



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report Summary – November 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	
<b>E-Referrals</b> - NB Reporting suspended on this metric currently															
<b>NHS e-Referral Service (e-RS) Utilisation Coverage</b> 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%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<b>% of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%					
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<b>% of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%					
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<b>Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<b>Cancellations for non-clinical reasons who are treated within 28 days</b> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R	R	R	R	R	R	R				R	
		Actual	2	2	1	7	19	14	5	4					55
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	R	G	G	G	G	G				R	
		Actual	0	0	1	0	0	0	0	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R	R					R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%					88.24%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	R	R	R					R
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%					77.36%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	R	R	G					G
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%					97.12%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R	R	R					R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%					90.65%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G	G	G					G
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%					99.01%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%					98.97%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R					R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%					70.22%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	R	R					R
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%					72.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%					70.31%
		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	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%	65.40%	64.99%					70.16%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b>Paused from April 2020 due to COVID-19 – resumed October 2021</b>															
<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G					G
		Target	0	0	0	0	0	0	0	0					0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	G	G					G
		Target	0	0	0	0	0	0	0	0					0
<b>HCAI</b>															
<b>Number of MRSA Bacteraemia</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	0	0	1	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C. Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	7	13	16	22	26	31	36	39					39
		Target	6	10	14	18	22	27	31	35	41	45	49	54	54
<b>Number of E. Coli</b> Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	6	18	34	45	61	75	85	94					94
		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		
<b>Mental Health</b>																
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G	G	G	G	G	R					G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	92.3%					98.7%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Episode of Psychosis</b>																
<b>First episode of psychosis within 2 weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G									G	
		Actual	64.3%			90.9%									76%	
		Target	60%			60%			60%			60%			60%	
<b>Eating Disorders</b>																
<b>Eating Disorders Services (EDS)</b> Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%					27.6%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
<b>IAPT (Improving Access to Psychological Therapies)</b>																
<b>IAPT Access</b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%					6.36%	
		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%	
<b>IAPT Recovery Rate (Improving Access to Psychological Therapies)</b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%					42.81%	
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R					G	
		Actual	96%	100%	92%	88%	88%	79%	85%	70%					87.25%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R					G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	94%				99.3%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	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	
<b>Dementia</b>															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%					58.9%
		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%
<b>Learning Disability Health Checks</b>															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R									R
		Actual	6.09%			20.21%									21.21%
		Target	18%			35%			52%			70%			70%
<b>Severe Mental Illness - Physical Health Check</b>															
<b>Rolling 12 month as at end of quarter</b>															
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%			21.1%									
		Target	50%			50%			50%			50%			50%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<b>Rolling 12 month</b>															
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			R									G
		Actual	20.3%			8%									48.3%
		Target	8.75%			8.75%			8.75%			8.75%			35.00% YTD
<b>Children and Young People with Eating Disorders</b>															
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									R
		Actual	69.6%			47.7%									58.7%
		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			R									R
		Actual	100%			75%									87.5%
		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		
<b>SEND Measures</b>															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R					R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%					52.1%
		Target	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	R	R					R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%					54.9%
		Target	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	G	G					G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%					99.3%
		Target	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	R	R					R
		Actual	85%	83%	77%	72%	62%	63%	63%	60%					71.1%
		Target	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	G	G					G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%					99.5%
		Target	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	R	R	R					R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%					89.4%
		Target	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	8.3	8.1	8.6					
		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	65.0	63.7	61.9					
		Target													

## Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 8 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for November & Quarter 2 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	16.64%	11.80%
Referral to Treatment (RTT) (92% Target)	57.84%	57.40%
No of incomplete pathways waiting over 52 weeks	1,382	6,004
Cancer 62 Day Standard (Nat Target 85%)	63.89%	62.55%
A&E 4 Hour All Types (National Target 95%)	64.99%	63.98%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	559
Ambulance Handovers 60+ mins (Zero Tolerance)	-	168
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	0
CPA 7 Day Follow Up (95% Target) 2021/22 - Q2	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q2	90.9%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.94%	-
IAPT Recovery (Target 50%)	40.5%	-
IAPT 6 Weeks (75% Target)	70.0%	-
IAPT 18 Weeks (95% Target)	94.0%	-

### 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 Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, 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 has now successfully fully vaccinated the majority of patients in cohorts 1-9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 & booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 and 12-15 are now eligible. At the end of November-21 there have been 107,026 (or 78.5%) first dose vaccinations and 99,152 (72.7%) second dose vaccinations. Phase 3 Booster vaccinations for vulnerable and at-risk populations continue and there have been 43,055 (31.6%) booster vaccinations given at the end of November-21.



## 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 level is being assessed against agreed trajectories for H2 (Half year 2).

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 services via the Increasing Capacity Framework (ICF).

