



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – August 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% | 100% |
| Diagnostics & Referral to Treatment (RTT) | | | | | | | | | | | | | | | |
| % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test | South Sefton CCG | RAG | R | R | R | R | R | | | | | | | | |
| | | Actual | 8.05% | 12.71% | 14.14% | 15.02% | 16.55% | | | | | | | | |
| | | 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 | | | | | | | | |
| | | Actual | 63.70% | 66.71% | 66.29% | 64.45% | 63.16% | | | | | | | | |
| | | Target | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% |
| Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks | South Sefton CCG | RAG | R | R | R | R | R | | | | | | | | |
| | | Actual | 1,422 | 978 | 912 | 1,017 | 1,082 | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cancelled Operations | | | | | | | | | | | | | | | |
| Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice. | Liverpool University Foundation Hospital Trust | RAG | R | R | R | R | R | | | | | | | R | |
| | | Actual | 2 | 2 | 1 | 7 | 19 | | | | | | | | 31 |
| | | 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 | R | G | G | | | | | | | R | |
| | | Actual | 0 | 0 | 1 | 0 | 0 | | | | | | | | 1 |
| | | Target | 0 | 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 | R | G | R | | | | | | | | R | |
| | | Actual | 94.74% | 91.88% | 92.13% | 93.89% | 92.04% | | | | | | | | | 92.95% |
| | | Target | 93% | 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 | G | G | G | | | | | | | | G | |
| | | Actual | 90.91% | 92.00% | 97.78% | 94.34% | 95.00% | | | | | | | | | 94.39% |
| | | Target | 93% | 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 | G | G | | | | | | | | G | |
| | | Actual | 100% | 96.92% | 100% | 97.33% | 96.88% | | | | | | | | | 99.36% |
| | | Target | 96% | 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 | G | R | R | | | | | | | | R | |
| | | Actual | 100% | 83.33% | 100% | 82.35% | 92.31% | | | | | | | | | 90.54% |
| | | Target | 94% | 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 | G | G | G | | | | | | | | G | |
| | | Actual | 95% | 95.24% | 100% | 100% | 100% | | | | | | | | | 98.37% |
| | | Target | 98% | 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 | G | G | | | | | | | | G | |
| | | Actual | 95.24% | 96.15% | 100% | 100% | 100% | | | | | | | | | 98.48% |
| | | Target | 94% | 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 | R | R | | | | | | | | R | |
| | | Actual | 61.11% | 85.71% | 75% | 76.09% | 71.79% | | | | | | | | | 74.04% |
| | | Target | 85% | 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 | R | G | | | | | | | | R | |
| | | Actual | 75% | 75% | 40% | 60% | 100% | | | | | | | | | 67.86% |
| | | Target | 90% | 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 | | | | G | | | | | | | | | |
| | | Actual | 100% | 71.43% | 70.42% | 80% | 90% | | | | | | | | | 67.86% |
| | | Target | 85% | 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 | R | R | | | | | | | | R | |
| | | Actual | 85.48% | 73.86% | 71.29% | 66.63% | 67.75% | | | | | | | | | 72.95% |
| | | 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 | | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's) | South Sefton CCG | RAG | | | | | | | | | | | | | | |
| | | Actual | Not available | Not available | Not available | Not available | Not available | | | | | | | | | |
| | | Target | 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 | R | R | R | | | | | | | | R | |
| | | YTD | 0 | 0 | 1 | 1 | 1 | | | | | | | | 1 | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Number of C. Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative | South Sefton CCG | RAG | R | R | R | R | R | | | | | | | | R | |
| | | YTD | 7 | 13 | 16 | 22 | 26 | | | | | | | | 26 | |
| | | Target | 6 | 10 | 14 | 18 | 22 | 27 | 31 | 35 | 41 | 45 | 49 | 54 | 54 | |
| Number of E. Coli Incidence of E. Coli (Commissioner) cumulative | South Sefton CCG | RAG | G | G | G | G | G | | | | | | | | G | |
| | | YTD | 6 | 18 | 34 | 45 | 61 | | | | | | | | 61 | |
| | | Target | 17 | 33 | 47 | 59 | 70 | 80 | 91 | 103 | 116 | 130 | 144 | 156 | 156 | |

