



South Sefton
Clinical Commissioning Group

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Integrated Performance Report December 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			
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	Not available				R	
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	34.4%					35.7%	
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%	15.84%					
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%	63.96%					
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	8	46	106	171	198	247	349	503	647					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	G	R	G	G	G	G					R	
		Actual	0	0	0	4	0	0	0	0	0					4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R				R	
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%	83.14%					91.93%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G	G	G	G	R	R					R	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%	49.12%					83.01%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G	G	R	G	G					G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%	100%					96.56%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R	G	R	G	R	G				R	
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%	100%					90.68%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G	R	G	G	G	G				G	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%	100%					98.35%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G				G	
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%	100%					98.01%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	G	R	R	R	R	R				R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%	80%					74.83%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R		R	R		R	G	R				R	
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%	85.71%					61.11%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG				G	G		G							
		Actual	80%	0%	75%	90.91%	100%	84.62%	87.50%	76.92%	80%					82.61%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R				R
Actual		93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%	85.32%	82.66%				88.01%	
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	R				R
YTD		0	0	0	0	0	0	0	0	0	1				1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
YTD		4	6	7	9	11	17	19	23	27				27	
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	G				G
YTD		9	23	35	39	56	67	76	86	91				91	
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G						G
		Actual	97.3%			97.2%			100%						98.16%
		Target	95%			95%			95%			95%			95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G			G			G						G
		Actual	77.6%			81.8%			100%						86.5%
		Target	60%			60%			60%			60%			
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	39.8%	33.8%	44.3%	44.0%	47.7%	37.8%	44.4%	44.6%	46.1%				42.84%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.79%	0.60%				6.90%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	100%	95.71%	98.50%	98.6%	98.5%	95.7%	96.2%	95.1%	97.1%				97%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	100%	98.57%	100%	100%	100%	100%	100%	98.6%	100%				99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%	58.5%	58.2%	57.1%	57.7%				59.25%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21											YTD
			Q1			Q2			Q3			Q4		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Learning Disability Health checks														
No of people who have had their Annual LD Health Check – local data (cumulative) National Target 67% by Q4	South Sefton CCG	RAG	R			R			R					R
		Actual	6.8%			12.5%			25.8%					25.8%
		Target	13.1%			26.3%			52.6%			67%		
Severe Mental Illness - Physical Health Check														
<u>People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</u> Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R			R					R
		Actual	19%			16.1%			12.3%					
		Target	50%			50%			50%			50%		50%
Children & Young People Mental Health Services (CYPMH) Rolling 12 months														
<u>Improve access rate to Children and Young People's Mental Health Services (CYPMH)</u> Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G			R			Data due 13-3-21					G
		Actual	14.6%			8.8%								35.6%
		Target	8.75%			8.75%			8.75%			8.75%		35%
Children and Young People with Eating Disorders														
<u>The number of completed CYP ED routine referrals within four weeks</u> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) National Target 95%	South Sefton CCG	RAG	R			G			G					R
		Actual	80%			100%			97.5%					92.53%
		Target	95%			95%			95%			95%		95%
<u>The number of completed CYP ED urgent referrals within one week</u> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) National Target 95%	South Sefton CCG	RAG	Data suppressed due to			less than 2 referrals			G					G
		Actual							100%					100%
		Target	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 9 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Dec and Quarter 3 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	15.84%	22.19%
Referral to Treatment (RTT) (92% Target)	63.96%	64.70%
No of incomplete pathways waiting over 52 weeks	647	2,327
Cancer 62 Day Standard (Nat Target 85%)	80.00%	68.53%
A&E 4 Hour All Types (National Target 95%)	82.66%	81.88%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	227
Ambulance Handovers 60+ mins (Zero Tolerance)	-	35
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2020/21 - Q3	100.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q3	100.0%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.60%	-
IAPT Recovery (Target 50%)	46.1%	-
IAPT 6 Weeks (75% Target)	97.1%	-
IAPT 18 Weeks (95% Target)	100.0%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include 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. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed and increased levels of elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. Restrictions on outpatients and theatre capacity due to COVID is

reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on waiting list position, despite targeting of patients in greatest need. At this stage there are no estimates to indicate when the waiting lists and waiting times will return to pre-COVID-19 levels.

Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -34.7% compared to 2019/20. In December 2020, Aintree Hospital saw a -31.9% decrease in total referrals received compared to previous year. Trauma & Orthopaedics was the highest referred to speciality for South Sefton CCG in 2019/20. Referrals to this specialty in December 2020 are -5% lower than in December 2019. Decreases in referrals are also evident in other specialties, notably Gynaecology, ENT, Dermatology, Respiratory Medicine and Ophthalmology.

In November (the latest available information), the CCG's performance for E-Referrals remained stable at 34.4%, significantly below the 100% target.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 15.84% in December. However, a steady decrease in patients waiting over 6 weeks can be seen from August 2020. Liverpool University Hospital Foundation Trust (LUHFT) performance was 22.19% in December, again showing a steady improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in December was 63.96%, a slight decline on last month's performance (65.78%). LUHFT reported 64.70% which also shows a slight improvement from 65.05% in November. There were a total of 2,594 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT (2,255). Of the total long waiters, 647 patients were waiting over 52 weeks, a significant increase on last month when 503 breaches were reported. Overall waiters continue to grow with a total 14,265 South Sefton patients now on the RTT waiting list. LUHFT had a total of 2,327 52 week breaches in December, again showing a significant increase from 1,778 reported last month.

The CCG is achieving 3 of the 9 cancer measures year to date, whilst LUHFT are achieving 1 out of the 9 measures. The numbers of South Sefton CCG patients waiting over 104 days has increased slightly to 16 patients in December 2020, 3 more than in November 2020.

There are 3 faster cancer diagnosis measures with target of 75% expected to be implemented in 2021. In December 2020, the CCG performed above the proposed target for 1 of the 3 measures.

For planned care, month 9 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, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Data suggests that the second national lockdown (5th November – 2nd December 2020) and typical seasonal trends for December has resulted in a further decrease in planned care activity at lead providers for the CCG.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and Trust have failed the 95% target in December, reporting 82.66% and 80.65% respectively.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to

hit service delivery in Q4 2019/20 and then all the way through Q1 2020/21 and continuing into Q2 2020/21. There is no new update in December due to latest wave of COVID-19.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported a decline in ambulance handover times in December 2020. Handovers between 30 and 60 minutes increased from 90 to 227, and those above 60 minutes increased from 8 to 35.

LUHFT has not reported stroke information for past couple of month due the pressures of the pandemic and are only reporting constitutional measures currently.

The CCG reported 1 new cases of MRSA in December. LUHFT also reported no new cases but have had 3 year to date so have failed the zero tolerance threshold for 2020/21.

For C difficile, the CCG reported 4 new cases of C difficile cases in December (27 year to date) and are achieving the year to date target of 46. LUHFT reported 11 new cases in December (80 YTD) so are also failing their objective of no more than 78 cases. 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 the standard.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so the CCG is reporting against last year's target of 128. In December there were 5 new cases, bringing the YTD total to 91 against a target of 96 so the CCG are now achieving the target. LUHFT reported 34 new cases in December, bringing the YTD total to 393. There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 89.54 in December 2020, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 9 of the financial year 2020/21 continues to show 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 and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

Mental Health

The Eating Disorder service has reported 42.90% of patients commencing treatment within 18 weeks of referral in December 2020, compared to a 95% target. 12 patients out of 28 commenced treatment within 18 weeks. This shows an improvement on the previous three months.

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.60% in December, below the target standard of 1.59%. The percentage of people who moved to recovery was 46.1% in December 2020, just below the 50% target but an improvement from the previous 3 month's performance. Year to date the CCG's performance is at 42.84%.

South Sefton CCG is recording a dementia diagnosis rate in November of 57.7%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly higher than last month's performance (57.1%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed those aged 16-25 has resulted in waiting times reducing from 66.21 weeks in November to 23 weeks in December.

In quarter 2 2020/21 year to date, 12.4% of South Sefton CCG patients identified as having a learning disability received a physical health check. This is slightly below the CCG's target of 16.1%.

Following estates issues on the Mossley Hill site the Trust took the decision to transfer LD inpatient facility to the North West Boroughs NHS FT Byron Unit at Hollins Park, Winwick. The transfer took place in on 23rd December 2020. The facility will be managed by Mersey Care NHS FT in lieu of the acquisition of the North West Boroughs NHS FT with their staff being seconded into Mersey Care NHS FT North Mersey and Mid Mersey commissioners have been liaising with the Trust to ensure that patient safety and quality has not been compromised by the transfer.

Adult Community Health Services

Focus with the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint 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 its ongoing response to the pandemic, Alder Hey continues to focus on sustaining pre-COVID levels of activity for community therapy services provision and Child and Adolescent Mental Health Services (CAMHS), formally agreeing that no therapy or CAMHS staff will be redeployed to other services in response to the third wave of the pandemic.

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, the recovery plan to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved. There has been a steady increase in SALT referrals since the schools initially reopened in September, and this is being closely managed along with the impact of the current lockdown on delivery in school settings.

During 2020/21, the Trust and the Sefton and Liverpool CCGs has been working collaboratively to develop a revised contract statement to ensure consistency of reporting and which is now live. This new reporting framework is CCG specific and includes monthly reports on SALT, Occupational Therapy, Dietetics and the Continence Promotion Service. In December 2020, and for the fourth consecutive month, all these therapies were performing – or exceeding – the 92% RTT waiting time standard.

Notably, all community therapy service waiting times also achieved and exceeded the SEND improvement plan average waiting time KPIs, for the fourth consecutive month.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases. The Trust estimates that there has been a 19% increase in referrals from April to December 2020 compared to the same period in 2019. Due to these challenges, the Trust has not been able to achieve and sustain the waiting time standards for assessment and treatment in the timeframes set out in the recovery plan.

In response, the CCGs have agreed some additional short term resilience investment and the service has additional staff starting in the first few months of 2021. It is anticipated that this will prevent any further deterioration in waiting times and support an improvement in the early months of 2021. In December, the Trust also mobilised its new "COVID support team" to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. In addition, and in response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the ongoing impact and system response.

The CAMHS waiting time position is being closely monitored by the Trust and the CCGs, and the response to any further deterioration in performance is being considered.

The Q3 eating disorder service performance was fully compliant with the national standard and over 95% of both urgent and routine cases were seen and treated within the target one week and four week timescales respectively. There were no urgent breaches in the waiting times for urgent referrals, which were all seen within one week.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remain on track. There were some minor decreases in compliance in December, but these were the result of the reduced number of working days in December and annual leave and are expected to be fully compliant next month.

With the exception of CAMHS, SEND performance and direction of travel for community therapies and ASD/ADHD continue to be in line with improvement plans and trajectories, however, the risks posed by the ongoing impact of the pandemic on the ability to achieve and sustain the targets is being closely monitored.