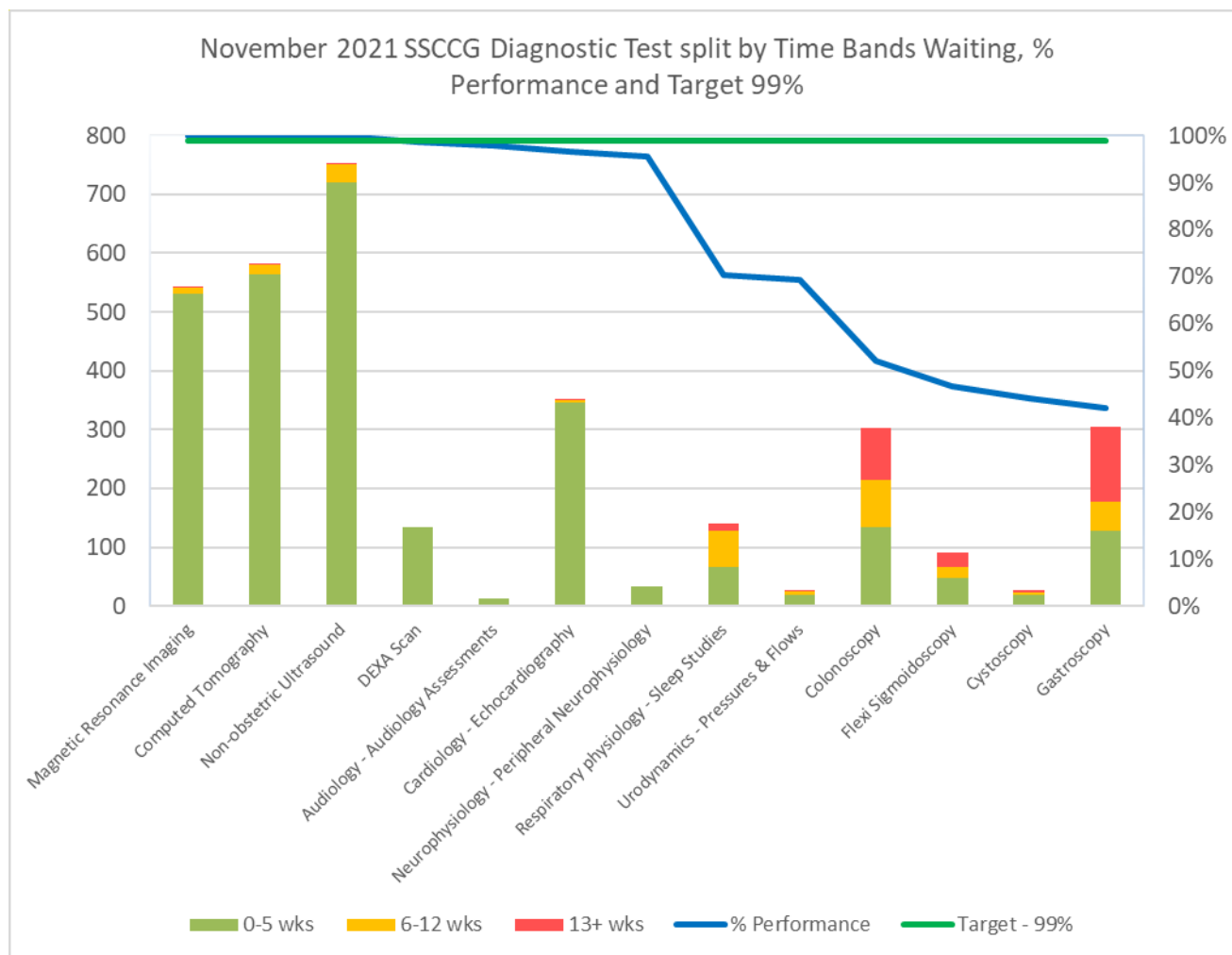
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals in November-21 have increased from the previous month and represent the second highest total since the pandemic began for this site. Referrals to Aintree Hospital are significantly higher when comparing to the equivalent period in the previous year but remain -9.3% below pre-pandemic (i.e. 2019/20) levels. At CCG level, GP referrals have seen significant increases in 2021/22 to the previous year with referrals in November-21 also increasing from the previous month (representing the second highest monthly total year to date). GP referrals are also 11% above 2019/20 (pre-pandemic) levels year to date. However, this can be attributed to new referrals in 2021/22 being recorded within the Physiotherapy and Rehabilitation Services at Aintree Hospital. Excluding these services results in total GP referrals being -14% below 2019/20 levels. In terms of referral priority, the majority of priority types have seen an increase at month 8 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals; however, analysis suggests a recovery of two week wait referrals with the 991 reported in September-21 representing the highest monthly total of the last three years with the Dermatology and Breast Surgery services making up much of this increase followed by Gastroenterology.

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 16.64% in November - this being similar performance to last month (16.89%). Despite failing the target, the CCG is measuring well below the national level of 25%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 11.80% in November, slightly higher than last month when 10.16% 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.

