes in. 28 Day FDS overall is reporting 71.50% for July, 76.17% year to date so achieving proposed target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Debbie Harvey			Sarah McGrath			

2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 4 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£5.6m/-58% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.8m/-54.4%.

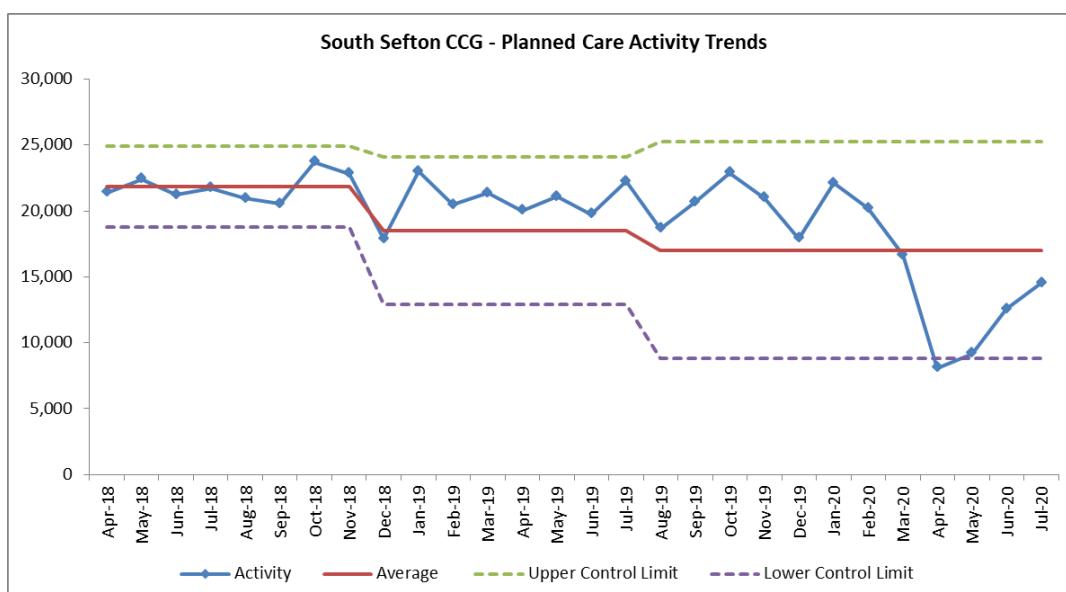
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres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

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

Due to the COVID-19 pandemic, a number of month 4 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 4 year to date actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

Figure 6 - Planned Care Activity Trends



2.6.1 Aintree Hospital

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	4,325	1,184	-3,141	-73%	£2,687	£678	£-2,009	-75%
Elective	466	111	-355	-76%	£1,478	£227	£-1,251	-85%
Elective Excess BedDays	228	24	-204	-89%	£60	£6	£-54	-89%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	77	23	-54	-70%	£16	£4	£-11	-73%
OPFANFTF - Outpatient first attendance non face to face	402	1,744	1,342	334%	£13	£238	£225	1726%
OPFASPCL - Outpatient first attendance single professional consultant led	10,380	5,384	-4,996	-48%	£1,683	£851	£-832	-49%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	261	38	-223	-85%	£27	£4	£-23	-86%
OPFUPNFTF - Outpatient follow up non face to face	2,179	5,309	3,130	144%	£54	£329	£274	503%
OPFUPSPCL - Outpatient follow up single professional consultant led	22,257	10,195	-12,062	-54%	£1,658	£803	£-855	-52%
Outpatient Procedure	7,796	1,804	-5,992	-77%	£1,077	£269	£-808	-75%
Unbundled Diagnostics	4,869	2,351	-2,518	-52%	£402	£195	£-207	-51%
Wet AMD	571	462	-109	-19%	£455	£386	£-69	-15%
Grand Total	53,811	28,629	-25,182	-47%	£9,611	£3,990	£-5,622	-58%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£5.6m/-58% for South Sefton CCG at month 4. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction when comparing to the previous year with a variance of -49% across all referral sources combined. Referrals have increased for three consecutive months but remain below historical levels across a number of specialities.

The two points of delivery to report an over performance at month 4 are for outpatient non face to face (first and follow up) activity, which suggests a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients). The majority of the increased non face to face activity occurred within Gastroenterology followed by Urology, Renal Medicine, Respiratory Medicine and Rheumatology.

Although consultant led first appointments remain well below plan overall, the Trauma & Orthopaedics service did see an increase in appointments during May-20 with activity in month representing the highest total reported since October 2019. General Surgery, Acute Medicine and Physiotherapy have also seen significant increases reported during June-20 and July-20. The 291 appointments within the Physiotherapy Service during July-20 is the second highest monthly total reported during 2019/20 and 2020/21 to date.

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). A number of diagnostic scopes have also taken place in June-20 and July-20 where none had been recorded in the preceding months of 2020/21, which suggests some recovery of activity within the Gastroenterology Service.



NB. 2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 4 year to date actuals.

