



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – May 2021

Summary Performance Dashboard

Metric	Reporting Level		2021-22												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 currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
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											
		Actual	8.05%	12.71%											
		Target	<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											
		Actual	63.70%	66.71%											
		Target	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											
		Actual	1422	978											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R										R	
		Actual	2	2										4	
		Target	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	
		Actual	0	0										0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R										G	
		Actual	94.74%	91.88%											93.38%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R										R	
		Actual	90.91%	92.00%											91.38%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G										G	
		Actual	100%	96.92%											98.57%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R										R	
		Actual	100%	83.33%											90%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R										R	
		Actual	95%	95.24%											95.12%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G										G	
		Actual	95.24%	96.15%											95.74%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G										R	
		Actual	61.11%	85.71%											73.24%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R										R	
		Actual	75%	75%											75%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G	R										G	
		Actual	100%	71.43%											85.19%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R											R	
		Actual	85.48%	73.86%												79.47%
		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												
		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												
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI																
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G											G	
		YTD	0	0												0
		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	R	R											R	
		YTD	7	13												13
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	60
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G											G	
		YTD	6	18												18
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2021-22												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	
		Actual	100%	100%												100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	60%			60%			60%			60%			60%	
Eating Disorders																
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R											R	
		Actual	34.38%	30.30%												32.34%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)																
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R											R	
		Actual	0.56%	0.54%												1.10%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R											R	
		Actual	43.3%	41.4%												42.78%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G											G	
		Actual	96%	100%												96%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R											R	
		Actual	57.88%	57.74%												57.81%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	TBC			TBC			TBC			TBC				
Severe Mental Illness - Physical Health Check																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH) Rolling 12 month																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	8.75%			8.75%			8.75%			8.75%			35.00%	
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	81.4%	62.5%												72.0%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	57.1%	42.3%												49.7%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	96%	98%												97.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R											R	
		Actual	85%	83%												84.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	99%	98%												98.50%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G											G	
		Actual	98%	93%												96.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	8.1	12.2												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG														
		Actual	90.5	77.0												
		Target														

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 2 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for May and Quarter 4 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	12.71%	7.49%
Referral to Treatment (RTT) (92% Target)	66.71%	65.89%
No of incomplete pathways waiting over 52 weeks	978	4,404
Cancer 62 Day Standard (Nat Target 85%)	85.71%	72.09%
A&E 4 Hour All Types (National Target 95%)	73.86%	72.83%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	484
Ambulance Handovers 60+ mins (Zero Tolerance)	-	137
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)	0.54%	-
IAPT Recovery (Target 50%)	41.4%	-
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 South Sefton COVID-19 vaccination programme continues to offer dose 1 and Dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Maghull Town Hall and North Park Health Centre are now well into phase 2 of the programme and are successfully administering dose 2 vaccinations for patients in cohorts 1-9. 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 have also engaged with the local homeless population to offer dose 1 vaccinations and the dose 2 catch up for care home patients, staff and nursing home residents has also begun. At the end of May 2021 there have been 89,384 (or 70.4%) first dose vaccinations and 61,178 (48.2%) second dose vaccinations in cohorts 1-12.

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. Referral numbers in April and May 2021 were significantly higher than in the previous year, mainly because of the effects of COVID-19 on 2020 data at the start of the pandemic. At provider level, Aintree Hospital has seen a -14.6% decrease in total referrals received in May-21 compared to previous month. However, referrals are significantly higher when comparing to the equivalent period in the previous year. GP referrals to Aintree Hospital are also reporting a -12.3% decrease when comparing to the previous month. In terms of referral priority, as anticipated, all priority types have seen an increase at month 2 of 2021/22 when comparing to the equivalent period in the previous year. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals during 2020/21 with numbers exceeding those seen in 2019/20 from May-20 onwards. However, the 391 two week wait referrals at Aintree Hospital during May-21 is below a 2020/21 monthly average and is also below May-19 (pre-pandemic).