**Figure 1 – November CCG Diagnostics Chart and Table**

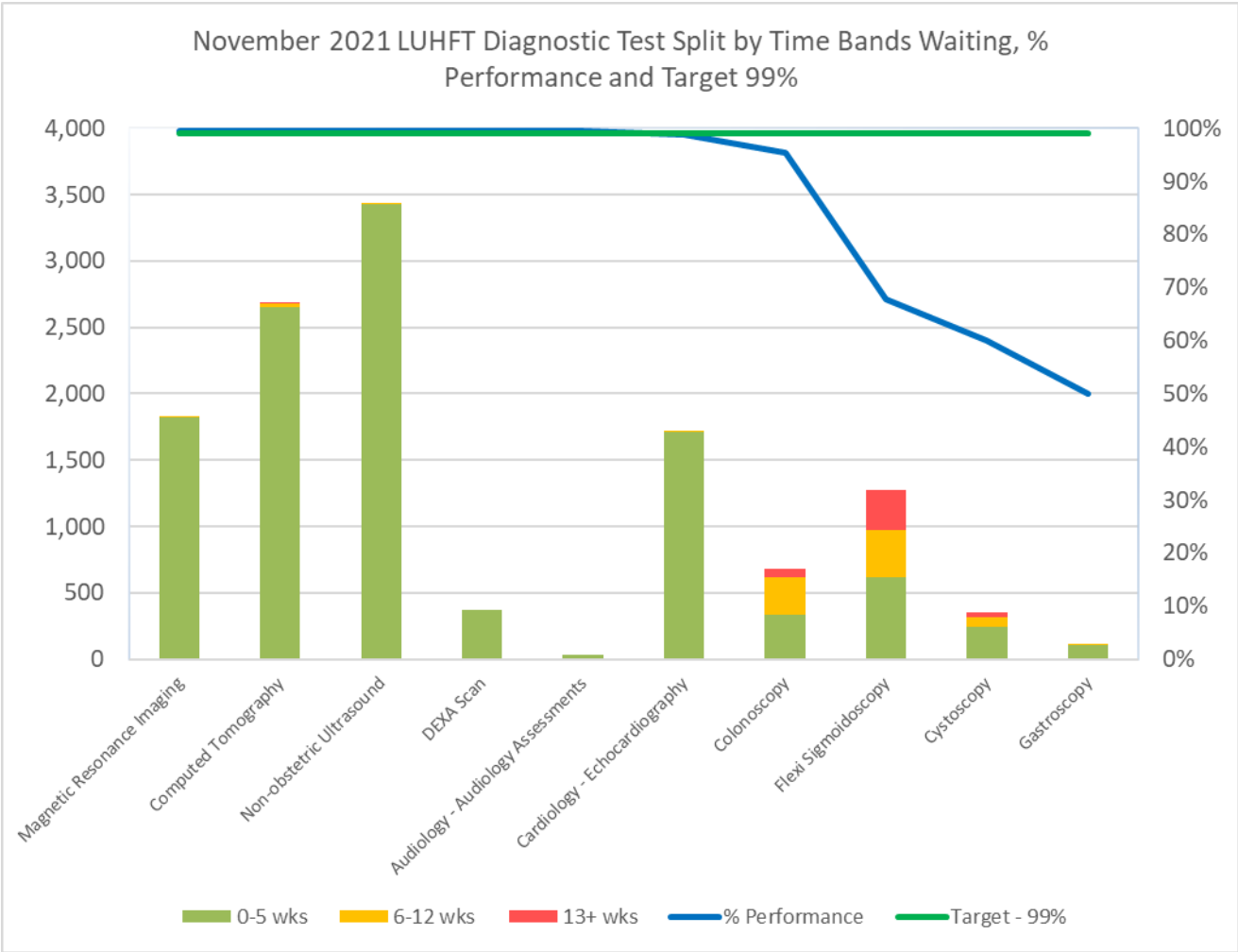


Overall, the CCG is reporting 83.36%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy compared with other tests.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential advice & guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services have an impact on the performance.

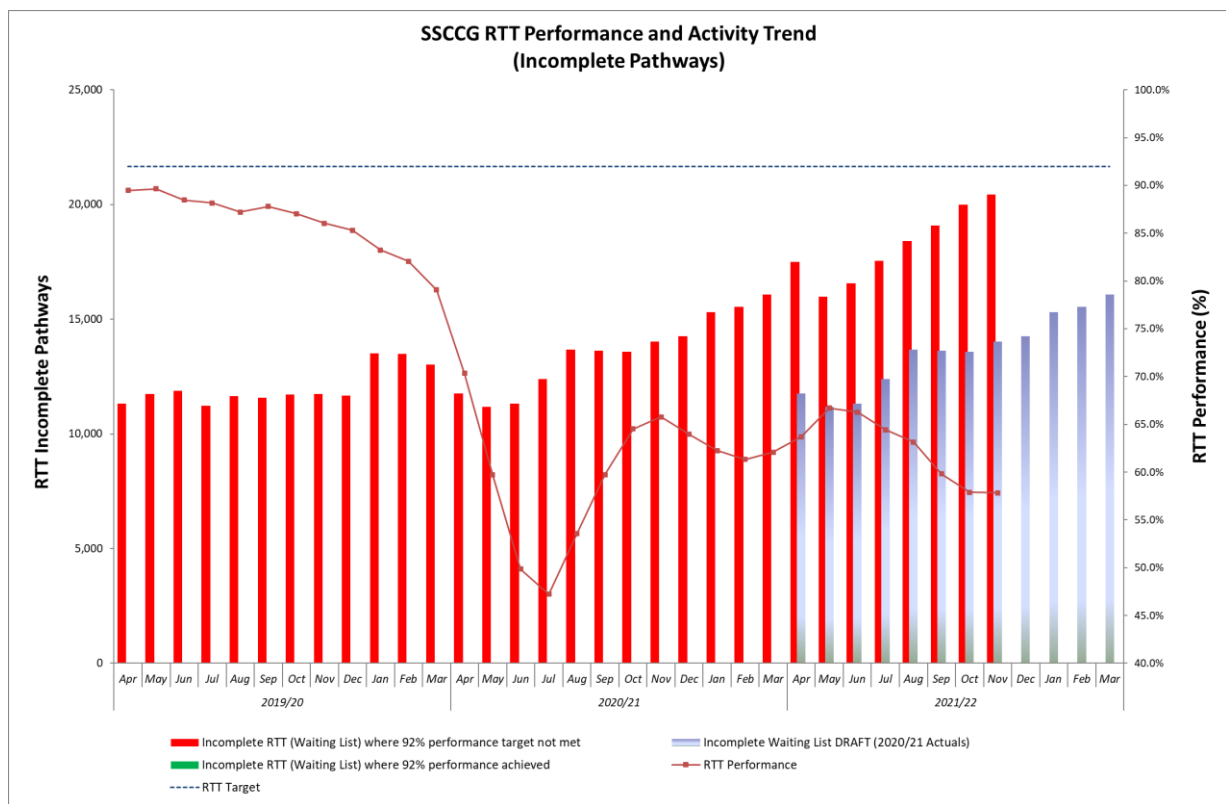
National levels overall are currently at 74.98% and the proportion waiting over 13 weeks nationally is at 9.33%. South Sefton CCG is performing better on both counts.

