



South Sefton
Clinical Commissioning Group

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Integrated Performance Report March 2021

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric this month															
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	R	R	R		R
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	34.4%	32.7%	32.6%	32.5%		34.4%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%	15.84%	17.25%	10.90%	8.39%	
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%	63.96%	62.25%	61.33%	62.11%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG													
		Actual	Not available	Not available	Not available	Not available	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
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	G	G	G	R	
		Actual	0	0	0	4	0	0	0	0	0	0	0	0	4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R	G	G	R
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%	83.14%	84.54%	95.97%	96.59%	92.18%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	G	G	G	G	G	G	R	R	R	R	G	R	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%	49.12%	62.90%	86.49%	98.04%	82.33%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></p> <p>The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	R	R	G	G	G	R	G	G	G	R	R	G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%	100%	98.80%	95.59%	95.83%	96.65%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	R	G	R	R	G	R	G	R	G	R	G	G	R
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%	100%	92.31%	100%	100%	92.16%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	R	R	G	R	G	G	G	G	G	G	G	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%	100%	100%	100%	100%	98.91%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></p> <p>31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G	G	
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%	100%	100%	100%	100%	98.55%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></p> <p>% of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	R	R	G	R	R	R	R	R	R	R	R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%	80%	65.71%	74.07%	64.52%	73.15%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></p> <p>% of patients receiving 1st definitive treatment from an NHS Cancer Screening Service</p>	South Sefton CCG	RAG	R	R		R	R		R	G	R	G	R	R	
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%	85.71%	92.31%	75.0%	100%	80.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></p> <p>% of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority</p>	South Sefton CCG (local target 85%)	RAG				G	G		G						
		Actual	80%	0%	75%	90.91%	100%	84.62%	87.50%	76.92%	80%	76.92%	63.16%	72.73%	78.52%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	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%	75.75%	82.99%	85.63%	86.43%	
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	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
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	Not available	Not available	Not available	Not available	
Target		0	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	R	R	R
YTD		0	0	0	0	0	0	0	0	0	1	2	2	2	2
Target		0	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	G	G	G
YTD		4	6	7	9	11	17	19	23	27	34	38	44	44	
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	G	G	G
YTD		9	23	35	39	56	67	76	86	91	100	107	115	115	
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			G
		Actual	97.30%			97.20%			100%			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. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	77.60%			81.80%			100%			87.5%			86.70%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	56.96%	48.70%	33.75%	25.88%	31.61%	29.41%	25.00%	40.00%	42.86%	40.00%	37.14%	33.30%	37.50%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	G	R	R
		Actual	39.1%	34.15%	44.27%	44.59%	47.33%	37.84%	44.44%	44.59%	46.10%	44.00%	50.00%	38.3%	43%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.79%	0.60%	0.35%	0.97%	0.63%	8.85%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	100%			95.7%			98.5%			98.6%			97.3%
		Target	75%			75%			75%			75%			75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	100%			98.6%			100%			100%			100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
Estimated diagnosis rate for people with dementia		Actual	60.40%	59.42%	59.36%	29.50%	58.30%	58.50%	58.20%	57.08%	57.73%	57.64%	56.89%	57.20%	58.46%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R			R			R			R
		Actual	6.80%			12.50%			25.80%			60.09%			60.09%
		Target	17%			34%			50%			67%			67%
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)	South Sefton CCG	RAG	R			R			R			R			R
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	19%			16.1%			12.3%			16.2%			
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH) Rolling 12 month															
Improve access rate to Children and Young People's Mental Health Services (CYPMH)	South Sefton CCG	RAG	G			R			R						G
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual	14.6%			8.8%			6.2%			Update due 13-6-21			37.00%
		Target	8.75%			8.75%			8.75%			8.75%			35.00%
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	R			G			G			R			R
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual	80%			100%			97.50%			90.00%			91.9%
		Target	95%			95%			95%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	Data suppressed due to			less than 2 referrals			G			G			G
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual							100%			100%			100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	G	R	R	R	R	R	R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%	37.3%	50.9%	64.5%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%	41.20%	70.6%	54.1%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	R	R	G	G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%	83%	91.0%	93.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%	91%	90%	97.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	R	R	R	G	G	R	G	G	G	G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%	99%	97%	95.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%	91%	94%	98.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 to 25 years) - Mersey Care	Sefton	RAG													
		Actual					85.2	89.4	89.2	66.2	23.1	10.5	10.7	10.7	
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 12 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for March and Quarter 4 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	8.39%	10.79%
Referral to Treatment (RTT) (92% Target)	62.11%	63.44%
No of incomplete pathways waiting over 52 weeks	1,548	5,027
Cancer 62 Day Standard (Nat Target 85%)	64.52%	66.53%
A&E 4 Hour All Types (National Target 95%)	85.63%	84.86%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	133
Ambulance Handovers 60+ mins (Zero Tolerance)	-	11
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2020/21 - Q4	100.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q4	87.5%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.63%	-
IAPT Recovery (Target 50%)	38.30%	-
IAPT 6 Weeks (75% Target)	100.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include 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.

COVID Vaccination Update

The national COVID-19 vaccination programme continues to successfully provide dose one vaccinations for South Sefton residents. The two vaccination sites at Maghull Town Hall and North Park Health Centre, extended the cohorts eligible for vaccination to cover patient in cohorts 1-9 having successfully achieved the 85% target for cohorts 1-4 by the 15th February aspirational date. Dose 2 vaccinations have also started for patients in cohorts 1-4. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1. At the end of March 2021 there were 74,495 (59.5%) first dose vaccinations and 7,088 (5.7%) second dose vaccinations.

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. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. However, month 12 has seen a peak for referrals with numbers in month exceeding those reported in the previous year (for GP and consultant-to-consultant groupings). GP referrals have shown a year to date decrease of -27% compared to 2019/20. At provider level, Aintree Hospital has seen a -24.6% decrease in total referrals received compared to previous year. In terms of referral priority, all priority types have seen a reduction at month 12 when comparing to equivalent period last year. The largest variance has occurred within routine referral with a reduction of -33%. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June 20 onwards. The 983 two week wait referrals reported in March 2021 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.

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 8.39% in March - this being an improvement in performance from last month (10.90%). Despite failing the target, the CCG is measuring well below the national level of 24.29%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 10.79% in March, again an improvement in performance from last month of around 7% when 18.02% was reported. Through the commissioning of delivery of additional diagnostic capacity the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 62.11%, a small improvement on last month's performance (61.33%). Unfortunately the CCG is reporting below the national level of 64.38%. LUHFT reported 63.44% which also shows a slight improvement from 63.25% in February. Trust key areas of focus include management of long wait patients and restoration of elective programme phased from 22nd February alongside the continued management of the Trust's COVID response. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and

waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat.

There were a total of 2,411 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,548 patients were waiting over 52 weeks, a significant increase on last month when 1,374 breaches were reported. This is over the plan of 1,007 patients submitted as part of the phase 3 response. Overall waiters continue to grow with a total 16,076 South Sefton patients now on the RTT waiting list. LUHFT had a total of 5,027 52-week breaches in March, again showing a significant increase from 4,431 reported last month. The 1,548 52+ week wait breaches reported for the CCG represent 9.63% of the total waiting list in March which is above the national level of 8.81%.

The CCG is achieving 3 of the 9 cancer measures year to date and 6 in March, whilst LUHFT aren't achieving year to date but are achieving 2 in month.

Performance in two week wait breast services has now been achieved after being under target for the previous 4 months month due to breaches within LUHFT.

For Cancer 62 Day standard the CCG is now measuring below the national level of 73.94% recording 64.52% in March.

The CCG is unable to get the numbers of patients waiting over 104 days is for March due to a system error and missing information for LUHFT, this is being investigated.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent 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. Data suggests that the second and third national lockdowns (5th Nov-20 to 2nd Dec-20 and 6th Jan-21 onwards) has resulted in a further decrease in planned care activity at lead providers for the CCG. However, March-21 has shown an increase in activity with this being the second highest monthly total reported throughout 2020/21. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£9.1m/-34% against the previous year. Across all providers, South Sefton CCG has underperformed by -£15.8m/-32.7%.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in March, reporting 85.63% and 84.86% respectively, this showing a further improvement on last month. Both are just below the nationally reported level of 86.14%.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued throughout 2020/21. In March 2021 there was an average response time in South Sefton of 7 minutes 10 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 24 minutes 8 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile with significant increases in response times. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely

dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported an improvement in ambulance handover times in March. Handovers between 30 and 60 minutes decreased from 156 to 133, and those above 60 minutes decreased from 12 to 11. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

For stroke the CCG's lead provider LUHFT has provided individual Trust updates for Q3. See below:
Royal

2.3 Percentage of patient who spent at least 90% of their stay on stroke unit (Target 80%)

2.3a Patient centred (percentage of stay across all inpatient teams) – 53.1%

2.3b Team centred (percentage of stay under you team whilst an inpatient) – 53.9%

Aintree

2.3 Percentage of patient who spent at least 90% of their stay on stroke unit (Target 80%)

2.3a Patient centred (percentage of stay across all inpatient teams) – 58%

2.3b Team centred (percentage of stay under you team whilst an inpatient) – 56.6%

The CCG reported no new cases of MRSA in March (2 year to date) and has failed the target for the year. LUHFT reported no new cases but have now reported 4 year to date so have also failed the zero-tolerance threshold for 2020/21. Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG now attend.

For C difficile, the CCG reported 6 new cases of C difficile cases in March (44 year to date) and achieved the year-end target of 60. LUHFT reported 11 new cases in March (112 YTD) so failed their objective of no more than 109 cases for 2020/21. National objectives were delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives.

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 March there were 8 new cases, bringing the YTD total to 115 against a year-end target of 128 so the CCG achieved the target for 2020/21. LUHFT reported 50 new cases in March, bringing the YTD total to 519. There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 100.78 in March, going slightly over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 12 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 was apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggested further reductions during/following the second and third national lockdowns. However, March-21 has seen a sharp increase in activity across A&E and non-elective points of delivery with total unplanned care activity comparable to levels seen in late 2019. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.2m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.2m/-13.5%.

Mental Health

The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in March, compared to a 95% target. 11 patients out of 33 commenced treatment within 18 weeks. This shows a small decline on last on month (37.1%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3-year investment plan for Eating Disorders.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.63% in March, below the target standard of 1.59%. Year to date the CCG's year to date performance recorded 8.85% which has failed the year-end target.

The percentage of people who moved to recovery was 38.3% in March after hitting the 50% target for the first time in 2020-21 last month. Year to date the CCG's performance is at 43% and falls under the year-end target and has failed for 2021/22. Long internal waits within IAPT are a major contributing factor to recovery rates.

South Sefton CCG is recording a dementia diagnosis rate in March of 57.2%, which is under the national dementia diagnosis ambition of 66.7%. This is a slight improvement to last month's performance (56.9%). The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. The CCG has approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 10.7 weeks in March with 135 on the list, which represents the same waiting time position as reported last month. The Trust is expecting to have all those identified with SEND on the waiting list to have their diagnostic assessment to be completed by the end of May 2021.

The CCG has agreed funding to support a waiting list initiative aimed at reducing adult ADHD wait times which are currently averaging 99 weeks.

In quarter 4 2020/21 year to date, 60.1% of South Sefton CCG patients identified as having a learning disability received a physical health check and has shown a significant improvement from quarter 3 when 25.8% was recorded. This is below the CCG's year to date target of 67%.

Adult Community Health Services

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times.

Children's Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service along with the impact of the recent lockdown on delivery in school settings. For March, SALT and continence services continue to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Pre-covid a preliminary service review of the continence service identified a high number of low-level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment have been challenged locally. Although there has been a general deterioration in performance since November 2020, there was an improvement in March 2021, in part due to the additional staff who commenced in post as a result of the CCGs' short-term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery. The CCGs are awaiting further details of the financial settlement for Sefton to facilitate the 2021/22 planning of these services locally. It is anticipated that the investment will support an increase in CAMHS capacity and a reduction in waiting times. In addition, Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a high number of new and existing patients are presenting to the service at physical and mental health risk. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand: from June 2020 onwards, 100% of patients received urgent and routine treatment within the national waiting times standards, and this was sustained until January 2021. However, due to a further increase in referrals in February 2021, there have been a number of breaches in the routine treatment waiting time standards (28 days). As with CAMHS, once the mental investment allocation is confirmed for Sefton, the CCGs will consider what additional investment is required to support recovery.

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 target. There continues to be an increasing number of referrals to both services which is placing pressure on service capacity, and whilst the trust has a number of mitigating actions in place to manage this, discussions with local partners are underway to understand the drivers for this increase.