Despite the indicative underspend at this Trust; there will be no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

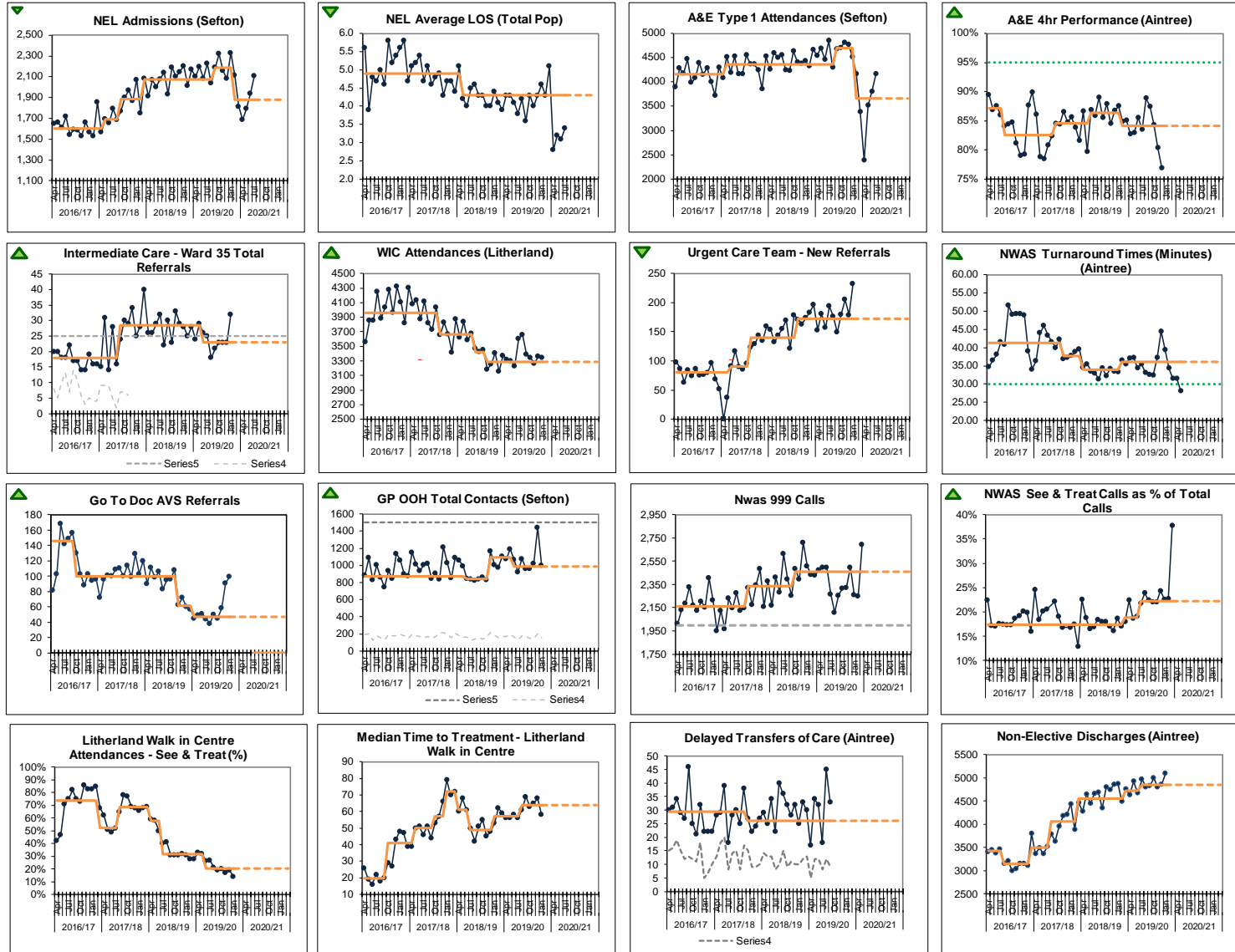
3. Unplanned Care

3.1 Accident & Emergency Performance


















3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
		RED	TREND	Apr-20	May-20	Jun-20		
		CCG All Types	93.19%	96.37%	94.80%	93.33%	94.44%	National Standard: 95% No improvement plans available for 2020/21 Yellow denotes achieving improvement plan but not National Standard
		National Target	95%	95%	95%	95%	-	
		LUHFT All Types	91.94%	95.92%	93.83%	92.56%	93.52%	
		LUHFT Type 1	90.01%	94.89%	92.05%	90.13%	91.79%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. There is a slight difference between Type 1 performance and All Types which only incorporates a small proportion of Walk in Centre activity as the services are now mainly operating on a scheduled basis with low levels of walk ins. Whilst the 4 hour performance is a decrease on the June position it represents significantly higher performance across the first four months of 2020/21 compared to the previous year. Local analysis via A&E commissioning datasets has identified that In July 2020, the total number of Type 1 A&E attendances at Aintree reported for South Sefton CCG patients was 3,043. This shows an increase in Type 1 activity from the 2,826 attendances reported in June. It represents a slight decrease in Type 1 South Sefton A&E attendances in July 2019 when there were 3,179. Type 1 A&E activity at Aintree is 5% below pre-COVID levels in July for all CCG attendances. 								
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 COVID D2A pathway and daily RFD list circulated for operational system call. NHS111 First - Shadow Implementation Group work progressing to support implementation by December 2020. Winter plan finalised and submitted to NHSE/I with projects identified to avoid A&E attendance and hospital conveyance. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. 								
When is performance expected to recover:								
National target 95%, achieved in May. NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21 although present performance is higher.								
Quality:								
No specific issues have been raised through other review processes.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		John Wray			Janet Spallen			