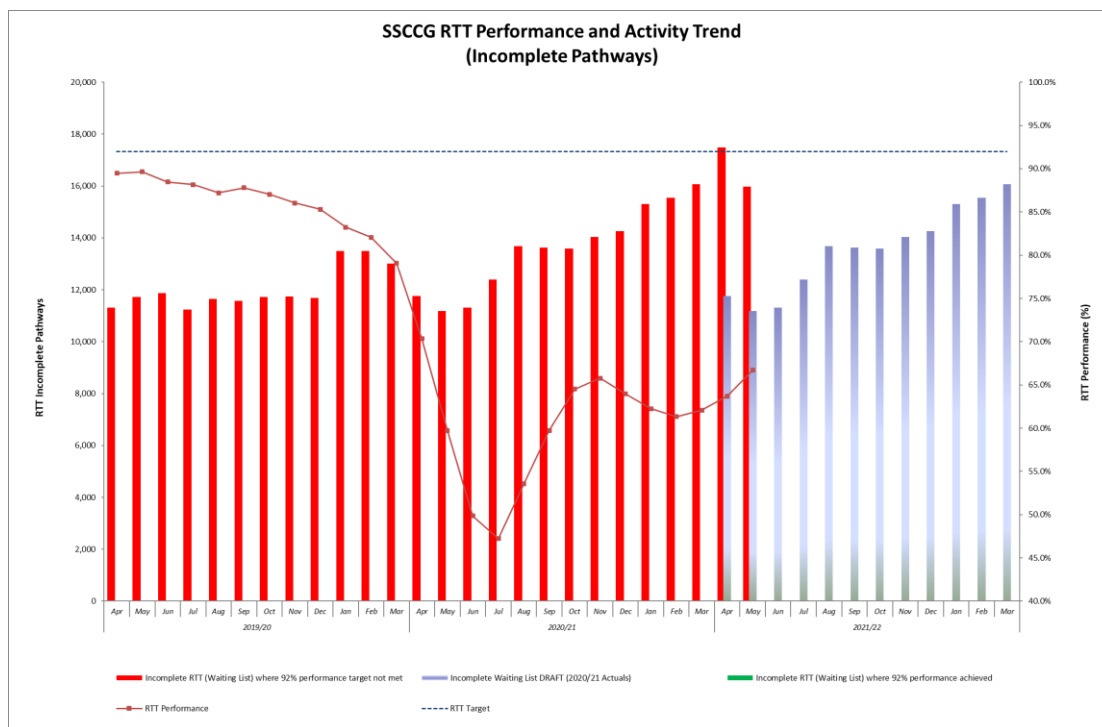
Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. Current e-RS pathway is for all patients to be referred via the Appointment Slot issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 12.71% in May - this being a decline in performance from last month (8.05%). Despite failing the target, the CCG is measuring well below the national level of 22.3%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 7.49% in May, a very small improvement in performance from last month when 7.85% 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 May was 66.71%, a small improvement on last month's performance (63.70%).

Unfortunately, the CCG is reporting slightly below the national level of 67.41%. LUHFT reported 65.89% which is a small improvement on last month when 63.42% was reported. 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.

Figure 1 – CCG RTT Performance and Activity (Incomplete Pathways)



There were a total of 2,213 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 978 patients were waiting over 52 weeks, a decrease of 444 on last month when 1,422 breaches were reported. The 978 52+ week wait breaches reported for the CCG represent 6.12% of the total waiting list in May 2021 which is just below the national level of 6.35%.

Overall waiters decreased by 1514 this month with a total 15,977 South Sefton patients now on the RTT waiting list in May 2021. This is compared to 11,179 patients waiting in the equivalent period of the previous year and 17,491 in April 2021.

LUHFT had a total of 4,404 52-week breaches in May 2021, showing a decrease of around -7.9% (4,758) reported last month.