CCG Peers

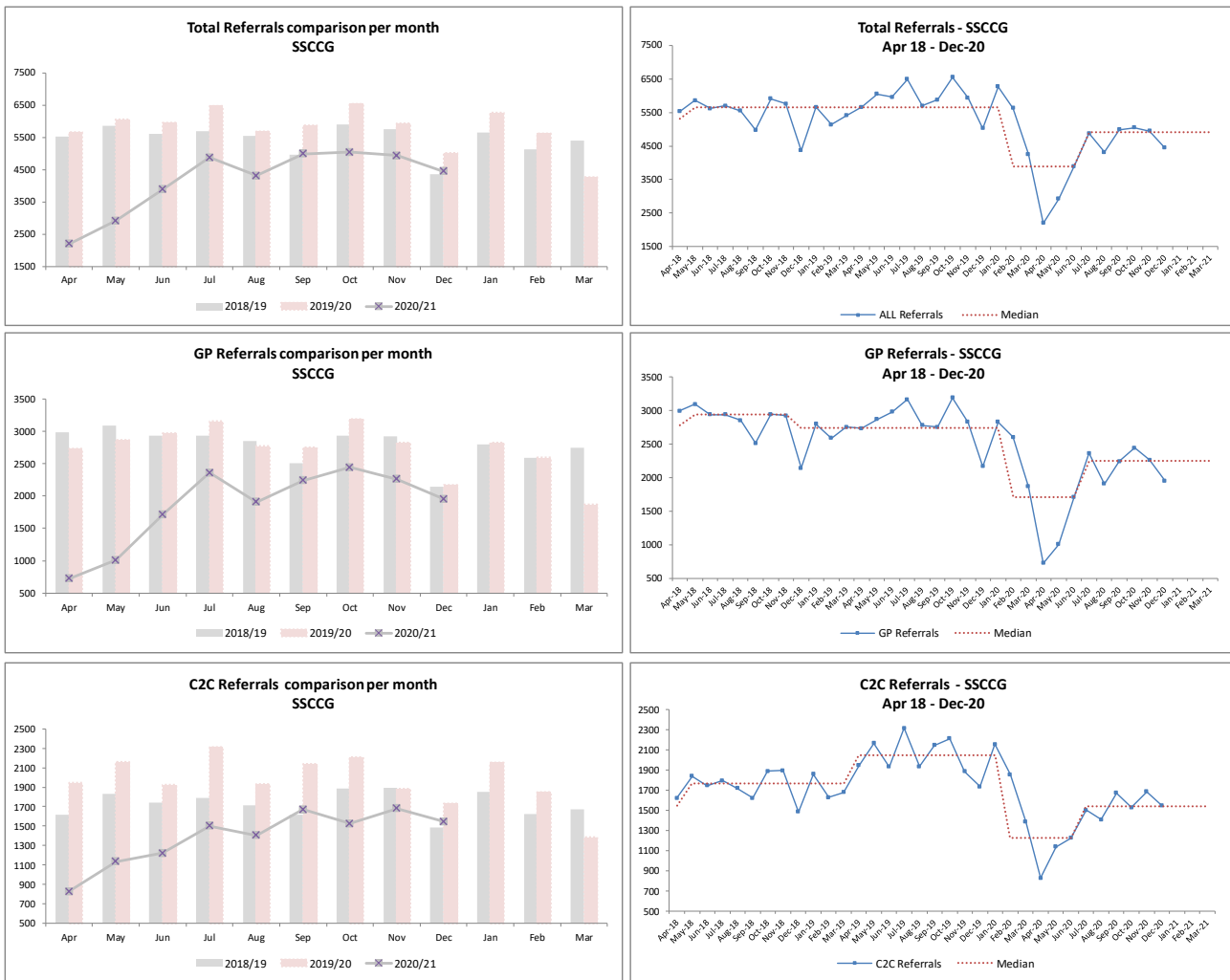
The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Tameside & 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			
Month	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	2730	724	-2006	-73.5%	1943	826	-1117	-57.5%	5662	2197	-3465	-61.2%
May	2863	1006	-1857	-64.9%	2163	1134	-1029	-47.6%	6053	2917	-3136	-51.8%
June	2974	1709	-1265	-42.5%	1928	1221	-707	-36.7%	5961	3889	-2072	-34.8%
July	3160	2362	-798	-25.3%	2314	1499	-815	-35.2%	6488	4880	-1608	-24.8%
August	2777	1906	-871	-31.4%	1932	1404	-528	-27.3%	5694	4319	-1375	-24.1%
September	2748	2240	-508	-18.5%	2142	1669	-473	-22.1%	5877	4991	-886	-15.1%
October	3185	2442	-743	-23.3%	2210	1526	-684	-31.0%	6547	5049	-1498	-22.9%
November	2823	2259	-564	-20.0%	1883	1681	-202	-10.7%	5939	4945	-994	-16.7%
December	2166	1952	-214	-9.9%	1732	1547	-185	-10.7%	5024	4445	-579	-11.5%
January	2827				2152				6268			
February	2599				1851				5628			
March	1865				1385				4258			
Monthly Average	2726	1844	-882	-32.3%	1970	1390	-580	-29.4%	5783	4181	-1602	-27.7%
YTD Total Month 9	25426	16600	-8826	-34.7%	18247	12507	-5740	-31.5%	53245	37632	-15613	-29.3%
Annual/FOT	32717	22133	-10584	-32.3%	23635	16676	-6959	-29.4%	69399	50176	-19223	-27.7%



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





Month 9 Summary:

- Trends show that total secondary care referrals in December have decreased by -500/-10% when compared to the previous month. This follows a typical trend for December and despite a decrease in month, the average number of referrals per month has increased by 26% when comparing to early 2020/21. However, referrals have remained below historical levels across all referral sources.
- GP referrals are reporting a year to date -34.7% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately -15 less GP referrals per day in December when comparing to the previous month.
- Aintree Hospital has reported a -31.9% decrease in total referrals at month 9 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 9 are approximately -16.0% (-89) lower than in December 2019, they are also -5.1% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 9 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 -40.3% (-13,714).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 978 two week wait referrals reported in October-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase with Gastroenterology also contributing significantly.
- Despite a second consecutive monthly decrease, two week wait referrals in December-20 are 57%% above the equivalent period in 2019.
- When considering total referrals, decreases are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT, Dermatology, Respiratory Medicine and Ophthalmology.
- Specialty code 822 (Chemical Pathology) has been excluded from April-20 onwards due to an issue found within Southport & Ormskirk data.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards; however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in December-20, referrals to Alder Hey are -20.3% (-100) down when comparing to December-19 with Renacres referrals also showing a decrease of -48.8% (-79).



2.2 NHS E-Referral Services (e-RS)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Aug-20	Sep-20	Oct-20	Nov-20		
		30.1%	33.8%	33.9%	34.4%		
		Aug-20	Sep-20	Oct-20	Nov-20		
		62.1%	60.0%	58.5%	61.6%		
		Plan: 100% by end of Q2 2018/19				The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
Performance Overview/Issues:							
<ul style="list-style-type: none"> Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. November data shows an overall performance of 49% for South Sefton CCG, a slight decline in the previous month (50.8%). In November 2020, Liverpool University Hospitals NHS FT reported 1,922 Appointment Slot Issues (ASIs) out of a total 4,866 direct bookings; an ASI rate of 39.50%. This shows an increase in the proportion of ASIs compared to November 2019, when 3,020 ASIs of 10,747 direct bookings (28.10%) were reported. Although the proportion of ASI's has increased, the number of direct bookings has significantly reduced. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter, however recovery is dependent the second surge of COVID. 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. Elective care recovery will be monitored through contract review meeting with the providers. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	31.61%	27.67%	22.14%	15.84%	
		LUHFT	33.40%	29.00%	25.21%	22.19%	
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	
		CCG	1.59%	1.37%	0.97%	2.72%	
		Aintree	0.06%	0.03%	0.15%	0.65%	
National Target: less than 1%				Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%			
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 2,305 patients on the waiting list with 365 waiting over 6 weeks (of those 141 are waiting over 13 weeks). Same period last year saw 2,683 patients waiting in total and 73 waiting over 6 weeks (of those 4 waiting over 13 weeks). CT (115), Gastroscopy (94), Flexi sigmoidoscopy (48) and Colonoscopy (39) make up over 81% of the total breaches. Measuring against the CCG Peers, South Sefton CCG lies 2nd in the rankings, (1st being best performing). The CCG is reporting well below the national level of 29.2%. For LUHFT joint performance was 22% compared to 25% in November which continues the improvement seen over the last 8 months. The overall waiting list and the number of patients waiting greater than 6 weeks has reduced compared to last month. Impact on performance due to COVID-19 pandemic but is showing improvement. Reopening of outpatients in August had resulted in increased demand, however early indication show a reduction in demand in month 9, possibly due to the focus of primary care in its support of the COVID-19 vaccination programme. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. Endoscopy capacity reduced in October following the introduction of a combined acute medical/gastro StR rota to support cover for the increased medical bed base during COVID-19 second surge. Capacity will reduce further if nursing staff are redeployed to support ward staffing during second surge of COVID-19. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. The CCG will agree with NHSE/1 how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers, including escalation of QIPP schemes that relate to phase 3 recovery. Total diagnostic activity levels for South Sefton CCG in month 9 are currently below expected/planned levels as set out in the NHS Phase 3 planning submission. The CCG will continue to monitor diagnostics on a monthly basis for the remainder of 2020/21. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
System:							
<ul style="list-style-type: none"> Hospital cell is working on system recovery plans. Liverpool CCG is meeting with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. Alignment of CCG QIPP programmes and restoration of electives services discussed at LUHFT CCF. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. 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. Additional weekday/weekend WLI (Waiting List Initiative) activity to be conducted to provide additional capacity. Insourcing of MEDINET (Monday to Friday), with 4 lists per day starting in December 2020, delivered additional 668 additional procedures in month. Business case for expansion of the radiographer workforce to be developed in order to progressively increase the operational hours of the scanners and long term capacity across CT, MRI and Ultrasound. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Endoscopy capacity has increased in to 106% pre-COVID capacity with associated increases in patient volumes due to the relaxation of IPC guidelines for the delivery of endoscopy. 							
When is performance expected to recover:							
LUHFT do not plan to achieve the standard in 2020/21.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		John Wray			Terry Hill		

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	59.74%	64.54%	65.78%	63.96%	
		LUHFT	55.70%	61.94%	65.05%	64.70%	
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	
		CCG	87.77%	87.00%	86.00%	85.30%	
		Aintree	86.41%	85.80%	84.30%	83.00%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, this month there has been a decline in performance. The challenged specialties include T&O, Ophthalmology, ENT, Gynaecology and Thoracic Medicine. Measuring against the CCG Peers, South Sefton CCG lies 7th in the rankings (1st being best performing). The CCG is reporting below the national level of 67.80%. 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, introduction of virtual clinics and validation of existing patients. Reintroduction of ERS clinics in August, led to an increase in GP referrals, without a corresponding increase in volume of activity. Trusts overall waiting lists have increased by 1,964 from previous month to 44,534, contributed by continued validation of waiting list. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Agreement between SS & LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic. Increased utilisation of Spire Liverpool, with 18 theatre sessions per week are being provided (breast, urology, general surgery, vascular and orthopaedic services) which gives an additional capacity of an average of 40 patients per week. Weekly meetings with executive leads to ensure improved utilisation of Spire capacity. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. Waiting list initiatives in place to increase capacity. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	247	349	503	647	
		LUHFT	843	1,298	1,778	2,327	
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	
		CCG	0	1	1	0	
		Aintree	0	0	0	0	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 647 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (591) the remaining 56 breaches spanned across 15 other trusts. Measuring against the target the CCG is 341 over the phase 3 response plan. Measuring against the CCG Peers, South Sefton CCG lies 5th in the rankings (1st being best performing). 52+ week waits for the CCG represent 4.5% of the total waiting list in December, which is slightly below the national level of 5%. LUHFT 52 week breaches increased to 2327 in December compared to 1778 in November the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and Oral Surgery. Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. Review of QIPP programmes with Liverpool CCG to ensure that schemes that support elective recovery are prioritised. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 							
When is performance expected to recover:							
No set date for recovery. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

Figure 2 – CCG RTT Performance & Activity Trend

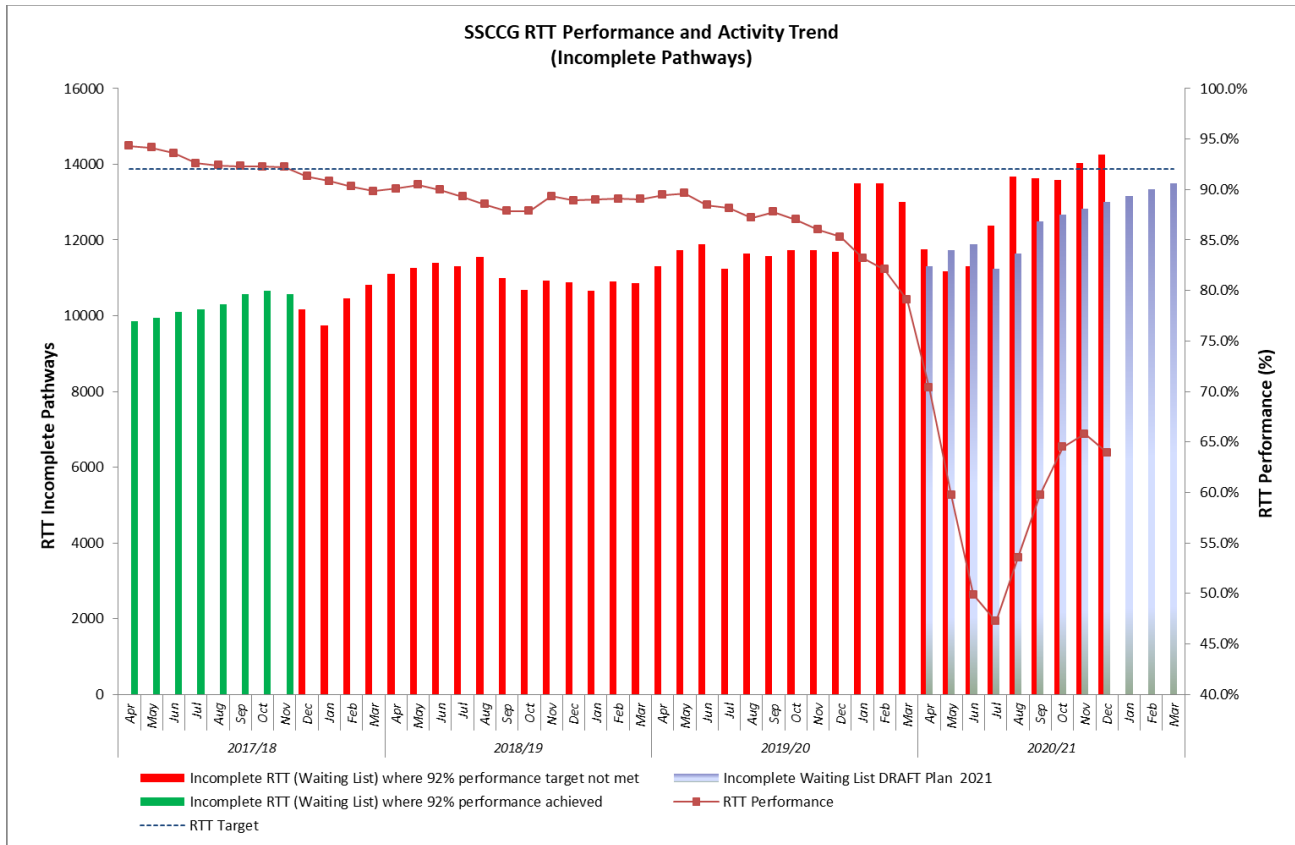


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG - New plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	11,309	11,727	11,880	11,234	11,648	12,500	12,666	12,832	12,998	13,164	13,330	13,496	13,496
2020/21	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265				14,029
Difference	442	-548	-569	1,155	2,034	1,126	991	1,197	1,267				533
52 week waiters - Plan	0	0	0	0	0	212	221	226	306	537	833	1,007	
52 week waiters - Actual	8	46	106	171	198	247	349	503	647				
Difference	8	46	106	171	198	35	128	277	341				

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	46,013
2020/21	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536				43,605
Difference	-4,067	-6,975	-9,233	-6,592	-7,074	-8,484	-6,289	-5,074	-4,350				-2,408

New plans for incomplete pathways and 52 week waiters have started from September as part of the NHS phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In December, the CCG is currently over the new plan by over by 1,267. The CCG’s main provider LUHFT accounts for 73.55% (10,492) of all incomplete pathways in December.

