



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report August 2020

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## Summary Performance Dashboard

Metric	Reporting Level	2020-21														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	Not available	Not available								R	
		Actual	52.3%	39.1%	28.5%											40%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%									
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%									
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	8	46	106	171	198									529
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<b>Cancellations for non clinical reasons who are treated within 28 days</b> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G	R	R								R	
		Actual	35	0	0	4	9									48
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available									
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<p><b><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></b>            The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%									96.30%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></b>            Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	93.33%	100%	100%	96.55%	95.24%									97.27%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></b>            The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	R	R	G	G	G								G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%									96.21%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></b>            31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	R	G	R	R	G								R	
		Actual	90.91%	100%	87.50%	80%	100%									89.06%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></b>            31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	100%	93.33%	93.75%	100%	96.30%									96.81%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></b>            31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	R	G	G								G	
		Actual	100%	100%	85.71%	100%	94.12%									96.52%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b>            The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	R	R	G	R								R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%									78.10%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b>            Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	R	R		R	R								R	
		Actual	50%	66.67%	No patients	50%	0%									44.44%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b>            % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	South Sefton CCG (local target 85%)	RAG				G	G									
		Actual	80%	0%	75%	90.91%	100%									82.86%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b><u>4-Hour A&amp;E Waiting Time Target</u></b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R								R
Actual		93.19%	96.37%	94.80%	93.33%	93.99%									94.28%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b><u>Mixed sex accommodation breaches - All Providers</u></b> 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	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b><u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G								G
YTD		0	0	0	0	0									0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G								G
YTD		4	6	7	9	11									11
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<b><u>Number of E.Coli</u></b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R								R
YTD		9	23	35	39	56									56
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G	
		Actual	97.3%												97.3%	
		Target	95%			95%			95%			95%			95%	
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G												G	
		Actual	77.6%												77.6%	
		Target	60%			60%			60%			60%				
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	39.8%	33.8%	44.3%	44.5%	48.4%									42.76%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b><u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%									3.74%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	100%	95.71%	98.50%	98.6%	98.5%									98.1%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	100%	98.57%	100%	100%	100%									99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Dementia</b>																
<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%									59.40%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Learning Disability Health checks</b>															
<a href="#">No of people who have had their Annual LD Health Check</a>	South Sefton CCG	RAG	No new update as at Q1												
		Actual													
		Target													
<b>Severe Mental Illness - Physical Health Check</b>															
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a>	South Sefton CCG	RAG	R											R	
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%	
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a>	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%	
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a>	South Sefton CCG	RAG	To be updated in month 6 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%	
<a href="#">The number of completed CYP ED urgent referrals within one week</a>	South Sefton CCG	RAG	To be updated in month 6 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 5 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for August and Quarter 1 2020/21	CCG	LUHFT
<b>Diagnostics (National Target &lt;1%)</b>	<b>39.38%</b>	<b>41.41%</b>
<b>Referral to Treatment (RTT) (92% Target)</b>	<b>53.57%</b>	<b>48.01%</b>
<b>No of incomplete pathways waiting over 52 weeks</b>	<b>198</b>	<b>691</b>
<b>Cancer 62 Day Standard (Nat Target 85%)</b>	<b>69.70%</b>	<b>74.32%</b>
<b>A&amp;E 4 Hour All Types (National Target 95%)</b>	<b>93.99%</b>	<b>89.49%</b>
<b>A&amp;E 12 Hour Breaches (Zero Tolerance)</b>	-	<b>0</b>
<b>Ambulance Handovers 30-60 mins (Zero Tolerance)</b>	-	<b>69</b>
<b>Ambulance Handovers 60+ mins (Zero Tolerance)</b>	-	<b>2</b>
<b>Stroke (Target 80%)</b>	-	<b>72.70%</b>
<b>TIA Assess &amp; Treat 24 Hrs (Target 60%)</b>	-	Not Available
<b>Mixed Sex Accommodation (Zero Tolerance)</b>	Not Available	Not Available
<b>CPA 7 Day Follow Up (95% Target) 2020/21 - Q1</b>	<b>97.3%</b>	-
<b>EIP 2 Weeks (60% Target) 2020/21 - Q1</b>	<b>77.6%</b>	-
<b>IAPT Access (1.59% target monthly - 19% YTD)</b>	<b>0.81%</b>	-
<b>IAPT Recovery (Target 50%)</b>	<b>48.4%</b>	-
<b>IAPT 6 Weeks (75% Target)</b>	<b>98.5%</b>	-
<b>IAPT 18 Weeks (95% Target)</b>	<b>100%</b>	-

### To Note:

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

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

### Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Liverpool system to increase the 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 and some routine elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times

where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels.

Trends show that total secondary care referrals have decreased by -12% from the previous month in August, after 3 consecutive months of increases. GP referrals are reporting a year to date -53% decrease when comparing to 2019/20. Some of the decrease during August is likely a result of reduced working days when compared to July (23 compared to 20 in 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 39.38% in August, a slight decline from last month when 39.95% was reported. Liverpool University Hospital Foundation Trust (LUHFT) performance was 41.41% in August, showing a slight improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in August was 53.57%. LUHFT reported 48.01%. This shows a small improvement in performance for the both CCG and Trust.

In August, the CCG reported 198 patients waiting over 52 weeks for treatment. LUHFT reported 691 breaches in August failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 4 of the 9 cancer measures year to date. LUHFT are achieving 3 out of the 9 measures.

Month 5 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, 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 August, reporting 93.99% and 85.17% 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 August. LUHFT reported 1 new case and had 1 case each 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 August (11 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 August there were 17 cases (56 YTD) against a target of 53 so are now failing the target. There are no targets set for Trusts at present.

Month 5 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

### **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.81% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 48.4% in month 5 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%.

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Commissioners received an investment case in September detailing options for investment. This is currently being reviewed and Sefton CCGs have also requested a proposal for a waiting list initiative which potentially could be put in place prior to any agreed recurrent investment/new service model.

For outpatient follow up appointments against a plan of 18%, Mersey Care reported a DNA rate of 17.3% in August compared to 19% in July, and are meeting the planned target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in August of 58.3%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower to what reported last month.

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 asked to consider the level of clinical risk associated with the KPI and the expectation is that performance should 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 6.4% in August compared to 7.2% in July.

### **Community Health Services**

The Contract & Clinical Quality Review Meetings (CCQRM) were reinstated in June 2020 with a recommencement of 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. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners are also in the process of forming a joint Sefton and Liverpool Information Sub-Group.

### **Children's Services**

In the move to phase three of the pandemic response, Alder Hey has been focusing on the restoration of community services and Child and Adolescent Mental Health Services (CAMHS), increasing delivery capacity to achieve pre-COVID levels of activity where possible, focusing

specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest, reducing the size of waiting lists, notably for SALT. 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. During August, environmental risk assessments also took place to support a return of therapists into school settings in September.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG is currently considering the plan and the potential risks associated with an increase in referrals. The modelling predicts that the RTT will return to pre-COVID-19 levels by December 2020 if referral levels remain constant; however, if there is a 15% surge, then recovery is expected to be delayed until March 2021. Currently, the actions are progressing in line with the improvement plan and the service is on track to achieve the agreed improvements in waiting times by December 2020, assuming no significant impact from COVID in terms of referral increases and staff sickness/absence.

Following the publication of the national Q1 Eating Disorders Service data, the Trust highlighted a number of anomalies which are being investigated. It is anticipated that the matter will be resolved imminently.

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 SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent. Whilst most services predict that they will achieve their waiting time targets in line with the improvement plans and trajectories, the Trust has flagged the potential impact of children returning to school on referral numbers and the ability of schools to support delivery and share information. The risks posed by a second wave of Covid-19 on the ability to achieve and sustain the waiting time standards which will be closely monitored.

### **CCG Peers**

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Thameside & Glossop CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

## 2. Planned Care

### 2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	3144	717	-2427	-77.2%	2191	824	-1367	-62.4%	6442	2185	-4257	-66.1%
May	3325	983	-2342	-70.4%	2430	1136	-1294	-53.3%	6945	2895	-4050	-58.3%
June	3389	1689	-1700	-50.2%	2158	1223	-935	-43.3%	6735	3866	-2869	-42.6%
July	3635	2433	-1202	-33.1%	2603	1664	-939	-36.1%	7346	5216	-2130	-29.0%
August	3172	2005	-1167	-36.8%	2164	1554	-610	-28.2%	6402	4640	-1762	-27.5%
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	1565	-1580	-50.2%	2201	1280	-921	-41.8%	6537	3760	-2777	-42.5%
YTD Total Month 5	16665	7827	-8838	-53.0%	11546	6401	-5145	-44.6%	33870	18802	-15068	-44.5%
Annual/FOT	37741	18785	-18956	-50.2%	26410	15362	-11048	-41.8%	78443	45125	-33318	-42.5%