**Figure 2 – November LUHFT Diagnostics Chart and Table**



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	1,826	9	0	99.51%	99%
Computed Tomography	2,650	29	2	100.00%	99%
Non-obstetric Ultrasound	3,427	1	0	100.00%	99%
DEXA Scan	375	0	0	99.97%	99%
Audiology - Audiology Assessments	38	0	0	99.53%	99%
Cardiology - Echocardiography	1,709	8	0	98.84%	99%
Respiratory physiology - Sleep Studies	338	282	57	95.33%	99%
Colonoscopy	621	352	305	67.89%	99%
Flexi Sigmoidoscopy	241	72	42	60.13%	99%
Cystoscopy	102	5	0	49.93%	99%
Gastroscopy	665	188	253	48.59%	99%
<b>Total</b>	<b>11,992</b>	<b>946</b>	<b>659</b>	<b>88.20%</b>	<b>99%</b>

Figure 2 – CCG RTT Performance and Activity (Incomplete Pathways)



For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in November was 57.84%, similar to last month's performance (57.89%). Unfortunately, the CCG is reporting below the national level of 65.5%. LUHFT reported 57.40% which is also a similar performance to last month when 57.59% 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.

There were a total of 3,304 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,382 patients were waiting over 52 weeks, a decrease of 8 on last month when 1,390 breaches were reported. The majority of these patients were at LUHFT (1,220) with the remaining 162 breaches spanned across 14 other Trusts.

The 1,382 52+ week wait breaches reported for the CCG represent 6.76% of the total waiting list in November 2021 which is just above the national level of 5.12%.

Included in the long waiters there were 64 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).

Overall waiters increased by 433 this month with a total 20,431 South Sefton patients now on the RTT waiting list in November 2021. This is compared to 14,029 patients waiting in the equivalent period of the previous year and 19,998 in October 2021. The monthly waiting list position is increasing month on month at CCG and Trust, mirroring the national trend. The CCG is conducting further trend analysis into RTT incomplete pathways, which will be reported to the CCG Senior Management Team (SMT) in January 2022.

LUHFT had a total of 6,004 52-week breaches in November 2021, showing a small decrease of - 1.03% (-62) from previous month when the Trust reported 6,066.

**Figure 4 – 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	14,029
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431					20,431
<b>Difference</b>	<b>5,740</b>	<b>4,798</b>	<b>5,265</b>	<b>5,148</b>	<b>4,713</b>	<b>5,459</b>	<b>6,341</b>	<b>6,402</b>					<b>6,402</b>
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	1,231	1,390	1,382					
<b>Difference</b>	<b>1,414</b>	<b>932</b>	<b>806</b>	<b>846</b>	<b>884</b>	<b>984</b>	<b>1,041</b>	<b>879</b>					

LUHFT													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	43,605
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127					70,127
<b>Difference</b>	<b>9,827</b>	<b>15,690</b>	<b>19,038</b>	<b>19,930</b>	<b>21,697</b>	<b>25,713</b>	<b>26,931</b>	<b>26,522</b>					<b>26,522</b>

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

The Trust has reported 4 cancelled operations in November. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. 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.

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The CCG is achieving 3 of the 9 cancer measures year to date and 3 in November. LUHFT are achieving 1 year to date and 1 in November.

The CCG and Trust are still failing both 2 week wait measures in month and year to date.

The 2-week breast symptom measure has reached the lowest reported position since this measure was introduced reporting 28.57% in November, out of 49 patients only 14 were seen within 2 weeks for the CCG, the median wait for November for this indicator was 19 days. LUHFT reported 27.11% having 199 breaches out of a total of 273 patients. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand. Demand increased

significantly in month. This is a national position estimated at 15-20% additional referrals and it is considered that this is likely due to a combination of Breast Awareness Month, pause in the national screening programme during the early days of the pandemic and the death of a celebrity from breast cancer. The provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Communications have gone out to primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared.

For Cancer 62 Day standard the CCG is measuring below the national level of 67.5% recording 63.89% in November, also well below the operational standard of 85%. Most challenged specialties are urology, upper and lower GI and breast. Current focus on reducing 62-day backlogs means pathways are being closed for the longest waiting patients but by definition performance against 62 days will not be achieved for such pathways.

For patients waiting over 104 days, the CCG reported 4 patients in November. Of the 4, there was 1 urological patient who waited 155 days - first seen and first treatment Trust being LUHFT. The second and third breaches were lower gastro patients who waited 155 days and 132 days respectively - first seen and first treatment Trust was LUHFT. The fourth breach was a urological patient who waited 155 days - the first seen Trust and first treatment Trust being LUHFT. New North West guidance has been issued to ensure any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Systems are now expected to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. In November and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. 28 Day FDS overall reporting for November is 63.72% and 66.64% year to date, under the proposed 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