| 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 | G | G | | | | | | | | G |
| | | Actual | 100% | 100% | 100% | 100% | 100% | | | | | | | | 100% |
| | | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Episode of Psychosis | | | | | | | | | | | | | | | |
| First episode of psychosis within 2 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 |
| | | Actual | 64.3% | | | | | | | | | | | | 64.3% |
| | | 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 | R | R | | | | | | | | R |
| | | Actual | 34.38% | 30.30% | 36.10% | 25.70% | 11.40% | | | | | | | | 27.6% |
| | | Target | 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 | R | R | | | | | | | | R |
| | | Actual | 0.56% | 0.54% | 0.72% | 0.90% | 0.72% | | | | | | | | 3.43% |
| | | 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% | 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 | R | R | | | | | | | | R |
| | | Actual | 43.3% | 41.4% | 36.8% | 42.3% | 33.3% | | | | | | | | 41.50% |
| | | Target | 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 | G | G | | | | | | | | G |
| | | Actual | 96% | 100% | 92% | 88% | 88% | | | | | | | | 93% |
| | | Target | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period. | South Sefton CCG | RAG | G | G | GG | GG | GG | | | | | | | | G |
| | | Actual | 100% | 100% | 100% | 100% | 100% | | | | | | | | 100% |
| | | Target | 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 | R | R | | | | | | | | R | |
| | | Actual | 57.88% | 57.74% | 58.5% | 59.3% | 59.7% | | | | | | | | | 58.60% |
| | | 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 | R | | | | | | | | | | | | R | |
| | | Actual | 6.09% | | | | | | | | | | | | 6.09% | |
| | | Target | 18% | | | 35% | | | 52% | | | 70% | | | 70% | |
| 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 | R | | | | | | | | | | | | R | |
| | | Actual | 20.8% | | | | | | | | | | | | 20.8% | |
| | | 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 | G | | | | | | | | | | | | G | |
| | | Actual | 20.3% | | | | | | | | | | | | 40.4% | |
| | | Target | 8.75% | | | 8.75% | | | 8.75% | | | 8.75% | | | 35.00% YTD | |
| 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 | R | | | | | | | | | | | | R | |
| | | Actual | 69.6% | | | | | | | | | | | | | |
| | | 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 | G | | | | | | | | | | | | G | |
| | | Actual | 100% | | | | | | | | | | | | 100% | |
| | | Target | 95% | | | 95% | | | 95% | | | 95% | | | 95% | |

| Metric | Reporting Level | 2021-22 | | | | | | | | | | | | | | |
|--|-----------------|---------|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | YTD | | |
| | | 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 | |
| | | Actual | 81.4% | 62.5% | 54.2% | 56.5% | 38.2% | | | | | | | | | 58.6% |
| | | 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 | R | R | | | | | | | | R | |
| | | Actual | 57.1% | 42.3% | 72.2% | 45.5% | 25.0% | | | | | | | | | 48.4% |
| | | 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 | G | G | | | | | | | | G | |
| | | Actual | 96% | 98% | 100% | 100% | 100% | | | | | | | | | 98.80% |
| | | 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 | R | R | | | | | | | | R | |
| | | Actual | 85% | 83% | 77% | 72% | 62% | | | | | | | | | 75.8% |
| | | 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 | G | G | | | | | | | | G | |
| | | Actual | 99% | 98% | 100% | 100% | 100% | | | | | | | | | 99.4% |
| | | 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 | G | R | | | | | | | | G | |
| | | Actual | 98% | 93% | 91% | 90% | 88% | | | | | | | | | 92.00% |
| | | 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 | 5.3 | 6.4 | 9.1 | | | | | | | | | |
| | | 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 | 78.4 | 63.8 | 62.9 | | | | | | | | | |
| | | Target | | | | | | | | | | | | | | |

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 5 of 2021/22 (note: time periods of data are different for each source).

| Constitutional Performance for August and Quarter 1 2021/22 | CCG | LUHFT |
|---|---------------|---------------|
| Diagnostics (National Target <1%) | 16.55% | 10.62% |
| Referral to Treatment (RTT) (92% Target) | 63.16% | 61.84% |
| No of incomplete pathways waiting over 52 weeks | 1,082 | 4,824 |
| Cancer 62 Day Standard (Nat Target 85%) | 71.79% | 54.74% |
| A&E 4 Hour All Types (National Target 95%) | 67.75% | 66.03% |
| A&E 12 Hour Breaches (Zero Tolerance) | - | 0 |
| Ambulance Handovers 30-60 mins (Zero Tolerance) | - | 670 |
| Ambulance Handovers 60+ mins (Zero Tolerance) | - | 234 |
| 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) 2021/22 - Q1 | 100.0% | - |
| EIP 2 Weeks (60% Target) 2021/22 - Q1 | 64.3% | - |
| IAPT Access (1.59% target monthly - 19% YTD) | 0.72% | - |
| IAPT Recovery (Target 50%) | 33.3% | - |
| IAPT 6 Weeks (75% Target) | 88.0% | - |
| 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 Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, 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 were brought to an end at the end of June having successfully administered dose 1 & 2 vaccinations to the majority of patients in cohorts 1-9, along with care home residents and staff and the local homeless population. Seaforth village Surgery has been introduced as a vaccination site and continues to offer dose 1 & 2 vaccinations to the local population. The vaccination programme continues to offer vaccinations to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 are now also eligible for the vaccine and included in cohort 12. At the end of Aug 2021 there have been 102,507 (or 79.5%) first dose vaccinations and 93,047 (68.1%) 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 the context of responding to the ongoing challenges presented by COVID-19, while also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at trust and system is being assessed against agreed trajectories for H1 (Half year 1).

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. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). Outpatient validation is another expected area of focus to support elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals have then decreased in July-21 and August-21 but remain above an average for the last 12 months. However, year to date referrals remain below pre-pandemic (i.e., 2019/20) levels by -16.4%. GP referrals at Aintree Hospital are reporting a -21.9% decrease when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately -20 fewer GP referrals per day in August-21 when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 5 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with an increase of 29.9% (750).