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





## Month 5 Summary:

- Trends show that total secondary care referrals have decreased by -12.4% (-576) from the previous month in August-20 after three consecutive monthly increases. 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.
- It should also be noted that there were 3 fewer working days during August-20 when comparing to the previous month and so this is likely to have had an impact on referral numbers reported.
- GP referrals are reporting a year to date -53.0% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately -6 less GP referrals per day in August 2020 when comparing to the previous month.
- Aintree Hospital has reported a -44.3% decrease in total referrals at month 5 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 5 are approximately 6.5% (40) higher than in August 2019, however are -14.3% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 5 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 -54.2% (-11,508).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 973 two week wait referrals reported in July-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase.
- 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
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
		50.3%	52.3%	39.1%	28.5%		
		Mar-20	Apr-20	May-20	Jun-20		
		65.0%	66.0%	62.8%	70.9%		
		Plan: 100% by end of Q2 2018/19					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data.</li> <li>In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. June data shows an overall performance of 40.7% for South Sefton CCG, a decline on the previous month (58.4%).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter.</li> <li>An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision.</li> <li>The System management Group are reviewing the phase 3 response by exception..</li> <li>Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance is expected to improve by October 2020							
<b>Quality:</b>							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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	
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.	
<b>RED</b>	<b>TREND</b>		May-20	Jun-20	Jul-20			Aug-20
		CCG	66.85%	53.45%	38.95%			39.38%
		LUHFT	67.82%	53.50%	42.78%			41.41%
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	1.06%	1.56%	0.94%			1.37%
		Aintree	0.21%	0.33%	0.19%			0.06%
National Target: less than 1%								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>For the CCG 3,370 patients on the waiting list with 1,327 waiting over 6 weeks (of those 522 are waiting over 13 weeks). Same period last year saw 2,554 patients waiting in total and 35 waiting over 6 weeks (of those just 2 waiting over 13 weeks).</li> <li>CT (355), Non-Obstetric Ultrasound (299), Echocardiography (103), Gastroscopy (2187) make up over 71% of the total breaches.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings, (best performing).</li> <li>Both LUHFT sites recorded increases, the July waiting list number was 15,342 comparing to the waiting list size in June of 14,722.</li> <li>Impact on performance due to COVID-19 pandemic but is showing improvement.</li> <li>Reopening of outpatients in August has resulted in increased demand.</li> <li>Infection Prevention Control (IPC) guidance has resulted in reduced capacity.</li> <li>Nurse vacancies in Endoscopy have added to performance pressures.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers, including escalation of QIPP schemes that relate to phase 3 recovery.</li> </ul>								
<b>System:</b>								
<ul style="list-style-type: none"> <li>Hospital cell is working on system recovery plans.</li> <li>Liverpool CCG is met with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> <li>MRI, CT and Echo are the initial focus.</li> <li>Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&amp;M footprint via C&amp;M imaging network but with a local focus.</li> </ul> </li> </ul>								
<b>LUHFT Actions:</b>								
<b>Capacity Actions:</b>								
<ul style="list-style-type: none"> <li>Re-introductions of waiting list initiatives to recover capacity.</li> <li>Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity.</li> <li>Commissioning of additional static CT scanner on the Aintree site to increase capacity of service.</li> <li>BI to undertake a full demand capacity analysis to gain greater visibility to the full demands on the scanner time and generate the capability to forecast the impact of services changes with greater confidence.</li> <li>Additional weekday/weekend WLI (Waiting List Initiative) activity to be conducted to provide additional capacity.</li> <li>Business case approval for additional endoscopy insourcing capacity via MEDINET.</li> <li>Recruitment of 14 endoscopy nurses in August, is expected to ease performance pressures</li> </ul>								
<b>Improvement Actions:</b>								
<ul style="list-style-type: none"> <li>Central management of patients access for test across all sites to reduce variation in access between sites.</li> </ul>								
<b>When is performance expected to recover:</b>								
LUHFT do not plan to achieve the standard in 2020/21.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Cameron Ward		John Wray		Terry Hill				



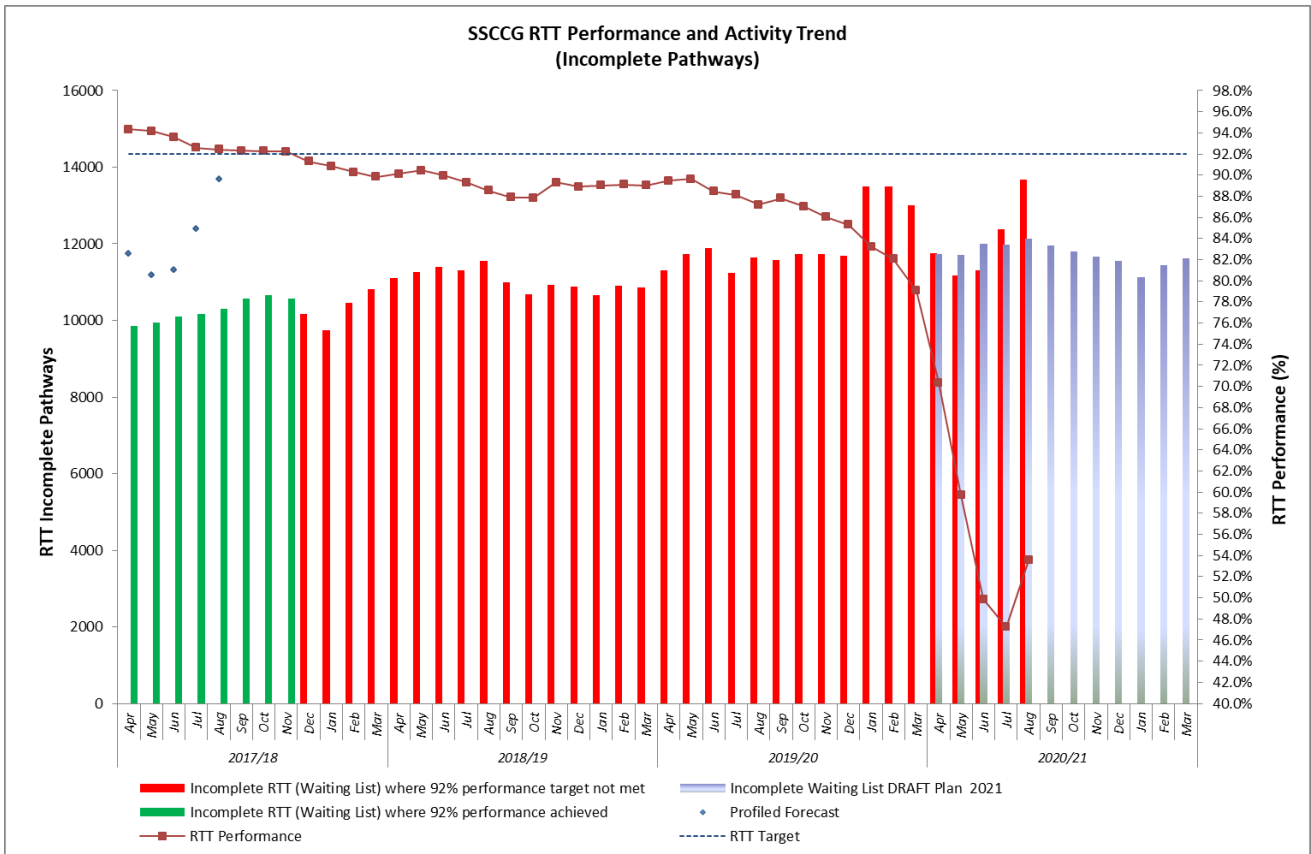
## 2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>		May-20	Jun-20	Jul-20	Aug-20	
		CCG	59.72%	49.96%	47.24%	53.57%	
		LUHFT	59.24%	47.35%	41.72%	48.01%	
		Previous year	May-19	Jun-19	Jul-19	Aug-19	
		CCG	89.64%	88.46%	88.15%	87.22%	
		Aintree	90.08%	89.00%	87.92%	86.58%	
Plan: 92%							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Continued impact on performance is due to COVID-19 pandemic but there has been an improvement this month.</li> <li>The challenged specialties include T&amp;O, Ophthalmology, Oral surgery, Dermatology and Thoracic Medicine.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 8th in the rankings (1st being best performing).</li> <li>Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients.</li> <li>Reintroduction of ERS clinics in August, led to an increase in GP referrals of 153%, without a corresponding increase in volume of activity.</li> <li>Trusts overall waiting lists have increased by 1007 from previous month to 42,292, contributed by continued validation of waiting list and increased GP referrals.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in on-going.</li> <li>The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist.</li> <li>Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers.</li> <li>Agreement between SS &amp; LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes.</li> </ul>							
<b>LUHFT Actions:</b>							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> <li>Increased utilisation of Spire Liverpool</li> <li>Increased Daycase capacity in Broadgreen and ECC (Elective Care Centre) with an increase in session from 20 to 40 per week during August at Broadgreen and reopening of ECC providing 30 sessions per week.</li> <li>Waiting list initiatives in place to increase capacity.</li> <li>A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations.</li> </ul>							
<b>When is performance expected to recover:</b>							
No specific date for recovery provided.							
<b>Quality:</b>							
No quality concerns have been raised.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
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	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>		May-20	Jun-20	Jul-20			Aug-20
		CCG	46	106	171			198
		LUHFT	85	248	513			691
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	0	1	1			0
		Aintree	0	0	0			0
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Of the 198 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (172), the remaining 26 breaches spanned across 12 other trusts.</li> <li>All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 5th in the rankings (1st being best performing).</li> <li>LUHFT 52 week breaches increased to 691 in August compared to 513 in July, the largest number of patient waiting in excess of 52 weeks were in T&amp;O, General Surgery, Ophthalmology and Oral Surgery.</li> <li>Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Monitoring of the 36+ week waiter continues.</li> <li>Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance.</li> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</li> <li>The Trust opened up to NHS e-RS on the 14th May 2020.</li> <li>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.</li> <li>Where clinically appropriate, virtual clinics have occurred across all specialities.</li> <li>Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand, this to be completed by the end of August 2020.</li> </ul>								
<b>When is performance expected to recover:</b>								
No set date for recovery. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
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	13,682								13,682
<b>Difference</b>	<b>442</b>	<b>-548</b>	<b>-569</b>	<b>1,155</b>	<b>2,034</b>								<b>179</b>

**LUHFT**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	48,135
2020/21	41,822	39,838	39,096	41,292	42,299								42,299
<b>Difference</b>	<b>-4,067</b>	<b>-6,975</b>	<b>-9,233</b>	<b>-6,592</b>	<b>-7,074</b>								<b>-5,836</b>

The waiting list plan is based upon actual performance during the last financial year and remains an interim plan. In August, the CCG is currently over that plan by over by 2034 and LUHFT accounts for 72.7% (1480) of these incomplete pathways in August.