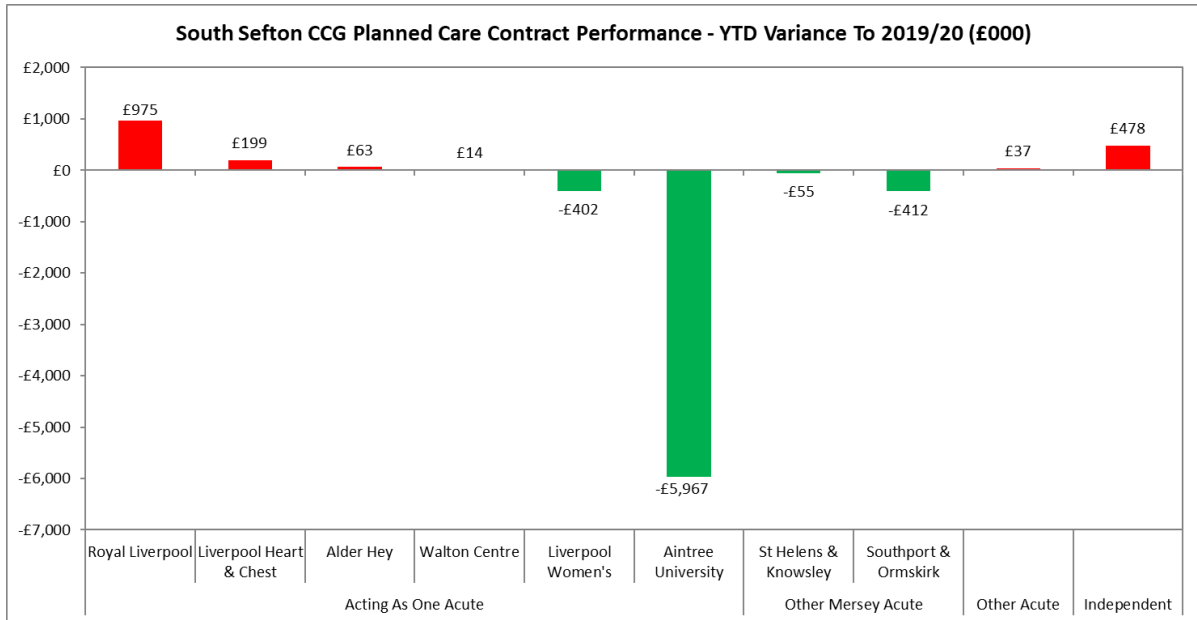
Performance against recovery trajectories demonstrates that in November the CCG is exceeding plan for numbers of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

LUHFT Friends and Family Inpatient test response rate is above the England average of 18.9% in October 2021 at 25.9% (latest data reported). The percentage of patients who would recommend the service has remained at 91%, which is below the England average of 94% and the percentage who would not recommend is at 5% and is 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.

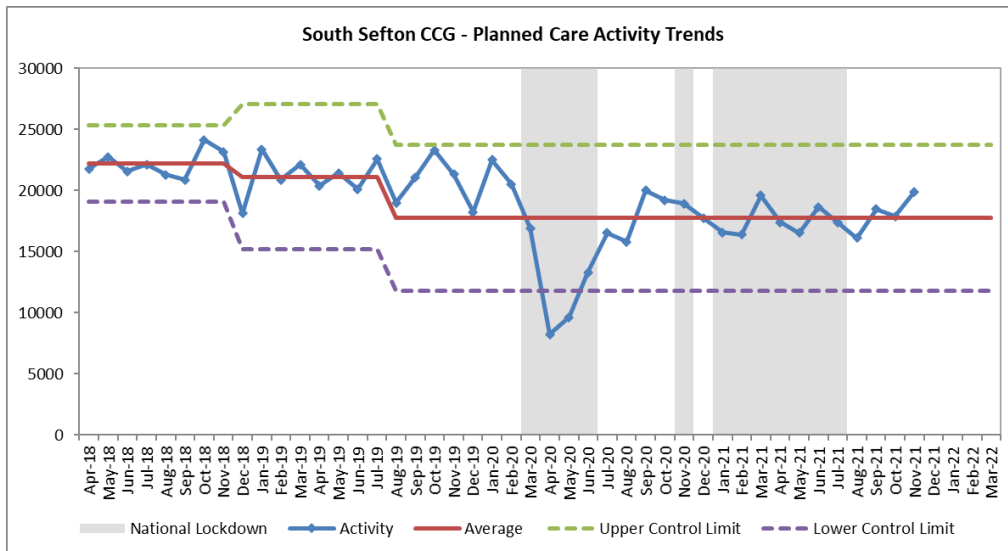
For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum 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 8 of 2021/22, this has resulted in a 17% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -15% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during November-21 increased from the previous month and represents approximately 93% of that reported in November-19.

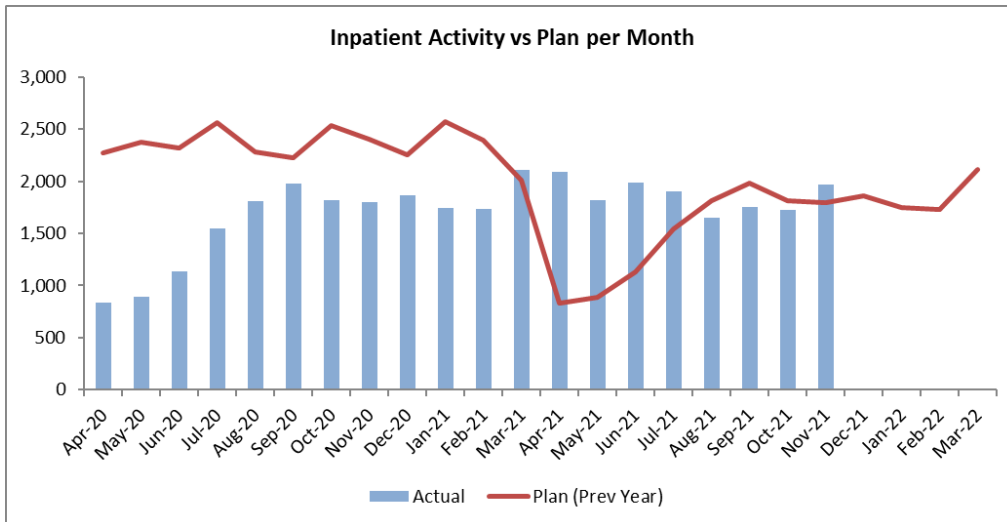
**Figure 5 – Planned Care All Providers - Contract Performance Compared to 2019/20**



