



South Sefton
Clinical Commissioning Group

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
December 2021

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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	R	R	R					
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%	19.36%				
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%	54.67%				
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,361				
		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	R	R				R	
		Actual	2	2	1	7	19	14	5	4	4				59
		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	G	G	G				R	
		Actual	0	0	1	0	0	0	0	0	0				1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R				R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%	74.77%				86.83%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G	G	R	R	R	R				R
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%	35.56%				72.18%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	G				G
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%	97.44%				97.15%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R	R	R	R				R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%	91.67%				90.76%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G	G	G	G				G
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%	100%				99.13%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%	100%				99.07%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R				R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%	74.29%				70.62%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R				R
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%	66.67%				71.19%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%	69.23%				70.21%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	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%	67.35%				69.87%	
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	G	G	G				G	
Target		0	0	0	0	0	0	0	0	0				0	
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available	Not available	G	G	G				G	
Target		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	R	R				R	
YTD		0	0	1	1	1	1	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	R	R				R	
YTD		7	13	16	22	26	31	36	39	44				44	
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	G	G				G	
YTD		6	18	34	45	61	75	85	94	103				103	
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	G	R	G				G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	92.3%	100%			99%
		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			G					G	
		Actual	64.3%			90.9%			70%				75.1%		
		Target	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	R	R	R				R
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%	37.3%				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	R	R	R				R
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%	0.83%				7.19%
		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	R	R	R				R
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%	35.3%				42.07%
		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	G	R	R			G	
		Actual	96%	100%	92%	88%	88%	79%	85%	70%	70%				85.33%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	G			G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%			99%
		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	R	R	R				R
Actual		57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%	58.6%				58.87%	
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			R					R	
Actual		6.98%			22.14%			26.60%					26.60%		
Target		18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of quarter															
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			R						
Actual		20.8%			21.1%			23.9%							
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			R								G	
Actual		20.3%			8%			Q3 data due 10 th March					48.3%		
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			R					R	
Actual		69.6%			47.7%			19.5%					45.6%		
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			R			R					R	
Actual		100%			75%			80%					85%		
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	R	R	R				R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%	31.1%				49.8%
		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				R
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%	54.6%				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				G
		Actual	96%	98%	100%	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				R
		Actual	85%	83%	77%	72%	62%	63%	63%	60%	55%				69.3%
		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				G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%	99%				99.4%
		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				R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%				88.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (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	9.7				
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (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	57.9				
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 9 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for December & Quarter 3 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	19.36%	15.24%
Referral to Treatment (RTT) (92% Target)	54.67%	54.13%
No of incomplete pathways waiting over 52 weeks	1,361	5,782
Cancer 62 Day Standard (Nat Target 85%)	74.29%	55.51%
A&E 4 Hour All Types (National Target 95%)	67.35%	66.22%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	603
Ambulance Handovers 60+ mins (Zero Tolerance)	-	255
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 - Q3	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q3	70.0%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.83%	-
IAPT Recovery (Target 50%)	35.3%	-
IAPT 6 Weeks (75% Target)	70.0%	-
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 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 to 9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 and booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1 to 12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16 to 17 and 12 to 15 are now eligible. At the end of December-21 there have been 108,525 (or 73.0%) first dose vaccinations and 100,875 (67.9%) second dose vaccinations. Denominator populations now include under 16s as they are eligible for doses 1 and 2. 71,304 (69.7%) of eligible 18+ patients had booster vaccinations given at the end of December-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, whilst 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). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

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 (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic). However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -4.2% lower as at month 9. GP referrals have seen significant increases in 2021/22 to the previous year and are reporting a -28.5% decrease in December-21 when comparing to the previous month which is in line with usual trends in previous years.

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 is over the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 19.36% in December - this being a decline in performance compared to last month (16.64%). Despite being above the target, the CCG is measuring well below the national level of 29%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 15.24% in December, higher than last month when 11.80% 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. Planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside is expected within the coming months, which is expected to deliver additional capacity and improve performance across the system.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in December was 54.67%, a decline on last month's performance (57.84%).

Unfortunately, the CCG is reporting below the national level of 63.84%. LUHFT reported 54.13% which is also a decline in performance compared to last month when 57.40% 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 3,617 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,361 patients were waiting over 52 weeks, a decrease of 21 patients compared to last month when 1,382 breaches were reported. The majority of these patients were at LUHFT (1,188) with the remaining 173 breaches spanned across 15 other Trusts.