LUHFT’s waiting list is currently well below their last year’s actuals.

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)	1,664	591	Throughout the pandemic it has been recognised that the increased operational pressures have led to delays in some pathways and waiting times for routine treatments are in excess of 52 weeks for a high number of patients. At the end of December at Trust level there were 2,327 patients waiting over 52 weeks for routine treatment. A regional programme of work was initiated in October 2021 to ensure the safety of patients. The implementation of this involved establishing a process whereby validation of all waiting lists was undertaken and involving clinical prioritisation (using national guidelines) of every patient followed by making contact with each patient to establish if they still wanted to attend. The benefits have been that any patients whose condition may have changed have been offered a clinical review (where possible and appropriate virtually); all patients have received written correspondence or been verbally contacted so they do not feel they have been forgotten about and all waiting lists are now validated. This progress is on-going to ensure all patients continue to be reviewed and monitored as they are added to the waiting list.
SPIRE LIVERPOOL HOSPITAL : (NT337)	27	17	National Framework contract commenced 31st December. Hospital has discussed displaced elective cases with the CCG and restarted its elective programme based on the Clinical prioritisation programme mandated by NHSE. It is expected that Spire Liverpool will continue to support LUHFT with long wait NHS cases as its own elective capacity has been severely impaired. Outpatient appointments cancelled due to the pandemic have now all been rebooked in ERS providing an accurate outlook of wait times for patients wishing to access the hospital's services.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	127	8	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The Trust has met required recovery trajectories for outpatients and elective activity to date, however, anticipates future challenges with long waiting (52 week) patients.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	37	7	The COVID-19 crisis has had a significant impact on RTT and diagnostic performance, as all routine operating outpatient and diagnostic activity had to be cancelled. RTT continues to be monitored and long waiters are tracked and discussed in depth at weekly PTL meetings. Activity has recommenced but at a reduced rate due to social distancing requirements, PPE and patient willingness to attend. Urgent patients and long waiters remain the priority patients for surgery.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	36	4	The Trust's RTT performance reported in December, is the best in the Cheshire and Merseyside region. S&O were the only Trust to outperform its 52 week waiter target and have the lowest number of 52 week waiters as a percentage of total waiting lists, which stands at 0.6%. This, again, is the lowest in the region. The priorities remain as; improve utilisation of OP, improve utilisation of Trust Theatres, continue to utilise Renacres Theatre capacity and increase utilisation in Endoscopy now we have return of Treatment Centre estate to deliver increased activity. Recovery plans are in place across all specialities as part of Phase II. These recovery plans are monitored.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	2	4	The Trust has introduced a new Theatre Scheduling System and work on the system had been progressed throughout the COVID-19 pandemic. Increased theatre throughput will benefit RTT performance overall. The implementation of the system had enabled the Trust to book out theatres six weeks in advance for the first time.
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	4	3	There is the challenge of the referral to treatment backlog, and patients are being treated in order of clinical priority. Work is also underway with NHSE/I on 40 week waits in relation to validation of the list and moving those patients forward, and there are weekly supportive meetings on this subject.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	12	2	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. All patients undergo a harm review by the consultant responsible for the patients care. Elective restoration remains hampered by the high levels of COVID positive inpatients occupying beds and the need to provide clean pathways and capacity. The clinical divisions are well sighted on the issues and have plans to increase elective inpatient throughput with the acquisition of an additional ward from a local Liverpool Trust. The Trust remains on track to deliver normal levels of day case capacity.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	2	2	utilised for the highest priority of patients. The Trust continues to increase on-site theatre capacity. There is continued use of off-site NHS and Independent Sector theatre capacity. The longer term planning continues to further increase theatre capacity, including consideration of 7 day working. Mobile air ventilator units are being installed to increase capacity for aerosol generating procedures. The majority of out-patient services will remain unaffected by the recently announced pause in GM. The focus on virtual consultation continues where possible, with out-patient services seeing an increasing number of routine patients. Day case infusion/procedure capacity is increasing. Local service developments currently being implemented at pace for non-admitted patients are Advice & Guidance (A&G) and Patient Initiated Follow-Up (PIFU).
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	2	Long waiters governance assurance paper is now complete. Recovery plans include prioritised actions for recovery of the long waiting patients. New weekly assurance meetings take place to monitor long waits and specialty plans for the over 52 week patients. This is also supported by a clinical harm review process. To assist, the Trust is currently using 79% of the Independent Sector capacity available.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	11	2	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres will be coming back on line in February which should help to treat patients that have been waiting a
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	This patient was sent a letter in early July advising that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment. There is still no Bariatric Surgery going ahead due to COVID-19.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	0	1	A Recovery plan had been developed across the Integrated Care System (ICS). Clinical harm reviews are being undertaken by all teams and deep dive reviews of specialities with long waits are being reported to the Safety and Quality Committee. The Trust continues to use the independent sector where appropriate.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	3	1	As part of the national recovery phase three response to the pandemic MFT has recently completed a national return setting out our recovery trajectory for 52 week waits and waiting list size. This exercise was undertaken collectively across the organisation to inform a trajectory which is predicated on core capacity and a range of improvement initiatives e.g. use of the independent sector. The Strategic Group have built in support of ringfencing specialist hospital capacity into the MFT escalation plans in order to maximise and maintain as much elective capacity as possible. In addition to this, a weekly group performance meeting has been stood up to provide oversight of achievement. Teams across MFT are now utilising this information in order to support stratification of our waiting lists in line with access policy principles of treating those with the greatest clinical need first, followed by those with the longest wait.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	1	1	52 week waiters have decreased for both Welsh and English patients and should improve through the restoration work. In line with national guidance our restoration and recovery will need to take into consideration the balance of clinical prioritisation as well as the waiting times for our patients. We are now part of the National E-Review Programme with emphasis on a clinically validated waiting list. We continue to work within the system to understand population demand across providers.
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST : (RWV)	1	1	Recovery of the elective programme is taking place with urgent elective activity is being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients. Elective capacity has been restored at the Halton Elective Centre and Captain Sir Tom Moore Centre. The Trust continues to utilise Independent Sector Capacity. Updated papers on the management of patients on waiting lists are reviewed by the Quality & Assurance (QAC) Committee. An updated report will be available for the Patient Safety and Effectiveness Committee and QAC as a regular agenda item on these committees.
Other Trusts	20	0	No Trust Information
	1,947	647	

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)	
RAG	Measure		Sep-20	Oct-20	Nov-20	Dec-20	YTD		
	2 Week Wait (Target 93%)	CCG	93.60%	94.18%	83.14%	83.14%	91.93%	122b	
		LUHFT	93.76%	93.19%	84.98%	81.44%	91.64%		
	2 Week breast (Target 93%)	CCG	100%	95.35%	43.48%	49.12%	83.01%		
		LUHFT	93.90%	94.87%	66.44%	67.59%	87.18%		
	31 day 1st treatment (Target 96%)	CCG	97.18%	93.10%	97.83%	100%	96.56%		
		LUHFT	95.75%	93.78%	96.60%	95.90%	94.55%		
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	98.35%		
		LUHFT	100%	98.53%	100%	97.30%	93.35%		
	31 day subsequent - surgery (Target 94%)	CCG	91.67%	100%	78.57%	100%	90.68%		
		LUHFT	89.80%	78.57%	79.59%	89.09%	80.88%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.01%		
		LUHFT	No pats	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	CCG	78.79%	68.89%	62.79%	80.00%	74.83%		
		LUHFT	66.67%	73.06%	60.76%	68.53%	69.93%		
	62 Day Screening (Target 90%)	CCG	No pats	0.00%	100%	85.71%	61.11%		
		LUHFT	69.23%	38.46%	100%	78.95%	59.41%		
	62 Day Upgrade (Local Target 85%)	CCG	84.62%	87.50%	76.92%	80.00%	82.61%		
		LUHFT	90.91%	86.62%	82.72%	79.43%	85.47%		

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.

Performance Overview/Issues:

- The CCG is achieving 3 of the 9 cancer measures year to date, the Trust is only achieving 1.
- 2 week wait referrals have increased on 2019/20 levels with breast surgery showing the largest contribution to the increase.
- Breast services at LUHFT are experiencing high demand. This is impacting on performance for both the breast symptomatic pathway and contributing to a decline in performance for the overall suspected cancer pathway. The median wait for South Sefton breast patients in December was 21 days. Work is ongoing to understand the Sefton position for breast target performance compared with the LUHFT catchment position. This may be related to hospital-site specific issues.
- The size of the surgical waiting list remains stable.
- Key breach reasons as recorded are as follows. Please note reasons for breached pathways recorded on the National Cancer Waits database can only be recorded against 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. Also breach reason categories have not yet been expanded to reflect COVID-19 related themes for delays.
- Patient choice, inadequate elective capacity, complex diagnostic pathways, health care professional initiated delay and other reasons - see above.
- 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.

Actions to Address/Assurances:

The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:

- To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly;
- To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints;
- To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe.



A Cancer Alliance level live daily PTL from all providers is being implemented from early 2021. This will facilitate:

- Direct visibility of patient tracking list (PTL) data for live reporting.
- Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.
- Predicted performance information.
- Proactive rather than reactive management.
- Brings together like for like data for Alliances across the North West.
- Support to cancer management teams on activity volumes / growth.
- Tracking of key issues – such as 104 day breaches

In relation to breast services, South Sefton CCG has installed protocols for breast pain onto practice systems with the aim of supporting primary care to manage this group of patients without the need for referral in cases where there are no other symptoms.

When is performance expected to recover:		
<p>The planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> • Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. • Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral. • Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. <p>Providers have submitted their cancer improvement plans to NHSE/I with a focus on reducing long waits. However these trajectories were prepared in September 2020 and did not plan for the impact of subsequent waves of COVID-19. Numbers of patients currently waiting 63 days or longer exceed the trajectory plans.</p>		
Quality:		
<p>Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.</p> <p>LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.</p>		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

2.5.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		13	16	13	16	
Plan: Zero						

Performance Overview/Issues:
<ul style="list-style-type: none"> • Out of the 16 breaches in December there were 7 for urological, 3 lower gastro, 2 haematological, 2 head and neck, 1 upper gastro, and 1 other. • There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). • The average total days waited in December 2020 for patients who had breached 104 days at LUHFT was 133 days, compared to 142 in November.