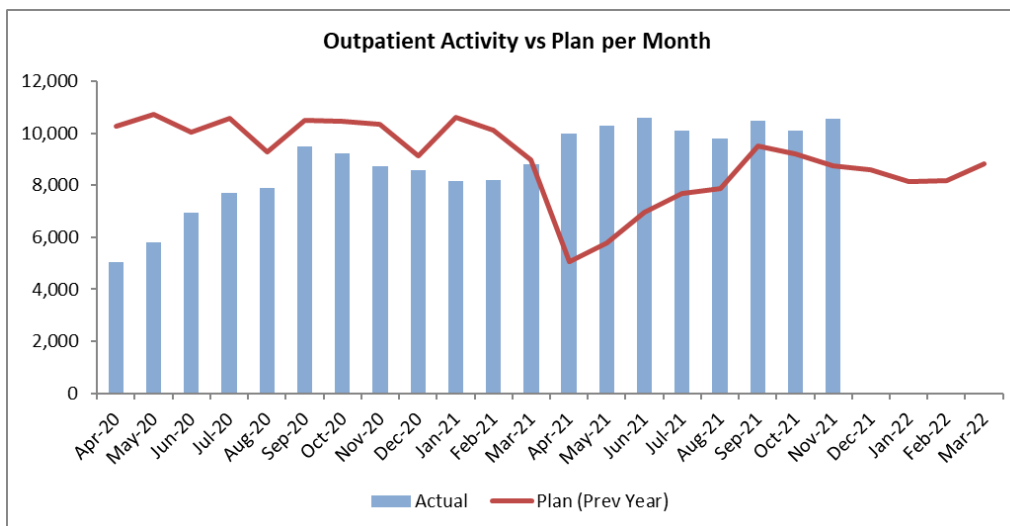
**Figure 6 - Planned Care Activity Trends**



**Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)**



**Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. 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 November, reporting 64.99% and 63.98% respectively. This shows a small decrease from the previous month and the CCG and Trust performance is lower than the nationally reported level of 74.01%. 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 AEDs 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. Mersey Care will be reopening the Liverpool city centre walk-in centre (WiC) in December that will add additional capacity around the North Mersey area and is expected to support Litherland UTC and both LUHFT AEDs.



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 November-21, when the average response time for South Sefton was 8 minutes, 28 seconds over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 2 minutes against a target of 18 minutes. The CCG also failed the category 2, 3 and 4 90th percentile, but these have shown improvements from the previous 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. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review. Also, the Ageing Well Programme will look to support NWS by improving access to urgent community response including referrals from NWS and the community teams taking directly off the ambulance stack.

For ambulance handovers, LUHFT reported a small improvement in performance for ambulance handover times in November (for handovers of 30 and 60 minutes) which decreased to 559 from 687 last month. Those above 60 minutes decreased to 168 from 233. 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 the pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. NWS are deploying additional operational staff to support with handovers at sites struggling with long handover times to provide additional capacity and leadership.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG and Trust reported no breaches in November.

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 and the public consultation period has now commenced led by Liverpool CCG.

The CCG and Trust reported no new cases of MRSA in November 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 3 new cases of C difficile cases in November (39 year to date) against a year-to-date target of 35 so are above the planned trajectory. The CCG now have the new objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 11 new cases in November (93 year to date) against a year-to-date target of 99 and are achieving. Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

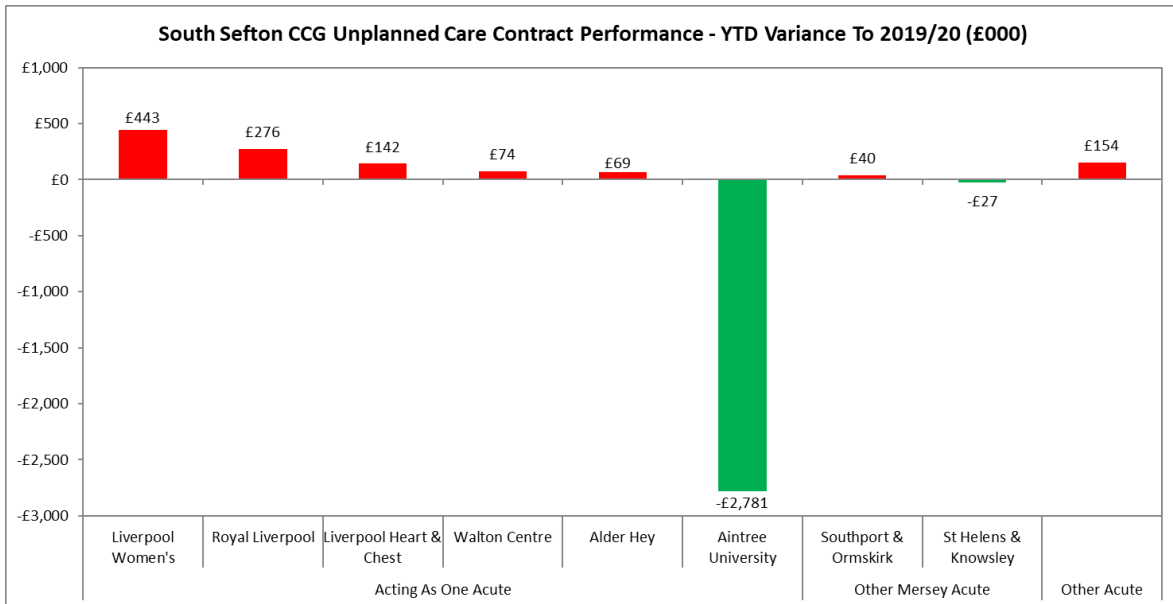
NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In November there were 9 new cases (94 year to date), against a year-to-date target of 103 so achieving the target currently, year-end target is 156. LUHFT reported 13 new cases in November (128 year to date) against their year-to-date plan of 155 so are also achieving. The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks, although due to COVID they had been stood down in December and January. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing.