Further analysis suggests that the shift at LUHFT appears to be Liverpool CCG having less incomplete pathways in August compared to August last year and South Sefton seeing an increase.

## 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)	1,373	172	At Trust level the number of 52-week breaches has increased to 691 in August compared to 513 in July. The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. In July, after all cancer and urgent patients had been accommodated, there was residual theatre capacity which has been used for long waiting routine patients. This has continued and increased throughout August.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	129	6	See comments below re long waiters week waiters.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	31	3	At Trust level the number of 52 week waits has increase to 38 in August. It is expected that this profile will continue. The Trust is still experiencing numbers of patients deferring their treatments due to COVID-19 fears and these patients remain on the Waiting List and self-isolation requirements are also having an impact of patient treatment.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	24	3	2 patients cancellations of to come in (TCI) dates due to COVID-19, and 1 patient on hold again due to COVID-19.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	17	2	Existing challenges with waiting times in this service exacerbated by impact of COVID 19. All patients was clinically reviewed and non-urgent, all since prioritised within the OPD Restart
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (R0A)	3	2	As part of the previous recovery programme the Trust did not routinely provide patient level information on 52 week waiters/long waiters. This will need to be discussed internally how we are able to engage with commissioners regarding their long waiters.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	Awaiting a TCI date due to inadequate elective capacity.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	3	1	No Trust update received.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	The patient was sent a letter in early July advising that due to the global Coronavirus pandemic, the service was unable to plan any operations at the moment. As of 1st October 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	1	As per instruction from NHS England, patients categorised in accordance with the RCS guidance. As a result of COVID-19 existing theatre capacity has reduced and so only have scope to list category 2 and category 3 patients. This patient is deemed category 4 and so there is no capacity at present to commence the surgery and this will likely be the case for the foreseeable future.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	8	2	Breach due to the suspension of elective services.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	2	Breach was in Upper Gastrointestinal Surgery.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	1	At this point in time none of the Trusts in NCL sector are providing exception reporting
All Other Trusts	107	0	No Trust Comments.
	<b>1,696</b>	<b>198</b>	

### 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. There are weekly scheduling meetings to ensure efficient use of available capacity and to allocate residual capacity to specialities with the longest waiting times to reduce the number of 52 week breaches and prevent further breaches of this standard. All patients waiting 45 weeks or more are being monitored in detail.

### Womens comments:

In March 2020 elective access was reduced in response to COVID-19 until 1st June at which point services were re-opened but initially on a phased basis starting at reduced capacity initially. The closure of services created a backlog and reduction in performance. All patients on both the admitted and non-PTL's have been reviewed by their clinician and risk scored against an agreed clinical matrix. Any patient who is deemed urgent has been seen and reviewed, and if necessary been seen by their clinician. The Trust have commenced scheduling more in line with pre-COVID processes - chronologically. As at 3rd October the Trust has 25 patients waiting between 52 and 77 weeks. 11 patients have been dated, 6 patients were offered dates but declined. The 8 patients undated have been given outpatient appointments. All patients have incurred delays due to COVID-19 and MRI waits has also impacted delays.

## 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		May-20	Jun-20	Jul-20	Aug-20	YTD		
	2 Week Wait (Target 93%)	CCG	99.72%	98.11%	96.45%	93.58%	96.30%		
		LUHFT	99.05%	98.40%	95.59%	93.22%	95.93%		
	2 Week breast (Target 93%)	CCG	100%	100%	96.55%	95.24%	97.27%		
		LUHFT	98.33%	98.32%	97.39%	96.30%	97.35%		
	31 day 1st treatment (Target 96%)	CCG	90.48%	98.36%	97.78%	98.25%	96.21%		
		LUHFT	91.49%	89.95%	96.61%	96.12%	94.02%		
	31 day subsequent - drug (Target 98%)	CCG	93.33%	93.75%	100%	96.30%	96.81%		
		LUHFT	88.89%	68.42%	100%	94.12%	90.53%		
	31 day subsequent - surgery (Target 94%)	CCG	100%	87.50%	80.00%	100%	89.06%		
		LUHFT	72.34%	79.71%	76.39%	79.63%	78.08%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	85.71%	100%	94.12%	96.52%		
		LUHFT	No pats	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	CCG	73.91%	83.87%	85.71%	69.70%	78.10%		
		LUHFT	70.06%	75.51%	75.38%	74.32%	72.49%		
	62 Day Screening (Target 90%)	CCG	66.67%	No pats	50.00%	0.00%	44.44%		
		LUHFT	53.33%	0.00%	0.00%	6.67%	38.95%		
	62 Day Upgrade (Local Target 85%)	CCG	0.00%	75.00%	90.91%	100%	82.86%		
		LUHFT	65.96%	86.42%	87.65%	93.48%	86.74%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>The CCG is achieving 4 of the 9 cancer measures year to date.</li> <li>The Trust is achieving 3 of the 9 cancer measures year to date.</li> <li>Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays.</li> </ul> <p><b>Key reasons and issues are:</b></p> <ul style="list-style-type: none"> <li>31 day standards - patient choice.</li> <li>62 day standards - inadequate outpatient capacity, healthcare provider initiated delay, complex diagnostic pathways and other reason.</li> <li>Monthly numbers treated by LUHFT on 62 day pathways are now at the highest since the pandemic started</li> <li>Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard gave detailed instruction with respect to recovery and restoration of cancer services including:</p> <ul style="list-style-type: none"> <li>Restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.</li> <li>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.</li> <li>Increasing endoscopy capacity to normal levels.</li> <li>Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments.</li> <li>Fully restarting all cancer screening programmes.</li> <li>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.</li> </ul> <p>A Cancer Alliance level live daily PTL from all providers is being implemented. This will facilitate:</p> <ul style="list-style-type: none"> <li>Direct visibility of patient tracking list (PTL) data for live reporting.</li> <li>Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.</li> <li>Predicted performance information.</li> <li>Proactive rather than reactive management.</li> <li>Brings together like for like data for Alliances across the North West.</li> <li>Support to cancer management teams on activity volumes / growth.</li> <li>Tracking of key issues – such as 104 day breaches.</li> </ul>									
<b>When is performance expected to recover:</b>									
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> <li>Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.</li> <li>Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral.</li> <li>Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.</li> </ul> <p>Providers have submitted their cancer improvement plans to NHSE/I with a focus on reducing long waits.</p>									
<b>Quality:</b>									
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.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward			Dr Debbie Harvey			Sarah McGrath			

## 2.5.1 104+ Day Breaches



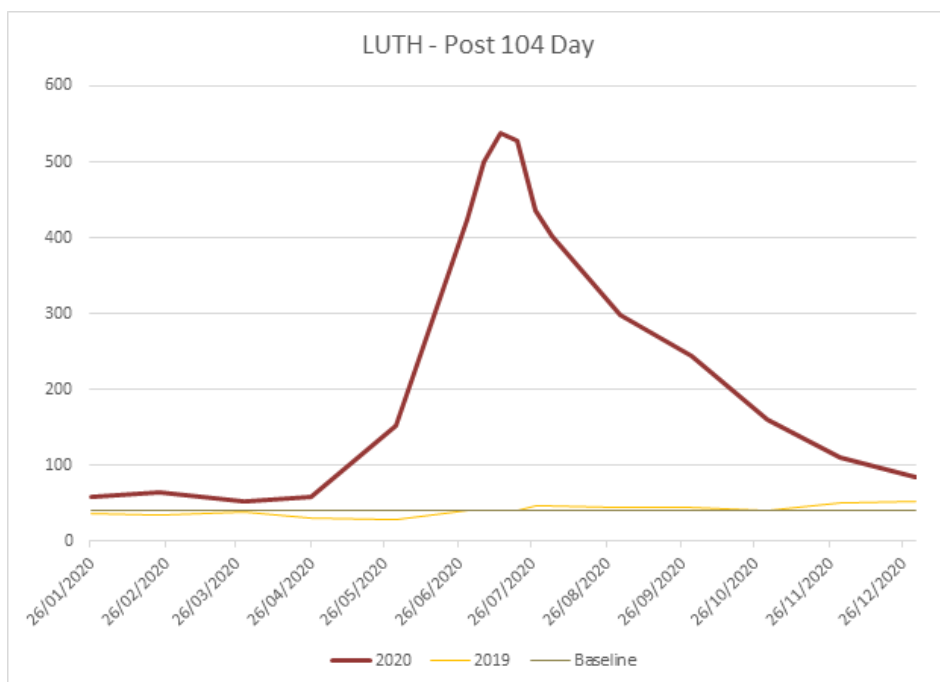



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days - LUHFT</b>		<b>Latest and previous 3 months</b>				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		12	14	8	4	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Out of the 4 breaches in August, there were 3 for lower gastro and 1 urological.</li> <li>• There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP).</li> <li>• The average total days waited in August 2020 for LUHFT was 135 days, compared to 157 in July 2019.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.</li> </ul>						
<b>When is performance expected to recover:</b>						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is exceeding trajectory and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
<b>Quality:</b>						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include:						
<ul style="list-style-type: none"> <li>• Cancer no longer operable</li> <li>• More radical surgery required</li> <li>• Reduced treatment options</li> <li>• Loss of functionality</li> <li>• Prolonged psychological harm</li> </ul>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Dr Debbie Harvey		Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