Figure 2 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	11,179
2021/22	17,491	15,977											15,977
Difference	5,740	4,798											4,798
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978											
Difference	1,414	932											

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	39,838
2021/22	51,649	55,528											55,528
Difference	9,827	15,690											15,690

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

The Trust has reported 2 cancelled operations in May. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 4 of the 9 cancer measures year to date and 3 in May, LUHFT are achieving 3 year to date and in month.

The 2 week wait measure has fallen under target in May for the CCG recording 91.88% but still achieving year to date. Two week wait breast services remains under plan again in May has now but increased slightly to 92% (last month 90.91%), also under the 93% target. LUHFT have achieved both 2 week measures in May and year to date. Access to breast services varies by hospital site for LUHFT and plans are in place to assign patients to the site with the shorter wait and equalise waiting times unless patient expresses a preference for given site.

For Cancer 62 Day standard the CCG is measuring above the national level of 69.75% and national target of 85%, recording 85.71% in May.

The CCG is unable to get the numbers of patients waiting over 104 days due to a system error and missing information for LUHFT – an issue that continues to be investigated. Liverpool CCG have set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.

Cheshire and Merseyside Cancer Alliance recently undertook an audit of 104-day breaches across the region. Key messages:

- Almost half (49%) of very long waits were lower GI pathways
- Diagnostic delays accounted for 30% of delays cited although commentaries highlight most delays are complex and multifactorial; single categorised reasons may not capture true picture.
- Only 15% of lower GI long waiting patients ultimately received a confirmed cancer diagnosis compared with 39% of non lower GI patients, supporting the evidence that reducing diagnostic delay for gastrointestinal patients needs to be the key focus.

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 May, 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 finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. For the first two months of 2021/22, this has resulted in a considerable 83% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 75% of 2019/20 (pre-pandemic) activity levels being completed during May-21 and available data suggests this has been achieved with activity in month representing 83% of that reported in May-19.

NB. LUHFT planned care data for May-21 currently being queried with the provider by South Sefton CCG BI team with significantly low activity recorded across a number of outpatient points of delivery.