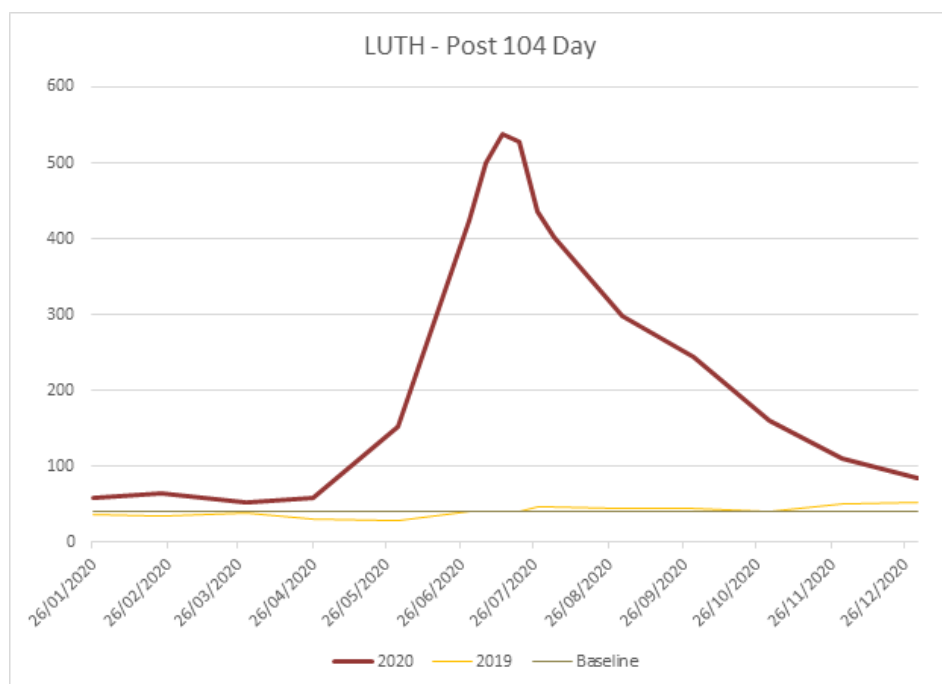
Actions to Address/Assurances:
<ul style="list-style-type: none"> • See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days.

When is performance expected to recover:
<p>LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information shows that the Provider is under the trajectory at 16 and looks to have reduced 104 day waits to pre pandemic levels.</p>

Quality:
<p>There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight.</p>

Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

Figure 4 – LUHFT Trajectory 104 day waiters

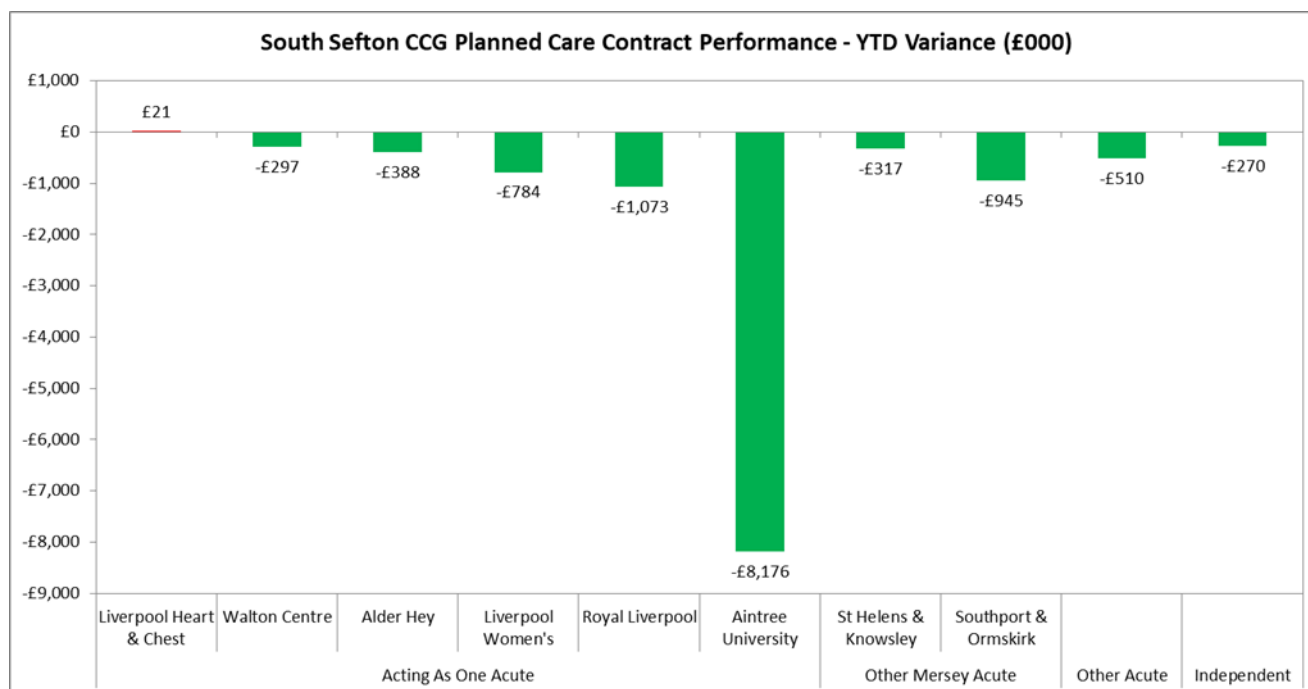


2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure	CCG	Sep-20	Oct-20	Nov-20	Dec-20			YTD
	28-Day FDS 2 Week Wait Referral	CCG	68.84%	75.45%	78.77%	72.71%			74.17%
		Target	Target due to start 2021 - 75%						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	89.19%	90.91%	90.48%	88.00%			89.60%
		Target	Target due to start 2021 - 75%						
	28-Day FDS Screening Referral	CCG	40.00%	44.44%	81.82%	60.53%			46.46%
		Target	Target due to start 2021 - 75%						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 28 day FDS standard is still being shadow monitored. The standard is expected to be 75%. RAG is indicating what the measures would be achieving when the target comes in. 28 Day FDS overall is reporting 73.14% for December and 74.56% year to date, just under the proposed 95% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 									
When is performance expected to recover:									
Not applicable.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Martin McDowell		Dr Debbie Harvey			Sarah McGrath				

2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 9 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, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Data suggests that the second national lockdown (5th November – 2nd December 2020) and typical seasonal trends for December has resulted in a further decrease in planned care activity at lead providers for the CCG.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£8.1m/-39% against the previous year. Across all providers, South Sefton CCG has underperformed by -£12.7m/-35.6%.

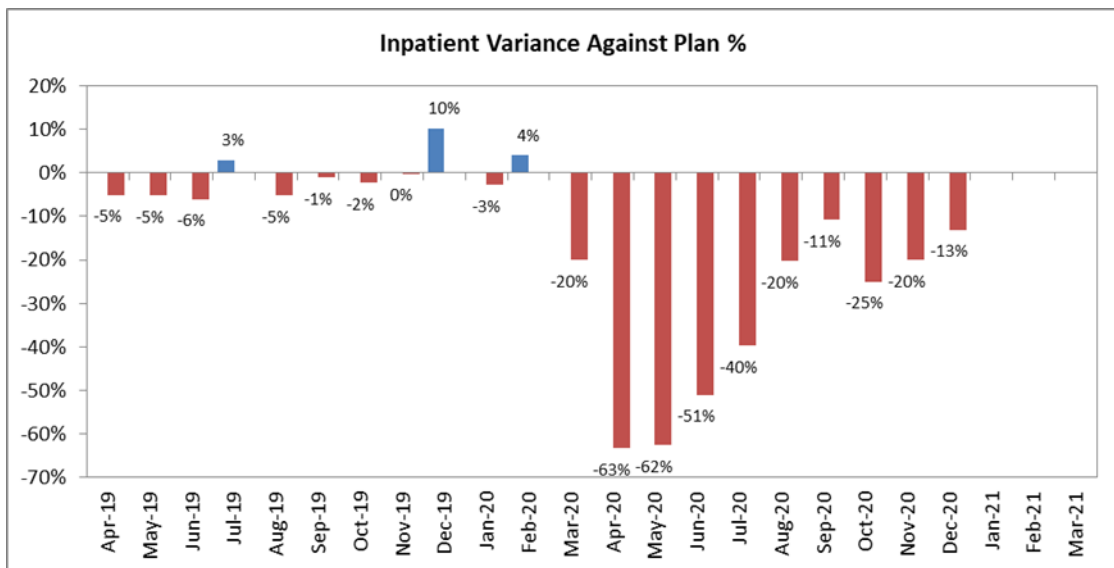
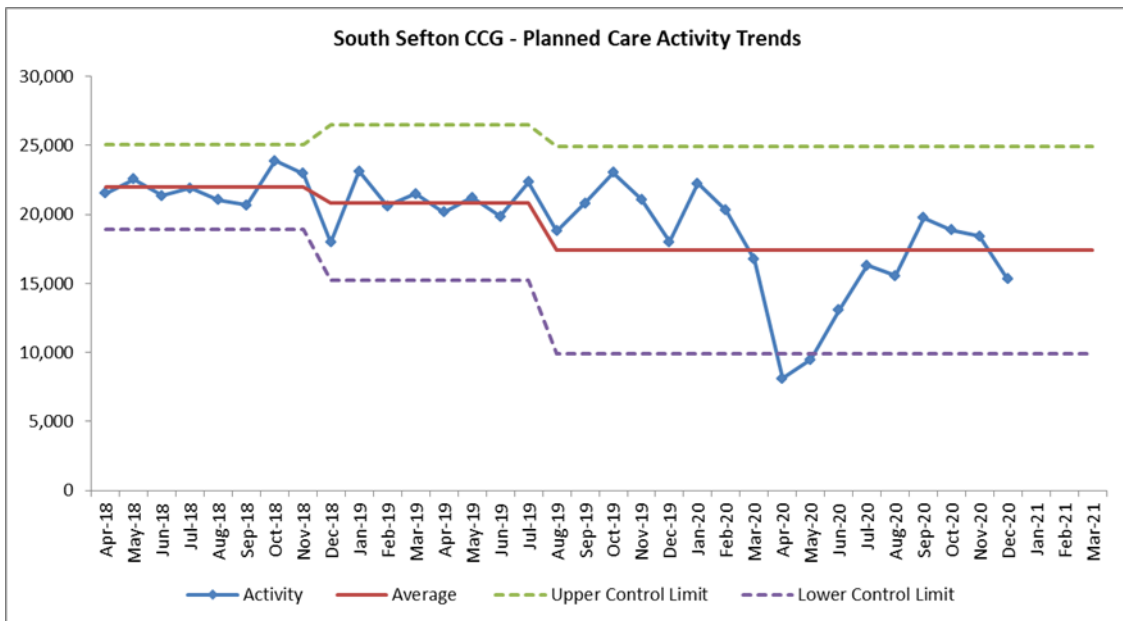
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres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

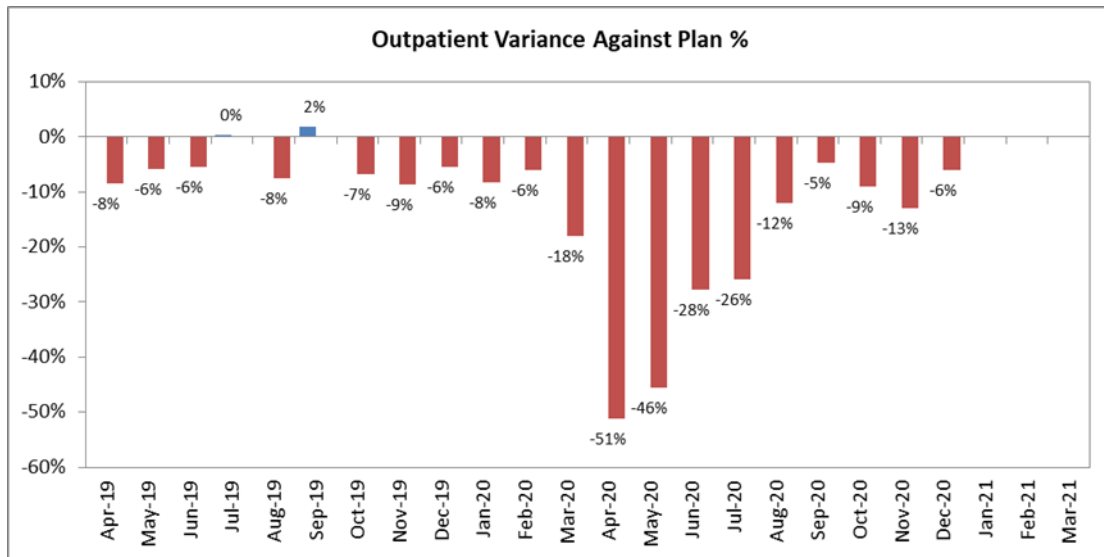
NB. Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South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

Due to the COVID-19 pandemic, a number of month 9 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not 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 9 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, Inpatient and Outpatient Variance against Plan





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	9,423	5,041	-4,382	-47%	£5,785	£2,859	£-2,927	-51%
Elective	942	404	-538	-57%	£2,959	£1,074	£-1,884	-64%
Elective Excess BedDays	490	138	-352	-72%	£131	£37	£-95	-72%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	161	94	-67	-42%	£33	£18	£-15	-45%
OPFANFTF - Outpatient first attendance non face to face	1,009	6,536	5,527	548%	£34	£875	£841	2501%
OPFASPCL - Outpatient first attendance single professional consultant led	23,056	15,405	-7,651	-33%	£3,728	£2,455	£-1,273	-34%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	644	140	-504	-78%	£65	£14	£-51	-79%
OPFUPNFTF - Outpatient follow up non face to face	4,670	25,357	20,687	443%	£117	£1,552	£1,435	1222%
OPFUPSPCL - Outpatient follow up single professional consultant led	48,209	17,059	-31,150	-65%	£3,612	£1,190	£-2,423	-67%
Outpatient Procedure	17,204	6,106	-11,098	-65%	£2,404	£910	£-1,494	-62%
Unbundled Diagnostics	10,813	7,782	-3,031	-28%	£897	£660	£-237	-26%
Wet AMD	1,269	1,153	-116	-9%	£1,016	£962	£-54	-5%
Grand Total	117,890	85,215	-32,675	-28%	£20,782	£12,605	£-8,176	-39%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£8.1m/-39% for South Sefton CCG at month 9. This is a continuation of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction when comparing to the previous year with a variance of -31.9% across all referral sources combined.