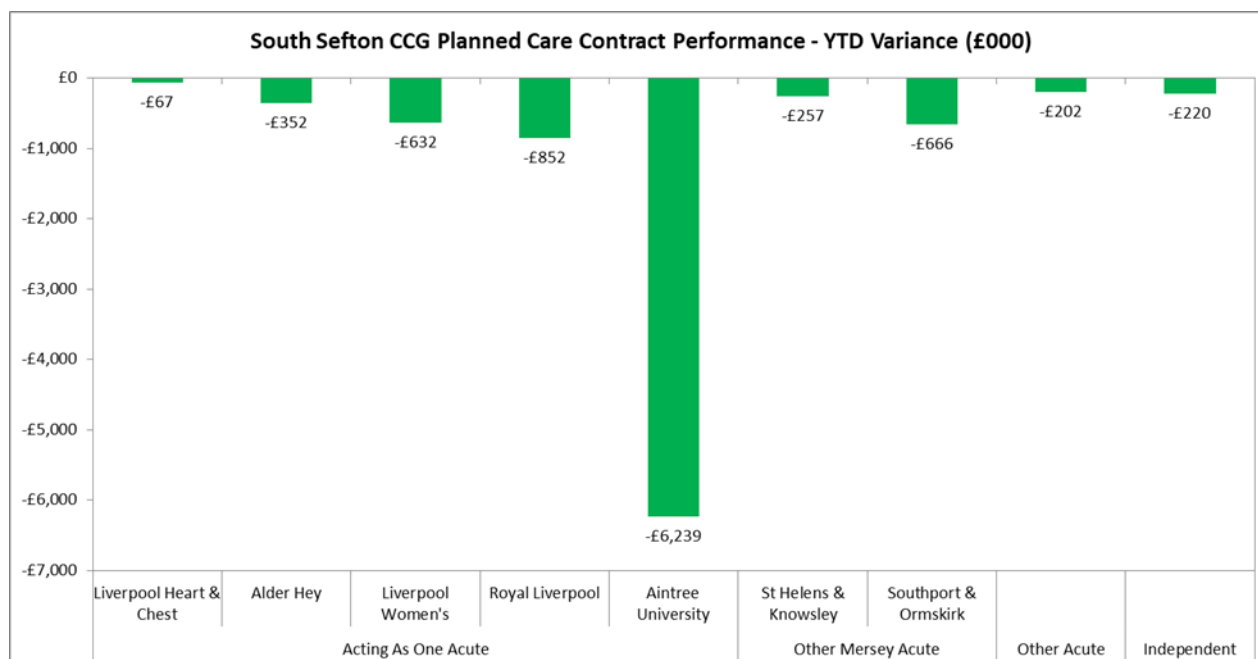


## 2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Cancer - Faster Diagnosis Standard Measures</b>		<b>Previous 3 months, latest and YTD</b>							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		May-20	Jun-20	Jul-20	Aug-20	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	89.96%	79.75%	71.86%	70.00%	74.60%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	100%	97.22%	85.96%	83.33%	89.60%		
		Target	Target due to start 2021 - 75%						
	28-Day FDS Screening Referral	CCG	50.00%	10.00%	23.81%	47.06%	32.81%		
		Target	Target due to start 2021 - 75%						
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>Shadow reporting started April 2019.</li> <li>Target start date has been delayed due to COVID-19, new date to be confirmed.</li> <li>RAG is indicating what the measures would be achieving when the target comes in.</li> <li>28 Day FDS overall is reporting 70.42% for August, 74.57% year to date so just under the proposed target.</li> </ul>									
<b>Actions to Address/Assurances:</b>									
<ul style="list-style-type: none"> <li>The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe.</li> <li>Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment.</li> <li>Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section.</li> </ul>									
<b>When is performance expected to recover:</b>									
Not applicable.									
<b>Quality:</b>									
Not applicable.									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>			<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward			Dr Debbie Harvey			Sarah McGrath			

## 2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 5 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of



the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, 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 -£6.2m/-53% against the previous year. Across all providers, South Sefton CCG has underperformed by -£9.4m/-47.2%.

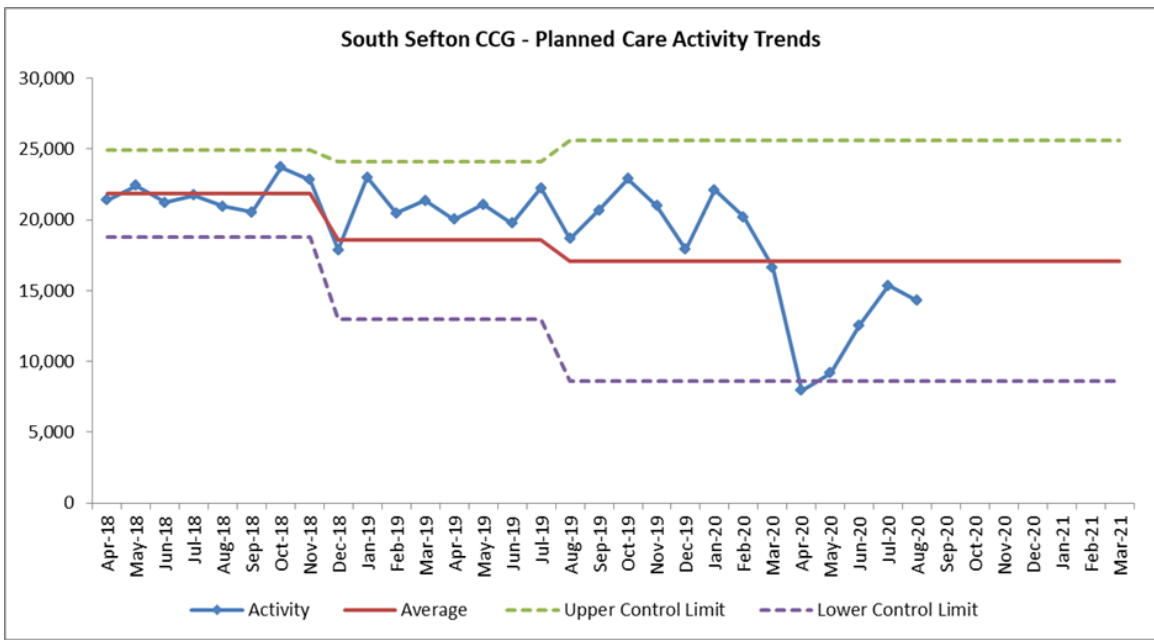
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres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

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

Due to the COVID-19 pandemic, a number of month 5 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 5 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**





NB. The reduction in activity during August-20 is likely a result of reduced working days (20) during this month when compared to July-20 (23).

## 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	5,300	1,928	-3,372	-64%	£3,300	£1,122	£-2,177	-66%
Elective	564	171	-393	-70%	£1,823	£373	£-1,450	-80%
Elective Excess BedDays	258	38	-220	-85%	£68	£10	£-58	-85%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	92	35	-57	-62%	£19	£7	£-12	-64%
OPFANFTF - Outpatient first attendance non face to face	494	2,213	1,719	348%	£16	£304	£288	1795%
OPFASPCL - Outpatient first attendance single professional consultant led	12,715	7,121	-5,594	-44%	£2,056	£1,119	£-937	-46%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	324	67	-257	-79%	£34	£7	£-27	-79%
OPFUPNFTF - Outpatient follow up non face to face	2,622	7,326	4,704	179%	£66	£455	£388	587%
OPFUPSCL - Outpatient follow up single professional consultant led	27,177	12,972	-14,205	-52%	£2,023	£1,003	£-1,020	-50%
Outpatient Procedure	9,393	2,482	-6,911	-74%	£1,308	£375	£-933	-71%
Unbundled Diagnostics	6,022	3,242	-2,780	-46%	£498	£272	£-227	-45%
Wet AMD	708	589	-119	-17%	£565	£491	£-74	-13%
<b>Grand Total</b>	<b>65,669</b>	<b>38,184</b>	<b>-27,485</b>	<b>-42%</b>	<b>£11,775</b>	<b>£5,537</b>	<b>£-6,239</b>	<b>-53%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£6.2m/-53% for South Sefton CCG at month 5. This is a continuation of the NHS first phase response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction when comparing to the previous year with a variance of -44% across all referral sources combined. Referrals had increased for three consecutive months up to July-20 before a decrease in August-20, which is likely a result of fewer working days during this month. However, year to date referrals remain below historical levels across a number of specialities.

The two points of delivery to report an over performance at month 5 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 2020. The 305 appointments within the Physiotherapy Service during July 2020 is the highest monthly total reported during 2019/20 and 2020/21 to date. The majority of services have seen a reduction in activity levels during August 2020 but this is likely a result of reduced working days during the month (20 compared to 23 in July 2020).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). Since then, a number of diagnostic scopes have also taken place from June-20 to August-20, which suggests some recovery of activity within the Gastroenterology Service. The 133 day case admissions recorded in

August-20 relating to 'Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over' exceeds the monthly average reported for this procedure in 2019/20.