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
GREEN	TREND	Cat	Target	Mar-20	Apr-Jun	Jul-20		
		1 mean	<=7 mins	00:07:32	No data available for April - June due to COVID-19 pandemic	00:06:39		
		1 90	<=15 mins	00:13:09		00:09:53		
		2 mean	<=18 mins	00:39:35		00:22:20		
		2 90	<=40 mins	01:30:12		00:45:13		
		3 90	<=120 mins	05:16:21		02:25:12		
		4 90	<=180 mins	03:29:36		02:52:42		
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1. This has not been met due to COVID impact which began to hit service delivery in Q4 and then all the way through Q1 and continuing into Q2. Activity reporting has now restarted with CCG level data available for July. Whilst targets not met in full it shows improvement in all category response times with category 1 and 4 achieved and category 2 and 3 showing significant improvement. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Shadow implementation group in place to support roll out to the LUHFT system by winter 2020/21 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		John Wray			Janet Spallen			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	May-20	Jun-20	Jul-20		
		(a) <=15-30mins	73	40	108		
		(b) <=15-60mins	1	5	21		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust reported a decline in handover between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 108 compared to 40 last month. There was also a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 21 compared to 5 last month. This has been within the context of high levels of conveyancing to the Aintree site particularly but still with performance improved to position last year. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. Deadline is now end of August 2020. A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. 							
When is performance expected to recover:							
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. Positively the percentage of handovers outside of the 30 minute target have continued to reduce in June although ambulance conveyances have returned to pre-COVID levels with a need to monitor impact on ongoing performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Janet Spallen		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
LUHFT Stroke & TIA		Latest and previous 3 months				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-20	May-20	Jun-20	Jul-20		
		Not Avail	85.00%	43.90%	72.70%		
		Stroke Plan: 80% TIA 60% (previously achieving, data currently unavailable)					
Performance Overview/Issues:							
<ul style="list-style-type: none"> July saw an improvement in performance for Stroke. The Stroke data is for the Royal site only. 							
Actions to Address/Assurances:							
Following are ongoing Trust Actions: -							
Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies							
<ul style="list-style-type: none"> Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke 							
Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)							
<ul style="list-style-type: none"> Evaluate pilot of working hours to create evening capacity Evaluate pilot of weekend working 							
Work with ED and Radiology to improve time to CT scan to improve SSNAP score							
<ul style="list-style-type: none"> Monthly review of all patients who didn't meet the standard Attend ED Governance meeting to discuss Stroke 							
Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)							
<ul style="list-style-type: none"> Attend Acute Medical Unit (AMU) meeting to discuss timely transfers DATIX all patients 							
Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)							
<ul style="list-style-type: none"> Attend AMU meeting to discuss timely transfers DATIX all patients 							
Mersey Stroke Board:							
During COVID The Walton Centre has been used for some Stroke work. This is now being considered as part of the longer term solution to the delivery of stroke services on the patch. The COO at LUHFT is leading this work and feeds back to the board. There may be an opportunity to further work on Early Supported Discharge (ESD) provision with a new lead from the stroke network.							
When is performance expected to recover:							
Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. The 80% target had been met since February 2020. However, COVID-19 has had a significant impact of performance since May 2020. Ongoing work is focussed on patient flow and an emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations. There is a need to see maintenance of the target as bed occupancy arises following low admissions during main period of COVID.							
Quality:							
No quality aspect reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		John Wray		Billie Dodd			