The two points of delivery that continue to report an over performance at month 9 are for outpatient non face to face (first and follow up) activity, which reflects 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, IPC guidelines and supporting shielded patients). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.



Although consultant led first appointments remain well below plan overall, a number of individual specialities have recorded increases in recent months (from June-20 onwards). General Surgery has seen a sharp increase in appointments with 724 recorded in September 2020. This is against an average of 59 appointments per month for this speciality during 2019/20. The 342 appointments within the Physiotherapy Service during October 2020 are also the highest monthly total reported during 2019/20 and 2020/21 to date. Despite this, these two specialities as well as others have reported decreases in activity during month 8 and month 9, which may be attributed to the second national lockdown as well as typical trends during the winter period.

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 onwards, which suggests some recovery of activity within the Gastroenterology Service. The majority of these scopes are recorded as a day case procedure for '*Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over*'.

NB. 2020/21 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 9 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.



2.7 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. <u>Risk to Patients</u> Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		9.01%	10.84%	11.28%	10.59%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		13.31%	12.35%	14.02%	12.30%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 3, the number of South Sefton CCG Maternities were 340, of which 36 were reported as Smoking at time of Delivery giving the statistic of 10.6% , which is an improvement of 0.7% in the right direction compared to Quarter 2, and 1.7% improvement on the same time period last year. Performance really needs to change if the CCG are to meet the new 2021/22 National Ambition of 6%. COVID has caused heightened anxiety especially for pregnant women, when face to face antenatal appointments with a midwife or obstetrician have been reduced. This has seen more reluctance to stop smoking at this time, indeed recent ex-smokers are being reported as starting again mid-pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Local Authority and CCG influence is indirect; The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health. The Local Maternity System will be meeting to discuss and share plans and methods of working to address SATOD performance and targets. To combat the specific impact of COVID the Trusts have sought to increase referral rates to the specialist smoking cessation teams; increase awareness and knowledge amongst Midwives who have the first contact with pregnant women. Increase face to face contact with the smoking cessation midwife by encompassing ex smokers into the target list. Telephone support to the women when needed. Serial scans have remained in place for pregnant smokers throughout, in which they will be reviewed by the smoking cessation Midwife in most cases following each scan. A pregnant smoker will continue to have at least 6 scans during their pregnancy and in the majority of cases these women will be seen by the specialist midwife after each scan to try support and encourage them to quit. 							
When is performance expected to recover:							
Further performance improvement is hoped to be seen next quarter.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		



3. Unplanned Care

3.1 Accident & Emergency Performance

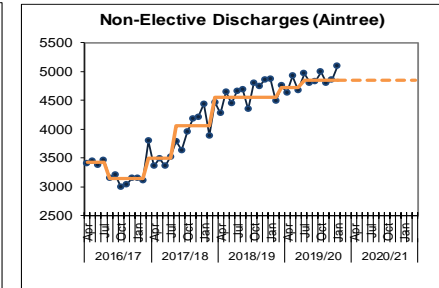
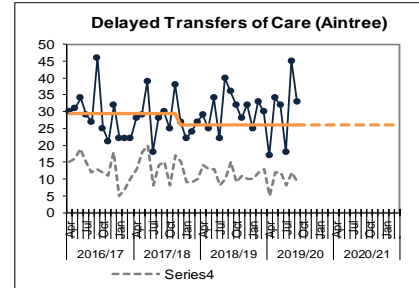
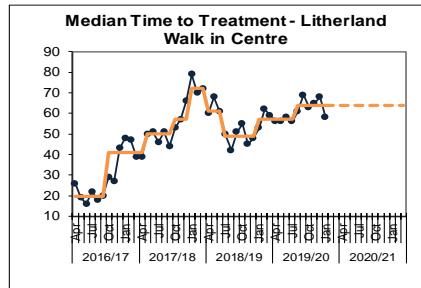
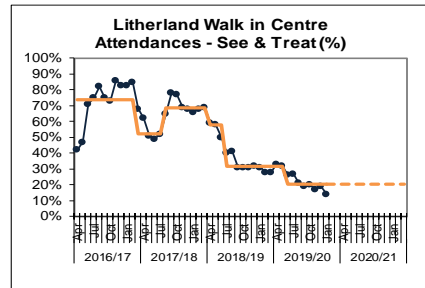
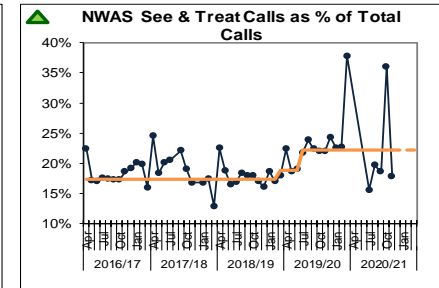
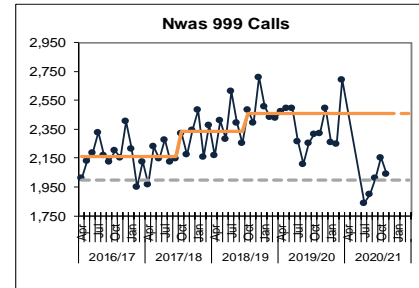
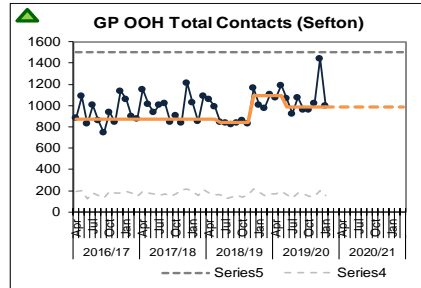
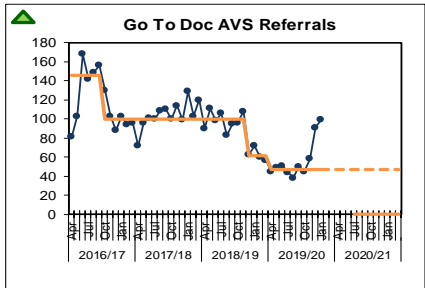
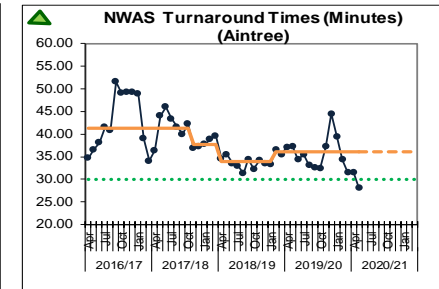
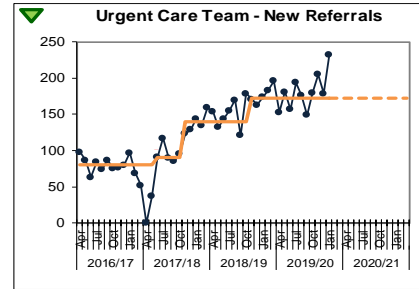
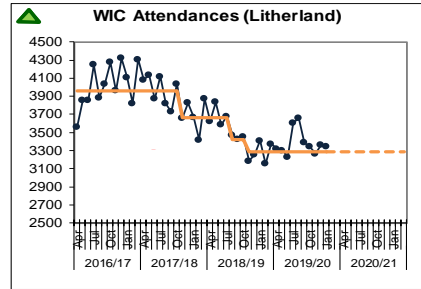
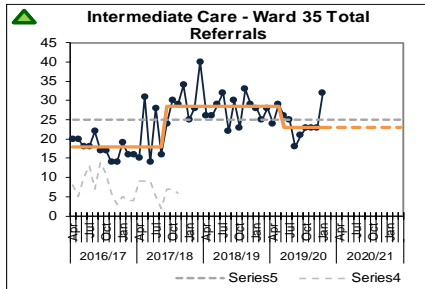
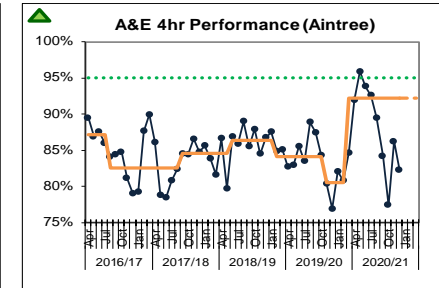
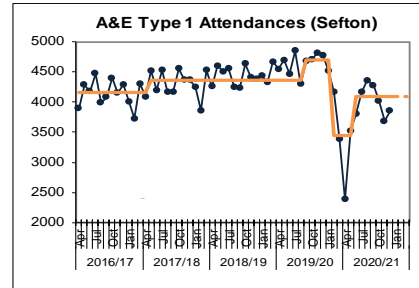
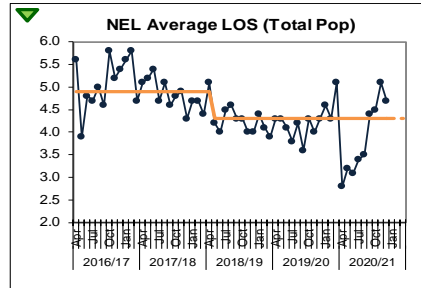
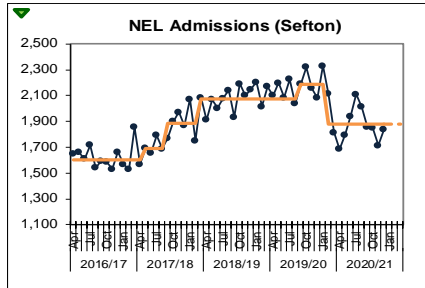
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	
		RED	TREND	Sep-20	Oct-20	Nov-20		
 		CCG All Types	85.16%	78.48%	85.32%	82.66%	88.01%	National Standard: 95% No improvement plans available for 2020/21
		Previous Year	Sep-19	Oct-19	Nov-19	Dec-19	YTD	
		CCG All Types	83.43%	84.32%	81.53%	80.65%	81.43%	
		LUHFT All Types	84.23%	77.41%	84.74%	81.88%	87.47%	
		LUHFT Type 1	77.95%	67.40%	78.59%	76.00%	83.13%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. Attendances and performance have fluctuated and at times increased to pre-COVID levels. December has seen a decrease in performance although emergency admissions increasing and more pressures on beds and flow from A&E. CCG A&E performance in December is slightly higher to the national level of 78.5% 								
Actions to Address / Assurances								
Work continues in regard to following actions: <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. COVID designated beds to be implemented within community 17/11/20 to support discharge of medically optimised asymptomatic patients, intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - Shadow Implementation Group work progressing to support implementation and go live on 17/11/20. Winter plan finalised and submitted to NHSE/I with projects identified to avoid A&E attendance and hospital conveyance. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. Above actions all critical now with increased emergency admissions and rising COVID patients within Trust October and November.								
When is performance expected to recover:								
National target 95%, achieved in May during first lockdown but has deteriorated since. NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21.								
Quality:								
There have been no 12 hour breaches in December.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			


















3.1.2 LUHFT A&E Performance - 12 Hour Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
LUHFT A&E Performance 12 hour breaches		Latest and previous 3 months				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	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.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		0	7	2	0		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> December saw no over 12 hour breaches at the Trust. The Trust did not follow procedures agreed in North Mersey AED 12 hour breach policy in regard to notification to Liverpool CCG as lead commissioner. Breaches related to the Royal site and did not involve South Sefton residents. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Feedback required on 48 hours high level review followed by more detailed Root Cause Analysis 							
When is performance expected to recover:							
The Trust is required to ensure that there are no 12 hour breaches at all times.							
Quality:							
Quality Team set up task and finish group to standardise reporting of 12 hour breaches and mechanisms for providing assurance of patient safety. This is a Cheshire and Merseyside piece of work and will be reported into the DoNs meeting. Currently 3 providers across the patch are piloting a new 48 hour review template that aims to help reduce the burden of providers completing lengthy RCAs.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Craig Blakey		Janet Spallen			