Whilst SEND performance for the community therapies is on track, there are ongoing concerns in respect of CAMHS performance which continues to fall short of the SEND KPIs. As outlined above, local, regional and national plans are in progress to address this as the management and delivery of the service will continue to be closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East

Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Thameside & Glossop CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
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	725	-2005	-73.4%	1943	828	-1115	-57.4%	5662	2200	-3462	-61.1%
May	2863	1012	-1851	-64.7%	2163	1138	-1025	-47.4%	6053	2929	-3124	-51.6%
June	2974	1719	-1255	-42.2%	1928	1224	-704	-36.5%	5961	3910	-2051	-34.4%
July	3160	2402	-758	-24.0%	2314	1501	-813	-35.1%	6488	4929	-1559	-24.0%
August	2777	1966	-811	-29.2%	1932	1410	-522	-27.0%	5694	4380	-1314	-23.1%
September	2748	2301	-447	-16.3%	2142	1683	-459	-21.4%	5877	5070	-807	-13.7%
October	3185	2502	-683	-21.4%	2210	1539	-671	-30.4%	6547	5123	-1424	-21.8%
November	2823	2325	-498	-17.6%	1883	1704	-179	-9.5%	5939	5041	-898	-15.1%
December	2166	2220	54	2.5%	1732	1668	-64	-3.7%	5024	4869	-155	-3.1%
January	2827	2078	-749	-26.5%	2152	1537	-615	-28.6%	6268	4546	-1722	-27.5%
February	2599	2115	-484	-18.6%	1851	1585	-266	-14.4%	5628	4689	-939	-16.7%
March	1865	2524	659	35.3%	1385	1880	495	35.7%	4258	5559	1301	30.6%
Monthly Average	2726	1991	-736	-27.0%	1970	1475	-495	-25.1%	5783	4437	-1346	-23.3%
YTD Total Month 12	32717	23889	-8828	-27.0%	23635	17697	-5938	-25.1%	69399	53245	-16154	-23.3%
Annual/FOT	32717	23889	-8828	-27.0%	23635	17697	-5938	-25.1%	69399	53245	-16154	-23.3%

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





Month 12 Summary:

- Secondary care referrals have remained below historical levels across all referral sources since the beginning of 2020/21. However, month 12 has seen a peak for referrals with the 5,559 reported representing a 30.6% increase when comparing to the previous year.
- This increase could potentially be linked to factors such as the national vaccination programme, easing of some national lockdown restrictions and the elective restoration programme.
- GP referrals are reporting a year to date -27.0% decrease when comparing to 2019/20. However, month 12 has seen an increase in GP referrals and further analysis has established there have been approximately 4 additional GP referrals per day in March 2021 when comparing to the previous month.
- Aintree Hospital has reported a -24.6% decrease in total referrals at month 12 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality during month 12 were approximately 13.7% (65) higher than in March 2020, however they are -8.5% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 12 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 -33.0% (-14,566).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June 2020 onwards. The 983 two week wait referrals reported in March-21 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.
- 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 2020 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 March 2021, referrals to Alder Hey are 62.8% (220) up when comparing to March 2020 with Renacres referrals also showing an increase of 2.6% (51).



2.2 NHS E-Referral Services (e-RS)

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

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		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	15.84%	17.25%	10.90%	8.39%	
		LUHFT	22.19%	25.01%	18.02%	10.79%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	2.72%	2.66%	1.06%	14.14%	
		Aintree	0.65%	1.03%	0.05%	13.45%	
		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 2,563 patients on the waiting list with 215 waiting over 6 weeks (of those 48 are waiting over 13 weeks). Same period last year saw 2,786 patients waiting in total and 394 waiting over 6 weeks (of those 3 waiting over 13 weeks). Gastroscopy (85), Colonoscopy (42), Echocardiography (25) and Flexi sigmoidoscopy (20) make up over 80% of the total breaches. Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings, (best performing). The CCG is reporting well below the national level of 24.29%. For LUHFT joint performance was 10.79% compared to 18.02% in February which continues the improvement seen over the last few months. Impact on performance due to COVID-19 pandemic but is showing improvement. Reopening of outpatients in August had resulted in increased demand based on previous months, however still below previous year corresponding months. Possibly due to the focus of primary care in its support of the COVID-19 vaccination programme. March 2021 however, has seen a significant increase in referral activity compared to previous year (30.6% increase). 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. 							
Actions to Address/Assurances:							
<u>CCG Actions:</u>							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers Total diagnostic activity levels for South Sefton CCG in month 12 are currently below expected/planned levels as set out in the NHS Phase 3 planning submission. 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. 							
<u>System:</u>							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission will be in June 2021. Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 							
<u>LUHFT Actions: Capacity Actions:</u>							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. Through the commissioning and delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. The Trust continues to benefit from access to the relocatable scanner for imaging, insourcing endoscopy capacity and mutual aid. 							
<u>Improvement Actions:</u>							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		John Wray			Terry Hill		

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		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	63.96%	62.25%	61.33%	62.11%	
		LUHFT	64.70%	63.86%	63.25%	63.44%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	85.30%	83.20%	82.10%	79.08%	
		Aintree	83.00%	82.20%	81.90%	78.36%	
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 very small improvement in performance. The challenged specialties include T&O, General Surgery, ENT, ENG and Cardiothoracic Surgery. 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 64.38%. Reintroduction of ERS clinics in August, led to an increase in GP referrals, without a corresponding increase in volume of activity. LUHFT's overall waiting list has increased by 1,641 from previous month to 49,055, contributed by continued validation of waiting list. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 							
Actions to Address/Assurances:							
<u>CCG Actions:</u>							
<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. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. The CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. 							
<u>LUHFT Actions:</u>							
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, Management of long wait patients and restoration of elective programme phased from mid-March 2021 ahead of plan by 15th April 2021. Continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	647	1,025	1,374	1,548	
		LUHFT	2,327	3,395	4,431	5,027	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	0	0	0	3	
		Aintree	0	0	0	0	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 1,548 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (1,321) the remaining 227 breaches spanned across 22 other trusts. Measuring against the target the CCG is 541 over the phase 3 response plan. Measuring against the CCG Peers, South Sefton CCG lies 6th in the rankings (1st being best performing). 52+ week waits for the CCG represent 9.63% of the total waiting list in March which is above the national level of 8.81%. LUHFT 52 week breaches increased to 5,027 in March compared to 4,431 in February the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and ENT. 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:							
<p><u>CCG Actions:</u></p> <ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. <p><u>LUHFT Actions:</u></p> <p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting 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.							
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

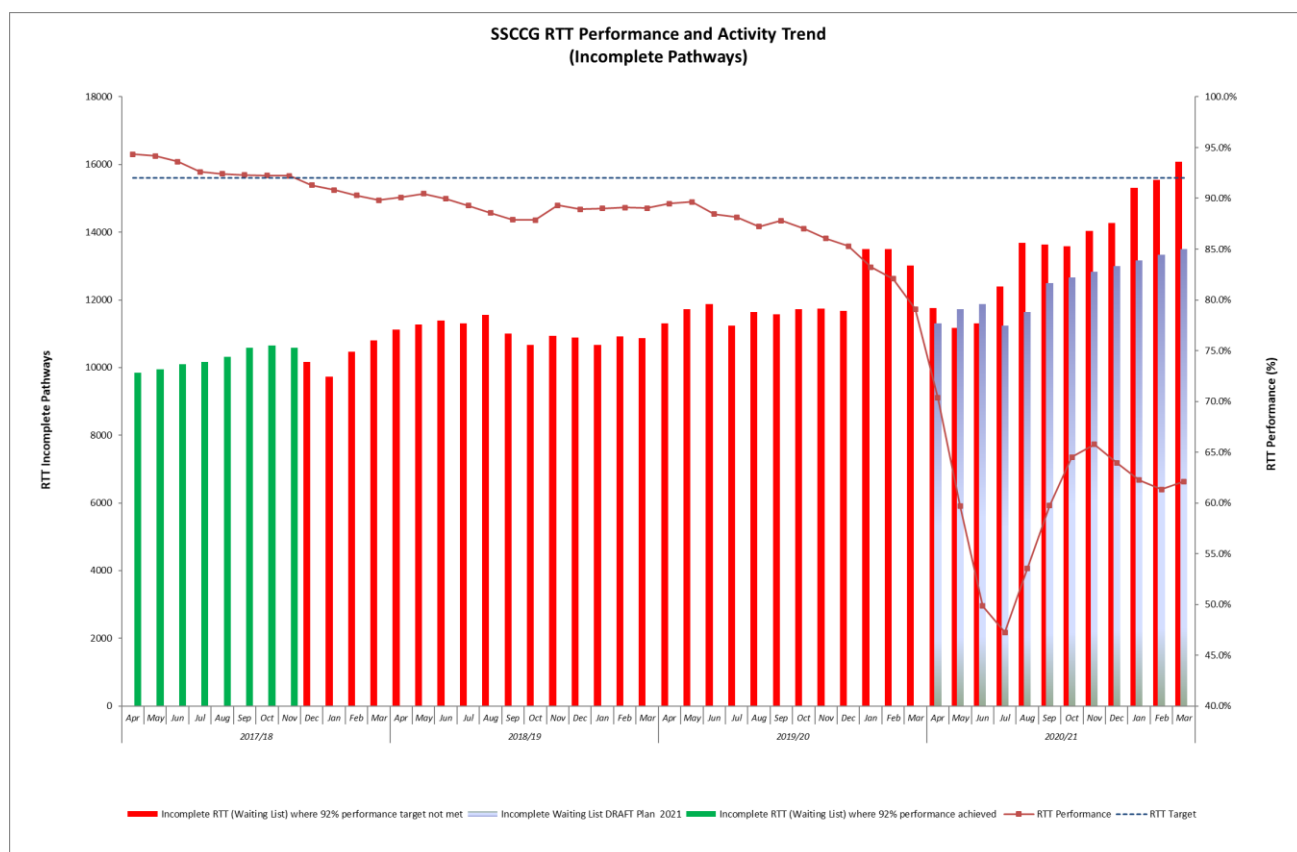


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

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	15,308	15,541	16,076	16,076
Difference	442	-548	-569	1,155	2,034	1,126	991	1,197	1,267	2,144	2,211	2,580	2,850
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	1,025	1,374	1,548	
Difference	8	46	106	171	198	35	128	277	341	488	541	541	

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	46,052	47,414	49,055	49,055
Difference	-4,067	-6,975	-9,233	-6,592	-7,074	-8,484	-6,289	-5,074	-4,350	-2,083	-963	3,042	3,042

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 March, the CCG is currently over the new plan by over by 2,580. The CCG’s main provider LUHFT accounts for 73.02% (11,739) of all incomplete pathways in March.