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.	
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20			
		CCG	0	0	0			0
		LUHFT	1	2	2			2
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • RAG rating and trend is on CCG cases. • No new cases of MRSA reported in July for the CCG or Trust. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> • In June, Liverpool University Hospital Foundation Trust (LUHFT) held its inaugural Infection Prevention Control Governance meeting and this was attended by Kerry Lloyd (Assistant Chief Nurse), on behalf of Liverpool and Sefton CCGs. These meetings have now been planned for the rest of the year. • The CCG will continue to provide representation at this meeting going forward. The report produced for this meeting will now form a standing agenda item at Contract Quality & Performance Group (CQPG) by exception only. • An action plan has been produced by the Trust with audits and monitoring to ensure continuous improvement throughout the organisation. 								
Improvements noted regarding:								
<ul style="list-style-type: none"> • MRSA admission screening. 								
When is performance expected to recover:								
This is a zero tolerance indicator so for Aintree site no recovery plans required.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Gina Halstead			Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)				<p>2020/21 Plans Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 60 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20		
		CCG	4	6	7		9
		LUHFT	9	21	33		50
		CCG - Actual 9 YTD - Target 20 YTD LUHFT - Actual 50 YTD - Target 85 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> National surveillance requirements have been maintained during the COVID period and the formal post infection review for c difficile cases will resume in quarter 2. 							
Trust Actions:							
<ul style="list-style-type: none"> An integrated CDI Working Group has been established, this group was postponed during COVID, however plans are in place to re-establish this. The forum provides an opportunity to share lessons learned, best practice and to engage with community colleagues to reduce the cases of Community Onset Healthcare Associated (COHA) infections. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19 Trust wide C Difficile Infection action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene all remain a priority. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)				<p>2020/21 Interim Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20		
		CCG	9	23	35		39
		LUHFT	29	80	132		176
		CCG - Actual 39 YTD - Target 42 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July, as they were suspended due to the COVID-19 pandemic. Local meetings are set to recommence at the end of September 2020. Further work with any Structured Judgement Reviews (SJRs) undertaken as par of learning from Death Processes for cases where Sepsis was cited as the cause of contributory factory of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learned on a Cheshire and Merseyside basis. 							
When is performance expected to recover:							
Cumulative total shows an improvement in recovery of the target in July.							
Quality:							
Following on from the initial meeting in July further work is going to be developed for a Cheshire and Mersey GNBSI strategy. Within the CCG and Local Authority a plan is under development to support care homes with information regarding hydration which will also support the reduction in GNBSI infections.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.5 Hospital Mortality (LUHFT)

Figure 8 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - July	100	81.22	↓ ¹

HSMR is lower than reported last month at 81.22 (with last month being 82.22). Latest reported was for May. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

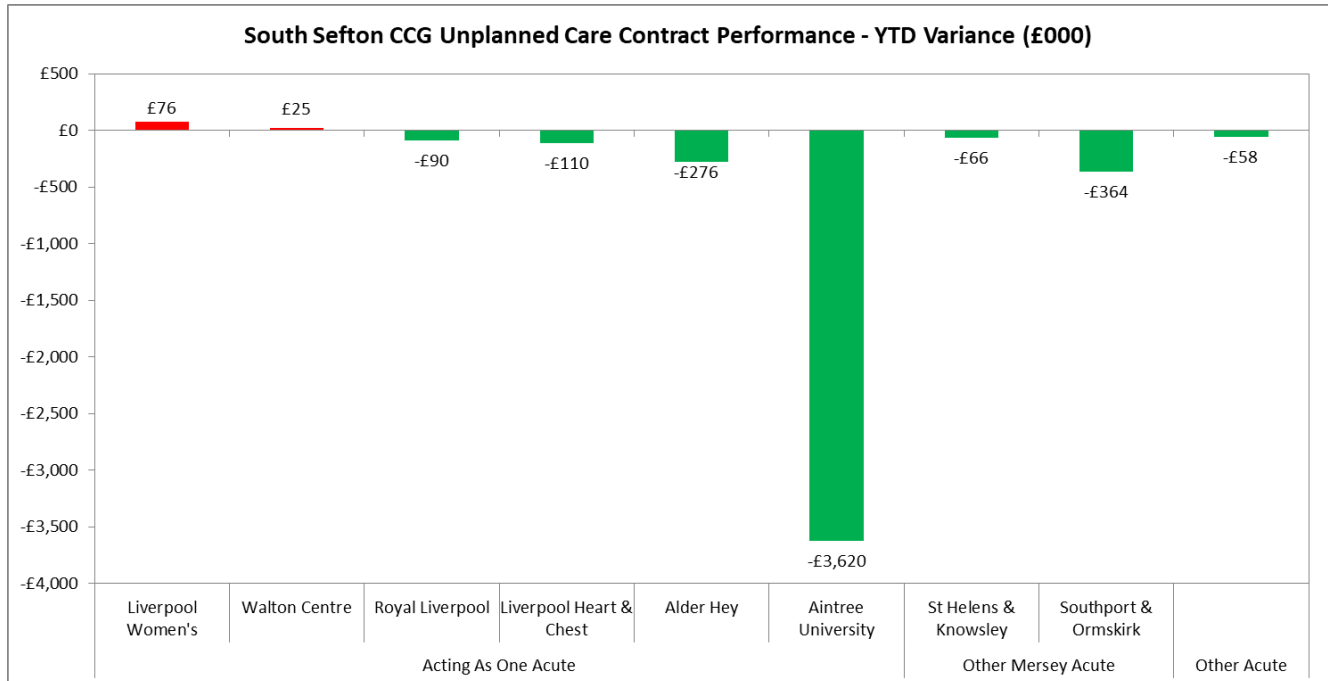
SHMI is at 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

As of the July 2020 publication, COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. Activity that is being coded as COVID-19, and therefore excluded, is monitored in a new contextual indicator 'Percentage of provider spells with COVID-19 coding' which is part of this publication.