Figure 3 – Planned Care All Providers - Contract Performance Compared to 2019/20

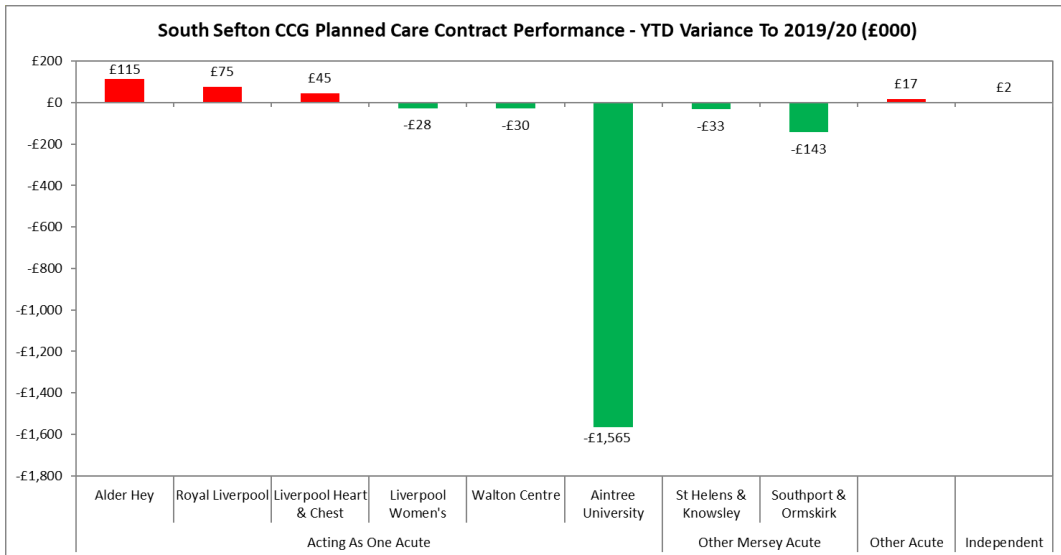


Figure 4 - Planned Care Activity Trends

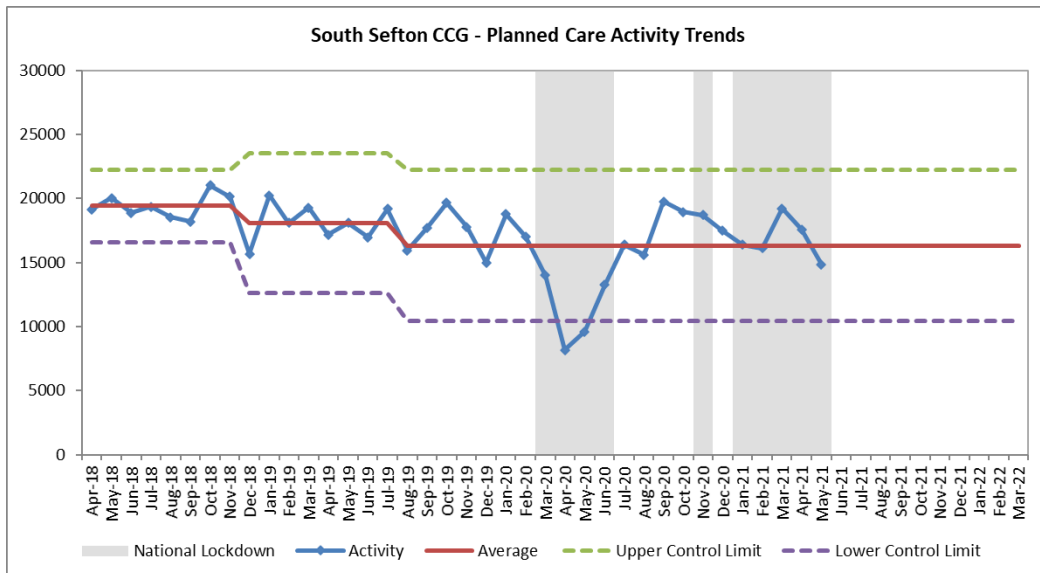


Figure 5 – Elective Inpatient Variance against Plan (Previous Year)