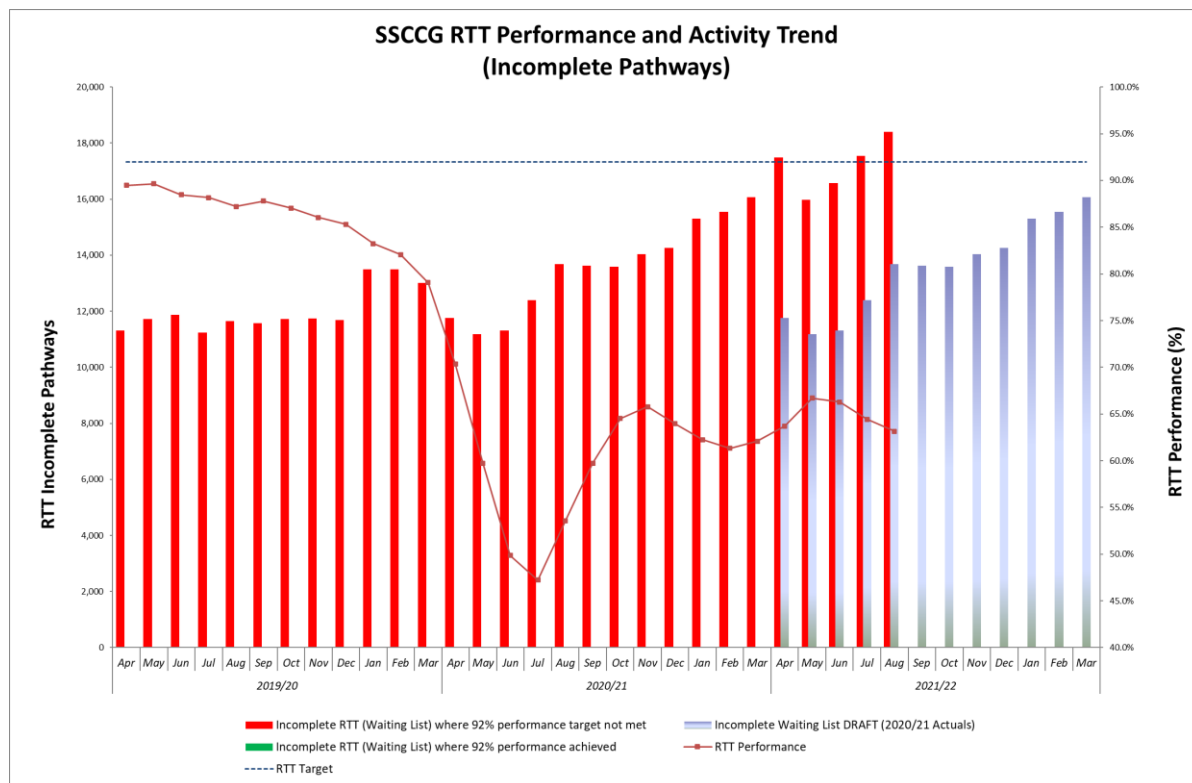
Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot Issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to 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 16.55% in August - this being a decline in performance from last month (15.02%). Despite failing the target, the CCG is measuring well below the national level of 27.1%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 10.62% in August, a small decline in performance from last month when 7.94% was reported. But 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 August was 63.16%, a decline to last month's performance (64.45%). Unfortunately, the CCG is reporting below the national level of 67.63%. LUHFT reported 61.84% which is also a

decline on last month when 63.74% was reported. 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. Increases in the number of COVID positive patients and sickness absence has led LUHFT to request further mutual aid. This request is being facilitated by the lead commissioner, Liverpool CCG.

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



There were a total of 2,557 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,082 patients were waiting over 52 weeks, an increase of 65 on last month when 1,017 breaches were reported, the majority were at LUHFT (907) the remaining 175 breaches spanned across 14 other Trusts.

Included in the long waiters there were 16 patients waiting over 104 weeks. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway).

The 1,082 52+ week wait breaches reported for the CCG represent 5.88% of the total waiting list in August 2021 which is just above the national level of 5.11%.

Overall waiters increased by 858 this month with a total 18,395 South Sefton patients now on the RTT waiting list in August 2021. This is compared to 13,682 patients waiting in the equivalent period of the previous year and 17,537 in July 2021. Monthly waiting list is increasing month on month at CCG and Trust.

LUHFT had a total of 4,824 52-week breaches in August 2021, showing an increase of around 7.7% (372) from previous month when the Trust reported 4,452.

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 | 13,682 |
| 2021/22 | 17,491 | 15,977 | 16,576 | 17,537 | 18,395 | | | | | | | | 18,395 |
| Difference | 5,740 | 4,798 | 5,265 | 5,148 | 4,713 | | | | | | | | 4,713 |
| 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 | 912 | 1,017 | 1,082 | | | | | | | | |
| Difference | 1,414 | 932 | 806 | 846 | 884 | | | | | | | | |

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 | 42,299 |
| 2021/22 | 51,649 | 55,528 | 58,134 | 61,222 | 63,996 | | | | | | | | 63,996 |
| Difference | 9,827 | 15,690 | 19,038 | 19,930 | 21,697 | | | | | | | | 21,697 |

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

The Trust has reported 19 cancelled operations in August. No details given by the Trust. 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 6 in August. LUHFT are achieving 3 year to date and 2 in month.