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 9 - Unplanned Care – All Providers



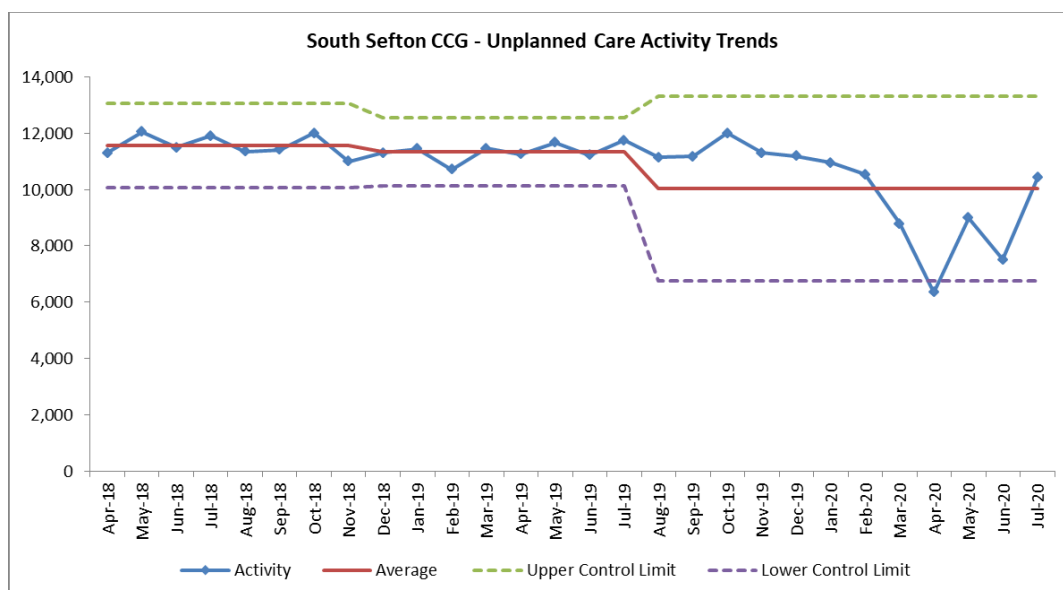
Month 4 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. However, some recovery of activity has been apparent following the first phase of the NHS response (but with year to date activity levels remaining below historical averages) and further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£3.6m/-23% against the previous year. Across all providers, South Sefton CCG has underperformed by -£4.4m/-22.5%.

NB. Due to the COVID-19 pandemic, a number of month 4 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 4 year to date actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

Figure 10 - Unplanned Care Activity Trends



3.6.2 Aintree Hospital

Figure 11 - Unplanned Care – Aintree Hospital

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	13,455	8,633	-4,822	-36%	£337	£341	£5	1%
A&E - Accident & Emergency	12,469	10,224	-2,245	-18%	£2,030	£1,719	£-311	-15%
NEL - Non Elective	5,932	5,473	-459	-8%	£11,581	£8,738	£-2,843	-25%
NELNE - Non Elective Non-Emergency	15	26	11	73%	£86	£71	£-15	-17%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	24	24	0	-	£6	£6	£0	-
NELST - Non Elective Short Stay	1,185	1,022	-163	-14%	£823	£700	£-123	-15%
NELXBD - Non Elective Excess Bed Day	3,176	1,912	-1,264	-40%	£823	£491	£-332	-40%
Grand Total	36,256	27,314	-8,942	-25%	£15,687	£12,067	£-3,620	-23%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.6m/-23% for South Sefton CCG at month 4. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -36% and -18% respectively. The majority of this decrease can be attributed to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23rd March 2020. However, some of the reduction in attendances at Litherland walk-in centre is also a result of the site only operating via planned/booked appointments as part of the COVID-19 response.



South Sefton CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Aintree Hospital during the first peak in cases reported i.e. April and May 2020. This analysis identified the reduced activity levels noted above and a corresponding improvement in A&E 4 hour performance. There was also a recovery of non-elective admission levels towards the end of April-20 following an increasing conversion rate from A&E attendance to admission. The proportion of zero length of stay admissions increased and from the week ending 19th April-20 onwards, zero length of stay admissions consistently represented the majority of non-elective activity at Aintree Hospital into mid-June 2020. Current non-elective activity suggests that activity has returned to more expected levels with July-20 admissions exceeding the 2019/20 monthly average.

NB. Despite the indicative over spend at this Trust; there is no financial impact to South Sefton CCG due to the Acting as One block contract arrangement.

2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 3 year to date actuals.