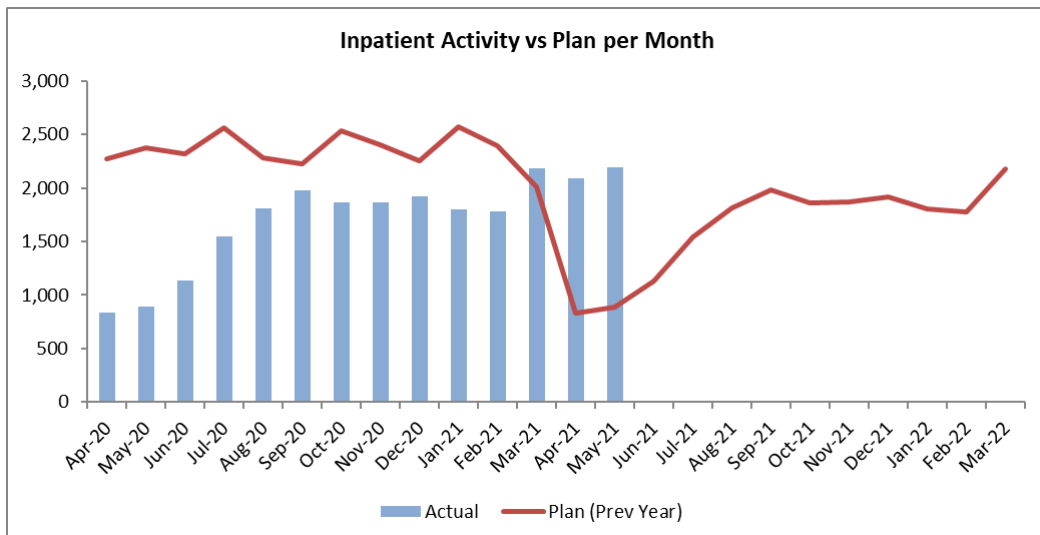
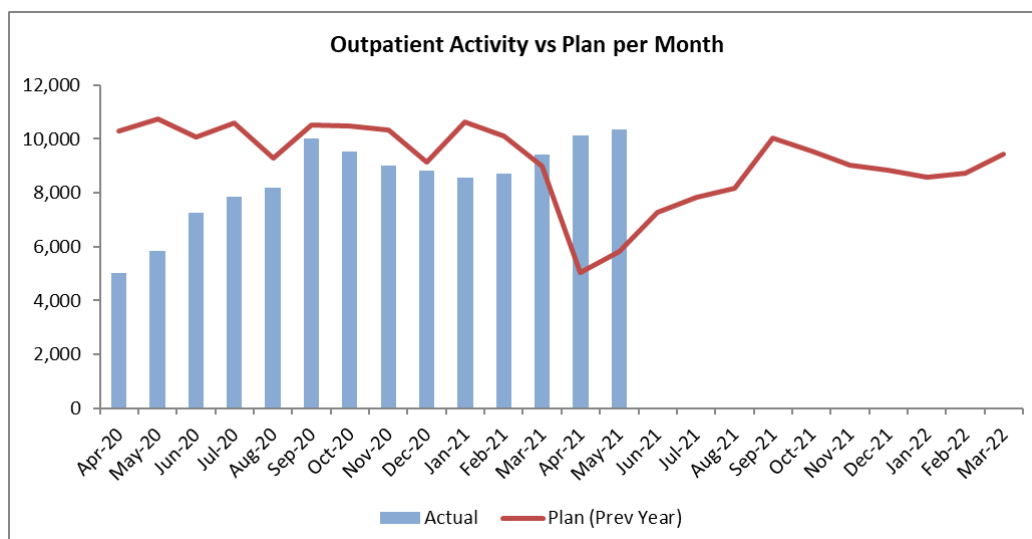


Figure 6 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in May 2021, reporting 73.86% and 72.83% respectively. This shows a decline from the previous month and the CCG and Trust performance is now lower than the nationally reported level of 83.72%. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions continue to be critical with sustained high levels of emergency admissions and A&E attendances at previous levels. COVID admissions have now reduced significantly with A&E performance improving, supported by bed capacity and lower occupancy rates and discharge flow. It is important to highlight though, that A&E attendances have continued to rise with increased walk-ins of low acuity not requiring emergency admission. This is also being seen in Walk-In Centre data and primary care also reporting pressures. LUHFT are going to present a paper at the next Clinical Quality Performance Group (CQPG) around the governance they have in place internally regarding their A&E improvement plans and mitigating actions for the current performance to provide further assurance to the CCG.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for May 2021, when the average response time for South Sefton was 7 minutes 45 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 32 minutes 37 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile with increases in response times. The CCG 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 has been agreed as a pilot with discussions underway with NWS as to how they can support given pressures on workforce.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported an increase in ambulance handover times in May. Handovers between 30 and 60 minutes increased from 206 to 484, and those above 60 minutes increased from 33 to 137. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. 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 have not provided any further performance update this month. In terms of Strategic approach, there is a system executive conversation taking place to investigate the opportunity to expedite the work of the North Mersey Stroke network relating to the development of stroke services across the system.

The CCG and Trust reported no new cases of MRSA in May against a zero-tolerance plan. Any incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 6 new cases of C difficile cases in May (13 year to date) against a year to date target of 11. The CCG do not have the new objectives/plans for C. Difficile for 2021/22 as these have not been released nationally as yet, in the interim last year's plans are being used. LUHFT reported 10 new cases in May (19 year to date) against a year to date target of 18. It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E. coli for 2021/22 so the CCG is reporting against last year's target of 128. In May there were 12 new cases (18 year to date), against a year to date target of 21 so achieving currently. LUHFT reported 43 new cases in May (78 year to date). There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 97.84 in May, under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 is a historical high for South Sefton CCG and represents an increase of 49% when comparing to the equivalent month in the previous year. Focussing specifically on A&E type 1 attendances, activity during May-21 was also 11% above that in May-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during April/May-21.