LUHFT’s waiting list is currently above 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)	631	1,321	The Trust's elective programme was restricted in January and February to manage the latest COVID surge. Theatre staff were redeployed to critical care, and outpatient staff were redeployed to wards. As a result, elective activity was prioritised for cancer patients and clinically urgent patients. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where clinically appropriate. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD).
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	64	47	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. At the end of March 2021, the Trust began to restore the elective programme. The Trust now regularly delivers over 2,000 non face to face appointments per month which assists greatly with recovery. Following successful recruitment in theatre services the Trust will be able to maximise a 38-session week from mid-May which allows the service to address the long wait backlog.
RENACRES HOSPITAL : (NVC16)	39	45	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
SPIRE LIVERPOOL HOSPITAL : (NT337)	46	36	The National Framework contract commenced on 31st December 2020. The hospital has discussed displaced elective cases with Liverpool CCG as lead commissioner and restarted its elective programme based on the clinical prioritisation programme mandated by NHSEI. 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 providing an accurate outlook of wait times for patients wishing to access the hospital's services.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVV)	18	26	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. Currently meeting targeted restoration activity levels as per national guidance. Five all day theatre sessions per day have been in place at Ormskirk District General Hospital since 4th May 2021 due to the return of the Theatre Teams and staff members that had been shielding or redeployed. Risk stratification is performed for all appropriate patients and weekly PTL meetings are taking place to track patients and escalate issues and OSM daily monitoring continues. The Trust has been providing virtual appointments where possible. There has been a review of job plans to maximise capacity and Service reviews underway. Based on the current restoration plan, it is forecasted that 52-week waiters would be resolved by early 2022. A new regional patient treatment list is being implemented on a system level in a bid to restore RTT to pre-COVID levels.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	28	21	Patient Tracking List meetings are held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. STHK expect a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent patients and long waiters remain the priority patients for surgery. All theatres were fully re-opened from April 2021 as shielding staff were able to return.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	6	16	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres came back on line in February which has helped to treat patients that have been waiting a long time for treatment.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	6	6	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. Phased plans to increase elective capacity will be allocated in accordance with the greatest clinical need. The Trust remains on track to deliver normal levels of day case capacity.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	2	6	P1 and P2 categories of patients (those requiring immediate treatment or treatment within 4 weeks) has continued with the independent sector being engaged to reduce the backlog. A small number of P3 patients are being treated at Clatterbridge or being outsourced to the independent sector. There are plans to use insourcing at weekends through 18 week support from May. All patients who breach 52 weeks have a harm review undertaken.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	3	3	There will be a specific focus on these patients. The Trust has insourced capacity and utilised commissioned capacity at the Independent Sector. All new referrals continue to be clinically triaged. Patients continue to exercise their personal choice to delay appointments and treatments. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSI regarding the challenges the Trust in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from ECIST in order to gain support and insight on increasing productivity. Due to the prolonged COVID surge a large proportion of elective activity required suspension to release space and workforce for COVID-19 management. This has set back the recovery programme which will be reinstated to maximum potential as soon as Critical Care numbers subside to a level where increased space and workforce provision is required. The Trust has requested earliest possible consideration of Mutual aid from the Region as it has been regionally recognised that the Countess has been one of the 3 hospitals who have been hit 'hardest and longest' by the pandemic.
FAIRFIELD HOSPITAL : (NVG01)	0	3	All our service are available. As a green (Non-COVID) site for the NHS throughout COVID-19, we have adapted our services to the challenges presented from the pandemic.
SPAMEDICA LIVERPOOL : (NPG06)	1	3	All hospitals are accepting new referrals to treat NHS patients for cataract surgery, YAG capsulotomy and AMD treatments. Current waiting times for cataract surgery are 2 to 4 weeks for pre-assessment appointments. The Trust is in regular contact with Public Health England, NHS England, the Royal College of Ophthalmologists, regional CCGs and NHS Trusts to keep up-to-date with the latest advice and provide ophthalmology support and services where they are needed most.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (R0A)	2	2	Manchester University has continued with the ongoing performance management of Hospital delivery and clinical validation, and priority work to ensure that the number of long waiters is minimised where possible. The Group MESH (Manchester Emergency & Elective Surgical Hub) has been mobilised to ensure oversight and effective use of resources across the Trust sites, including Independent Sector capacity. Outputs from the site-based meetings prioritise access to theatre capacity, to ensure that the patients with the highest clinical priority are operated on first and that there is equity of access across specialities and sites. Further focus has been undertaken to convert face to face appointments to telephone and virtual.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	2	The Greater Manchester Mobile Endoscopy Unit will add capacity in support of reducing times to diagnosis for urgent cancer & routine pathways over the coming months. Support for other complex diagnostics is being sought from across Greater Manchester. Independent Sector volumes of activity are being agreed to support capacity constraints in the Acute Sector. The Northern Care Alliance Surgical Prioritisation Group continues to embed with strong clinical engagement and a focus on dating all priority 1 and 2 patients. Teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	0	2	The Trust has been asked to rapidly draw up plans for the highest possible levels of activity across elective services. Utilisation of this capacity will need to be balanced between the clinical prioritisation of the most urgent patients as well as treating long waiters. The Trust continues to review the clinical priority of patients and update harms assessments as appropriate.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RIE)	1	2	There has been a Scaling up of theatres at Royal Stoke and County which will progress to secure September operating volumes by May 2021. Independent Sector contracts are now confirmed and have drafted with patients transferring over. Work continues on the 26 week pathway plans with the CCG to support a phased mail drop to patients around their waiting list status and a number of other test questions to support waiting list validation.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	9	1	Performance continues to improve with notable progress against restoration targets. Continued challenges remain primarily within surgical specialities. As phase 3 activity improves an increase in RTT performance will also continue with this trajectory. The majority of patients waiting over 52 weeks are waiting for surgical treatment, all of which have received a clinical review and continuous plans are in place in attempt to treat these children as soon as possible. The reduction in theatre schedule during January and February has posed a greater challenge in treating patients however all continue to be reviewed/monitored weekly. Some of these children have also been established via additional validation associated with the Safe Waiting List Programme
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST : (RAE)	0	1	The Trust has a robust clinical prioritisation process in place, where the focus is being given to the clinically urgent first.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	Clinical validation and prioritisation is in place. 'Buddies' contact patients and give information when validated as high P value. Phone and Virtual appointments are still in place as a large number of face to face clinics have been cancelled or replaced with phone consultations. Divisional CAS co-ordinators have been employed.
EUXTON HALL HOSPITAL : (NVC05)	0	1	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	1	1	Work continues in line with the national clinical prioritisation programme for prioritising patients and communicating with patients who are delayed where their procedures are not deemed to be urgent. Harm reviews of 52+ week waits and deep dive reviews of specialities with long waits are reported to Safety and Quality Committee. There is mutual aid from ICS as required and an ICS elective recovery programme is in place with work on shared PTL being developed. Capital bids supports more day case theatres in Q1 2021/22. The Trust will continue to utilise IS capacity.
PHOENIX PUBLIC HEALTH LTD : (DTT)	3	1	Surgery booked for 24/05/21
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST : (RWW)	0	1	Elective activity for P1 and P2 patients has been maintained onsite and with support from the independent sector. Recovery of the elective programme is taking place with urgent cancer and elective activity 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. Restoration and recovery plans for 2021/22 are currently being drawn up in line with Cheshire & Mersey planning.
Other Trusts	2	0	No Trust Information.
	863	1,548	

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		Dec-20	Jan-21	Feb-21	Mar-21		
	2 Week Wait (Target 93%)	CCG	84.54%	84.54%	95.97%	96.59%	92.18%	
		LUHFT	81.44%	80.63%	95.29%	97.96%	91.71%	
	2 Week breast (Target 93%)	CCG	49.12%	62.90%	86.49%	98.04%	82.33%	
		LUHFT	67.59%	74.60%	88.98%	97.90%	87.20%	
	31 day 1st treatment (Target 96%)	CCG	100%	98.80%	95.59%	95.83%	96.65%	
		LUHFT	95.90%	94.31%	97.03%	95.76%	94.84%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	98.91%	
		LUHFT	97.30%	100%	100%	100%	97.05%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	92.31%	100%	100%	92.16%	
		LUHFT	89.09%	82.50%	97.37%	91.11%	82.87%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.55%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	80.00%	65.71%	74.07%	64.52%	73.15%	
		LUHFT	68.53%	66.53%	60.87%	66.53%	68.61%	
	62 Day Screening (Target 90%)	CCG	85.71%	92.31%	75.00%	100%	80.00%	
		LUHFT	78.95%	90.32%	86.11%	80.00%	70.83%	
	62 Day Upgrade (Local Target 85%)	CCG	80.00%	76.92%	63.16%	72.73%	78.52%	
		LUHFT	79.43%	84.56%	87.02%	80.00%	70.83%	

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 and 6 measures in month.
- The Trust isn't achieving any measures YTD but are achieving 3 in month.
- Referrals for suspected cancer continue to exceed pre-pandemic rates with latest reported period at 120%
- The breast 2 week wait standard has recovered in month 12 to exceed the operational standard.
- For Cancer 62 Day standard the CCG is now measuring below the national level of 73.94% recording 64.52% in March.
- The size of the surgical waiting list remains stable.
- 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.
- Key breach reasons as recorded were: Patient choice, inadequate elective capacity, complex diagnostic pathways, health care professional initiated delay, medical 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. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible.

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.

When is performance expected to recover:		
<p>The planning submission to support restoration of cancer services includes trajectories for months 1-6 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 restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.</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

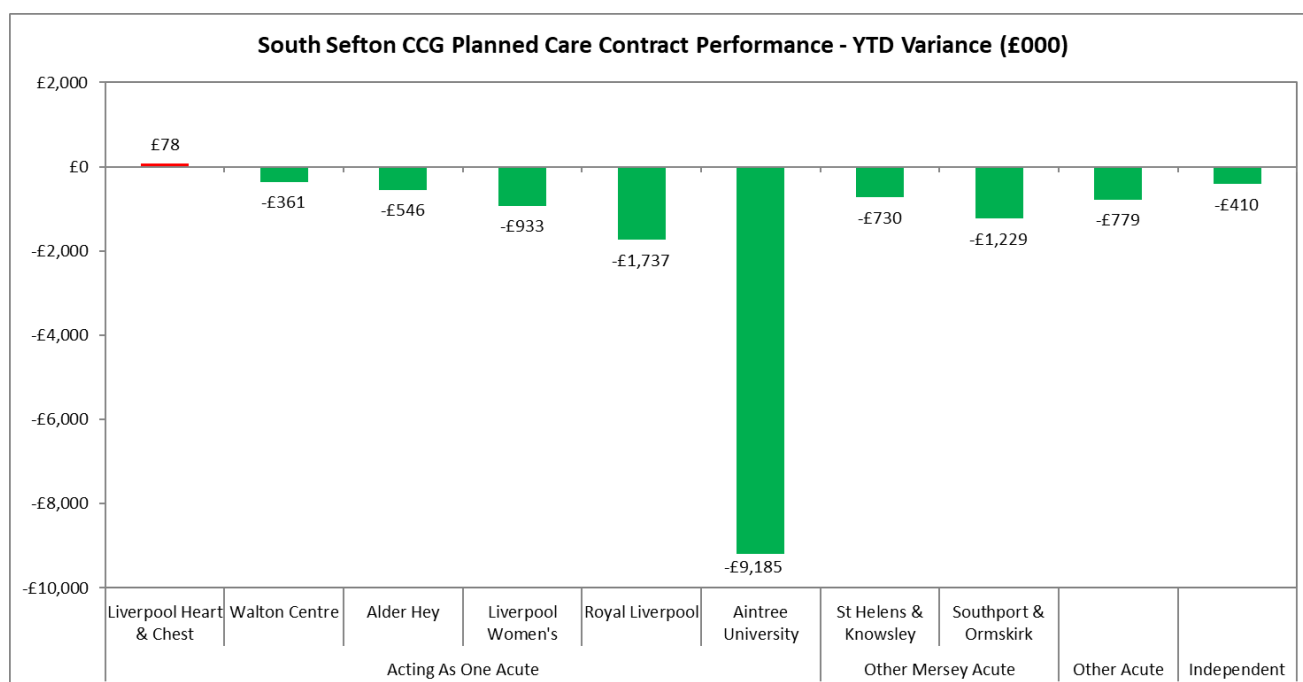
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		16	16	15	No data	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • The CCG is unable to get the numbers of CCG patients waiting over 104 days for March due to a system error and missing information for LUHFT. 						
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:						
Providers have submitted trajectories for recovery of all over 62 day backlogs.						
Quality:						
<p>There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight.</p>						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Debbie Harvey		Sarah McGrath		

2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Dec-20	Jan-21	Feb-21	Mar-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG	72.71%	63.24%	64.01%	72.05%	72.01%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	88.00%	87.04%	89.19%	87.23%	89.05%		
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	60.53%	56.00%	51.28%	55.93%	50.40%		
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. 28 Day FDS overall is reporting 71.77% for March and 72.43% year to date, just under the proposed 75% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. 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. The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance. 									
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 4 - Planned Care - All Providers



For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent 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. Data suggests that the second and third national lockdowns (5th Nov-20 to 2nd Dec-20 and 6th Jan-21 onwards) has resulted in a further decrease in planned care activity at lead providers for the CCG. However, March-21 has shown an increase in activity with this being the second highest monthly total reported throughout 2020/21.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£9.1m/-34% against the previous year. Across all providers, South Sefton CCG has underperformed by -£15.8m/-32.7%.

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 were within the nationally procured block contract for independent sector providers. The CCG are still unsure of the anticipated activity levels that independent sector providers will undertake following under the new operating framework and Infection Prevention Control (IPC) guidelines. This is something that will be explored via future contracting routes.