4. Mental Health

4.1.1 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors	
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patients safety risk. Reputation.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		46.15%	48.70%	33.75%	25.88%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 170 Service Users, 74 started treatment within the 18 week target (25.88%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> Trust has bought ZOOM licenses for services and it plans to deliver group therapy securely which will shortly commence. Low weight service users have been offered Therapy kitchen provision digitally via Attend Anywhere. A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. It was therefore agreed that MCFT refresh their proposal on this basis. In developing this, reference would be made to the planned acquisition of North West Borough Foundation Trust (NWBFT) which may create opportunities for integration. 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 2020. 							
When is performance expected to recover:							
Quarter 2 onwards.							
Quality:							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		0.74%	0.46%	0.67%	0.77%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. • Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The service has reported that internal waits for Step 2, CBT and counselling have significantly reduced – however these waits may increase if demand increases. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19 and modelling is being done for a 5%, 10% and 15% increase in demand scenarios. • The provider has confirmed that it's Stella Nova premises in Bootle have been made COVID secure and they will be resuming face to face activity. • Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		39.1%	34.2%	44.3%	46.0%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate increased in July but still failed to achieve the target. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase. The provider has confirmed that it's Gordon House premises in Bootle have been made COVID secure and they will be resuming face to face activity. Commissioners will work with new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20		
		60.4%	59.4%	59.4%	59.5%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. 							
Actions to Address/Assurances:							
<p>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments.</p> <p>Recovery plan received from NHS MCFT:</p> <ul style="list-style-type: none"> Understand the current demand/waits/performance across identified services. Review current waiting lists (potentially re-categorise based on need). Identify services that will potentially be impacted by increased demand. Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period). <p>Awaiting more detailed plan from NHS MCT.</p>							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		

5. Community Health

5.1 Adult Community (Mersey Care FT)



The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July 2020. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

5.1.1 Quality



Work to progress the amalgamation of the meetings continues and the Collaborative Commissioning Forum (CCF) has held its first joint meeting and the CCQRM for the Community division will hold its first joint meeting on 24th September.

For the Mental Health it was agreed this would be incorporated later in the year to ensure that all systems and process to monitor actions are embedded.

5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				≤18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Apr-20	May-20	Jun-20	Jul-20		
		21 wks	24 wks	30 wks	30 wks	Target: 18 weeks	
Performance Overview/Issues:							
<ul style="list-style-type: none"> July's incomplete pathways reported above the 18 week standard with 30 weeks, remaining unchanged from last month and remaining above the 18 week standard. There has been an increase in referrals between the June to July period. Workforce issues remain a challenge and impacting on waiting time position - further post vacant due to adoption leave. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). Recommencement of treatment of patients categorised as routine. Weekly review and validation of the waiting list. Additional SALT capacity being utilised through overtime / additional hours within the division. Recruitment ongoing to fill vacant posts. 							
When is performance expected to recover:							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further was identified previously as routine referrals were accepted from July.							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Apr-20	May-20	Jun-20	Jul-20		
		20 wks	18 wks	21 wks	24 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> July's incomplete pathways failed to achieve the target and showed a deterioration from the 21 weeks in June. There has been a further increase in referrals between the June to July period. Housebound patients declining physio home visit consultations during this period has had an impact on waiting times. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. Performance improvement plans are being re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans 							
When is performance expected to recover:							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further was identified last month as routine referrals were accepted from July.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process.



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Restoration of elective work is now being taken forward across the health economy. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) have resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Payment for providers has been in accordance with national guidance.

Merseyside CCG (commissioners and contract lead representatives) have recently met in respect of next steps regarding AQP Audiology. Liverpool CCG has confirmed that in terms of development of a new specification and engagement process, it is not feasible to undertake this at the present time. The exact duration of the extension to the current arrangements will depend on the COVID-19 outbreak.

6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services

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



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



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

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



A full Q1 update will be available as part of the month 5 reporting pack.



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	97.5%	97.5%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The reason the 3 patients who did not start their assessment within 12 weeks was due to challenges identifying suitable appointment times. The longest wait in July was 16 weeks which increased from that of an 12 weeks wait in June. At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. This information will be reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June). 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Second wave of COVID-19.
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	100%	100%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway. Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers • Second wave of COVID-19. <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	100%	87%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In July the Trust fell under the target of 90%. • 6 young people did not start their assessments due to the delay in receiving information from schools and families and the delay in their MDT appointment; 3 of these young people now have their MDT appointments booked in August. • The longest wait in July was 16 weeks which increased from 12 weeks in June. • At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June). • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. 						
When is performance expected to recover:						
Performance is expected to be compliant again in August.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Apr-20	May-20	Jun-20	Jul-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		36.8%	35.4%	58.9%	75.5%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an increase in compliance with the agreed 6 week standard. The service has resumed routine choice appointments and is offering additional capacity to support the required reduction in waiting times. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service has focussed on reducing the choice backlog in June and July to positive effect. The service will continue to monitor this standard alongside referral rates, ensuring choice capacity meets any potential change in demand. Staff have worked flexibly and undertaken additional hours to ensure that those children and young people most at risk have continued to receive safe and effective care. The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG will review the plan and associated risks. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses. 						
When is performance expected to recover:						
The predicted timescale for reducing waiting times to target is either December 2020 if referrals remain at current levels, or March 2021 if there is a 15% increase. In the meantime, it is expected that performance will continue to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Apr-20	May-20	Jun-20	Jul-20	
		64.2%	61.4%	56.3%	40.0%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated further in July. The service continues to have a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. Through the measures outlined below, compliance for this metric is due to increase from August 2020. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a phased return plan for staff to return to the Sefton CAMHS team and additional investment to reduce waiting times has also been agreed by Alder Hey, which will be provided by an agency staff member and additional capacity from the existing workforce. As part of recovery plans, a capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set. The service has focussed on reducing the choice backlog in June and July and a similar approach will now be directed towards the partnership waiting times The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG will review the plan and associated risks. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan. 						
When is performance expected to recover:						
The predicted timescale for reducing waiting times to target is either December 2020 if referrals remain at current levels, or March 2021 if there is a 15% increase. In the meantime, it is expected that performance will continue to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Apr-20	May-20	Jun-20	Jul-20		
		23 wks	26 wks	30 wks	27 wks	Target <= 18 weeks	
Performance Overview/Issues:							
<ul style="list-style-type: none"> The number of patients waiting over 18 weeks for an initial assessment decreased from 283 in June to 224 in July. There was a significant increase in the number of referrals in July: 133 were received against the 45 anticipated in the improvement plan. These additional referrals are understood to represent suppressed demand due to COVID, which would ordinarily have been received in April, May and June. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to carry out local risk assessments and prioritise caseloads and new referrals in accordance with risk and needs of the child/young person. The service continues to work to deliver an overall improvement plan to reduce the longer 18+ waits to the 92% standard by October 2020. The waiting time work is ongoing and making good progress. As a result of separating the SALT ASD pathway assessments from the core speech therapy service, in July the total numbers waiting fell by 143, and the number waiting over 18 weeks by 59. Despite the challenges of delivering the service digitally, the Trust has reported positive patient and family feedback on the use of digital assessments and delivery, and is researching the availability of PPE compliant visors so that more face to face appointments can be offered. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by June 2020 and maximum waiting times by October 2020.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Wendy Hewitt			Peter Wong		