**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 5 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.

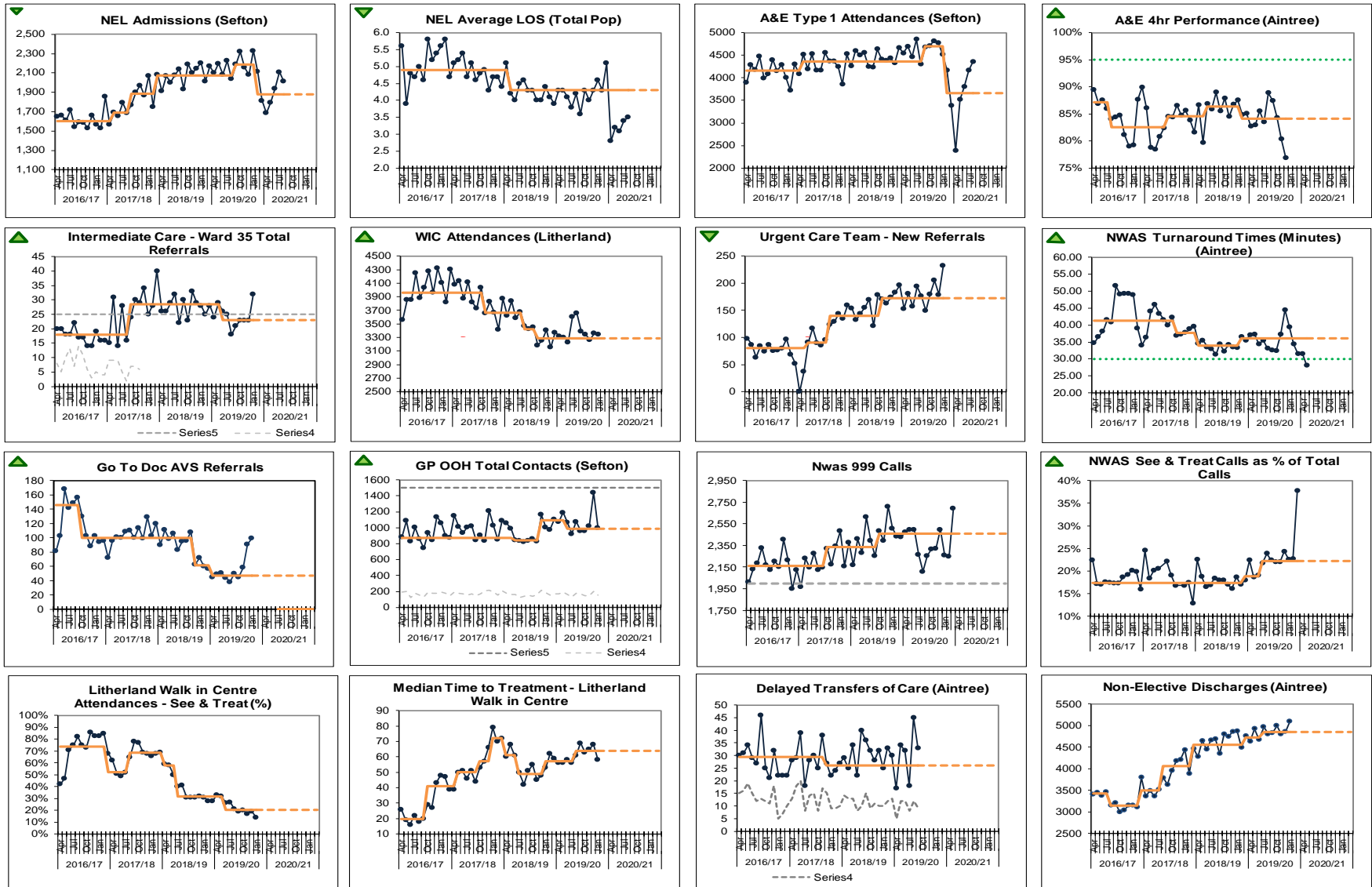
### 3. Unplanned Care

#### 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.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	YTD		
		CCG All Types	96.37%	94.80%	93.33%	93.99%	94.28%	
		Previous Year	May-19	Jun-19	Jul-19	Aug-19	YTD	
		CCG All Types	78.34%	81.15%	80.07%	85.17%	80.56%	
			May-20	Jun-20	Jul-20	Aug-20	YTD	
		LUHFT All Types	95.92%	93.83%	92.56%	89.49%	92.55%	
LUHFT Type 1	94.89%	92.05%	90.13%	85.37%	90.25%			
<b>Performance Overview/Issues:</b> <ul style="list-style-type: none"> <li>Performance is based on the overall LUHFT A&amp;E position at Aintree and the Royal. 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.</li> <li>The 4 hour performance has remained steady over past three months for CCG All Types but with deterioration in LUHFT All Types and Type 1. Difficult to determine why CCG performance higher than overall LUHFT performance other than to attribute to clinical presentations and seen in line with prioritised need.</li> <li>Attendances have increased to pre-COVID levels in July and August and it has been positive to see A&amp;E performance reflecting good patient flow through hospital. This has deteriorated from September to date with increasing emergency admissions and more pressures on beds and flow from A&amp;E.</li> </ul>								
<b>Actions to Address / Assurances</b> <p>Work continues in regard to following actions:</p> <ul style="list-style-type: none"> <li><b>North Mersey Capacity &amp; Flow group</b> with health and social care system partner involvement in weekly review of activity, escalation triggers, action required.</li> <li><b>Patient flow - admission and discharge</b> - Ongoing implementation of COVID D2A pathway and daily RFD list circulated for operational system call.</li> <li><b>NHS111 First</b> - Shadow Implementation Group work progressing to support implementation by December 2020.</li> <li><b>Winter plan</b> finalised and submitted to NHSE/I with projects identified to avoid A&amp;E attendance and hospital conveyance.</li> <li><b>Urgent Treatment Centre</b> implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&amp;E attendances.</li> </ul> <p>Above actions all critical now with increased emergency admissions and rising COVID patients within Trust.</p>								
<b>When is performance expected to recover:</b> <p>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.</p>								
<b>Quality:</b> <p>No specific issues have been raised through other review processes.</p>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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
<b>Category 1,2,3 &amp; 4 performance</b>		<b>Previous 2 months and latest</b>					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Cat	Target	Jun-20	Jul-20	Aug-20		
		Cat 1 mean	<=7 mins	00:06:33	00:06:39	00:07:18		
		Cat 1 90th Percentile	<=15 mins	00:09:25	00:09:53	00:11:32		
		Cat 2 mean	<=18 mins	00:21:25	00:22:20	00:35:00		
		Cat 2 90th Percentile	<=40 mins	00:41:38	00:45:13	01:19:43		
		Cat 3 90th Percentile	<=120 mins	02:12:20	02:25:12	03:49:29		
Cat 4 90th Percentile	<=180 mins	02:21:50	02:52:42	04:43:43				
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The original target was to meet all of the ARP standards by end of Q1. 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.</li> <li>Activity reporting has now restarted with CCG level data available. 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 in June and July. August saw C1 position maintained with C1 mean only slightly outside 7 minute target. C2 and more so C3 and C4 have considerably worsened. This does not triangulate at this stage with poor A&amp;E or handover performance which are at good levels in August.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li><b>NWAS recovery plan:</b> Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date.</li> <li><b>Integrated UEC:</b> Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability.</li> <li><b>Patient Transport Service (PTS) redesign:</b> Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings.</li> <li><b>NHS 111 First:</b> Shadow implementation group in place to support roll out to the LUHFT system by winter 2020/21+B27</li> </ul>								
<b>When is performance expected to recover:</b>								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
<b>Quality:</b>								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		John Wray			Janet Spallen			

### 3.4 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>					a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)  b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	LUFHT	Target	Jun-20	Jul-20	Aug-20		
		(a)	<=15-30mins	40	108	69		
		(b)	<=15-60mins	5	21	2		
		Aintree	Target	Jun-19	Jul-20	Aug-20		
		(a)	<=15-30mins	150	180	98		
		(b)	<=15-60mins	43	85	38		
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The Trust reported an improvement in handover between ambulance and A&amp;E within 15 minutes and none waiting more than 30 minutes, recording 69 compared to 108 last month.</li> <li>There was also an improvement in handovers within 30 minutes and none waiting more than 60 minutes, recording 2 compared to 21 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.</li> <li>A deteriorating picture will be seen in September to date performance as Trust is increasing challenged high levels of ambulance conveyances and more pressures on A&amp;E attendances and flow within Trust. Average handover time remains within 30 minutes but with variations on daily basis of those waiting over 30 and 60 minutes.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions.</li> <li>Implementation of direct conveyancing to assessment area to reduce risk of A&amp;E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. Deadline is now end of August 2020.</li> <li>A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels.</li> </ul>								
<b>When is performance expected to recover:</b>								
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. Positively the percentage of handovers outside of the 30 minute target have continued to reduce in August although ambulance conveyances have returned to pre-COVID levels with a need to monitor impact on ongoing performance.								
<b>Quality:</b>								
No quality issues reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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					
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	a) % who had a stroke & spend at least 90% of their time on a stroke unit	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.
		85.00%	43.90%	72.70%	No data available		
		May-19	Jun-19	Jul-19	Aug-19	b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	
		76.10%	80.90%	86.70%	80.40%		
		Stroke Plan: 80% TIA 60% (previously achieving, data currently unavailable) *2019 data is for Aintree					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>No data available from the Trust in August.</li> <li>July saw an improvement in performance for Stroke. The Stroke data is for the Royal site only.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Following are ongoing Trust Actions: -</b>							
<b>Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies</b>							
<ul style="list-style-type: none"> <li>Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke</li> </ul>							
<b>Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)</b>							
<ul style="list-style-type: none"> <li>Evaluate pilot of working hours to create evening capacity</li> <li>Evaluate pilot of weekend working</li> </ul>							
<b>Work with ED and Radiology to improve time to CT scan to improve SSNAP score</b>							
<ul style="list-style-type: none"> <li>Monthly review of all patients who didn't meet the standard</li> <li>Attend ED Governance meeting to discuss Stroke</li> </ul>							
<b>Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)</b>							
<ul style="list-style-type: none"> <li>Attend Acute Medical Unit (AMU) meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)</b>							
<ul style="list-style-type: none"> <li>Attend AMU meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>Mersey Stroke Board:</b>							
During COVID The Walton Centre has been used for some Stroke work. This is now being considered as part of the longer term solution to the delivery of stroke services on the patch. The COO at LUHFT is leading this work and feeds back to the board. There may be an opportunity to further work on Early Supported Discharge (ESD) provision with a new lead from the stroke network.							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
No quality aspect reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Cameron Ward		John Wray		Billie Dodd			