Figure 7 – Unplanned Care All Providers - Contract Performance Compared to 2019/20

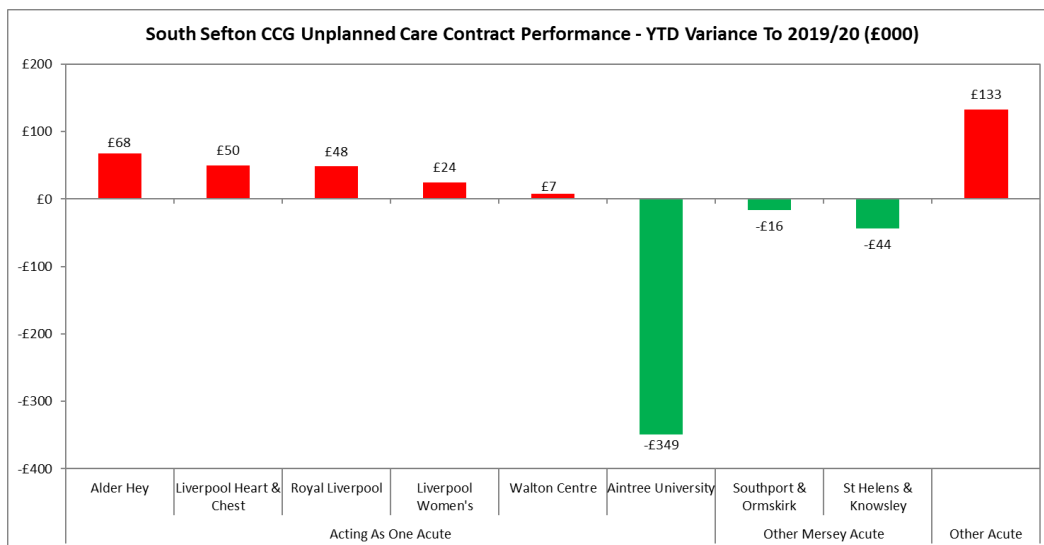


Figure 8 - Unplanned Care Activity Trends

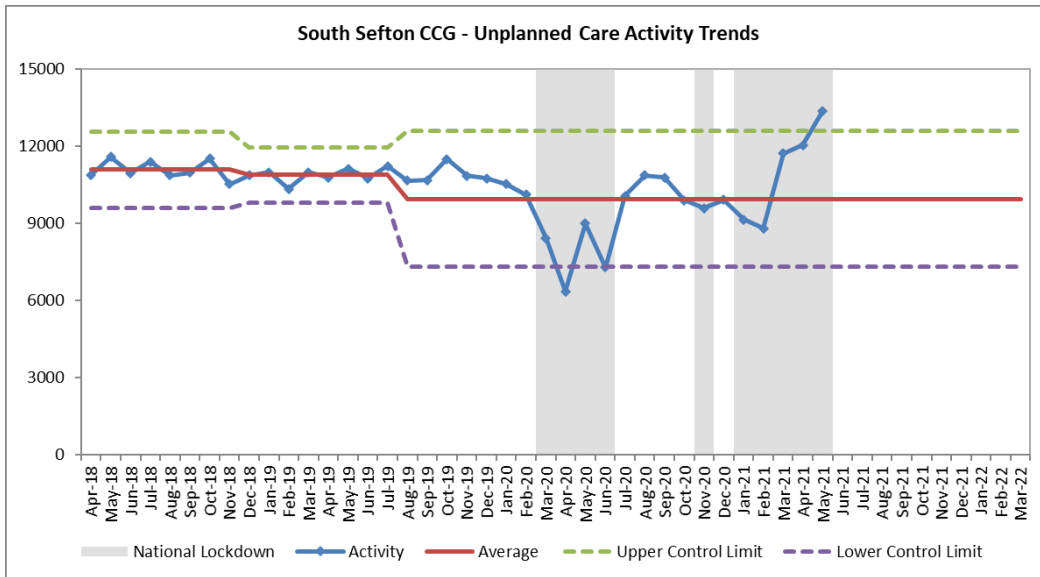


Figure 9 - A&E Type 1 against Plan (Previous Year)