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Oct-20	Nov-20	Dec-20		
		Cat 1 mean	<=7 mins	00:07:38	00:06:55	No data for December - Paused due to COVID Pandemic		
		Cat 1 90th Percentile	<=15 mins	00:14:03	00:11:12			
		Cat 2 mean	<=18 mins	00:51:57	00:23:14			
		Cat 2 90th Percentile	<=40 mins	01:49:31	00:48:52			
		Cat 3 90th Percentile	<=120 mins	05:31:39	02:17:48			
		Cat 4 90th Percentile	<=180 mins	06:04:28	03:58:00			
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1 20/21. This has not been met due to COVID impact which began to hit service delivery in Q4 19/20 and then all the way through Q1 20/21 and continuing into Q2 20/21. November 2020 showed significant improvements across all category types, particularly in category 1 with both the mean and 90th percentile achieving the targets. The South Sefton area does not have SERV car in place as in other neighbouring areas which would help to support C3/4 work and alleviate wait times but also potential conveyances and admissions. <p>Local Sefton data is not available for December however following update received on current picture. The mean response times for category 1-4 for YTD are failing against target for the NW and C&M although, category 1 mean response time is 52 seconds from target of <7mins. Wave 3 has had a greater negative affect on C&M compared to wave 1 and 2, NWS have experienced a higher acuity of patients across C&M compared to other NW ICS's and ambulance turnaround delays at Warrington, Whiston and Arrow Park have put further pressure on NWS response times. However, since the MOD (Ministry of Defence) have started supporting NWS with Category 3-4 calls, performance has significantly improved in Cat 2-4 times enabling emergent ambulances to respond to higher acuity calls as well as pressure due to COVID easing slightly into February.</p>								
Actions to Address/Assurances:								
<p>The following actions are part of an ongoing work programme:</p> <ul style="list-style-type: none"> NWS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. 								
When is performance expected to recover:								
<p>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 NWS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and was scheduled to report at the beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.</p>								
Quality:								
<p>CCG incidents are reviewed with peers at NWS/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.</p>								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers



Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	LUFHT	Target	Oct-20	Nov-20	Dec-20		
		(a)	<=15-30mins	384	90	227		
		(b)	<=15-60mins	99	8	35		
		Aintree	Target	Oct-19	Nov-19	Dec-19		
		(a)	<=15-30mins	116	186	257		
		(b)	<=15-60mins	39	128	271		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported a decline in handover between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 227 breaches compared to 90 last month. This is indicative of pressures within A&E and capacity to transfer on timely basis. There was also a decline in handovers within 30 minutes and none waiting more than 60 minutes, recording 35 compared to 8 last month. Handovers have improved from previous year, on comparison in table above last year's figures are just Aintree only, LUHFT also include the Royal. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. 								
When is performance expected to recover:								
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets.								
Quality:								
No quality / patient issues have been reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

No stroke data available from the Trust due to COVID-19 pandemic pressures.



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
RED	TREND		Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	0	0	0	1		
		LUHFT	3	3	3	3		
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	1	1	1	1		
		Aintree	2	2	2	2		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> • RAG rating and trend is on CCG cases. • One new case of MRSA was reported in December for the CCG none for the Trust. • Measuring against the CCG Peers, South Sefton CCG lies joint 1st in the rankings (best performing). 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> • Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. • As with all the IPC indicators the COVID pandemic has had an impact due to the enhanced focus. 								
When is performance expected to recover:								
This is a zero tolerance indicator so recovery is not possible.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Gina Halstead			Jennifer Piet			

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					<p>2020/21 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	17	19	23	27	
		LUHFT	54	61	69	80	
		Previous year	Sep-19	Oct-19	Nov-19	Dec-19	
		CCG	29	35	36	42	
		Aintree	44	56	61	98	
CCG - Actual 27 YTD - Target 46 YTD LUHFT - Actual 80 YTD - Target 78 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Measuring against the CCG Peers, South Sefton CCG lies joint 3rd in the rankings (1st being best performing). For LUHFT there have been 80 cases year to date of hospital-onset healthcare associated (HOHA) and community-onset healthcare associated (COHA) patients reported across the Trust against the objective of no more than 78 cases and is currently slightly off track to achieve the reduction objective of no more than 109 cases within the year. In December 11 cases were reported (5 at the Aintree site, and 6 at the Royal site). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> There have been no periods of increased incidence of infection in 2020/21. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19 The post infection reviews (PIR) recommenced in July until the end of August, but some have been delayed due to the ongoing pandemic. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust.							
Quality:							
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Gina Halstead			Jennifer Piet		

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)				<p>2020/21 Interim Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		CCG	67	76	86		91
		LUHFT	274	312	359		393
		Previous year	Sep-19	Oct-19	Nov-19		Dec-19
		CCG	84	99	112		125
		Aintree	190	222	249		283
CCG - Actual 91 YTD - Target 96 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128. Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings reconvened, but to reduce duplication NHSE/I have had further discussions and this group will now merge with the Antimicrobial resistance (AMR) group to provide a more joined up approach. 							
When is performance expected to recover:							
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.							
Quality:							
The first North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan, this may change with the refocused group to include the antimicrobial resistance (AMR).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

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

Figure 8 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Dec	100	89.54	↑

For December HSMR is higher than reported the previous month at 89.54 (previous month 86.25). HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.02 and within expected parameters, for reporting period March 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.

3.6 CCG Serious Incident (SI) Management – Quarter 3

Number of Serious Incidents Open for South Sefton CCG

As of Q3 2020/21, there are a total of 4 serious incidents (SIs) open on StEIS were South Sefton CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Provider and Current SI status	Total
SOUTH SEFTON CCG	2
Awaiting RCA – Extension agreed (Crosby Village Surgery)*	1
RCA report received to be reviewed at SIRG (Insight)*	1
PC24	1
RCA received awaiting confirmation of closure from LCCG	1
CHESHIRE WIRRAL PARTNERSHIP (NOW MENTAL HEALTH MATTERS)	1
RCA received further assurances requested	1
TOTAL	4

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

Number of SIs Closed during Q3 2020/21

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all South Sefton CCG commissioned providers or SIs from other organisations involving South Sefton CCG patients (excluding Liverpool CCG commissioned providers). During Q3 2020/21, the SIRG panel closed 4 SIs, relating to DMC Healthcare.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q3 2020/21 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported In Quarter 3 2020/21

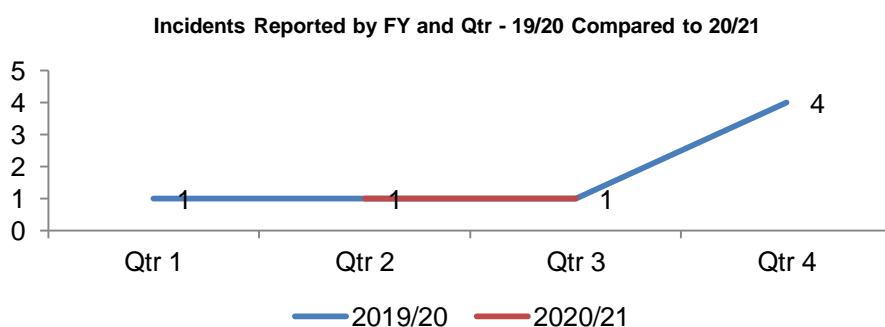
There has been 1 SI reported in Q3 2020/21 were South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and SI Type	Q1 20/21	Q2 20/21	Q3 20/21
SOUTH SEFTON CCG*	0	1	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	0	0	1
TOTAL	0	0	1

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

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

The following graph shows the number of SIs reported YTD 2020/21 compared with 2019/20.



Number of Never Events reported

There have been no never events reported by South Sefton CCG in 2020/21.

SIs reported within 48 Hour Timescale

The CCG has reported 100% of all serious incidents within 48 hours 2020/21 YTD.

DMC Healthcare

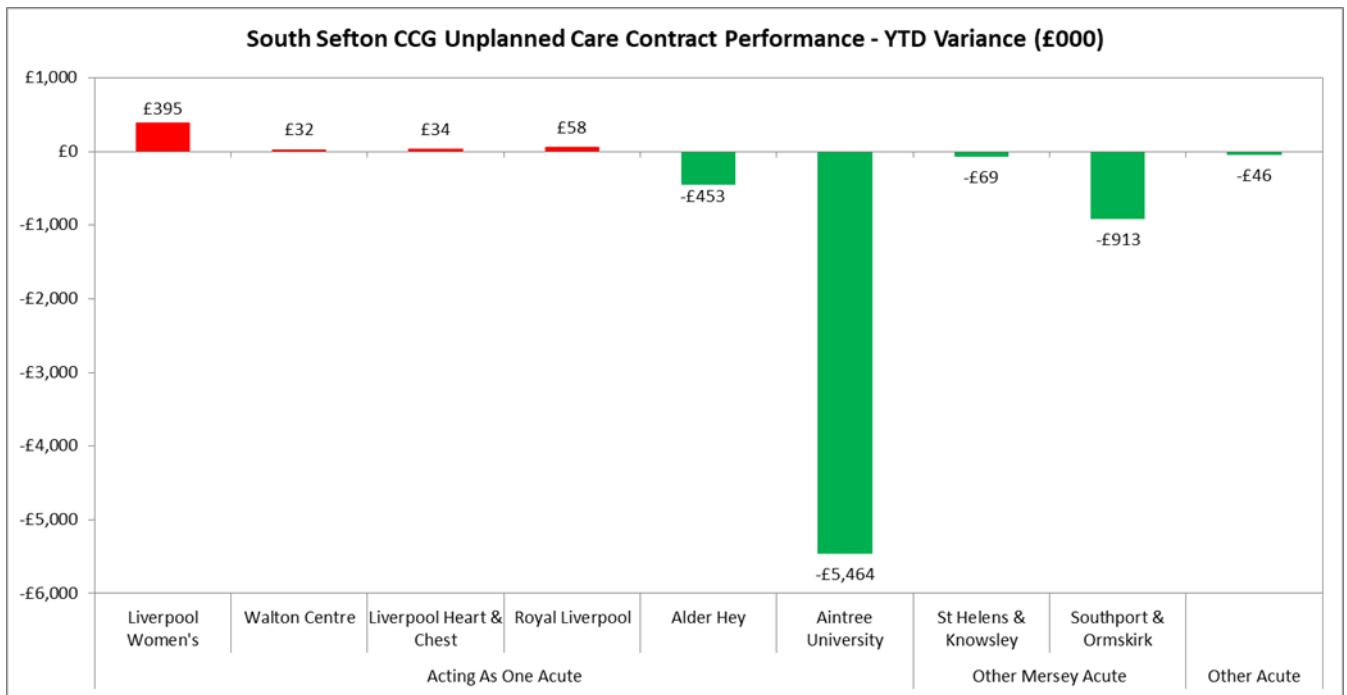
The CCG issued a contract performance notice in March 2020 to DMC and an action plan was submitted which is monitored through the CCQRM for assurance. The individual incidents have been reviewed by SSCCG and further recommendations following on from the resubmission of the RCAs were monitored through SIRG.

Two meetings in late October and early November have taken place with NHSEI colleagues regarding the quality of care provided by DMC. Following which a number of actions have been taken to build on the work the CCG had already agreed with DMC following the issue of the contract performance notice. Actions and improvement performance are being closely monitored at the DMC CQRM.