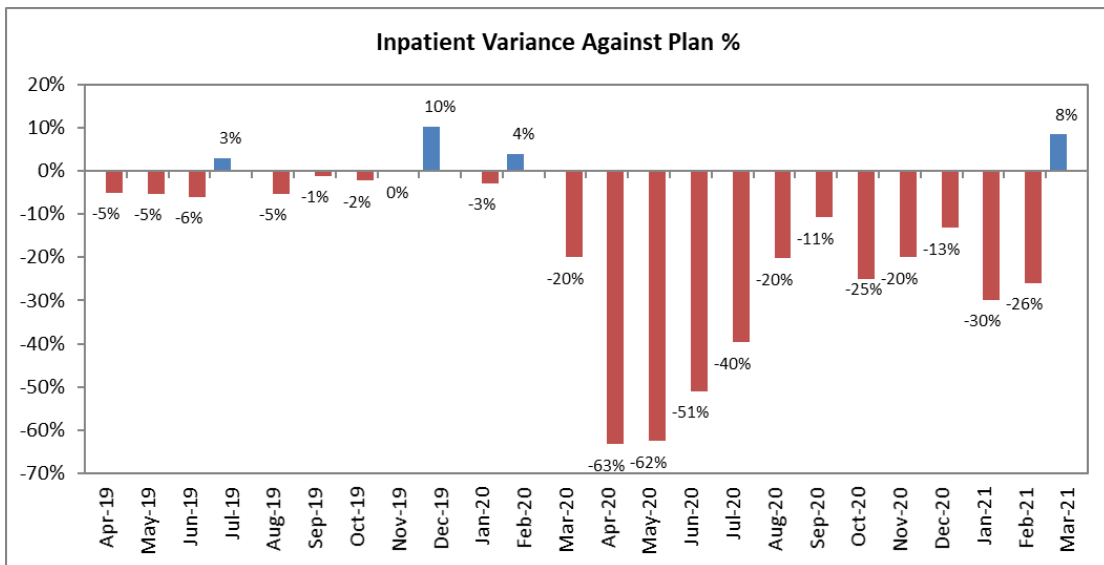
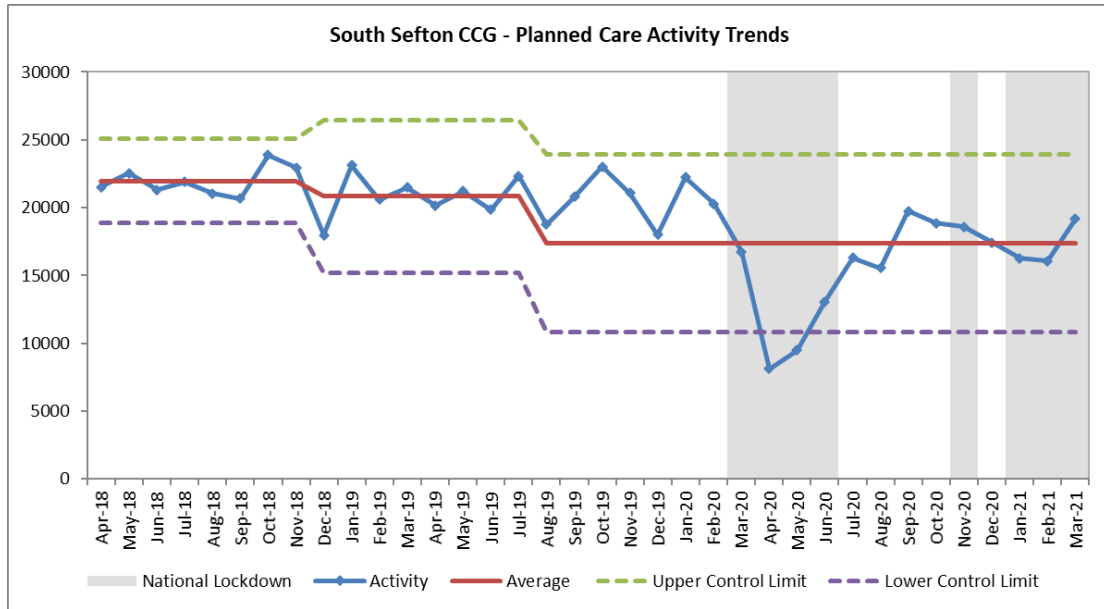
NB. Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South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

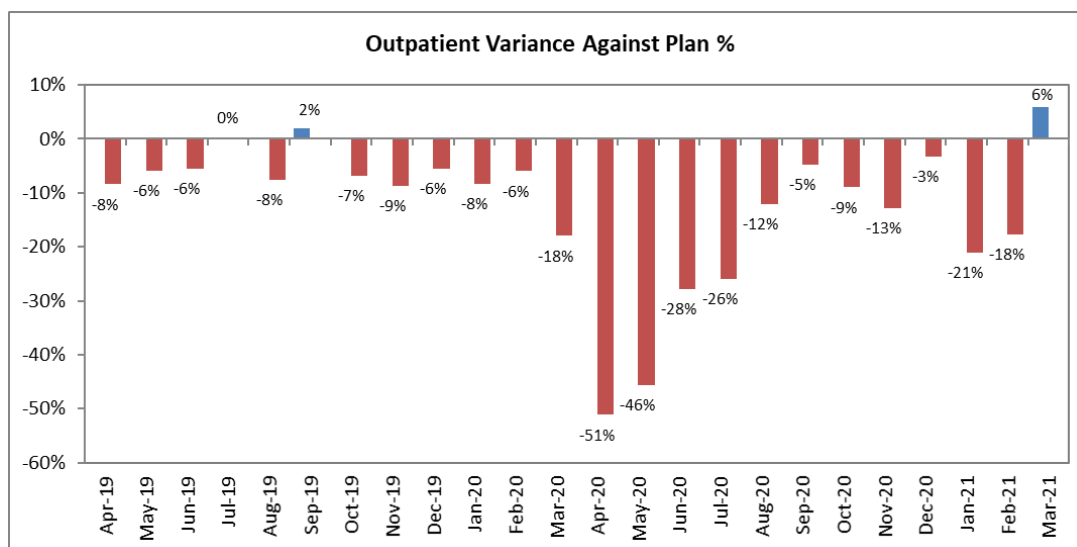
Due to the COVID-19 pandemic, a number of month 12 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not formally agreed with a number

of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 12 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 5 - Planned Care Activity Trends, Inpatient and Outpatient Variance against Plan





2.6.1 Aintree Hospital

Figure 6 - 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	12,382	7,456	-4,926	-40%	£7,489	£4,172	£-3,317	-44%
Elective	1,181	510	-671	-57%	£3,572	£1,378	£-2,194	-61%
Elective Excess BedDays	819	206	-613	-75%	£217	£58	£-159	-73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	218	157	-61	-28%	£45	£30	£-16	-34%
OPFANFTF - Outpatient first attendance non face to face	1,354	8,718	7,364	544%	£45	£1,175	£1,130	2515%
OPFASPCL - Outpatient first attendance single professional consultant led	30,493	22,308	-8,185	-27%	£4,926	£3,601	£-1,326	-27%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	853	212	-641	-75%	£86	£21	£-64	-75%
OPFUPNFTF - Outpatient follow up non face to face	6,293	32,930	26,637	423%	£158	£2,033	£1,875	1187%
OPFUPSPCL - Outpatient follow up single professional consultant led	63,214	23,781	-39,433	-62%	£4,757	£1,678	£-3,079	-65%
Outpatient Procedure	22,288	9,079	-13,209	-59%	£3,132	£1,334	£-1,798	-57%
Unbundled Diagnostics	14,052	11,028	-3,024	-22%	£1,175	£937	£-238	-20%
Wet AMD	1,636	1,575	-61	-4%	£1,315	£1,316	£1	0%
Grand Total	154,783	117,960	-36,823	-24%	£26,918	£17,734	£-9,185	-34%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£9.1m/-34% for South Sefton CCG at month 12. 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 -24.6% decrease across all referral sources combined.

The two points of delivery that continue to report an over performance at month 12 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) and overall totals show that March-21 had the highest number of outpatient first appointments recorded throughout 2020/21. General Surgery has seen a sharp increase in appointments with 2,506 recorded in March-21. This is against an average of 59 appointments per month for this speciality during 2019/20 (although this would also suggest a change in coding). Other specialities to see a peak in outpatient first appointments during March-21 include Trauma & Orthopaedics, Cardiology and Breast Surgery.

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*'. There were 496 day case procedures recorded under the Gastroenterology service during March-21, which is the highest monthly total of 2020/21 and is only slightly below a monthly average for 2019/20.

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 12 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	Risk to CCG 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. Risk to Patients 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	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		10.84%	11.28%	10.59%	7.49%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		12.35%	14.02%	12.27%	9.01%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 4, the number of South Sefton CCG Maternities were 374, of which 28 were reported as Smoking at time of Delivery giving the statistic of 7.5% , which is an improvement of 3.1% in the right direction compared to Quarter 3, and 1.5% improvement on the same time period last year. As an overall year end figure, Sefton achieved 10% with 144 mothers reported as smoking at the time of delivery out of 1436 pregnancies. The impact of COVID should not be underestimated with increased anxiety especially for pregnant women, in a year when face to face antenatal appointments with a midwife or obstetrician have been reduced and the pressures within families such as loss of jobs or earnings has seen an increase in ex-smokers being reported as starting again mid-pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The CCG and Public Health are working together with the LMS as part of the Transformation work to improve all aspects maternal health Saving Babies lives and methods of working to address SATOD performance and targets. The Cheshire and Merseyside Local Maternity Service (LMS) meetings are a forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQUA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area. The Trust have ensured 100% referral rate to the specialist smoking cessation team and have been offering telephone support to the women as well as offering Carbon monoxide monitors being offered to every mother known to be a smoker. Serial scans have remained in place for pregnant smokers throughout and these women will be encouraged after each scan to take up the offer of support to help them quit. It is an ambition of the CCG in this coming year, to explore the potential for joint funding in partnership with Public Health for the recruitment of a dedicated Smoking in Pregnancy midwife for the Sefton population; similar to the one in post for Southport and Formby population. 							
When is performance expected to recover:							
Continuous performance improvement is anticipated and evidence of this should be demonstrated in the next reporting quarter .							
Quality:							
No specific quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			

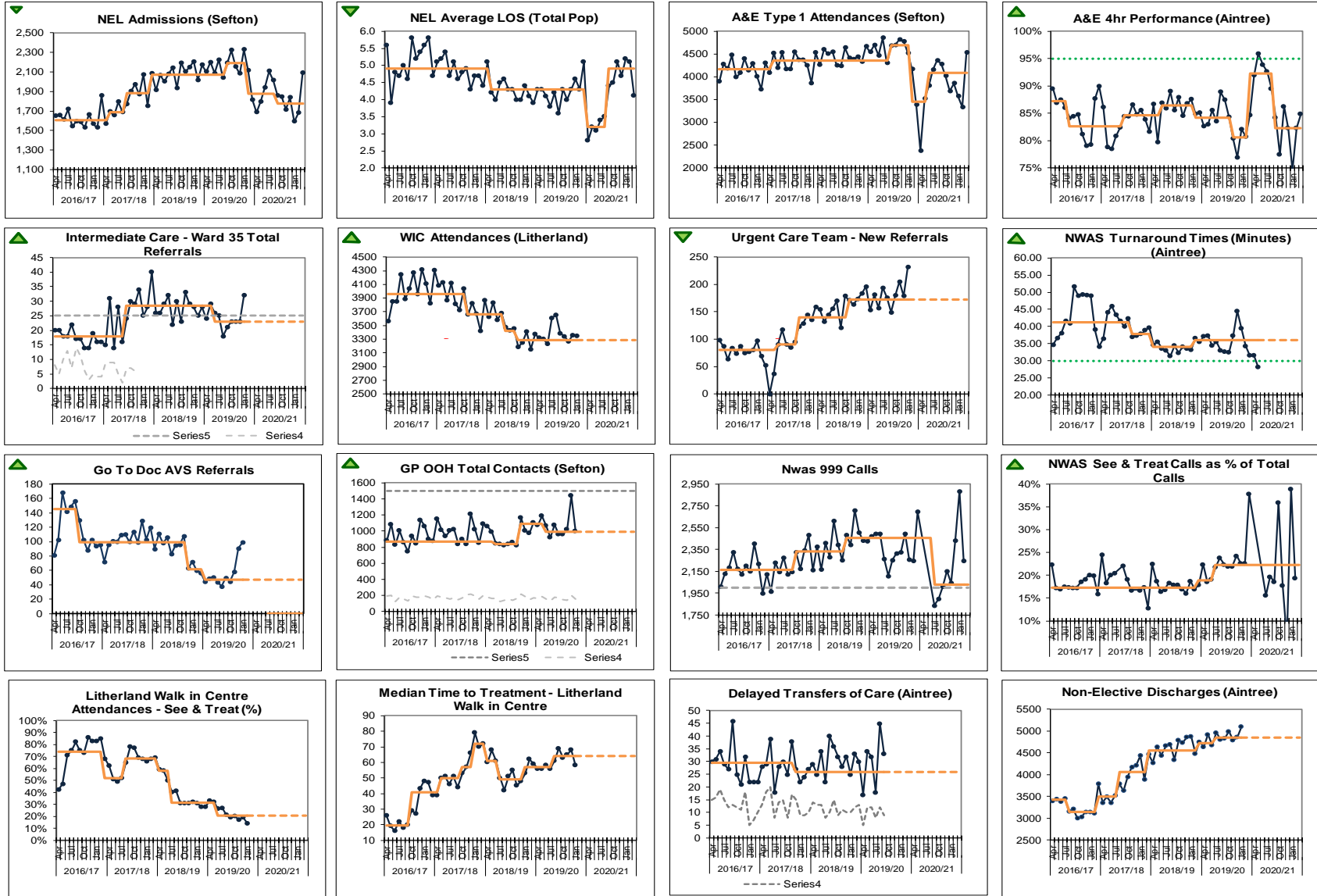
3. Unplanned Care

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	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		CCG All Types	82.66%	75.75%	82.99%	85.63%	86.43%	
		Previous Year	Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG All Types	80.65%	81.17%	82.42%	86.03%	81.76%	
			Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		LUHFT All Types	81.88%	74.55%	82.10%	84.86%	85.87%	
		LUHFT Type 1	76.00%	64.13%	77.11%	80.69%	80.94%	
National Standard: 95% No improvement plans available for 2020/21								
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. March has seen an increase in performance although emergency admissions increasing and more pressures on beds and flow from A&E. CCG A&E performance in March is slightly lower to the national level of 86.14%. 								
Actions to Address / Assurances								
Work continues in regard to following actions: <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. Intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - now implemented with ongoing review. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. 								
When is performance expected to recover:								
National target 95%, achieved in May 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 March.								
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	Jan-21	Feb-21	Mar-21		
		Cat 1 mean	<=7 mins	00:08:11	00:07:21	00:07:10		
		Cat 1 90th Percentile	<=15 mins	00:14:17	00:12:35	00:11:17		
		Cat 2 mean	<=18 mins	00:57:35	00:26:14	00:24:08		
		Cat 2 90th Percentile	<=40 mins	02:06:27	00:56:48	00:47:10		
		Cat 3 90th Percentile	<=120 mins	06:09:09	02:16:43	02:36:39		
Cat 4 90th Percentile	<=180 mins	12:33:58	04:06:15	06:00:58				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued throughout 2020/21 In March 2021 there was an average response time in South Sefton of 7 minutes 10 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 24 minutes 8 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile with significant increases in response times. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. 								
Actions to Address/Assurances:								
Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and was scheduled to report at the beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					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	Jan-21	Feb-21	Mar-21		
		(a)	<=15-30mins	430	156	133		
		(b)	<=15-60mins	125	12	11		
		Aintree	Target	Jan-20	Feb-20	Mar-20		
		(a)	<=15-30mins	362	134	133		
		(b)	<=15-60mins	200	66	20		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported an improvement in handovers between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 133 breaches compared to 156 last month. There was also an improvement in handovers within 30 minutes and none waiting more than 60 minutes, recording 11 compared to 12 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 NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. 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