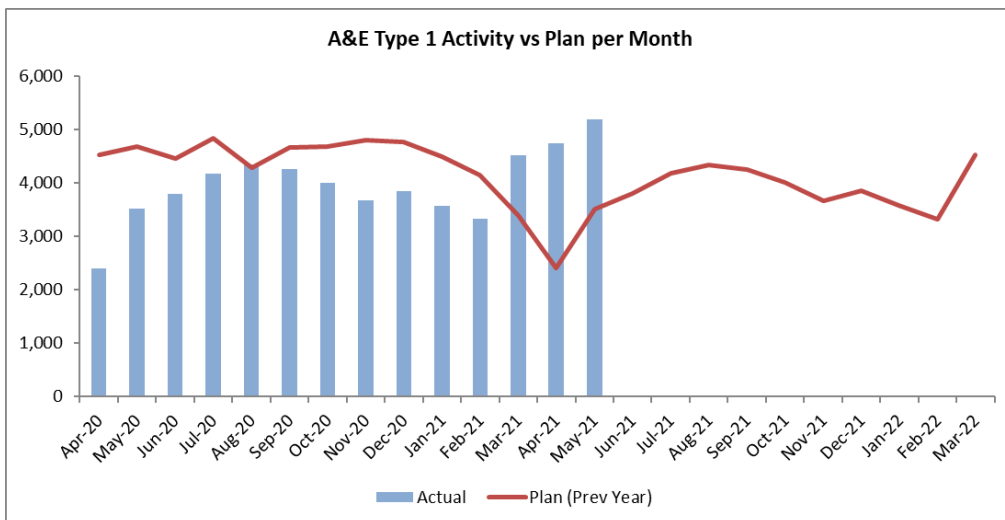
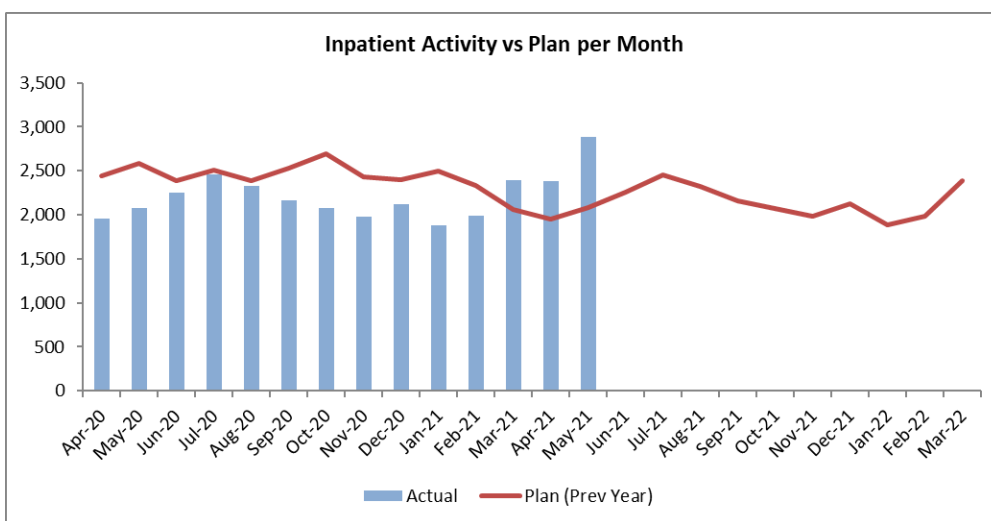