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 9 - Unplanned Care – All Providers



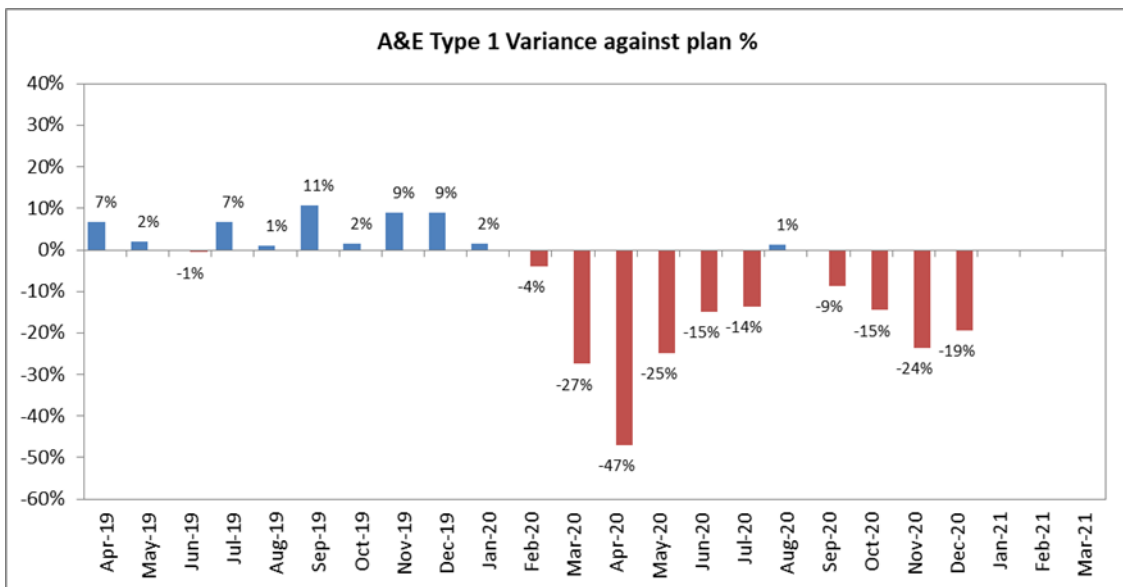
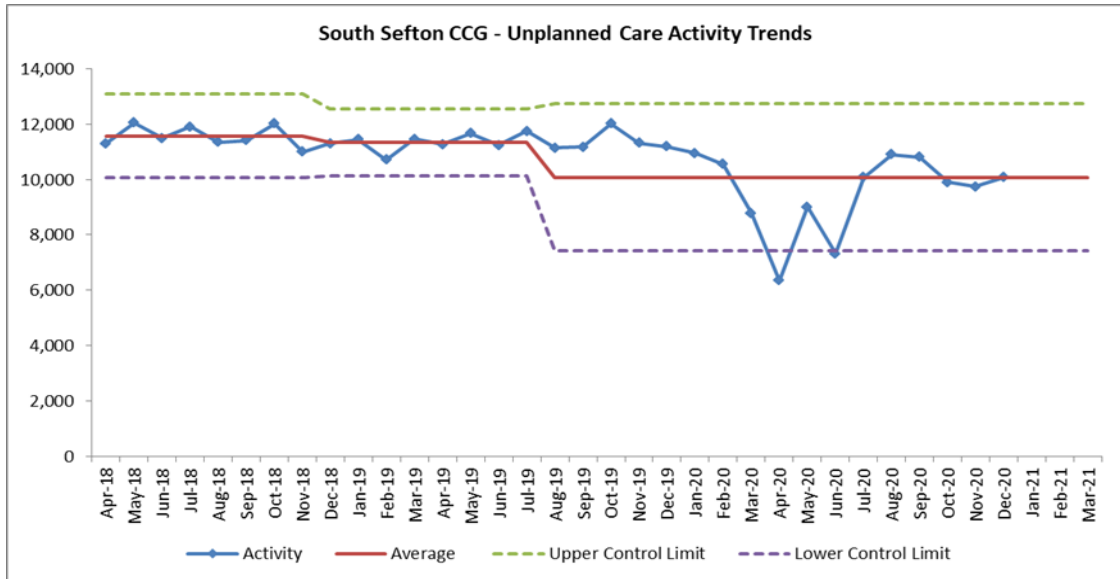
Month 9 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21.

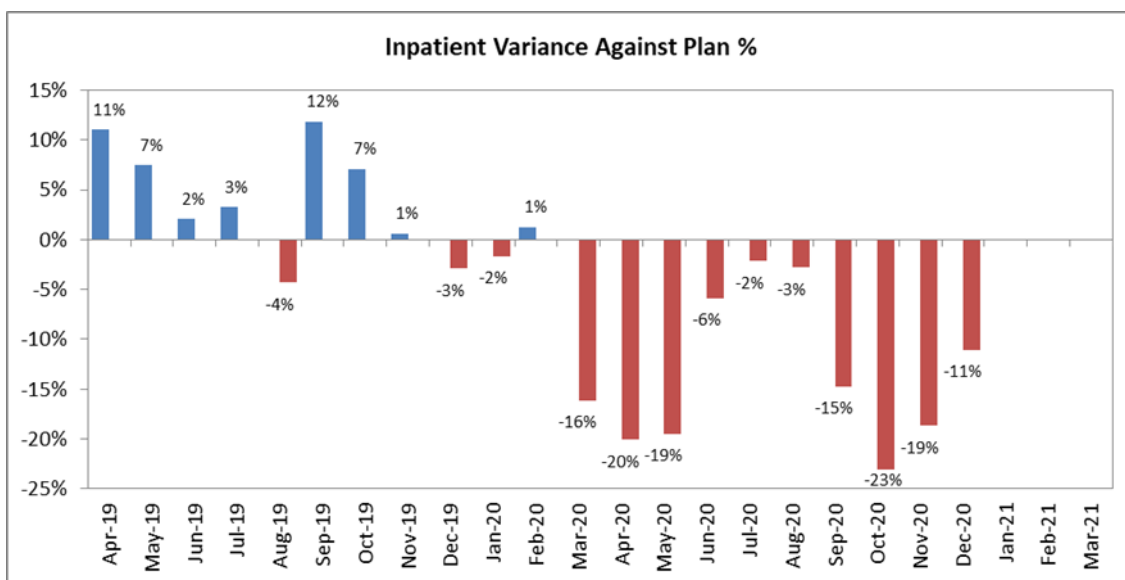
At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£5.4m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£6.4m/-13.9%.

NB. Due to the COVID-19 pandemic, a number of month 9 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not 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 9 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, A&E Type 1 and Inpatient Variance against Plan





3.7.2 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	30,450	26,645	-3,805	-12%	£757	£768	£11	1%
A&E - Accident & Emergency	27,623	24,228	-3,395	-12%	£4,507	£4,098	£-409	-9%
NEL - Non Elective	13,075	11,621	-1,454	-11%	£26,613	£22,503	£-4,110	-15%
NELNE - Non Elective Non-Emergency	33	44	11	33%	£179	£159	£-19	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	57	33	-24	-	£15	£8	£-7	-
NELST - Non Elective Short Stay	2,821	2,452	-369	-13%	£1,972	£1,724	£-248	-13%
NELXBD - Non Elective Excess Bed Day	6,452	3,716	-2,736	-42%	£1,654	£973	£-681	-41%
Grand Total	80,511	68,739	-11,772	-15%	£35,697	£30,234	£-5,464	-15%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£5.4m/-15% for South Sefton CCG at month 9. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -12% at each site. The majority of this decrease can be attributed to the COVID-19 national response including ‘stay at home’ guidance and a change in working patterns with Litherland walk-in centre operating on a pre-booked appointment basis.

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 levels of unplanned care activity returned to more expected levels during the summer months 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 anticipated additional increases in activity in the coming months. However, October and November 2020 saw the lowest number of non-elective admissions during the last two years at Aintree Hospital with analysis suggesting a decrease in A&E conversion rates. Indications are that the second national lockdown initiated on 5th November 2020 has resulted in a further decrease in unplanned care activity levels. December saw another increase in both A&E attendances and non-elective admissions but each were below peaks seen during the summer 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 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 9 year to date actuals.

4. Mental Health



4.1.1 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		29.41%	25.00%	40.00%	42.90%	
		Sep-19	Oct-19	Nov-19	Dec-19	
		64.29%	75.00%	92.86%	63.16%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 28 Service Users, 12 started treatment within the 18 week target (42.9%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 20.26 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • Due to COVID-19 the service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • Group therapy using ZOOM has been established. • A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. • Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. • A second post has been advertised in addition to 2 fixed term CBT therapy posts (1 recruited to). • The purchase of SHARoN, a digital tool is being explored by the MCFT. SHARoN will expand the digital offer and enable the service to provide on-line peer support to patients on the waiting list. • Two assistant psychologist posts have been recruited to (6-month fixed term) unfortunately one candidate has withdrawn their application. • The Trust and CCGs recognise that considerable investment is required for the Eating Disorder service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. 						
When is performance expected to recover:						
Quarter 4 onwards.						
Quality:						
It is a 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. It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		85.7%	98.4%	100.0%	98.5%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
• The Trust overall had 67 out of 68 inpatients risk assessed using an appropriate tool in quarter 3.							
Actions to Address/Assurances:							
• Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.							
When is performance expected to recover:							
Performance continues to hit the target.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/22		
		75.0%	100.0%	100.0%	75.0%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		75.0%	57.1%	85.7%	80.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
• For South Sefton CCG the Trust reported 75% and had 3 out of 4 inpatients who had their care plan in place in quarter 3 and failed the 98% plan. Just 1 care plan wasn't in place.							
• The Trust catchment position is 93.9% also failing. The impact of COVID-19 and shielding with management and physiotherapy staff have had an impact on this.							
Actions to Address/Assurances:							
• The plan to address this will be liaison with Modern Matron and Ward Manager to ensure that criteria for completing Falls Risk Assessment Tool (FRAT) is understood and care planning completed.							
• The Clinical Quality Performance Group (CQPG) pick up and review care plans.							
When is performance expected to recover:							
Quarter 4.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		1.03%	1.03%	0.79%	0.60%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		1.07%	1.27%	1.02%	0.71%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. Numbers accessing the service have decreased in December. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The incoming provider, Mental Health Matters is mobilising in preparation for delivering the new service from 1st January 2021. The new provider will be working to ensure that is sufficient capacity in the service to meet the access KPI. 							
When is performance expected to recover:							
In Q4 there is an expectation that there will be an increase in numbers accessing the service.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		37.8%	44.4%	44.6%	46.1%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		45.2%	41.1%	45.4%	27.8%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate increased in December by 1.5% from previous month. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Commissioners are working with the incoming provider, Mental Health Matter to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues have been reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20		
		58.5%	58.2%	57.1%	57.7%		
		Sep-19	Oct-19	Nov-19	Dec-19		
		63.7%	63.0%	63.6%	63.9%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 6.2%. Measuring against the CCG Peer CCGs, South Sefton CCG lies 8th in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/1. The commissioned voluntary sector in Sefton are providing telephone support to all know clients which includes people with dementia, cognitive impairment and their carers. 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. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified. However this could be April / May depending on the impact of vaccinations.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

4.4 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.
RED	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		28.1%	19.0%	16.1%	12.3%		
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		17.2%	18.6%	20.7%	22.7%	As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 3 of 20/21, 12.3% of the 1,990 of people on the GP SMI register in South Sefton CCG (245) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Communication in February GP bulletin highlighting the need for SMI Health check to continue. Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes, but COVID vaccine programme may impact on progress. Mersey Care have been requested to utilise Health Care Partnership (HCP) monies aimed at increasing health check/COVID vaccine uptake. 							
When is performance expected to recover:							
Performance should improve from Quarter 4 2020/21 onwards.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

5. Community Health

5.1 Adult Community (Mersey Care FT)

Focus with the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times and assurance in regards to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels.

During this period the CCG have seen an increase in the rate of infections which have impacted on services. Due to significant pressures on services across all divisions the Trust took the decision on 6th January 2021 to move into Trust wide business continuity. The incident was stood down on the 5th February 2021 as reduction in pressure seen across all areas.

The joint (Sefton and Liverpool CCGs) Clinical Quality Performance Group (CQPG) meeting with the Trust is focussing on the current situation and escalation of issues.



As part of month 9 assurance, the Trust has advised that AHP waiting times are showing improved positions with all services within the 18 week standard. Consideration will be given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.

5.1.1 Quality



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
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Sep-20	Oct-20	Nov-20	Dec-20		
		9 wks	13 wks	15 wks	17 wks		
		Sep-19	Oct-19	Nov-19	Dec-19		
		13 wks	16 wks	15 wks	19 wks		
Target: 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> December's incomplete pathways reported within the 18 week standard at 17 weeks. However, this shows a steady increase in average waiting times since September 2020. Early warning data shows waiting times are continuing to increase. Workforce issues remain a challenge but with cover in place for vacant posts. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). Recommencement of treatment of patients categorised as routine. Weekly review and validation of the waiting list. Additional SALT capacity being utilised through overtime / additional hours within the division. Recruitment ongoing to fill vacant posts. 							
When is performance expected to recover:							
Weekly information shows an increase to 18 weeks at the start of January 2021. The Trust will be asked to provide a performance improvement plan and a trajectory for recovery. The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead / Craig Gillespie			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Sep-20	Oct-20	Nov-20	Dec-20		
		12 wks	11 wks	12 wks	15 wks		
		Sep-19	Oct-19	Nov-19	Dec-19		
		20 wks	17 wks	16 wks	16 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> December's incomplete pathways saw a deterioration at 15 weeks, a slight increase from last month but remaining below the waiting time threshold. The number of monthly referrals decreased slightly in December with 106 compared to 133 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans Further update from Trust is that additional staffing were not employed to reduce waiting times but a flexible approach between our planned and ICRAS urgent care physiotherapy workforce. 							
When is performance expected to recover:							
Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans. Whilst the Trust has advised that the reduction and achievement of KPI has been through flexible use of South Sefton physiotherapy workforce this is still considered a priority area by the CCG for use of growth monies given the demand on this service and the continued challenges the clinical team have experienced over what is now a 2 year period of transformation work.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead / Craig Gillespie			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider engagement exercise on an updated Adult Hearing Loss specification.

In January 2021 South Sefton and S&F CCG Leadership Team approved the Merseyside CCG recommendation to continue the existing commissioning and contract arrangements with local AQP Audiology providers in 2021/22, pending a Liverpool led engagement exercise on the service model and specification and wider collaboration across a Cheshire & Merseyside footprint.

Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. 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 below the levels from last year.

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)



Will be updated next report Q3 data due 13th March.