LUHFT’s Hospital Standardised Mortality Ratio (HSMR) was reported at 103.65 in November by the Trust, just over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

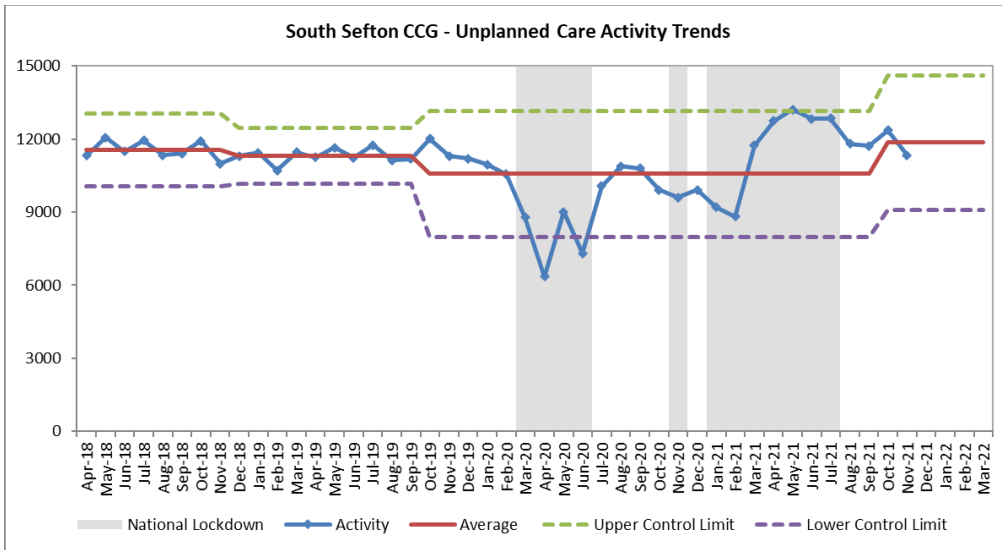
LUHFT Friends and Family A&E test response rate is above the England average of 9.7% in October 2021 at 18.6% (latest data available). The percentage of patients who would recommend the service has remained at 55%, which is below the England average of 75%. The percentage who would not recommend also remained at 34% and above the England average of 17%. 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) and the System Improvement Board (SIB) which is led by NHSE/I. The Trust are due to present their Patient Experience update to the CCG via Patient Experience Group (PEEG) in May 2022.

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, particularly in Q1 of 2021/22, 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 general decline, urgent care activity levels remain above the average for 2020/21. Focussing specifically on A&E type 1 attendances, activity during November-21 has decreased from the previous month with total attendances being -9% below that in November-19. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

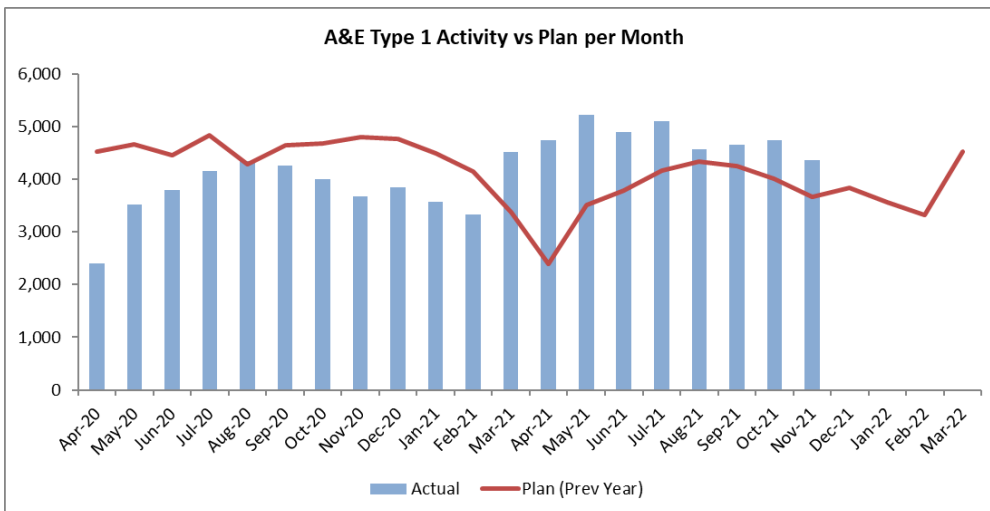
**Figure 9 – Unplanned Care All Providers - Contract Performance Compared to 2019/20**