For stroke the CCG's lead provider LUHFT has provided individual Trust updates for Q3 below:



The Royal		Q4	Q1	Q2	Q3
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit	National Results	Jan-March	April-June 20	July-Sept 20	Oct-Dec 20
2.3A Patient centred (percentage of stay across all inpatient teams) Item reference: J8.11	78.7%	71.7%	80.4%	74.5%	53.1%
2.3B Team centred (percentage of stay under your team whilst an inpatient) Item reference: K32.11	80.2%	70.0%	82.5%	74.2%	53.9%

Aintree		Q4	Q1	Q2	Q3
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit	National Results	Jan-March	April-June 20	July-Sept 20	Oct-Dec 20
2.3A Patient centred (percentage of stay across all inpatient teams) Item reference: J8.11	78.7%	77.4%	.	43.9%	58.0%
2.3B Team centred (percentage of stay under your team whilst an inpatient) Item reference: K32.11	80.2%	76.8%	.	42.1%	56.6%



CCG Actions:

- The extensive work of the Merseyside Stroke Board has been reinstated and is working on the finalisation of the pre-consultation business case which will come to stakeholders for sign off. The Clinical senate has performed a remote review on 26th April, the outcome of which is expected imminently.
- The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme.



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		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	1	2	2	2	
		LUHFT	3	4	4	4	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		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. The CCG and Trust have failed the target for 2020/21 reporting 2 and 4 cases respectively against the zero tolerance target. 							
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. Improvements noted through the MRSA admission screening. 							
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		
Chrissie Cooke		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)					2020/21 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)
GREEN	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	27	34	38	44	
		LUHFT	80	93	101	112	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	42	50	59	63	
		Aintree	71	81	89	93	
CCG - Actual 44 YTD - Target 60 YTD LUHFT - Actual 112 YTD - Target 109 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. For LUHFT there have been 112 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 109 cases and have failed the objective. In March 1 case were reported. 							
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:							
The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The report produced for this meeting will now form a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		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		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	91	100	107	115	
		LUHFT	393	428	469	519	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	125	139	147	156	
		Aintree	249	318	345	364	
		CCG - Actual 115 YTD - Target 128 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. The CCG have achieved the plan. 							
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:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

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

Figure 7 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Mar	100	100.78	↑

For March HSMR is higher than reported the previous month at 100.78 (previous month 97.84). 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 1.05 and within expected parameters, for reporting period November 2019 - October 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 4

Number of Serious Incidents Open for South Sefton CCG

As of Q4 2020/21, there are a total of 3 serious incidents (SIs) open on StEIS where 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	1
RCA report received and further assurances requested (Mental Health Matters previously Insight)*	1
PC24	1
RCA received and reviewed – SI now closed	1
NORTH WEST AMBULANCE SERVICE	1
RCA received and to be reviewed at June SIRG	1
TOTAL	3

*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 Q4 2020/21

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes monthly to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all South Sefton CCG commissioned providers or SIs from other organisations involving South Sefton CCG patients (excluding Liverpool CCG commissioned providers).

During Q4 2020/21, the SIRG panel closed 4 SIs, relating to Cheshire Wirral Partnership, Renacres, PC24 and Cumberland House Surgery.

Number of SIs open within 20 days of Root Cause Analysis (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 Q4 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 4 2020/21

There have been no SIs reported in Q4 2020/21 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by South Sefton CCG during 2020/21.

Provider and SI Type	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
SOUTH SEFTON CCG*	0	1	2	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	0	0	1	0
Slips/trips/falls meeting SI criteria (Renacres)	0	0	1	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0	0	0
TOTAL	1	0	2	0

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

South Sefton CCG Reported SIs

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

There were no SIs reported for 2020/21 by South Sefton CCG on behalf of other providers. The types of SIs by Provider are included in the table above.

Number of Never Events reported

There have been zero never events reported by South Sefton CCG in 2020/21.

DMC Healthcare

The CCGs served a contract performance in March 2020, due to concerns governance issues in non-compliance of serious incident management in line with the serious incident framework. In year DMC have undertaken a full review of their serious incident process, with the action plan shared with the CCGs. This has been a standing agenda at the quality contracting meeting to support reassurance. Further meetings have also taken place with NHS E/I C&M which included the CCGs sharing the RCA reports submitted by the provider.

NHS E/I C&M supported the view of the improvements being made by the provider following their improvement plan. The CPN remained in place at the end of 2021/22 until sustainability of improvements are evidenced.

Mental Health Matters

Following the contract for IAPT services being awarded to Mental Health Matters on the 1st January 2021, the provider has assumed accountability for 2 SIs that were reported by the previous provider, Insight (1 for South Sefton CCG and 1 for Southport and Formby CG). The CCG are currently

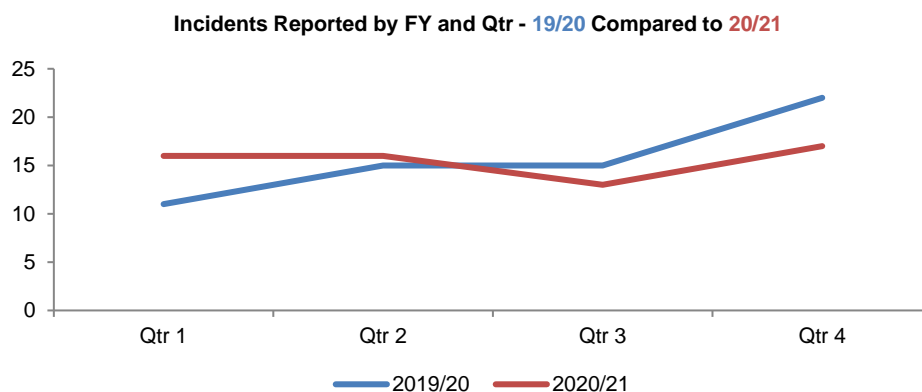
awaiting a response following review of the two RCAs at the SIRG panel. The CCG are working closely with Mental Health Matters to ensure the appropriate assurances are obtained. Additionally, the new provider has identified a large number of internal waits from 1st to 2nd appointment and delays from 1st appointment to treatment. Whilst internal waits are not a standard KPI to be reported against, these delays will have a negative impact on recovery times and may potentially impact patient safety and subsequently, an increase in serious incidents. To address the backlog and in recognition of the scale of the internal waits, the CCGs are providing non-recurring funding of £169k as part the £500m Mental Health Recovery announcement. This is to support a waiting list initiative with trajectories and milestones. The provider is in the process of recruiting to a number of clinical posts to support the programme.

Liverpool University Hospitals NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 and 2019/20

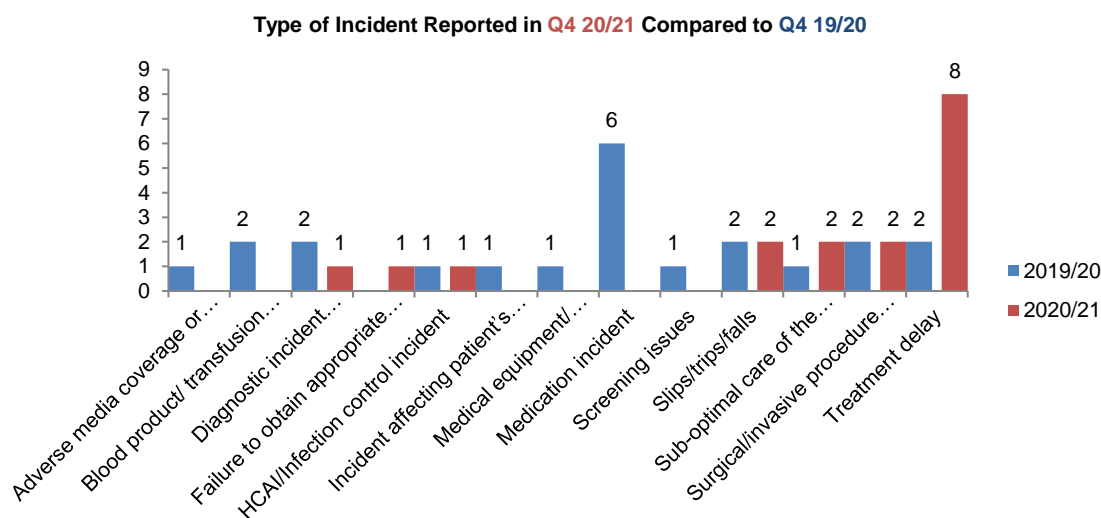
The following graph shows the number of SIs reported during 2020/21 compared with 2019/20.



The above graph indicates an increase in the reporting of SIs during Q4 2020/21. The reason for the increase is currently unknown but could suggest an improved reporting culture within the organisation, specifically during times of increased pressures on the system due to the COVID-19 pandemic.

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

The following graph shows the type of SIs reported in Q4 2020/21 compared to Q4 2019/20.



The graph indicates a notable increase in treatment delay. This is potentially due to the impact of COVID-19 and waiting times. This is being continuously monitored by the Lead Commissioner via CQPG of which the South Sefton CCG is also a member.

Number of Never Events reported

There have been a total of 7 Never Events reported by the Trust in 2020/21. One further Never Event was reported in Q4 2020/21 and related to a retained swab. Support has been offered to the team involved and an investigation has been commissioned and is ongoing as per the SI framework.

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

Never Events

A never event (retained swab) occurred at the end of February 2021 and was reported to STEIS on the 2nd March 2021.

The Trust has undertaken extensive Quality Improvement work following the reporting of the Never Events in 2020/21 in order to mitigate the risk of reoccurrence. The Trust presented an update at CQPG in March 2021 and are confident that the actions contained in the action plan will be delivered by the indicated timescales. The provider confirmed that the majority of actions were already underway in Trust prior to construction of the action plan and that they are working to ensure compliance with the initial 2021 version of the patient safety incident response framework (with the final version expected in 2022).

Liverpool CCG noted that the learning from the desktop exercise was valuable and that going forward, they would expect to see the voice of the family and staff featured more strongly in incident reports.

Falls Review

There were seven inpatient falls meeting SI criteria in February 2021, against an in-month target of three. Each of the seven incidents are now under investigation and a thematic review has been enacted following investigation completion. A Falls SI panel review took place in March 2021 with Liverpool Clinical Commissioning Group (CCG). Five falls SI's were reviewed and common themes identified which included failure to complete risk assessments and implement effective mitigating actions within appropriate timeframes. The 2021/22 falls strategy and action plan will address these issues directly.

The Trust 2021/22 falls reduction strategy and associated detailed action plan are currently in the final stages of review and were presented to Quality Committee in April 2021 prior to implementation.

Gastroenterology SIs and subsequent media coverage

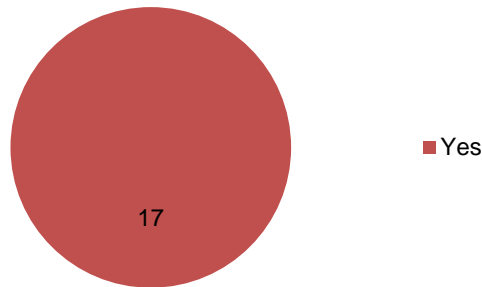
Liverpool University Hospital NHS Foundation Trust declared an SI in relation to Gastroenterology patients beyond their planned follow up date or without a follow up date. Following the declaration of the SI, there has been media coverage in the HSJ and the Liverpool Echo. The gastroenterology incident was released in the media on 8th April by the HSJ declaring 'Consultants blow whistle on 10,000 hidden follow-up cases amid trust merger' and a further article was released on 12th April. No new information has been noted in the latest article by the Liverpool Echo.

LCCG are meeting with LUHFT at Executive level on a monthly basis to expedite escalation and gain continued assurance that the incident is being managed appropriately and to a high standard. This includes ensuring that processes and outcomes are continuously maintained.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2020/21. The provider has reported 96% of all SIs within 48 hours for 2020/21.