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



Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</p>	
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		CCG	0	0	0		0
		LUHFT	2	2	2		3
		Previous year	May-19	Jun-19	Jul-19		Aug-19
		CCG	0	0	1		1
		Aintree	1	1	2		2
Plan: Zero							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• RAG rating and trend is on CCG cases.</li> <li>• No new cases of MRSA reported in August for the CCG but 1 reported for the Trust.</li> <li>• Measuring against the CCG Peers, South Sefton CCG lies joint 1st in the rankings (best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• Post infection reviews recommenced and any cases reviewed with the CCG and the organisations involved with further details requested as required.</li> <li>• No specific cause or lapse in care identified, all patients are isolated even before confirmation is obtained due to the ongoing pandemic.</li> </ul>							
<b>Improvements noted regarding:</b>							
<ul style="list-style-type: none"> <li>• MRSA admission screening.</li> </ul>							
<b>When is performance expected to recover:</b>							
This is a zero tolerance indicator so recovery is not possible.							
<b>Quality:</b>							
Any further incidents will be reported by exception.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			



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

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>				<p><b>2020/21 Plans</b> Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: &lt;= 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>	
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20			
		CCG	6	7	9			11
		LUHFT	21	33	50			62
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	7	11	17			22
		Aintree	16	25	39			46
CCG - Actual 11 YTD - Target 24 YTD LUHFT - Actual 62 YTD - Target 106 YTD								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings (best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.								
<b>Quality:</b>								
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				

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

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: E Coli</b>		<b>Previous 3 months and latest (cumulative position)</b>				<p><b>2020/21 Interim Plan:</b>            &lt;=128 YTD  <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		CCG	23	35	39		56
		LUHFT	80	132	176		234
		Previous year	May-19	Jun-19	Jul-19		Aug-19
		CCG	33	47	63		75
		Aintree	63	93	128		160
CCG - Actual 56 YTD - Target 53 YTD							
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July, as they were suspended due to the COVID-19 pandemic.</li> <li>Further work with any Structured Judgement Reviews (SJR) undertaken as par of learning from Death Processes for cases where Sepsis was cited as the cause of contributory factory of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learned on a Cheshire and Merseyside basis.</li> </ul>							
<b>When is performance expected to recover:</b>							
This is a cumulative total and an improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
<b>Quality:</b>							
The first local North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			

### 3.5.5 Hospital Mortality (LUHFT)

Figure 8 - Hospital Mortality

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

HSMR data was not available from the Trust for August.

For July HSMR is lower than reported the previous month at 81.22 (previous month 82.22). 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.

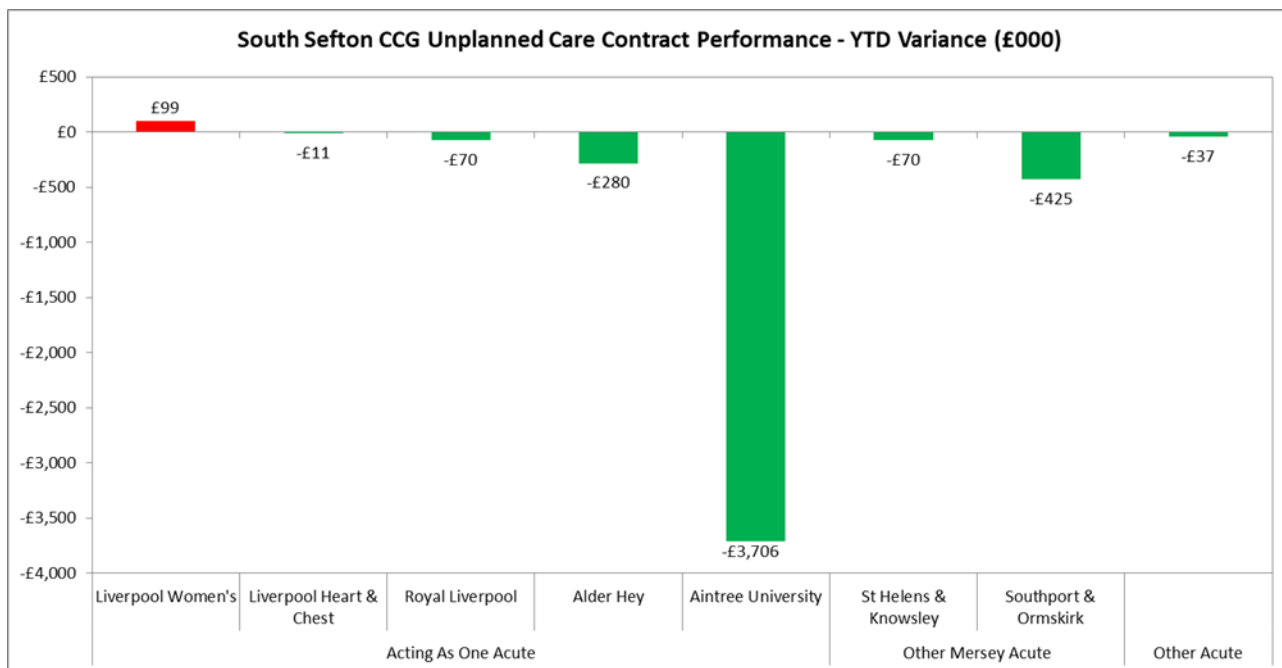
SHMI is at 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the 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



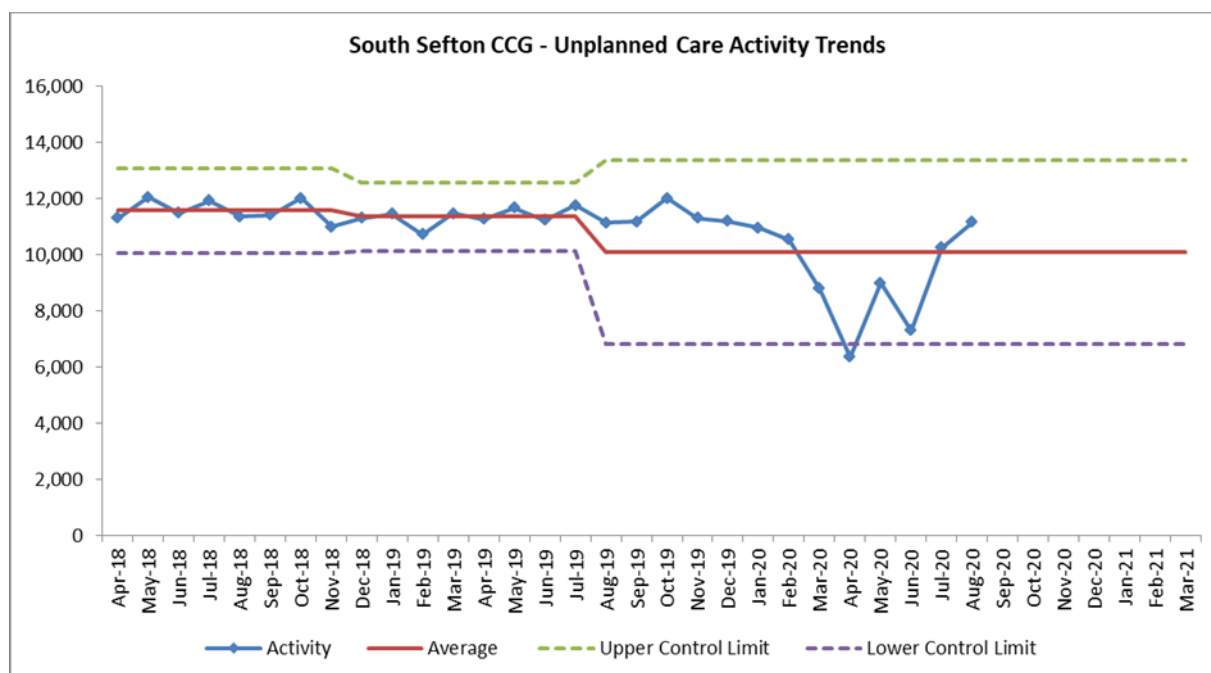
Month 5 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£3.7m/-19% against the previous year. Across all providers, South Sefton CCG has underperformed by -£4.5m/-17.9%.