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

6.3.2 Paediatric Dietetics

Since the outbreak of the pandemic, the Trust has expressed concerns regarding the validity of the DNA and cancellation data. This is because a significant number of appointments continue to be cancelled and rescheduled as the Trust manages preferences for face to face and digital appointments, which is not representative of service activity and performance alone.

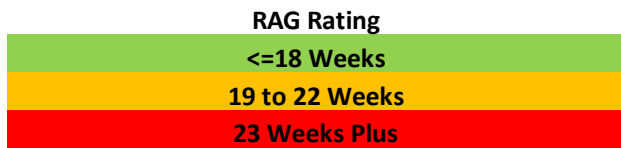
The activity reported in the July contract statement is very positive and shows that there were a total of 92 dietetic appointments, and that the average waiting time was 4.2 weeks with no patients waiting over 18 weeks.

As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by

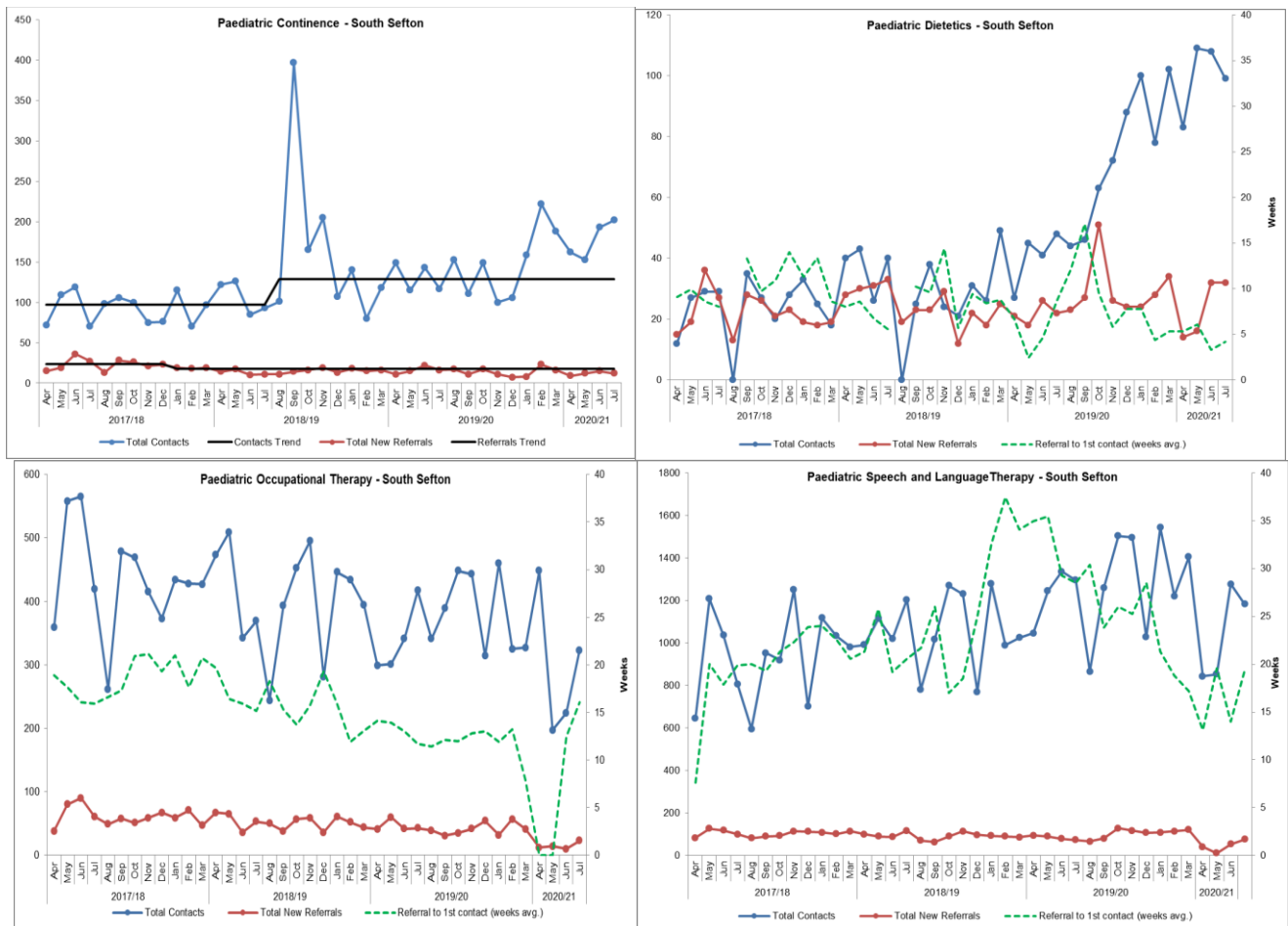
exception. Due to the impact of COVID-19, this development had been put on hold but is progressing again. It is anticipated that the new reporting model will be implemented in the next few months.