Number of Incidents Reported within 48 Days - Q4 20/21

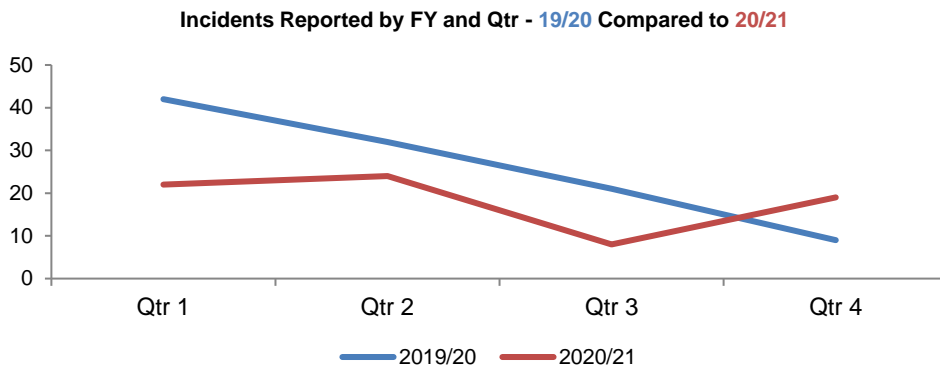


Mersey Care NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 and 2019/20

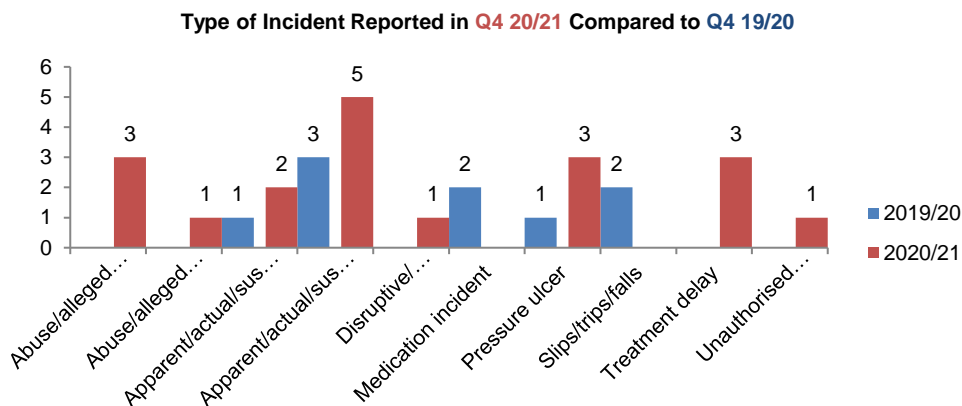
The following graph shows the number of SIs reported during 2020/21 compared with 2019/20.



The above graph indicates an increase in SIs from Q3 to Q4 2020/21.

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

The following graph shows the type of SIs reported in Q4 2020/21 compared to Q4 2019/20.



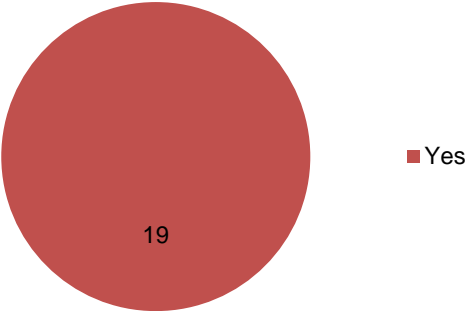
Number of Never Events reported

There have been no Never Events reported by the provider in 2020/21.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2020/21. The provider has reported 100% of all SIs within 48 hours 2020/21 YTD.

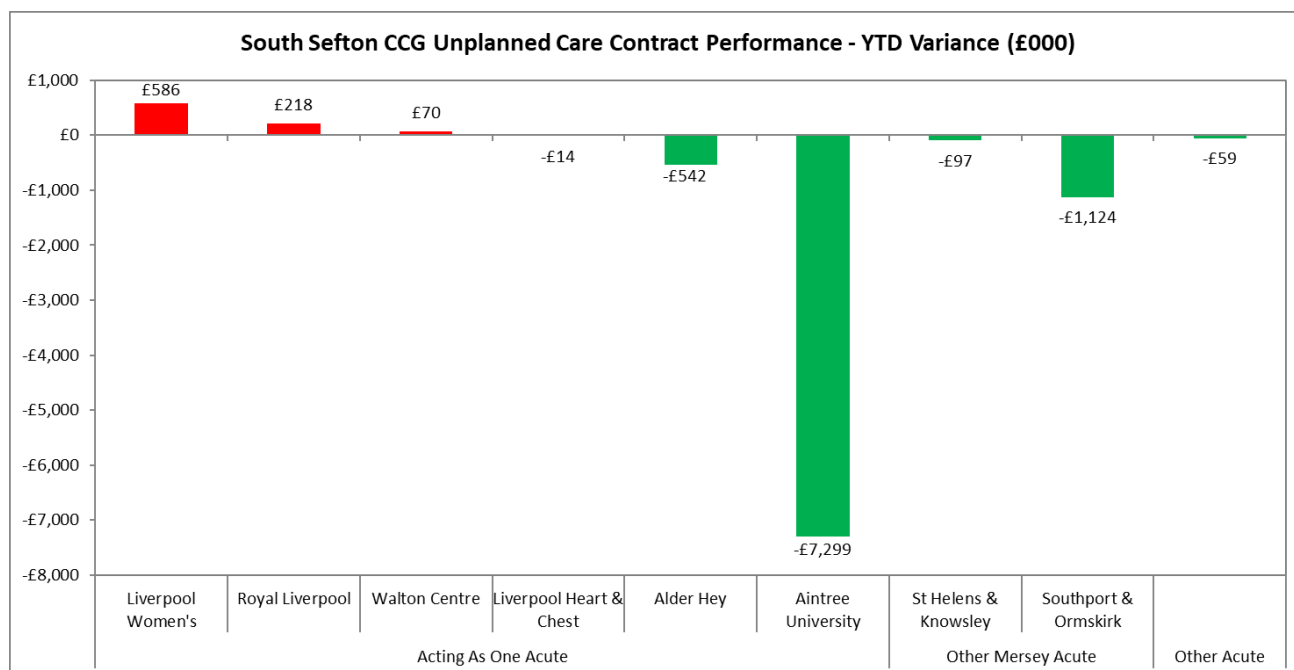
Number of Incidents Reported within 48 Days - Q4 20/21



3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 8 - Unplanned Care – All Providers



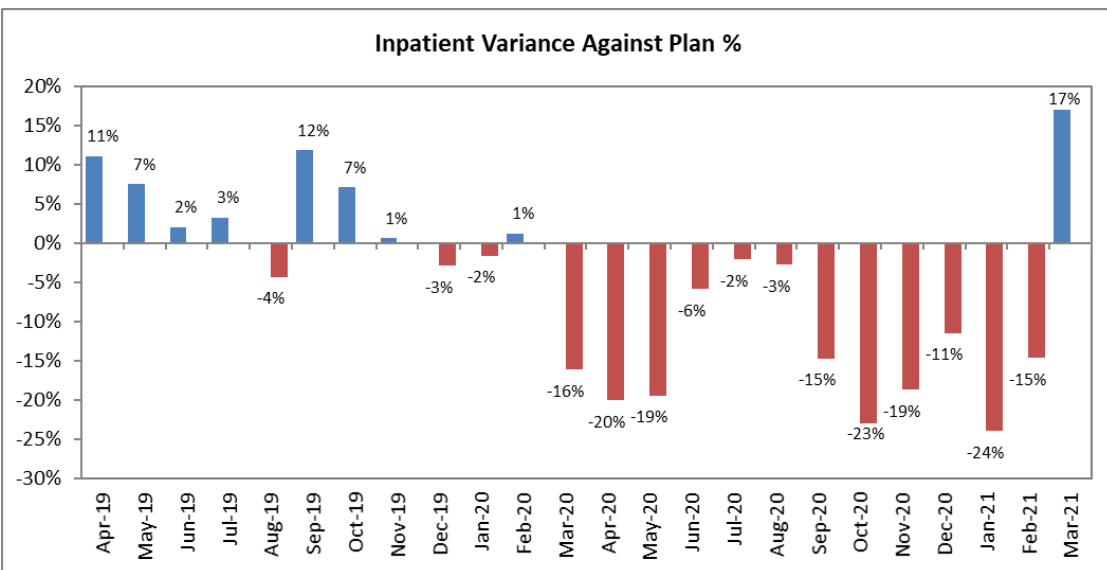
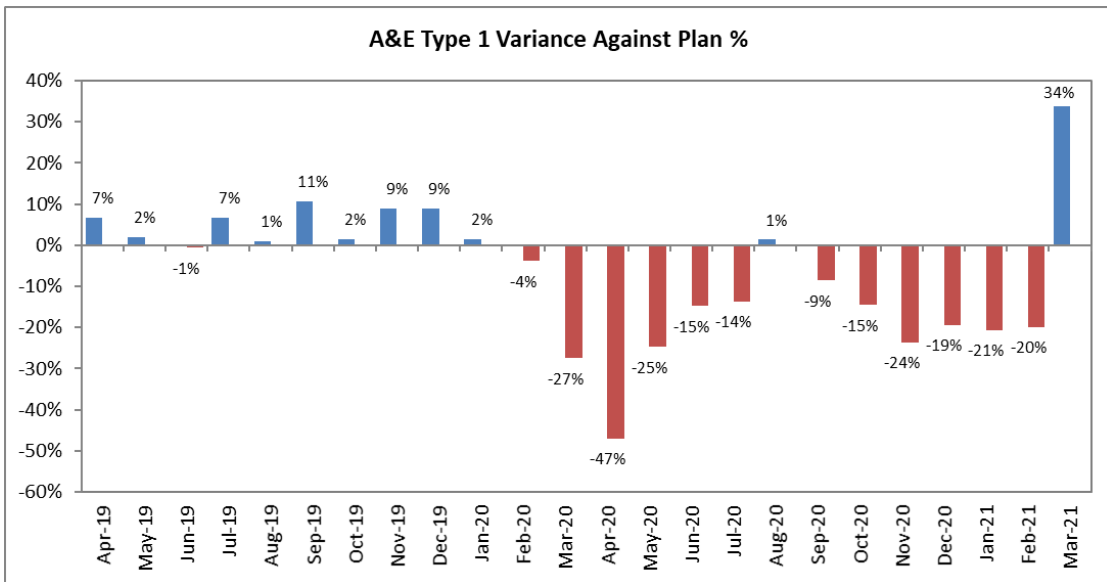
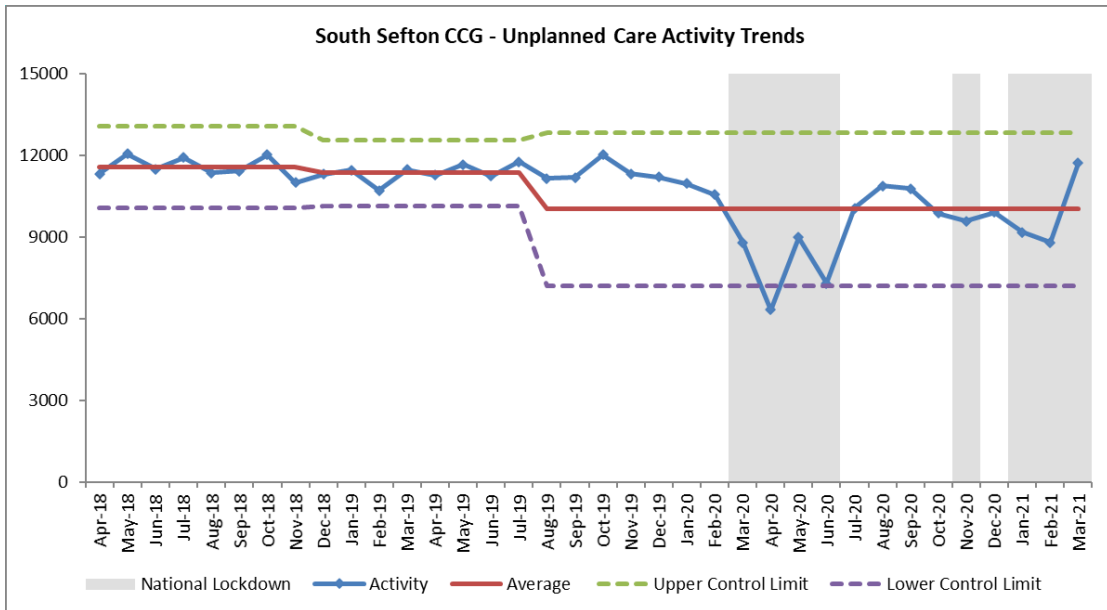
For unplanned care, month 12 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity was apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggested further reductions during/following the second and third national lockdowns. However, March-21 has seen a significant increase in activity across A&E and non-elective points of delivery with total unplanned care activity comparable to levels seen in late 2019.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.2m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.2m/-13.5%.