**NB.** Due to the COVID-19 pandemic, a number of month 5 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 5 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	17,107	12,502	-4,605	-27%	£421	£427	£6	1%
A&E - Accident & Emergency	15,506	13,302	-2,204	-14%	£2,520	£2,239	£-280	-11%
NEL - Non Elective	7,317	6,803	-514	-7%	£14,487	£11,606	£-2,882	-20%
NELNE - Non Elective Non-Emergency	20	29	9	45%	£109	£71	£-37	-34%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	24	28	4	-	£6	£7	£1	-
NELST - Non Elective Short Stay	1,480	1,392	-88	-6%	£1,026	£957	£-69	-7%
NELXBD - Non Elective Excess Bed Day	3,806	2,091	-1,715	-45%	£986	£542	£-444	-45%
<b>Grand Total</b>	<b>45,260</b>	<b>36,147</b>	<b>-9,113</b>	<b>-20%</b>	<b>£19,556</b>	<b>£15,849</b>	<b>£-3,706</b>	<b>-19%</b>

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.7m/-19% for South Sefton CCG at month 5. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -27% and -14% respectively. The majority of this decrease can be attributed to the COVID-19 national response and public advice to ‘stay at home’, which was enacted from 23<sup>rd</sup> March 2020. However, attendances are increasing and each of these points of delivery recorded the highest monthly attendances of 2020/21 to date in August-20. The 3,869 attendances at Litherland walk-in centre represent the highest total since March-18.

South Sefton CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Aintree Hospital during the first peak in cases reported i.e. April and May 2020. This analysis identified the reduced activity levels noted above and a corresponding improvement in A&E 4 hour performance and bed occupancy levels. However, further analysis has established that current levels of unplanned care activity has returned to more expected levels with an increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in



stranded (7 day) patients and an increase in bed occupancy levels. South Sefton CCG plans for phase three of the NHS response to the pandemic anticipate further increases in activity in the coming months.

**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 5 year to date actuals.



## 4. Mental Health

### 4.1.1 Eating Disorder Service Waiting Times



Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				KPI 125	Patients safety risk. Reputation.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		48.70%	33.75%	25.88%	31.61%		
		May-19	Jun-19	Jul-19	Aug-19		
		19.48%	41.46%	52.00%	64.52%		
		Plan: 95%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place.</li> <li>• Out of a potential 193 Service Users, 61 started treatment within the 18 week target (31.61%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> <li>• Comparing to last year there has been a decline of 32.9%.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Trust Actions:</b>							
<ul style="list-style-type: none"> <li>• Group therapy using ZOOM has recently commenced.</li> <li>• Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere.</li> <li>• A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal in October.</li> <li>• 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.</li> <li>• The Trust is to provide an assurance report at September Contract Quality Performance Group (CQPG).</li> </ul>							
<b>When is performance expected to recover:</b>							
Quarter 2 onwards.							
<b>Quality:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

## 4.2 Cheshire & Wirral Partnership (Adult)

### 4.2.1 Improving Access to Psychological Therapies: Access



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target.  Demand for the service continues to increase and exceed capacity.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		0.46%	0.67%	0.77%	0.81%		
		May-19	Jun-19	Jul-19	Aug-19		
		1.23%	1.06%	1.11%	0.99%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month.</li> <li>Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19.</li> <li>Commissioners are working 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.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>IAPT Recovery - % of people moved to recovery</b>		<b>Latest and previous 3 months</b>				123a	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		33.8%	44.3%	44.5%	48.4%		
		May-19	Jun-19	Jul-19	Aug-19		
		46.7%	36.7%	48.5%	44.2%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The recovery rate increased in August but still failed to achieve the target.</li> <li>It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.</li> <li>The provider has confirmed that it's Stella Nova premises have been made COVID secure and they have resumed face to face activity.</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
The provider had reported an unexpected death as part of the SI process. Following the 72 hour review it was identified the case involved a number of agencies so the provider is holding an Immediate Safety Assurance Forum (ISAF) to determine the lead agency for the RCA. This meeting will take place on the 23rd October. A further update will be provided next month.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				126a	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.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		59.4%	59.4%	59.5%	58.3%		
		May-19	Jun-19	Jul-19	Aug-19		
		64.4%	64.5%	63.9%	63.9%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts.</li> <li>Compared to last year the measure has declined by 5.6%.</li> <li>Measuring against the CCG 10 Peer CCGs, South Sefton CCG lies 10th in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.							
Referrals of patients showing signs of dementia or cognitive impairment are likely to be reduced due to limited face to face contact within GP surgeries. GPs are also less likely to refer on to a temporarily suspended memory service. 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.							
Recovery plan received from NHS MCFT:							
<ul style="list-style-type: none"> <li>Understand the current demand/waits/performance across identified services.</li> <li>Review current waiting lists (potentially re-categorise based on need).</li> <li>Identify services that will potentially be impacted by increased demand.</li> <li>Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period).</li> </ul>							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Jan Leonard		Susan Gough		Kevin Thorne			

## **5. Community Health**

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

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with a recommencement of 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. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners are also in the process of forming a joint Sefton and Liverpool Information Sub-Group.



Sefton CCGs have also requested that the Trust provides an expanded activity plan to mirror Liverpool CCG reports, which will include an expanded reporting of currencies (face to face, non-face to face) different modalities of service provision, introduction of virtual platforms etc. As part of month 5 assurance, the Trust has advised that AHP waiting times are showing improved positions with all services within the 18 week standard.

#### **5.1.1 Quality**



The community division has now merged between Liverpool and the Sefton CCGs to ensure just one CCQRM with further plans to include Mental Health later on within the financial year.

For the Collaborative Commissioning Forum (CCF) both Mental Health and Community has now become one meeting, this will reduce duplication and enable both CCGs to monitor performance.

## 5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: SALT</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>GREEN</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		24 wks	30 wks	30 wks	9 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• August's incomplete pathways reported well within the 18 week standard with just 9 weeks, seeing a significant improvement on July's performance.</li> <li>• There has been a slight decrease in the number fo referrals between July and August.</li> <li>• Workforce issues remain a challenge but with cover in place for vacant posts.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F).</li> <li>• Recommencement of treatment of patients categorised as routine.</li> <li>• Weekly review and validation of the waiting list.</li> <li>• Additional SALT capacity being utilised through overtime / additional hours within the division.</li> <li>• Recruitment ongoing to fill vacant posts.</li> </ul>							
<b>When is performance expected to recover:</b>							
<p>Trajectory for improvement would have been required but improvement achieved. This was a sigificant recover from 30 to 9 weeks. The Trust have explained that the lower level of referrals in July and August in addition to the actions above had allowed the service to get back on track. Performance will be closely monitored to ensure this continues. Waiting times had not been an issue in 2019 with deterioration due to continued challenges in staffing levels in 2020. The team feel that new ways of working will support more effective utilisation of their time and allow patients to be seen on a more timely basis whether virtual or face to face.</p>							
<b>Quality impact assessment:</b>							
<p>The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.</p>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

## 5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: Physiotherapy</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		18 wks	21 wks	24 wks	23 wks		
		May-19	Jun-19	Jul-19	Aug-19		
		19 wks	20 wks	18 wks	17 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>August's incomplete pathways saw a slight improvement from 24 weeks in July to 23 weeks although remain above the 18 weeks target. We have been advised that position has improved in September to 13 weeks.</li> <li>There has been a further increase in referrals between the July to August period.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support.</li> <li>There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care.</li> <li>Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans</li> <li>We are advised additional staff utilised to bring waiting times down and within KPI of 18 weeks.</li> </ul>							
<b>When is performance expected to recover:</b>							
Trajectory for improvement would be required except we have received update that this has been achieved in September. Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans.							
<b>Quality impact assessment:</b>							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

## 5.2 Any Qualified Provider (AQP) – Audiology

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



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) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is starting to increase at Specsavers but is still significantly below the levels from last year. For Month 5, activity at South Sefton for Specsavers is £44,816 against £118,958 for the same period in 2019-20.

The current contracts with Merseyside AQP providers for Audiology are due to expire on 31<sup>st</sup> March 2021. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification this at the present time. It is therefore anticipated that a contract extension will be recommended. 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.
<b>GREEN</b>	<b>TREND</b>	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)				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>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.</li> <li>As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4.</li> <li>The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years.</li> <li>It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on track to exceed the 35% access plan.						
<b>Quality impact assessment:</b>						
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.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

The Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 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 in the month 6 report.



### 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"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul> <p>For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</p>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	97.5%	95.0%	95.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>The longest wait in August was 21 weeks which increased from that of an 17 weeks wait in July.</li> <li>At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. This information will be reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog.</li> <li>There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June).</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
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"> <li>Decreased capacity within additional providers.</li> <li>Second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway.</li> <li>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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
<b>Indicator responsibility:</b>						
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
<b>Proportion of CYP new ADHD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> <li>• Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.</li> <li>• For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	88%	81%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• The longest wait in August was 21 weeks which increased from 17 weeks in July.</li> <li>• At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved.</li> <li>• 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).</li> <li>• Due to impact of COVID, some delays in schools returning the information required to commence the assessments which in turn delayed the start of the assessment process for some CYP: 13 CYP did not start the assessment process within 12 weeks in August.</li> <li>• Timescales for the return of this information have been temporarily extended to September to provide more time for schools.</li> <li>• It is anticipated the new referral forms and ongoing engagement with schools will support improvements in the timeliness of the return of this information.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is expected to be compliant again in September						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

### 6.2.1 % Referral to Choice within 6 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		35.4%	58.9%	75.5%	72.4%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen a decline in compliance with the agreed 6 week standard.</li> <li>In August the service prioritised routine choice appointments, reducing the number of CYP waiting the longest (over 6 weeks).</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The reduction in the number of children waiting over 6 weeks for a choice appointment will support the overall reduction in waiting times.</li> <li>The service continues to monitor referral rates and manage urgent vs routine demand.</li> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by September 2020; if referrals increase by 15%, recovery will be delayed till January 2021. The CCG is reviewing the plan and associated risks.</li> </ul>						
<b>When is performance expected to recover:</b>						
Currently actions are progressing in line with the improvement plan and agreed waiting times for choice appointments are expected to be achieved by the end of September. This assumes no further significant impact of covid in terms of an increase in referral numbers and /or an increase in staff absences.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		