Figure 10 - Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 30.30% of patients commencing treatment within 18 weeks of referral in May, compared to a 95% target. 10 patients out of 33 commenced treatment within 18 weeks. This shows a small decline on last on month (34.38%). The CCG has approved of £63k (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health LTP 2021 /22 investment plan. This investment is part of a 3-year phased approach (2021/22 – 2023/24 to developing a NICE compliant Eating Disorder Service.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.54% in May, below the monthly target standard of 1.59%. Actions to address the underperformance include:

- 1 Psychological Wellbeing Practitioner (PWP) agency staff is due to comment in June.
- 3 other PWP posts are currently vacant and are being advertised.
- 4 High Intensity Therapists recruited with 3 commenting duties and 1 post to comment in July.
- Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees.
- Focussed assessment weeks are being planned to take place later in 2021/22.
- Ongoing marketing of the service.

The percentage of people who moved to recovery was 41.4% in May against the target of 50%. Long internal waits within IAPT are a major contributing factor to recovery rate and the provider working with commissioners has submitted a proposal for non-recurring funding to ring fence internal waiters who have waited over 18 weeks for Step 2 and Step 3 interventions with the aim of offering therapy through the deployment of agency staff. The initiative would run over a period of 38 weeks. The service is confident that once completed that they would have the staff to prevent this situation arising again. The proposal is going to Clinical Advisory Group (CAG) in July 2021.

South Sefton CCG is recording a dementia diagnosis rate in May of 57.7%, which is under the national dementia diagnosis ambition of 66.7%. This is a similar to last month's performance (57.9%). The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. Recovery is unlikely to take place until face to face assessments can resume. It is possible the CCG will see an increased trend in referrals and diagnosis rates from June/July onwards. In line with Cheshire & Merseyside Health Care Partnership expectations the CCG as is working with Mersey Care Foundation Trust to ensure that £48k of non-recurring Spending Review monies can be deployed to reduce Memory Assessment waits.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The Trust has undertaken revalidation exercise of waiting times as figures reported prior to April 2021 were waiting times to initial assessment and not to diagnosis. The Trust is expecting to have all those identified with SEND (37 people) on the waiting list to have their diagnostic assessment to be completed by the end of July 2021. Once the 37 SEND assessments are completed the waiting list initiative will continue to operate targeting all age long waiters but with any new SEND referrals being prioritised. The CCG has approved of £53k (£100k) of recurring investment within the ASD service as part of its overall Mental Health Long Term Plan 2021/22 investment plan. This investment will ensure that the service is more sustainable by increasing assessment capacity going forward.

Two staff from the ASD service are due complete DISCO assessment tool training in June 2021. In addition, the team now has three staff trained in the ADOS/ADIR assessment tool. They will shortly undertake some shadowing assessments and will be able to do some of the assessments. This increased level of assessment training will also additional assessments to be undertaken in addition to the capacity created through the agreed recurring investment.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 77 weeks in May 2021. The initiative has not yet commenced.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g., staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint Clinical Quality Performance Group (CQPG) for South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 2 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 27 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 and Physiotherapy which continues to see high demand. 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. Phlebotomy waiting times are increasing due to workforce challenges which are being reviewed as an urgent priority with the Trust.

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 May, whilst SALT continues to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in May. Notably SALT stood at 15.1 weeks against the 18 week KPI.

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 has been an improvement since February 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. Since then, there has been significant system wide and local progress in relation to the allocation of additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. Sefton has been allocated an additional mental health investment of circa £800k in 2021/22 and has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative. In addition, Alder Hey has developed a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the 92% waiting time target. Plans for the local allocation of these funds to providers - including third sector - are in the process of being finalised. Following this, providers will develop

revised COVID recovery plans and trajectories detailing the timeframes 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. 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, plans for the allocation of funds are in the process of being finalised in order to support recovery.

In the main, ASD/ADHD performance has continued to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remain on target. However, due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in May and fell to 83%. The Trust has a number of mitigating actions in place to manage this and discussions with local partners are underway to understand the drivers for this increase.