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		7.4%	14.6%	8.8%	35.6%	
		Q4 18/19	Q1 19/20	Q2 19/20	Rolling 12 Mth Rate	
		6.8%	12.2%	5.4%	24.6%	
Annual Access Plan: 35% (RAG and trend on Q1 data)						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 data shows a deterioration on Quarter 1 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment. The start of the Venus and Kooth data flows have continued to have a positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		91.7%	80.0%	100.0%	97.6%	
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		92.3%	87.0%	82.6%	91.3%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q3 the Trust reported 97.6% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. . The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. <p>(N.B. There has been an ongoing query regarding the national suppression of SCDS data for Q1 and Q2 which was queried by the Trust and is now fully understood: if less than 2 urgent referrals in a quarter, both the urgent and routine datasets are suppressed. The CCG and Trust agreed that the level of routine activity for Q1 and Q2 should be reported and the data was instead provided directly by the Trust for these quarters and is included here).</p>						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments has been confirmed and the CCG is planning negotiations with AHCH about the additional capacity to be provided and to agree a trajectory for planned increase in activity. This work has been delayed due to covid. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitored and addressed in recovery plans. The service has made adaptations in response to covid and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 						
When is performance expected to recover:						
Performance on target.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



6.1.3 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				The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		96.0%	93.0%	93.0%	90.0%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 90% of ASD assessments started within 12 weeks of referral, which has seen a decline compared to previous months and but remaining within the planned target • There were 350 open pathways in December and 32 patients who have not yet started their treatment but are within the 12 weeks target still. • 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 December (Q3) stood at 538 against the trajectory of 503 so not achieving the plan. This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction in referrals was not achieved in Q3 it is expected to be back on track in Q4. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		100%	99%	98%	97%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 97% of ASD assessments were completed within the 30 week target, which exceeds the planned target of 90%. • The longest wait in December was 39 weeks which increased from that of 34 weeks in November. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There are 12 CYP waiting over 30 weeks for conclusion of their assessment, the longest is at 39 weeks. Additional MDTs are scheduled during January and February. • 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. • Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves. Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		89%	100%	100%	85%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> In December 85% of ADHD assessments started within 12 weeks of referral, this is a decline in compliance compared to previous months. There was a slight decrease in referrals in November: 32 referrals were received compared to 34 in November 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 December (Q3) was reported as 166, which is ahead of the waiting list management plan (239 planned for). This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory. The slight decrease in compliance was due to the reduced number of working days in December and annual leave. 						
When is performance expected to recover:						
Performance is expected to be back on track in January 2021.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		100%	98%	96%	96%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 96% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% There are 4 young people waiting over 30 weeks, additional assessment appointments are planned for January for the CYP. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> It is anticipated that new referral forms and ongoing engagement with parents and schools will support improvements in the timeliness of the return of information required for assessments. For all CYP accepted onto the pathway, the process of information gathering to support the assessment has commenced. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		86.9%	93.2%	87.3%	85.0%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a slight deterioration in compliance with the agreed 6 week standard. This is due to a significantly higher number of children & young people requiring urgent choice assessments, which the service aims to provide within 2 weeks. This impacts on routine referrals which have to wait longer than the 6 week target. Although the number of referrals decreased in December from 67 compared to 91 in November, overall referral numbers have continued to increase. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Given the increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. To improve this position the service has two new staff commencing in February who will take the longest waiting children and young people from the waiting list. The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. There have been some challenges recruiting suitably qualified therapists so there has been a delay in implementing the additional resource, but it is expected to be in place by March 2021. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for Kooth - the online counselling platform - the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which will start a phased roll out in April 2021. The Trust has introduced a new "COVID support team" which commenced in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. In response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the impact and the system response. 						
When is performance expected to recover:						
The 92% target was achieved in October, however, this will continue to be closely monitored given the demand for the service and the impact of the pandemic.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-20	Oct-20	Nov-20	Dec-20	
		63.6%	62.5%	51.9%	50.0%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a further deterioration in performance in December due to the ongoing increase in demand for the service and an increase in the number of high risk and complex cases. • The service has experienced an estimated 19% increase in referrals April to December 2020 compared to the same period in 2019. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Given the increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. • To improve this position the service has 2 new staff commencing in February who will take the longest waiting children and young people from the waiting list, • The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. There have been some challenges recruiting suitably qualified therapists so there has been a delay in implementing the additional resource, but it is expected to be in place by March 2021. • This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. • Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for Kooth - the online counselling platform - the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which will start a phased roll out in April 2021. • The Trust has introduced a new "COVID support team" which commenced in December on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. • The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. • In response to the third wave of the pandemic, the Cheshire and Merseyside partnership is undertaking some further modelling work to understand the impact and advise on the system response. 						
When is performance expected to recover:						
Due to the ongoing challenges of the pandemic, the Trust's improvement plan and agreed waiting times for partnership appointments has not been achieved by the end of December 2020. With the introduction of additional staff and resource it is anticipated that the waiting times will improve over the coming months and this will be closely monitored by the Trust and CCGs.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Green > 92%: Red	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-20	Oct-20	Nov-20	Dec-20		
		73.20%	88.10%	93.30%	95.50%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
		138	168	194	242		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 12.8 weeks. For open pathways, the longest waiter was 25 weeks in December compared to 45 weeks in November. Overall there has been a steady increase in referrals since September when the schools reopened the service received 113 in November and 124 in December. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Since the service moved into phase 3 of the pandemic response, there has been an increase in activity with the majority of appointments being held virtually. Referrals continue to be risk assessed and face to face appointments offered when required and clinically safe to do so. The waiting time work has been ongoing, focusing on reducing the waiting times for those CYP who have waited the longest. The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. There have been ongoing staffing issues, however, the service is now almost at full complement of staff and the remaining recruitment will be completed by March 2021. 							
When is performance expected to recover:							
As per the recovery plan, the Trust's achieve the maximum waiting time standard by December 2020.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-20	Nov-20	Dec-20		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
25	27	38	30				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 4.9 weeks. For open pathways, the longest waiter was 11 weeks in December compared to 8 weeks in November. Overall referral to the service remain steady, 37 were received in November and 26 in December, a decrease due to seasonal variation. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the fourth consecutive month. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-20	Nov-20	Dec-20		
		97.4%	98.0%	98.4%	98.5%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
39	51	63	68				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 4.8 weeks. For open pathways, the longest waiter was 24 weeks in December compared to 20 weeks in November. Overall there has been a steady increase in referrals since August, the service received 59 in November, although there was a decrease in December to 32 due to seasonal variation. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the fourth consecutive month. There was some staff sickness which impacted on the numbers waiting and length of wait, but this has now resolved. The longest waiter at 24 weeks has now been seen and it is anticipated that the longest waits will reduce as the service moves into 2021. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

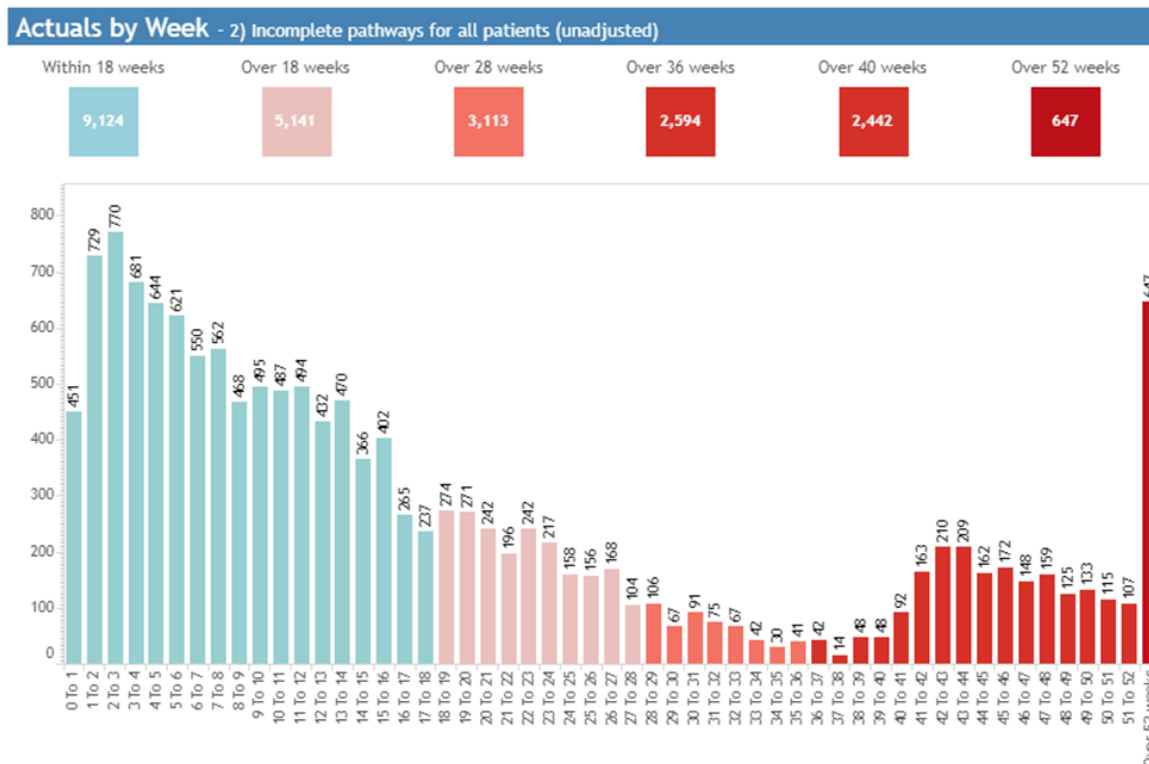
6.3.4 Paediatric Children's Continence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continence Promotion Service		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-20	Nov-20	Dec-20		
		93.8%	95.7%	100.0%	100.0%		
		Total Number Waiting					
		Sep-20	Oct-20	Nov-20	Dec-20		
		16	23	23	30		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 3.7 weeks. For open pathways, the longest waiter was 14 weeks in December compared to 10 weeks in November. Referrals to the service remain steady, 11 were received in December and 10 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is exceeding target for the fourth consecutive month. The numbers of CYP waiting in December increased slightly, which is due to fewer working days in December and annual leave over the Christmas break. This is being monitored, particularly in light of the lockdown in January. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Appendices

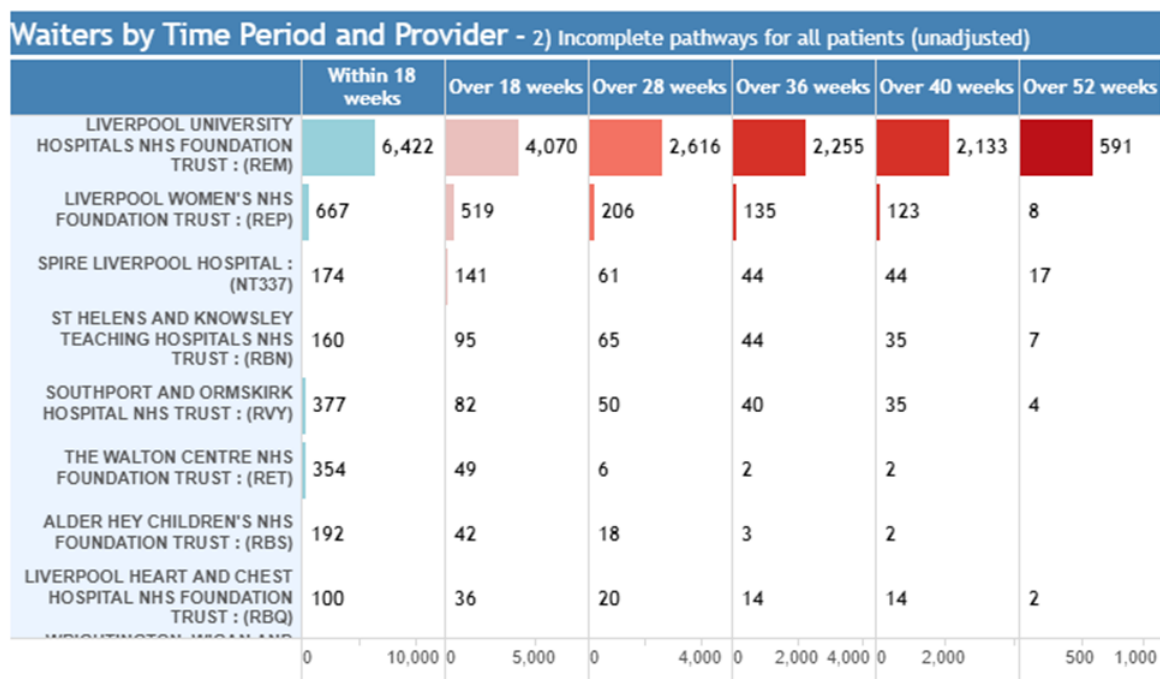
7.1.1 Incomplete Pathway Waiting Times

Figure 12 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



7.1.2 Long Waiters analysis: Top Providers

Figure 13 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 14 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