The Trust are still achieving both 2 week wait measures year to date. The 2 week wait measure is now reporting just under target the 93% in August for the CCG recording 92.04% after achieving last month and is now failing year to date.

For Cancer 62 Day standard the CCG is measuring slightly above the national level of 70.74% recording 71.79% in August but below the operational standard of 85%.

For patients waiting over 104 days, the CCG reported 1 patient who waited 124 days, the urological patient's delay was due to a complex diagnostic pathway, first seen and treatment Trust was LUHFT. Liverpool CCG as lead commissioner for the Trust has 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.

The 2021/22 Priorities and Operational Planning Guidance: October 2021 to March 2022 sets the following objectives:

1. Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022.
2. To meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing.

In August, 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.

Performance against recovery trajectories demonstrates that in August the CCG is exceeding plan for numbers of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

LUHFT Friends and Family Inpatient test response rate is above the England average of 19.6% in July 2021 at 21.6% (latest data reported). The percentage of patients who would recommend the service has declined to 90%, which is below the England average of 94% and the percentage who would not recommend has increased to 6% and still above the England average of 3%. The Quality Team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPG) meetings and Clinical Quality Performance Group (CQPG) and discussed with rationale for dips in performance provided by the Trust. The Trust are due to present their bi-annual Patient Experience

update to EPEG in November 2021 and a wider EPEG Provider focussed Patient Experience workshop is planned for January 2022.

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. At month 5 of 2021/22, this has resulted in a considerable 34% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the H1 Planning Guidance, CCGs were expected to plan for 85% of 2019/20 (pre-pandemic) activity levels being completed from July-21 and available contracting data suggests this has been achieved with activity in month 5 representing 97% of that in August-19. The majority of previous months have also seen activity exceed planned levels for South Sefton CCG.