NB. Due to the COVID-19 pandemic, a number of month 12 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 12 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 9 - Unplanned Care Activity Trends, A&E Type 1 and Inpatient Variance against Plan



3.7.2 Aintree Hospital

Figure 10 - 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	39,286	37,241	-2,045	-5%	£1,010	£1,024	£14	1%
A&E - Accident & Emergency	35,638	32,407	-3,231	-9%	£5,833	£5,492	£-341	-6%
NEL - Non Elective	17,236	15,391	-1,845	-11%	£35,732	£30,211	£-5,521	-15%
NELNE - Non Elective Non-Emergency	52	55	3	6%	£254	£209	£-45	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	244	38	-206	-	£70	£10	£-60	-
NELST - Non Elective Short Stay	3,750	3,101	-649	-17%	£2,611	£2,182	£-430	-16%
NELXBD - Non Elective Excess Bed Day	8,219	4,543	-3,676	-45%	£2,106	£1,189	£-917	-44%
Grand Total	104,425	92,776	-11,649	-11%	£47,616	£40,317	£-7,299	-15%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£7.2m/-15% for South Sefton CCG at month 12. The largest activity reductions have occurred within A&E type 1 (largely minors) and Litherland walk-in centre with variances of -9% and -5% at each site respectively. 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. More recently, it appeared that A&E activity levels were on a general decline, however, March-21 has seen a sharp increase in attendances with the 3,102 attendances for South Sefton CCG representing the highest monthly total since September-19. In conjunction, non-elective admissions have also increased with the 1,727 admissions during March-21 being comparable to a monthly average for 2019/20. Despite this, it appears that Aintree (LUHFT) have seen an improving 4hr waits position in recent months. It also appears that the recent increase in admissions is not specifically COVID related with this group of admissions decreasing from a peak of 168 in January-21 to 42 in March-21.

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 12 year to date actuals.

4. Mental Health



4.1.1 CPA Follow up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		97.8%	100.0%	91.7%	83.3%	
		Plan: 95% - Quarter 1 2020/21 reported 97.8% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is failing the 95% target reporting 83.3% for South Sefton CCG. Out of 6 patients, 1 was not followed up by an appropriate team. The 1 breach was a failed contact due failed access during the 48 hour window for follow up, the Trust has confirmed this has since been completed. Overall catchment the Trust is achieving this measure reporting 97.6%. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Expectation is that performance will improve in Q1 2021/22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		42.90%	40.00%	37.10%	33.30%	
		Dec-19	Jan-20	Feb-20	Mar-20	
		63.16%	63.16%	71.43%	45.83%	
		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 33 Service Users, 11 started treatment within the 18 week target (33.3%), 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 12.53 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. 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. Recruitment has begun to fill vacancy for a clinical psychologist. Interviews were held on 30th March 2021. One assistant psychologist post have been recruited to (6-month fixed term) 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 and £106k for has been agreed as an initial investment in the service. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2021/22 but achievement of the target is not guaranteed.						
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		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 quarters and latest				KPI 6a	Patient Safety.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		98.4%	100.0%	100.0%	85.7%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100.0%	87.5%	100.0%	80.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 85.7% and have failed the 98% target, out of 7 patients just 1 patient wasn't assessed. The Trust overall had 67 out of 68 inpatients risk assessed using an appropriate tool in quarter 4. The indicator is number sensitive. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Expectation is that performance will improve in Q1 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		100.0%	100.0%	75.0%	100.0%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		57.1%	85.7%	80.0%	75.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 100% after failing the target with 1 patient last quarter. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance has been achieved in 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	Dec-20	Jan-21	Feb-21	Mar-21		
		0.60%	0.35%	0.97%	0.63%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		0.71%	0.97%	0.74%	0.68%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
To address underperformance the following actions are being undertaken:							
<u>Recruitment</u>							
<ul style="list-style-type: none"> 1 x Clinical lead recruited and commenced on 6th April 2021. 3 x Psychological Wellbeing Practitioner (PWP) trainees commenced on 24th March 2021. 4 x High Intensity Therapists have been recruited and are expected to commence duties in April/May 2021. 4 x PWP posts are currently vacant and are advertised. 							
<u>Assessment Weeks</u>							
Further assessment weeks are being planned to take place in 2021/22.							
<u>Marketing</u>							
Ongoing marketing of the service.							
When is performance expected to recover:							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		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	Dec-20	Jan-21	Feb-21	Mar-21		
		46.1%	46.0%	50.0%	38.3%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		28.2%	41.0%	49.4%	45.5%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased in March by 11.7 percentage points 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. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The provider has been asked to submit an options paper detailing the actions/costs/trajectories required to improve internal waits and corresponding recovery rates. The newly recruited clinical lead for the service will review non recovered cases and work with practitioners to improve recovery rates. Lengthy internal waiters will be prioritised and will be offered an appointment as soon as possible, but in the meantime will also receive fortnightly risk management calls. Group work is planned to start at the end of April. This will reduce the number of clients added to the Step 2 waiting list each month, but not sufficiently to prevent a continued upward trend. 3 x PWP trainees have started in the service and will begin to contribute to treatment capacity in September 2021. 4 x newly recruited High Intensity Therapists will impact on the Step 3 internal waits from the end of June 2021. 							
<u>Service users waiting over 52 weeks:</u>							
<ul style="list-style-type: none"> - Are being contacted and risk assessed. - Anyone who discloses anything other than low risk will either: <ul style="list-style-type: none"> • Be referred to a more appropriate service e.g. Secondary Care or; • Contacted every two weeks to review until in treatment. 							
<u>Service users waiting over 18 weeks:</u>							
<ul style="list-style-type: none"> - Are being contacted and risk assessed. - Dependent on level of risk disclosed, action will be taken as above - Alternative options are being explored with clients e.g. Silvercloud (digital), telephone, group work 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 2 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		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	Dec-20	Jan-21	Feb-21	Mar-21		
		57.7%	57.6%	56.9%	57.2%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		63.9%	64.6%	64.5%	64.0%		
		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 6.8%. Measuring against the CCG Peer CCGs, South Sefton CCG lies 7th in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the Pandemic restrictions are gradually lifted over the coming weeks the CCG would expect to see the resumption of face to face sessions within the memory service across Sefton. NHS MCFT should be issuing information about recovery actions very soon. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume with no date identified. It is possible the CCG would see an increased trend in referrals and diagnosis rates from June/July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		6.9%	12.5%	25.8%	60.1%		
		Q4 2020/21 Plan: 67% Year End Target 67%					
		National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 500 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 4 2020/21, the total performance for the CCG was 60.1%, below the planned 67%. 744 patients were registered compared to the plan of 500 with 447 being checked resulting in the CCG failing the year end target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. A meeting was held (pre-COVID) with the Local Authority to offer the annual health checks to patients with an learning disabilities (LD) in their own home or in day services. COVID-19 has meant that this method of carrying out the health check has been postponed, however, South Sefton Federation did continue to carry out the health checks following national guidance which includes a virtual offer. South Sefton GP Federation will continue to provide support for LD health checks in 2021/22. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. 							
When is performance expected to recover:							
Quarter 3 and 4 2021/22.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		

4.5 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	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		19.0%	16.1%	12.3%	16.2%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		18.6%	20.7%	22.7%	28.1%		
		Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 4 of 20/21, 16.2% of the 2,035 of people on the GP SMI register in South Sefton CCG (330) 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"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. 							
When is performance expected to recover:							
Performance should improve from Quarter 1 2021/22 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 within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint CQPG for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is restarting in May to support ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 12 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 19 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.



5.1.1 Quality

Contract Quality and Performance Group continues with the community division across Liverpool and Sefton CCGs. Further work between the two CCGs to ensure consistency of requests and reporting of KPI data has been completed whilst ensuring all commissioned services are reflected. Ward 35 has now moved bases over to Stoddart House with usage of the beds continually under review to ensure appropriateness of placement for service users.

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)					
		Dec-20	Jan-21	Feb-21	Mar-21		
		17 wks	18 wks	15 wks	17 wks		
		Dec-19	Jan-20	Feb-20	Mar-20		
		19 wks	22 wks	21 wks	25 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • March incomplete pathways reported just within the 18 week standard at 17 weeks with fluctuations over the past few months. • 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). • Re commencement 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			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-20	Jan-21	Feb-21	Mar-21		
		15 wks	16 wks	16 wks	19 wks		
		Dec-19	Jan-20	Feb-20	Mar-20		
		16 wks	17 wks	15 wks	16 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • March's incomplete pathways saw a deterioration at 19 weeks, an increase from last month and now slightly above the waiting time threshold of 18 weeks. • The number of monthly referrals increased in March with 139 compared to 114 in February. 							
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			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

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

The summary table below for South Sefton CCG shows how activity has changed in 2020/21 due to the COVID pandemic with activity levels recovering in the last few months. The vast majority of activity for both CCGs is undertaken by their respective local NHS provider and Specsavers. Note that activity for the CCG across all providers is lower than in 2019/20.

Costs for the NHS trusts are indicative only as these are on a block contract basis, but Specsavers and Scrivens are cost per case as per national guidance.



Total Activity & Cost for South Sefton CCG By Provider				
Provider Name	2019/20		2020/21	
	Activity	Cost	Activity	Cost
Specsavers	1,010	£287,710	862	£230,650
Scrivens Limited	24	£8,295	3	£1,070
Liverpool University Hospitals	680	£149,025	759	£138,600
Southport & Ormskirk	86	£26,624	40	£11,227
Grand Total	1,800	£471,654	1,664	£381,547

6. Children's Services



6.1 Alder Hey NHS FT Children's Mental Health Services

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



Quarter 4 data is available 13th June 2021, there will be an update in the next report.

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		14.6%	8.8%	6.2%	37.0%	
		Q1 19/20	Q2 19/20	Q3 19/20	Rolling 12 Mth Rate	
		12.2%	5.4%	4.8%	29.3%	
		Annual Access Plan: 35% (RAG and trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 3 data shows a deterioration on Quarter 2 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>
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		80.0%	100.0%	97.6%	90.0%	
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q4 the Trust reported 90% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 4, of the 40 completed pathways, 6 patients started treatment within 1 week and 30 patients in weeks 1 to 4, leaving 4 patients starting their treatment between 4 and 12 weeks. The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. 						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been 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. 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:						
Any required recovery plans will be confirmed alongside any agreed increases in funding/capacity.						
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	Dec-20	Jan-21	Feb-21	Mar-21	
		90.0%	87.0%	83.0%	91.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				

Performance Overview/Issues:

- In March 91% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and now above the planned target.
- Referrals to the service continue to increase, with referrals in March 21% higher than the previous month and averaging 85 per month since November 2020
- At the end of March there was a backlog of open referrals for the ASD pathway of 485 referrals against the trajectory of 252 so behind plan (Q4). This information is reported on a quarterly basis.

Actions to Address/Assurances:

- A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support assessments for new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible.
- To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners.
- There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction was not achieved in Q4, most available assessment slots in May and June will focus on the backlog which will provide sufficient capacity to clear this by the end of June as planned.

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	Dec-20	Jan-21	Feb-21	Mar-21	
		97%	93%	91%	90%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				

Performance Overview/Issues:

- 90% of ASD assessments were completed within the 30 week target, which is the planned target, but has declined over the last couple of months.
- Performance has declined since December due to the impact of increasing referrals on service capacity.

Actions to Address/Assurances:

- To mitigate the risk of increasing demand, the service is making greater use of independent sector providers - Axia and Healios - to support the assessment process.
- Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach.

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.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85%	100%	99%	97%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March, 97% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been a sustained month on month increase in referrals to the service: 52 were received in March compared to 33 in February. • The backlog of open referrals continues to reduce and is ahead of the waiting list management plan: at the end of March the number waiting was 68 against the planned level of 119 (Q4). 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. 						
When is performance expected to recover:						
Performance is on 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 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	Dec-20	Jan-21	Feb-21	Mar-21	
		96%	95%	91%	94%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 94% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows an improvement from last month. • There are currently 179 young people who are in the process of being assessed by the service, compared to 131 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. 						
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	Dec-20	Jan-21	Feb-21	Mar-21	
		85.0%	54.7%	37.3%	50.9%	
		Staged Target by March 2020: 92%				

Performance Overview/Issues:

- Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard in March.
- Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020.
- The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019.
- There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year.
- This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Actions to Address/Assurances:

- 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.
- All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.
- Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times.
- 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 the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021.
- The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.
- In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times.
- Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target.

When is performance expected to recover:

Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.