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

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



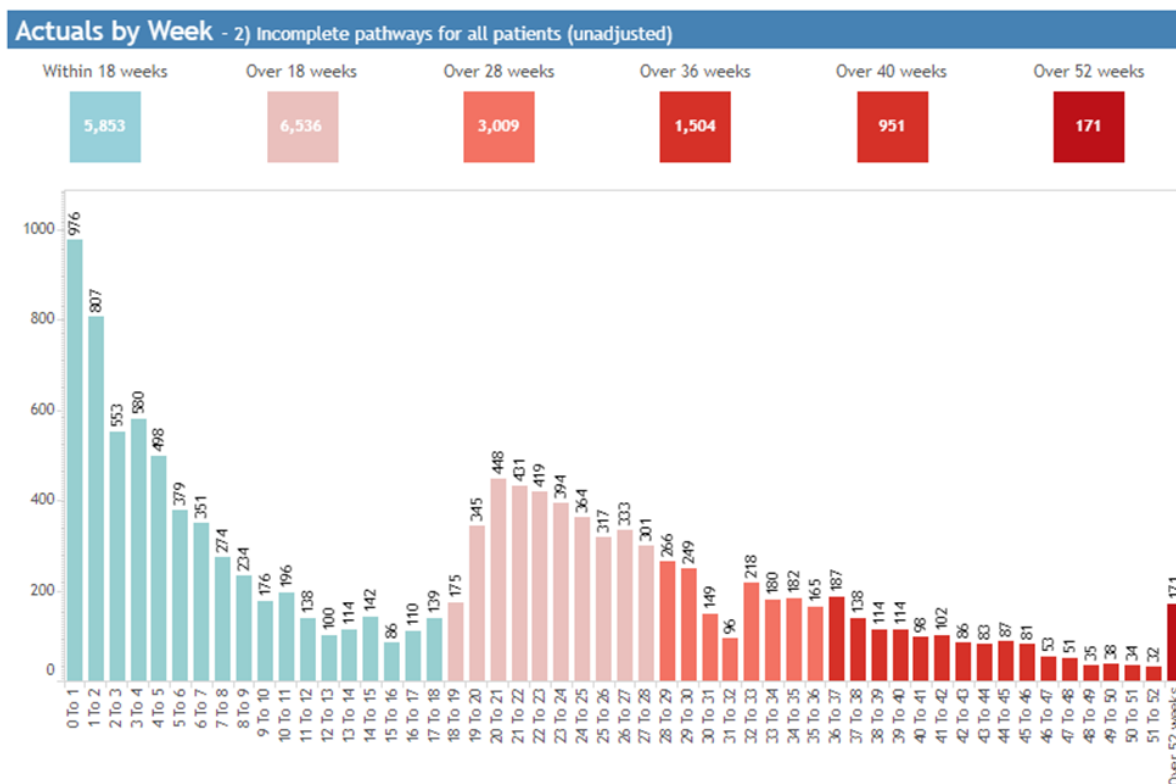
6.4 Alder Hey Activity & Performance Charts



7. Appendices

7.1.1 Incomplete Pathway Waiting Times

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



7.1.2 Long Waiters analysis: Top Providers

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

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

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	4,173	4,955	2,384	1,249	809	145
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	527	530	223	89	43	5
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	173	202	79	21	5	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	278	197	88	39	22	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	154	195	69	32	24	8
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	114	121	43	15	10	3
SPIRE LIVERPOOL HOSPITAL : (NT337)	117	69	29	13	7	
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	70	64	21	7	4	

7.1.3 Long Waiters Analysis: Top Provider split by Specialty

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