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

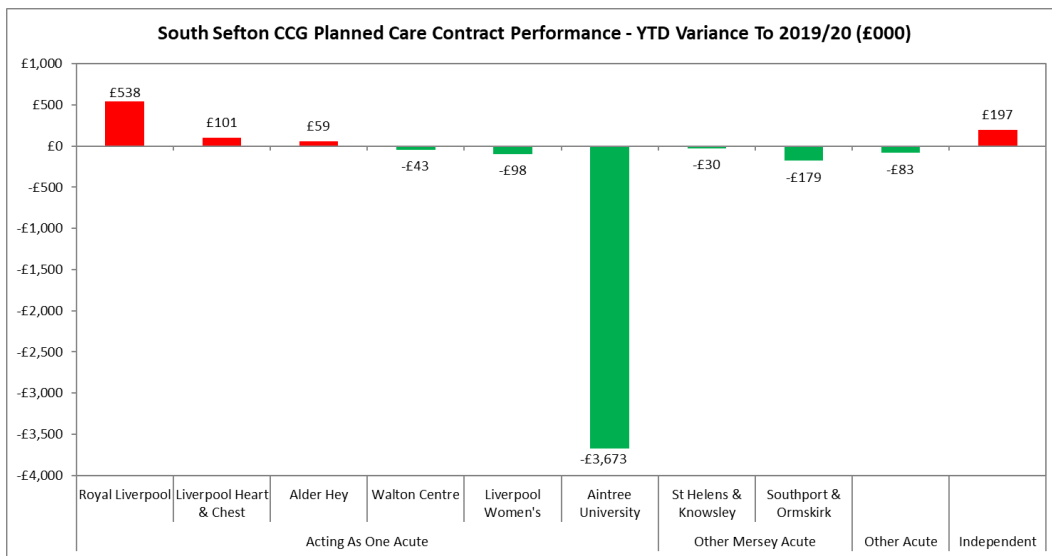


Figure 4 - Planned Care Activity Trends

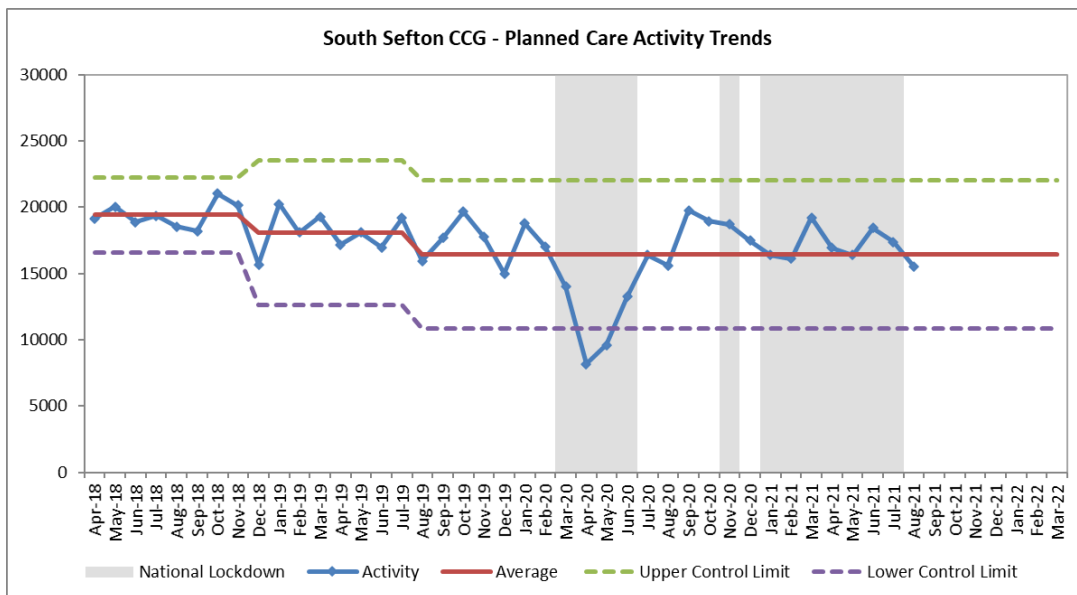


Figure 5 – Elective Inpatient Variance against Plan (Previous Year)

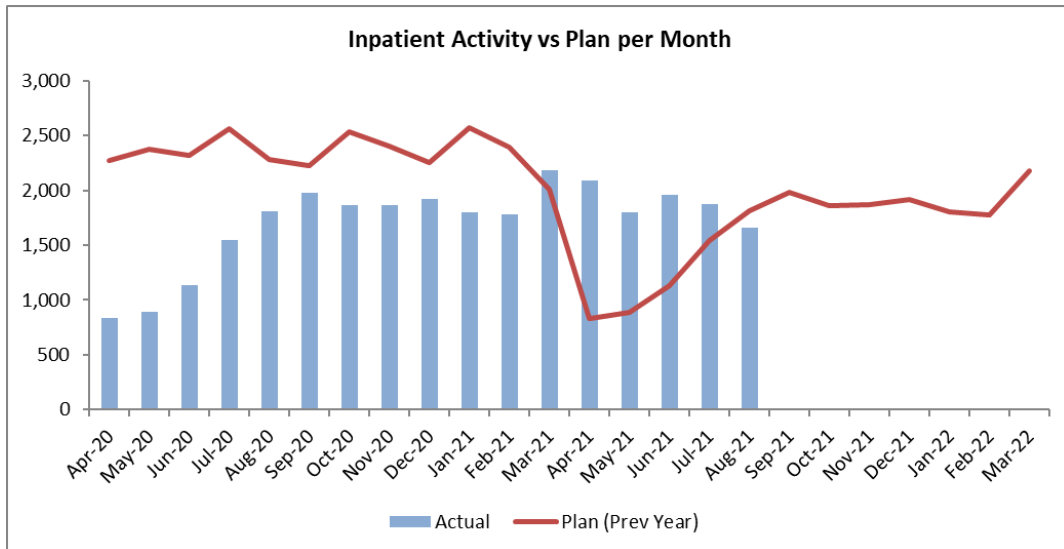
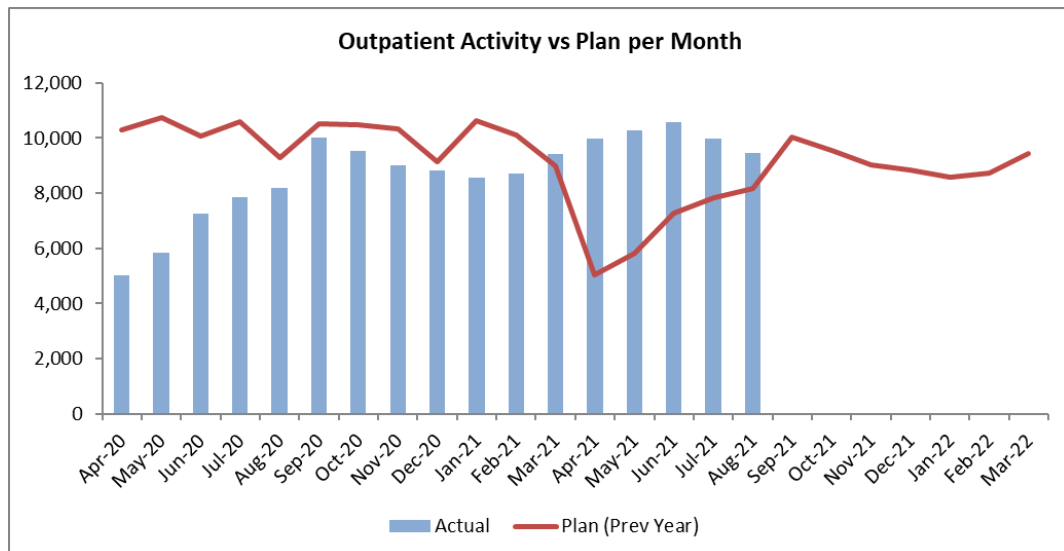