## 6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		61.4%	56.3%	40.0%	36.0%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to partnership waiting times has deteriorated further in August.</li> <li>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.</li> <li>Through the measures outlined below, compliance for this metric is due to increase from September 2020.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>There is a plan for staff to return to the Sefton CAMHS team from 1st September and during August additional capacity was introduced through agency staff and staff from the existing workforce.</li> <li>In August, the service focused on prioritising those CYP who had been waiting the longest (over 18 weeks), so reducing the overall waiting list size and supporting the overall reduction in waiting times.</li> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is reviewing the plan and associated risks.</li> </ul>						
<b>When is performance expected to recover:</b>						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.3 Children's Community (Alder Hey)

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

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or impact of a second wave.
RED	TREND	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		26 wks	30 wks	27 wks	27 wks		
		Target <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The number of patients waiting over 18 weeks for an initial assessment decreased from 224 in July to 142 in August.</li> <li>There was a decrease in the number of referrals in August: 71 compared to 134 in July.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The service moves into phase 3 of the pandemic response, there has been an increase in face to face activity in clinic and risk assessments have been taking place to support a return of therapists into school.</li> <li>The waiting time work is ongoing and making good progress and the waiting list is focused on reducing the waiting times for those CYP who have waited the longest.</li> <li>The improvement plan has been adjusted to take account of increases in referrals during June, July and August and the projected impact on waiting times have been modelled; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020.</li> </ul>							
<b>When is performance expected to recover:</b>							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by September 2020 and maximum waiting times by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and /or the impact of school closures on activity plans.							
<b>Quality impact assessment:</b>							
There are no identified quality issues to report.							
<b>Indicator responsibility:</b>							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Wendy Hewitt			Peter Wong		

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

### 6.3.2 Paediatric Dietetics

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 August contract statement is very positive and shows that there were a total of 61 dietetic appointments, and that the average waiting time was 4.9 weeks with no patients waiting over 18 weeks.

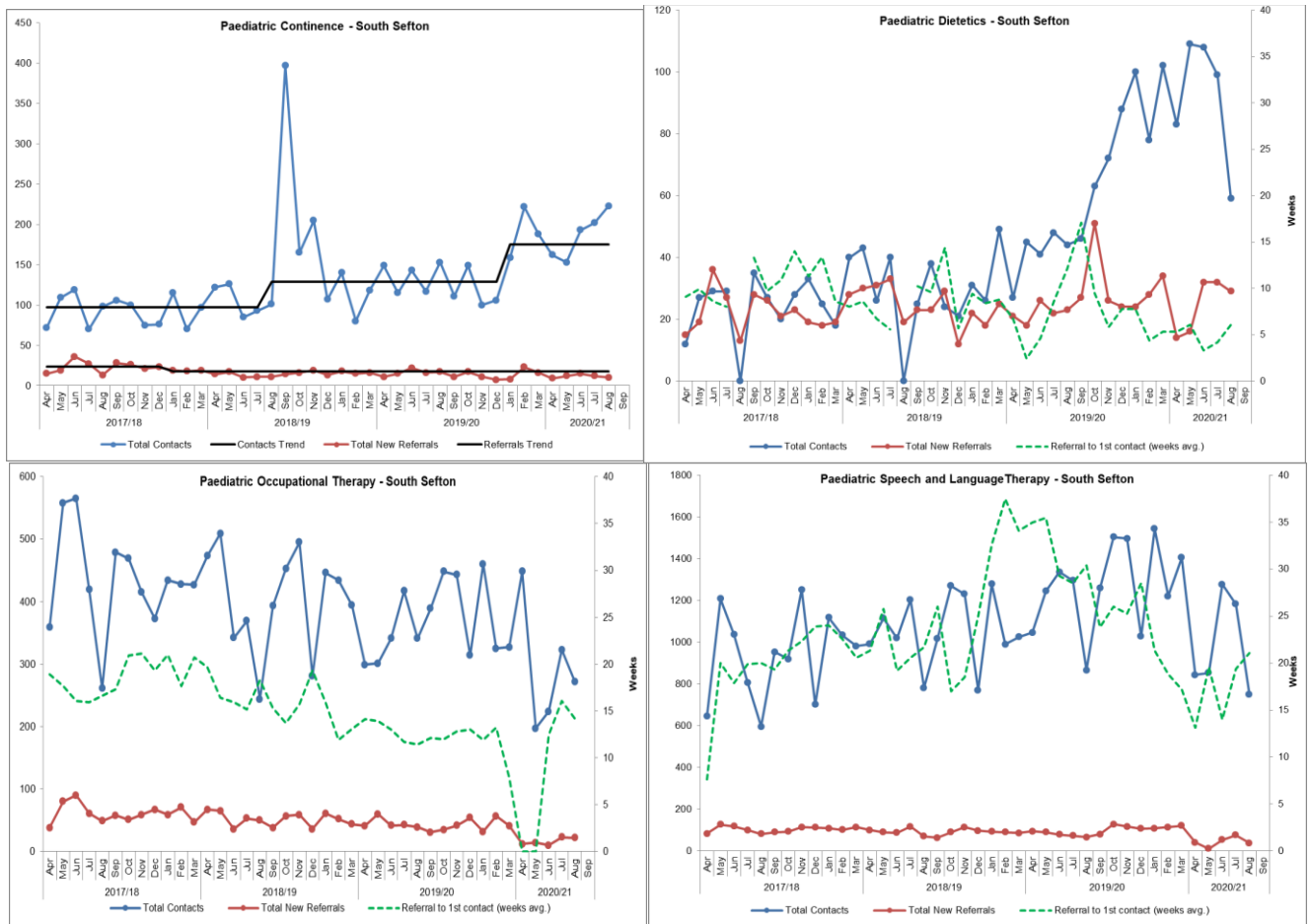
As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due 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	Aug-20
Number of Referrals	14	16	32	32	29
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76	13.60	12.08
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%	100.00%	97.56%
Total Number Waiting	28	22	31	38	41
Number Waiting Over 18 Weeks	1	1	1	0	1

RAG Rating
<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

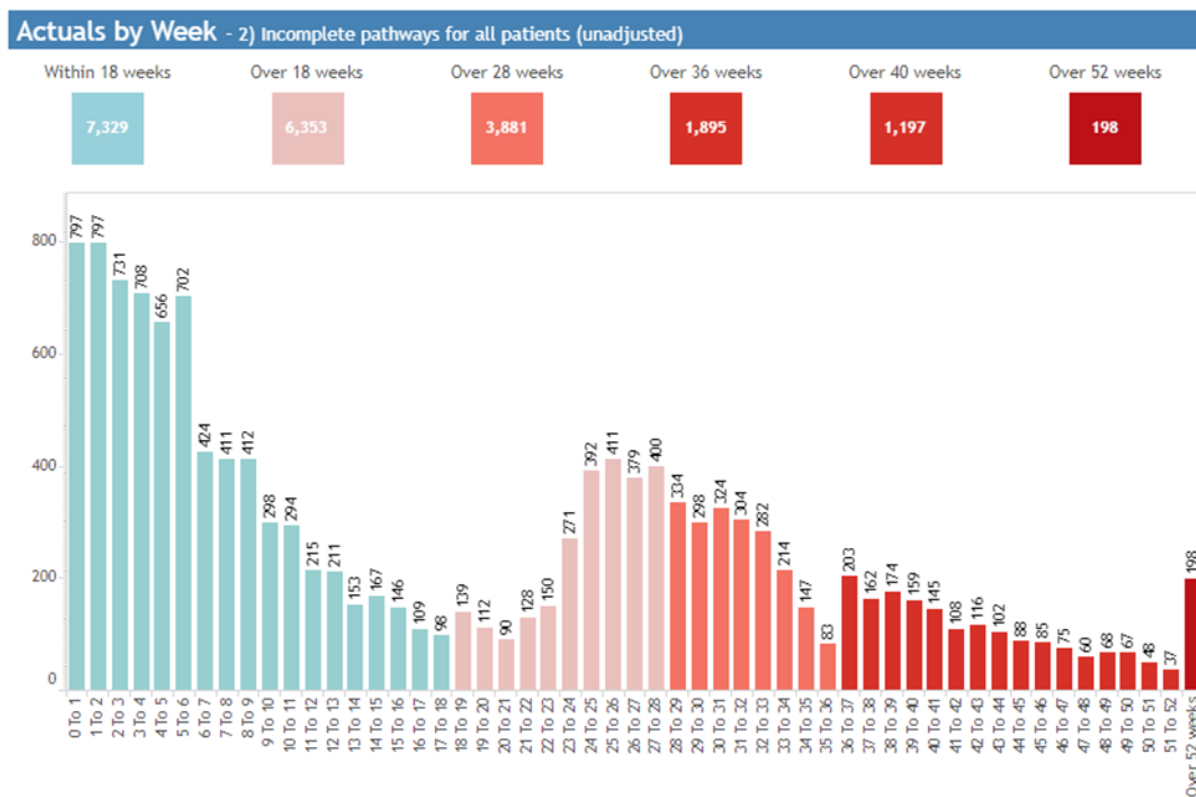
### 6.4 Alder Hey Activity & Performance Charts



## 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)	4,922	4,696	2,972	1,545	1,011	172
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	704	500	310	135	68	6
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	240	222	78	23	12	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	300	181	107	34	22	3
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	218	166	89	30	6	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	169	162	83	19	12	2
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	127	114	64	27	13	3
SPIRE LIVERPOOL HOSPITAL : (NT337)	166	65	45	21	12	

### 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