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	Dec-20	Jan-21	Feb-21	Mar-21	
		50.0%	52.2%	41.2%	70.6%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in March as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. • The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. • There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. • 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 the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. • In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times. • Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. 						
When is performance expected to recover:						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
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.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		95.50%	95.80%	85.80%	75.00%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		242	285	316	368		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 14.2 weeks. For open pathways, the longest waiter was 24 weeks in March compared to 20 weeks in February. Overall there had been a steady increase in referrals since September when the schools reopened the service received 90 in February having risen to 126 in March. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need i.e.; urgent or routine Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page. Waiting times have increased over the past month as the trust has reduced the number of new initial assessment appointments offered in order to allocate cases waiting for follow up appointments. The objective is to reduce the risk for those patients waiting for follow-up, improve throughput and discharge rates. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 							
When is performance expected to recover:							
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.							
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					
		Dec-20	Jan-21	Feb-21	Mar-21		
		100.0%	100.0%	100.0%	97.6%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		30	34	48	42		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in February is 5 weeks. For open pathways, the longest waiter was 18 weeks in March compared to 13 weeks in February. Overall accepted new referrals to the service have decreased slightly in March to 38 from 37 received in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
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					
		Dec-20	Jan-21	Feb-21	Mar-21		
		98.5%	100.0%	98.7%	98.9%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		68	68	76	89		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 6.5 weeks. For open pathways, the longest waiter was 22 weeks in March compared to 18 weeks in February. Overall there has been a steady increase in new referrals since August, the service received 69 in March, this is an increase from 44 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding the target for sixth consecutive month. 							
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					
		Dec-20	Jan-21	Feb-21	Mar-21		
		97.2%	91.1%	78.1%	93.9%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		36	45	41	49		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 13.6 weeks. For open pathways, the longest waiter was 29 weeks in March compared to 52 weeks in February. Referrals to the service remain steady, 39 were received in March and 31 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently within target. Pre-covid a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
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. Third Sector Overview – Q4 2020-21

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q4 2020-21. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton

During Q4 clients have received at least one phone call per week from the Befriending and reablement service; the team made a total of 2,512 calls to clients. The team have also supported 208 clients via a mix of ongoing welfare calls and more traditional befriending support.

The recruitment of volunteer befrienders has dropped during Q4. Between lockdowns volunteer recruitment increased significantly but has now started to slow to a more usual rate for this time of year. During year a total of 45 volunteers were recruited. Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer. During Q4 37% of clients were allocated a volunteer befriender after the initial 6 weeks.

Referrals have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly. The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- An explanation of new lockdown rules.
- Support in arranging a care package
- Reassurance for those missing their families
- Referrals for benefit advice
- Anxiety support
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a gardener
- Occupational Therapist assessment referral

Alzheimer's Society

All face to face activities provided by Alzheimer's Society ceased on the 23rd March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During this quarter the service have made 265 Welfare Calls to 98 service users and dealt with 41 new referrals.

Over the year over 1169 Welfare Calls were achieved; there were 137 referrals recorded the service has reported the following;

Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not been able to see loved ones which has caused a significant decline in mental health.

During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals.

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

The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised. Although from May 2020 the services launched 2 virtual cafes and Singing for the Brain programmes via Zoom these have proven popular and have seen 16-20 attendances weekly.

Citizens Advice Sefton

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

During Q3 22 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £224,308 in new or backdated awards as a result of the work carried out by the advisor. The total so far of successful backdated benefit claims is £698,715.

Crosby Housing and Reablement Team (CHART)

CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions. CHART are continuing with a mixture of working from home and office. Face to face appointments have been carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 59 new referrals during Q4.

One member of staff left at the end of March, CHART are recruiting a Tenancy Support Worker and interviews are to be held shortly.

The office, although open, is closed to the public, the majority of assessments have been carried out via telephone, however, face to face is starting to slowly increase.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 and average of 85 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. Telephone support and text messaging services have continued and the use of virtual IT to support has proven to be popular. The centre is following government guidelines and will slowly start to re-introduce face to face group sessions shortly. A booking system for attendance at the centre will be put in place. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine independence - IPS

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

Referrals to the service were also affected as CMHT's concentrated on Essential Care. Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

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

Netherton Feelgood Factory

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

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

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

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

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Some children have stopped counselling sessions during the lockdown as they were no longer attending school, most access this service to help with issues around bullying.

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high.

As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisation are seeking extra funding from charitable sources to help with the shortfall.

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

Sefton Advocacy

Sefton Advocacy has still received a high volume of referrals during Q1 & Q2. Staff are working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. There were no Personal Health Budget assessments carried out during the lockdown, these have now recommenced and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

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

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

The base for Sefton Advocacy has also been reviewed during Q1 & Q2, premises have now been secured in the Houghton Street area of Southport making the venue accessible to all and reducing rent charges during these unprecedented times.

Sefton Carers Centre

Performance against targets remains challenging due to the limitations placed on services due to the Covid pandemic, there has been an increase by 166% in the number of new carers registered with the Centre compared to Quarter 1; there were 268 new carers and 43 parent carers registered during the quarter. The centre made 1,501 telephone calls to carers during Q4 alone, this has been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 44 remote Counselling sessions delivered and a further 288 calls made by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £220K of benefits for Carers. There are currently 252 registered tier 2 young carers receiving support from the centre. Face to face support is to be re-introduced gradually as per government guidelines.

Sefton Council for Voluntary Service

BAME Service update

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

High Intensity Users

The team of 5 staff running this service are currently working from home.

The service are receiving referrals for Sefton residents requiring support with shopping and deliveries, prescription collections, support to get online and support with loneliness and isolation. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

The most frequent requests from residents have been seeking support with supermarket delivery slots, staff have assisted with registration for online supermarket shopping and the government vulnerable list. CVS have raised many safeguarding concerns, liaised with social workers regularly and have linked in with the contact centre regularly for urgent requests.

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

Although lockdown is beginning to lift, a number of residents have anxieties over going out; many haven't left their home for some time, the team are helping to deal with anxiety and uncertainty.

Reablement Service

All home visits ceased during the pandemic and the service commenced remote telephone support only. This proved difficult because staff rely heavily on how a person's home environment and body language to determine best interests and support for their needs. Not being able to observe a patient in this way has proven difficult, more intensive questioning has been key to ensuring needs are met. A few patients were admitted to hospital, some for covid-19. The HWBT have been undertaking some very intensive and emotional phone calls with patients. This has proven extremely difficult for some staff who usually rely on colleagues for support.

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing. Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team.

Social Prescribing

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing link workers.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community-based provision was able to respond, these included shopping; prescriptions; emergency food parcel deliver, etc. The service has also dealt with a number of complex people awaiting counselling from IAPT services, a meeting took place between the Social Prescribing team and IAPT; both will work together to ensure long waiting patients are seen by the most appropriate service asap.

ECM Co-ordinator –Children and Families Development Officer

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

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

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

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

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

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

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

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

Face to face services with stroke survivors have ceased, staff and volunteers are providing online assessment of needs and online support is offered via telephone.

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

Swan Women's Centre

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

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

Macmillan Cancer Support Centre – Southport

During Q4 there were a total of 72 new referrals to the service, significantly more than Q3. This is as a direct result of the Social Prescribing Link Worker - Cancer Specialists (SPLW CC) in the Formby and Ainsdale & Birkdale Primary Care Networks. Nearly half of all referrals seen this quarter were via the SPLW CCs. The service plans to engage further with practices not referring patients once restrictions are relaxed. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

The Macmillan RBY funding for the Community Navigator posts ended in November 2020, the CCGs provided some additional funding for the non PCN practices in Southport and Formby.

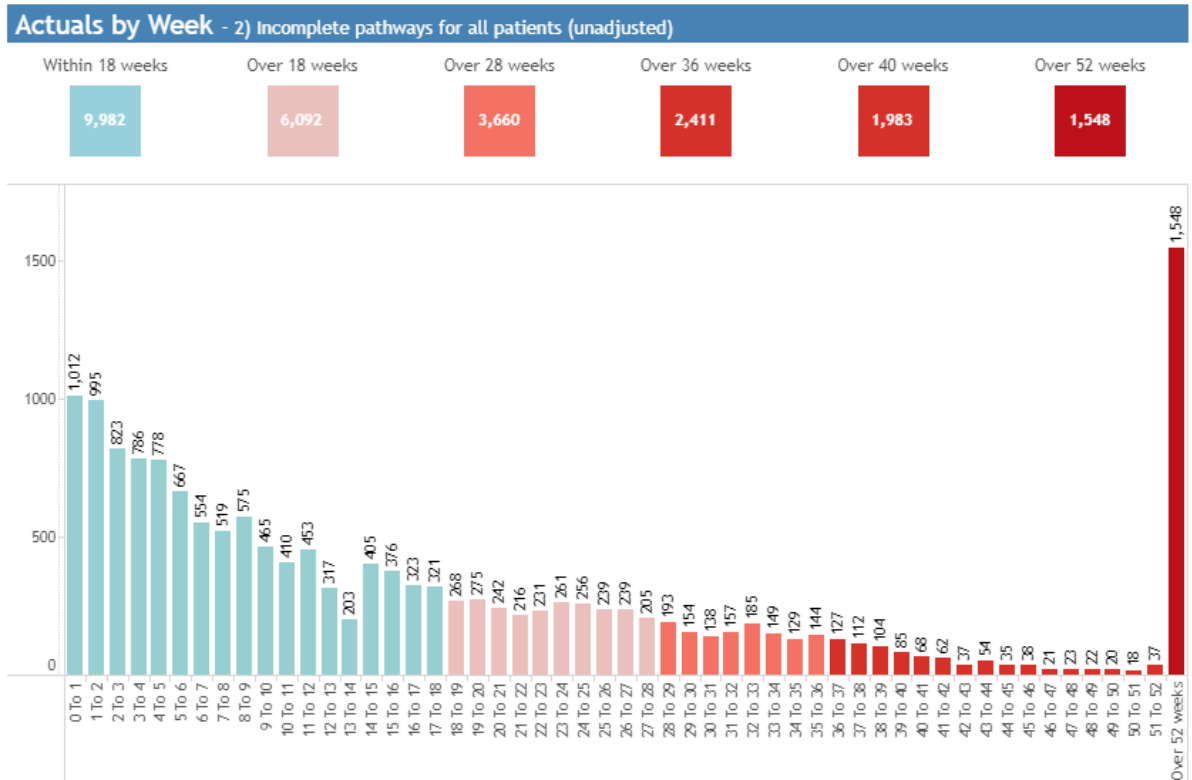
The centre reviewed the decision taken at the beginning of the year to suspend face to face appointments and made the decision to resume offering face to face appointments in the Centre including counselling and the prosthesis service. Initially this will be an appointment only basis and service users will only be seen if they can prove that they have had a negative test result the same day. This is explained to the patient when making the appointment. Government advice is followed stringently at the centre and safety for staff and patients is paramount. The service aims to resume the drop-in service as soon as is safe to do so. During Q3 the service observed that more patients

were now under the Palliative Care Team and needing additional support from the centre. A number of newly referred patients are presenting at a more advanced stage of disease, it is anticipated that this trend will continue for at least 6 months as service users have experienced delayed diagnostics, treatment and breaks in treatment.

8. Appendices

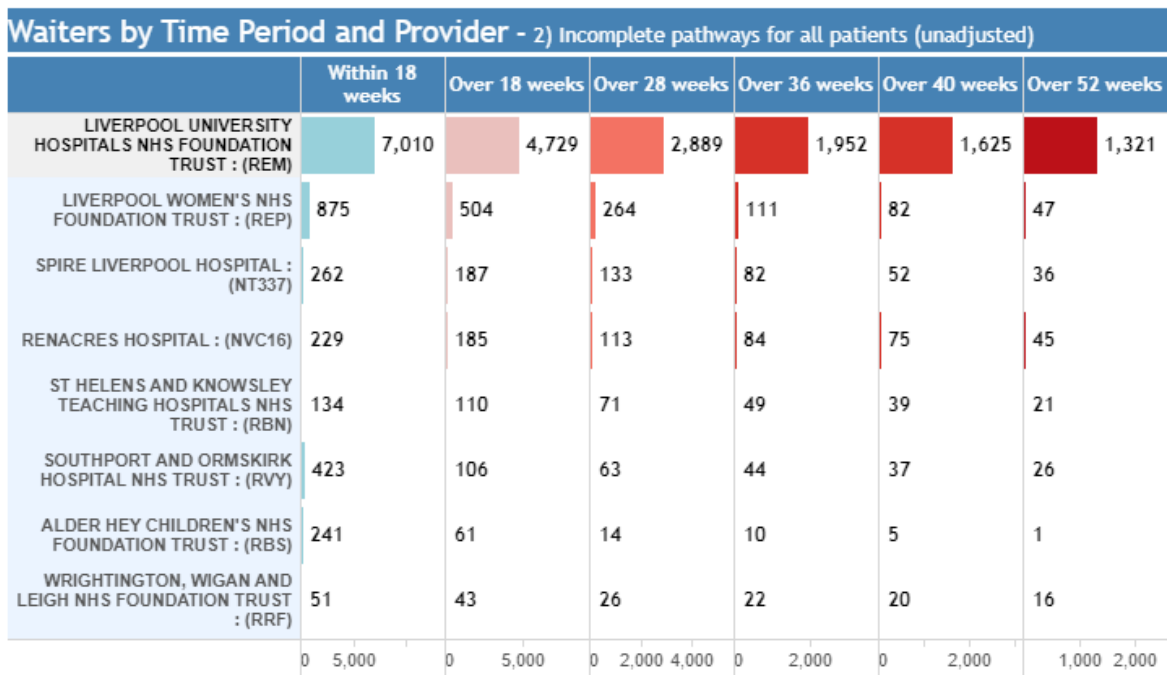
8.1.1 Incomplete Pathway Waiting Times

Figure 11 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



8.1.2 Long Waiters analysis: Top Providers

Figure 12 - Patients waiting (in bands) on incomplete pathway for the top Providers



8.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 13 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