Figure 6 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in August 2021, reporting 67.75% and 66.03% respectively. This shows a very slight increase from the previous month and the CCG and Trust performance is lower than the nationally reported level of 77.01%. LUHFT’s catchment position is showing a sustained historical peak which is impacting on performance. The Trust have reported no 12-hour breaches in August. Despite the unprecedented and prolonged surge in demand for unplanned care services, the CCG continue to work with system partners to redirect flow to appropriate non-AED services via the capacity and flow and NHS 111 First groups as well as progressing work streams to improve pathways into other urgent care services such as Walk-In Centres, the Clinical Assessment Service and 2-hour community response services. Fortunately, COVID admissions remain low. The CCG is still seeing a huge demand in general practice activity which is having a negative impact on AED due to increases in patient expectation to be seen the same day. However, more patients are being referred or redirected to community pharmacies, dentists and opticians from a variety of sources to direct patients to the most suitable service and relieve pressure on urgent care services. The CCG is also working with several AED’s to implement the NHS Digital Emergency Department Streaming tool that will be launched

prior to winter in both LUHFT ED's to try and redirect lower acuity presentations into the community and provide a consistent offer to patients accessing urgent and emergency care services.

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 August 2021, when the average response time for South Sefton was 8 minutes 37 seconds, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 9 minutes against a target of 18 minutes. The CCG also failed the category 2, 3 and 4 90th percentile, these have shown the largest deterioration in recent months. 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. NWS pathways into Litherland UTC is now live and pathways between NWS and community services are being developed to increase see and treat and reduce conveyances to ED. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls has been agreed to be implemented but is stalled due to a lack of additional resource with the current pressures.

For ambulance handovers, LUHFT reported an increase in ambulance handover times in August for handovers of 30 and 60 minutes which increased from 503 to 670, those above 60 minutes increased from 153 to 234. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets, which includes the adoption of the ED Checklist to support turnaround times within ED. 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. In addition to the ED Checklist, NWS and LUHFT operational staff have been having open and transparent communication to understand each organisations viewpoint to find additional solutions to overcome ambulance delays.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues with recent presentations to local Oversight and Scrutiny Committees (OSCs) which to date have been received very positively. The programme has successfully passed NHSE stage 2 assurance subject to a number of caveats and an expectation that the proposal will proceed to public engagement.

The CCG and Trust reported no new cases of MRSA in August but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 4 new cases of C difficile cases in August (26 year to date) against a year to date target of 22. The CCG now have the new objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 15 new cases in August (62 year to date) against a year to date target of 62 and are achieving. Post infection reviews (PIR) continue to be undertaken with 26 cases no lapses in care, 25 lapses in care which may not have contributed to the infection and 11 case were lapses may have contributed to the infection (stool monitoring, isolation and additional improvement required in IPC audits and environmental scores). 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) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In August there were 16 new cases (61 year to date), against a year to date target of 70 so achieving the target currently, year-end target is 156. LUHFT reported 18 new cases in August (91 year to date) against their year to date plan of 97 so are also achieving.

LUHFT’s Hospital Standardised Mortality Ratio (HSMR) was reported at 99.21 in August by the Trust, 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.

LUHFT Friends and Family A&E test response rate is above the England average of 9.7% in July 2021 at 20.9% (latest data available). The percentage of patients who would recommend the service has decreased to 58%, which is below the England average of 76%. The percentage who would not recommend has increased to 31% and above the England average of 16%. The Trust continue to work with the Care Quality Commission (CQC) and the CCG on the AED Improvement Plan. The improvements include increasing staff capacity and patient flow in AED which aims to have a positive impact on waiting times and therefore patient experience. Implementation of the plan and progress continues to be monitored by the CCG via monthly Clinical Quality Performance Group (CQPG) meetings and the Commissioning Collaborative Forum (CCF).

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 was a historical high for South Sefton CCG and although the following months have seen a decrease, urgent care activity levels remain above average. Focussing specifically on A&E type 1 attendances, activity during August-21 was also 6% above that in August-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 2021/22.