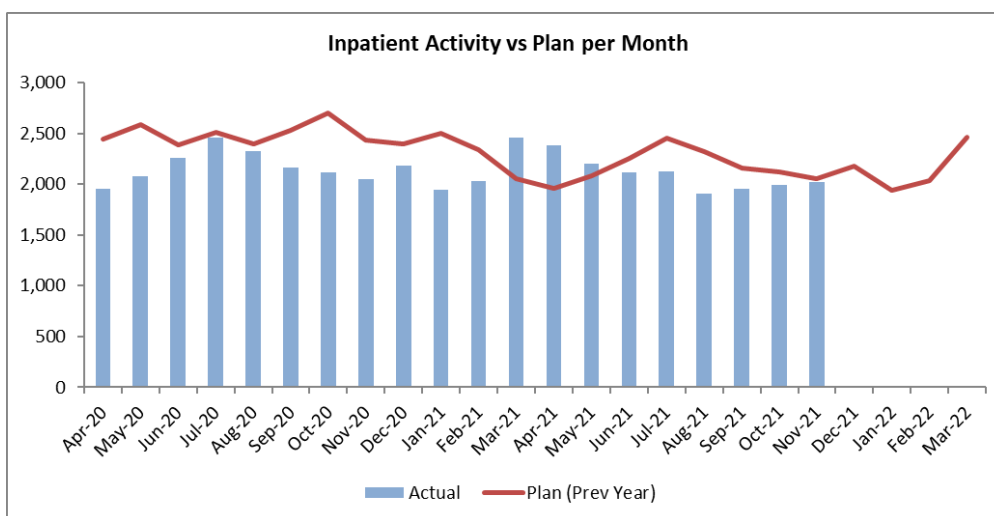
**Figure 10 - Unplanned Care Activity Trends**



**Figure 3 - A&E Type 1 against Plan (Previous Year)**



**Figure 4 – Non-elective Inpatient Variance against Plan (Previous Year)**



## **Mental Health**

For patients on CPA discharged from inpatient care follow up within 7 days the Trust report under the 95% target, having 1 breach out of a total 13 patients reporting 92.3%. No further info given on this breach from the Trust. Overall, the Trust are achieving the target.

The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in November, compared to a 95% target. Just 16 patients out of 48 commenced treatment within 18 weeks, which shows an improvement on last month (20%). Demand for the services continues to increase and to exceed capacity. The Trust and CCG recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24. Both CCGs have agreed £112k of investment in 2021/22. The service has recruited the following posts: Assistant psychologists, Band 7 Nurse Therapist, Band 7 Dietician along with some Cognitive Behavioural Therapists posts advertised in November.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.94% in November, below the monthly target standard of 1.59%. The service has recruited several trainee Psychological Wellbeing Practitioners (PWP) and High Intensity Therapists (HIT) who have commenced in post. The Cheshire & Merseyside system level work has identified 22 additional trainee posts (15 x PWP and 7 x HIT) for the Sefton service, of whom 4 PWPs who also recently commenced, with 7 HITs to commence training in January 2022 with the remaining 11 PWPs to commence in March 2022.

The percentage of people who moved to recovery was 40.5% in November against the target of 50%, which is a decline to 47.1% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider has recruited 2/5 agency HITs from internal slippage to address the long waiters. The established resource is working to prevent additional internal waiters “tip” over the 18-week threshold.

For IAPT 6 week waits to enter treatment, this measure has failed for the first time reporting 70%, which is under the 75% target. The provider is also reporting under target for 18 week waits to enter treatment with 94% (just under the 95% target). Dipping below national target in respect of cases discharged in the month being seen with 6/18 weeks at the start of treatment. This percentage relates specifically to the time waiting for an assessment. As the CCG is aware, Talking Matters Sefton Psychological Wellbeing Practitioners (PWPs) team has been significantly understaffed, a situation that is reflected nationally. It is this team that predominantly carry out assessments. As a result of staff shortages, waiting times increased and this is now being reflected in the cases discharged in the month. The situation has now been rectified with the introduction of a new assessment process, a number of new trainees and additional agency practitioners. However, as this percentage figure relates to discharge, the improvements will not be seen immediately as cases will need to progress through therapy interventions in the first instance.

The CCG is recording a dementia diagnosis rate in November of 59.2%, 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. In line with a Cheshire & Merseyside system approach to improving Memory Assessment waits Mersey Care NHS Foundation Trust have established memory weekend clinics with intention of continuing the clinics until the end of March 2022.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. 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 has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 61.9 weeks in November 2021. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited 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 a minimum of 100 assessments and is engaging with an external provider in this regard.

### **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. This work has been impacted by the pandemic.

Month 8 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 27 weeks and Speech and Language Therapy (SALT) at 25 weeks. CCG continues to monitor waiting times with close monitoring of the 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 and SALT. 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. However, this work has been impacted by the pandemic.

### **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 periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. For November, the 18-week performance improved very slightly to 35.2% for South Sefton. The service has continued to focus on recovery and has developed an improvement plan which has been recently shared and agreed, including a trajectory that will see a return to a maximum wait of 18 weeks by end of Quarter 1 2022/23. In November the plan has focused on those children who have waited the longest who have their initial appointments booked in November and December. Whilst it is expected that improved performance will continue to be seen over subsequent months in line with the planned trajectory, COVID-19 continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy and dietetics continue to perform better than the 92% KPI in November. Occupational Therapy and Continence are also performing better than 92% KPI for South Sefton (98.5% and 100% respectively), after failing for several months previously.

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. Plans for investing the full amount of additional funding flowing via Service Review Funding (SRF), Service Development Funding (SDF) and Mental Health Investment Standard (MHIS) for children and young person's mental health have been agreed with the provider Alder Hey Children's Hospital (AHCH). Process of recruitment is progressing but it will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required. However, there has been some improvement in performance notably against the 18 weeks KPI, which has improved to 73.9 % and the 6-week KPI which increased to 56.2% in November.

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 and identifying opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23.

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. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (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 the agreed timescales. Despite this the service is still currently complying with the 12-week triage NICE requirement. ADHD waiting times are increasing and have fallen below target for the fourth month for completed assessments within 30 weeks reporting 85% 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 November and fell 3% to 60%. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and waiting times. Plans to mobilise this are in development. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Since the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a new and refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board, which will be finalised in due course.

### **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 November.

### **NHS Oversight Framework (NHS OF)**

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report has been done for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.