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

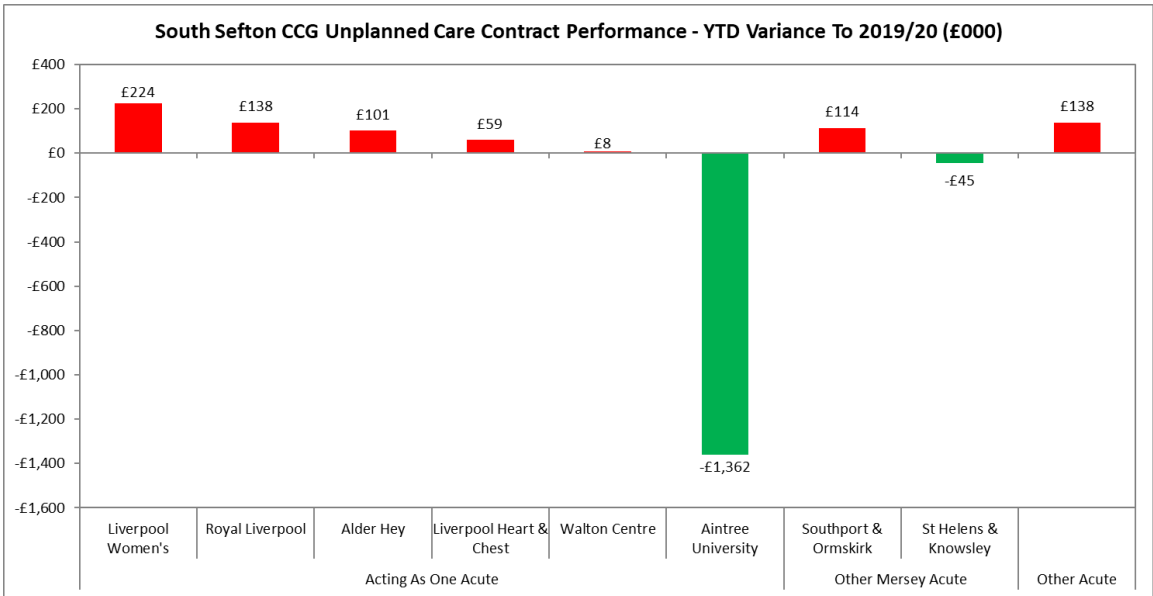


Figure 8 - Unplanned Care Activity Trends

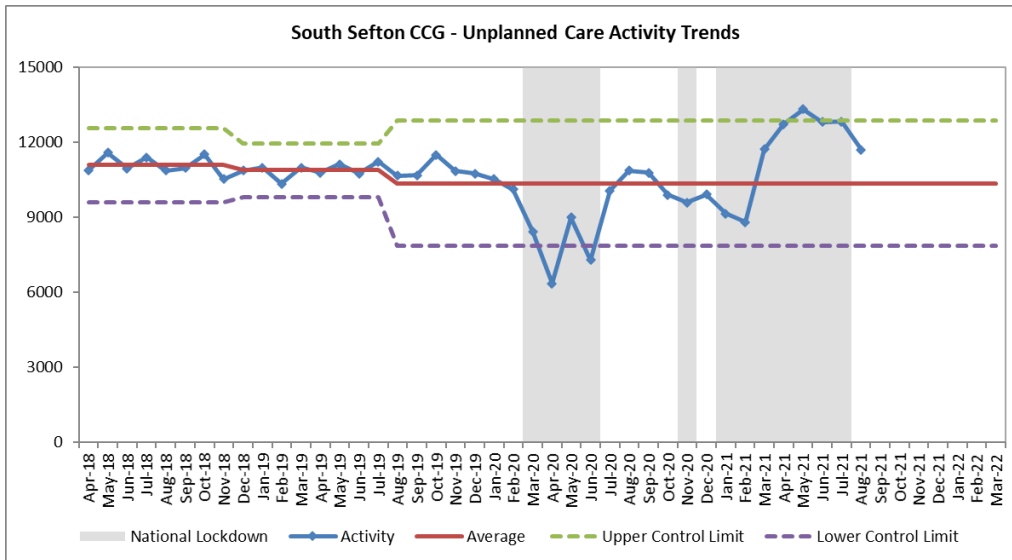


Figure 9 - A&E Type 1 against Plan (Previous Year)

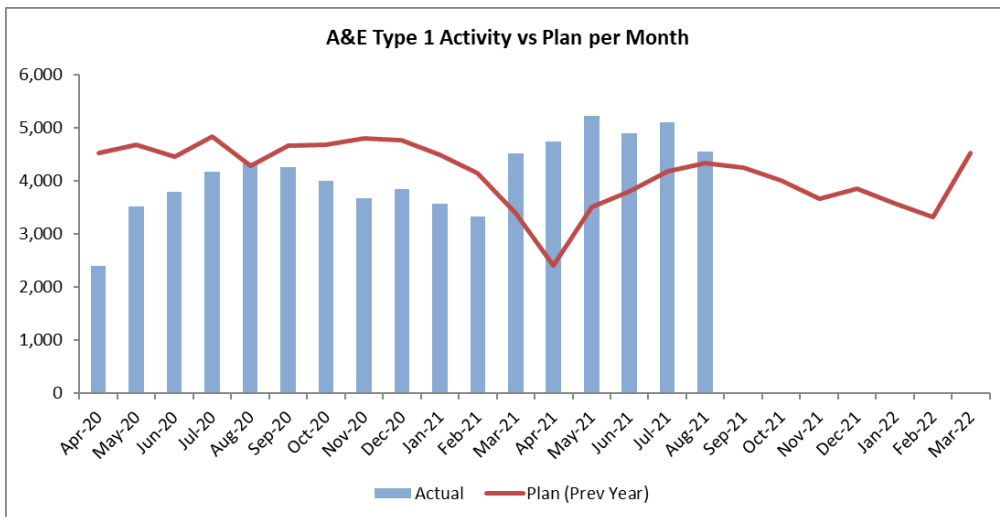
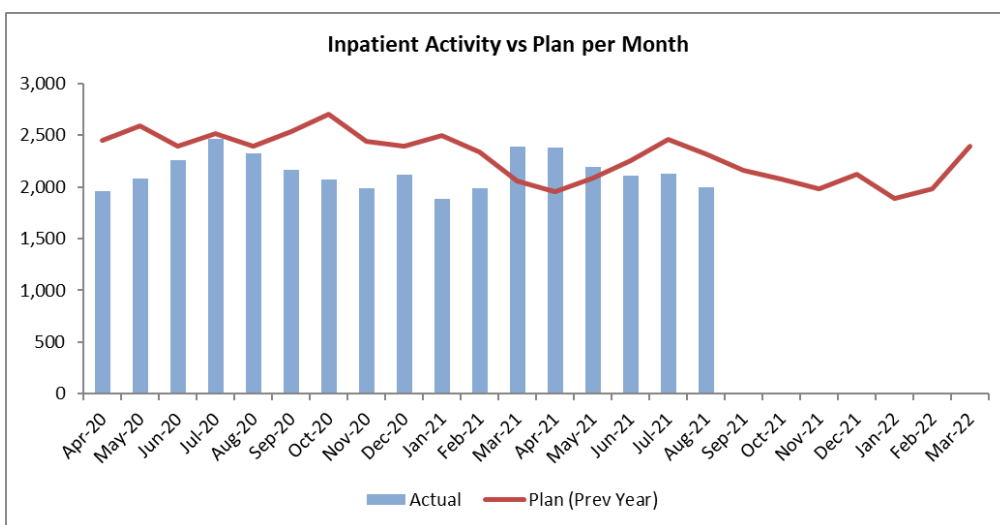


Figure 10 - Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 11.4% of patients commencing treatment within 18 weeks of referral in August, compared to a 95% target. Just 4 patients out of 35 commenced treatment within 18 weeks, which shows another significant decline on last on month (25.7%). Demand for the services continues to increase and to exceed capacity. The CCG approved of £63k (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health Long Term Plan 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. The service is planning to recruit for a dietician and psychology posts, however recruitment for a First episode Rapid Early Intervention (FREED) clinical Psychologist has been successful as a part of the Trust's Community Mental Health Transformation Programme.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.72% in August, below the monthly target standard of 1.59%. Actions to address the underperformance include:

- 1 Trainee Psychological Wellbeing Practitioner (PWP) commenced in September and 3 trainee PWP's commenced in October 2021.
- 4 x High Intensity Therapists (HIT) recruited with 3 having commenced duties in June and 1 post due to commence in October 2021.
- Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees supported by a proposed Cheshire & Merseyside supervision hub and marketing of IAPT at local and planned regional level.

The percentage of people who moved to recovery was 33.3% in August against the target of 50%, which is a decline from last month when 42.3% was reported. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider is planning to allocate the recently recruited HIT resource to address a ringfenced cohort of internal waiters.

South Sefton CCG is recording a dementia diagnosis rate in August of 59.7%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to last month's performance of 59.3%. 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. 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 is utilised to reduce Memory Assessment waits.

In November 2020 the CCGs agreed £100k non-recurring funding initially targeting those people with identified with SEND to be prioritised for diagnostic assessment. These individuals with SEND have had their diagnostic assessment undertaken and the residual funding is targeting the wider waiting list. The CCGs have acknowledged that long term investment in the ASD service is required and in July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 5 staff across the service to undertake DISCO and AD-I-R / ADOS diagnostic assessment training and clarified that 2 of these staff face Sefton. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service is also intending to remodel and the expectation is that this will generate additional assessment capacity. In addition, the service is recruiting an assistant psychologist to enhance existing post diagnostic support.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 63 weeks in August 2021. The waiting list cleanse has been completed and the list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust is recruiting a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff. The Trust has been requested to

provide more detail of the sub-contract arrangement for assurance purposes and that it should be under the aegis of the NHS Standard Contract.

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 single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs has been introduced. 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 5 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 31 weeks as the longest wait and Speech and Language Therapy at 20 weeks. CCG continues to monitor waiting times with close monitoring of the Speech & Language Therapy (SALT) service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy. 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.

Children's Services

In its ongoing response to the impact of 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. As previously reported, the SALT service has experienced a sustained increase in referrals following lockdown and the reopening of schools. Whilst referrals have reduced over the summer holiday period, the backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged (August 18 weeks is at 39.1%). The position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need. From mid-September, the service will be fully staffed and it is anticipated that if referral levels begin to return to pre-covid levels, improvements will be seen in subsequent months.

Physiotherapy and dietetics continue to perform better than the 92% KPI. There has been a slight deterioration in both Occupational Therapy (OT) and Continence in August (84.9% and 80% respectively), partially attributable to staff absences and delays in recruitment. The position of the continence service has since improved as more clinic appointments are being offered.

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 continue to be challenged locally and there was a further dip in performance in August as referrals continue to increase and the trust focuses on those children and young people who have been waiting the longest for assessment and treatment. To mitigate, two new staff commenced in post in August and further additional capacity is being provided where possible. Recruitment to utilise the 21/22 mental health investment

is progressing with multiple interview panels taking place in September and October. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.

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.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. 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.

Referral rates for ASD/ADHD services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within agreed timescales. ADHD waiting times are increasing and have fallen below target for completed assessments within 30 weeks reporting 88% against the 90% target. Also 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 August and fell to 62%. The Trust has a number of mitigating actions in place to manage this and is undertaking a deep dive of the drivers for the increase which will be concluded by the end of October 2021. The CCGs will review the outcomes from the deep dive alongside the Trust's paper which details the current position, mitigations and options for consideration.

CQC Inspections

Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed, but no new inspections happened in August.