LUHFT had a total of 5,782 52-week breaches in December 2021, showing a small decrease of -3.84% (-222) from previous month when the Trust reported 6,004.

The Trust has reported 4 cancelled operations in December. 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.

The CCG is achieving 3 of the 9 cancer measures year to date and 3 in December 2021. LUHFT are achieving 1 year to date and 1 in December 2021.

The CCG and Trust are still below both 2 week wait measures in month 9 and year to date. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand, which is sustained at 120% of pre pandemic levels.

For the Cancer 62 Day standard, the CCG is measuring above the national level of 69.75% recording 74.29% in December, below the operational standard of 85%.

For patients waiting over 104 days, the CCG reported no patients in December for the first time in recent months. 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 to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In December 2021 and year to date, the CCG performed above the 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 December 2021 is 64.18% and 66.35% year to date, under the 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 December 2021 the CCG is below plan for the number 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 18.6% in November 2021 at 24.9% (latest data reported). The percentage of patients who would recommend the service has increased to 92%, remaining below the England average of 94%. The percentage

who would not recommend remained at 5% and is therefore 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 (EPEG) meetings and Clinical Quality Performance Group (CQPG) and discussed with rationale for dips in performance provided by the Trust.

The CCG have reported 191 Personal Health Budgets (PHBs) in quarter 3. Previously this measure was paused due to the COVID-19 pandemic and was last reported quarter 3 2019/20. NHSE/I's expectation has remained unchanged, with all CHC eligible individuals receiving a package of care at home to be funded via a PHB.

For Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 3 2021/22, recording 7.66% of pregnant women smoking at the time of their delivery.

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 9 of 2021/22, this has resulted in a 13% 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 December-21 saw a notable -22% decrease from the previous month and represents approximately 86% of that reported in December-19.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT remain under the 95% target in December 2021, reporting 67.35% and 66.22% respectively. This shows a small increase of around 3% from the previous month and the CCG and Trust performance is lower than the nationally reported level of 72.26%.

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 December-21, when the average response time for South Sefton was 9 minutes, 8 seconds over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 44 minutes against a target of 18 minutes. The CCG also are under target for category 2 and 3 90th percentile and have also shown a decline from last month. Data for Category 4 90th percentile is unavailable for December 2021.

For ambulance handovers, LUHFT reported a small decline in performance for ambulance handover times in December 2021 (for handovers of 30 and 60 minutes) which increased to 603 from 559 last month. Those above 60 minutes increased to 255 from 168. Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets, which includes the adoption of the ED Checklist to support turnaround times within ED.

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. Published data shows the CCG and Trust reported no breaches in December 2021, achieving the zero-tolerance threshold.

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 and will end on 14th February.

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

For *C. difficile*, the CCG reported 5 new cases of *C. difficile* cases in December 2021 (44 year to date), against a year-to-date target of 41, above the planned trajectory. The CCG now have updated objectives and plans for *C. Difficile* for 2021/22, with a year-end threshold of 54 cases. LUHFT reported 10 new cases in December 2021 (103 year to date) against a year-to-date target of 111 so are achieving the target. 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 now have new objectives and plans for *E. coli* for 2021/22 along with new Trust objectives to monitor. In December 2021, there were 9 new CCG cases (103 year to date), against a year-to-date target of 116 so is achieving the target currently. The CCG's year-end target is 156. LUHFT reported 13 new cases in December 2021 (141 year to date), achieving against their year-to-date plan of 175. 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 101.78 in December 2021 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 9.9% in November 2021 at 18.4% (latest data available). The percentage of patients who would recommend the service has increased to 61% (from 55% last month), which is below the England average of 77%. The percentage who would not recommend decreased to 29% (from 34%) but remains above the England average of 16%.

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 have largely remained above the average for 2020/21. Focussing specifically on A&E type 1 attendances, activity during December-21 has decreased from the previous month with total attendances being -18% below that in November-19. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22. Litherland walk-in centre has also reported a significant drop in activity levels during December-21 with attendances in month down approximately -42% on a 2021/22 average for the site. This is likely a result of business continuity plans being in place due to staff sickness/isolating and the re-opening of the Liverpool City Centre walk-in centre.

Mental Health

For patients on a care programmed approach (CPA) follow up within 2 days for higher risk groups, the Trust reported under the 95% target, having 1 breach out of a total 5 patients reporting 80% for the CCG.

The Eating Disorder service has reported 37.3% of patients commencing treatment within 18 weeks of referral in December 2021, compared to a 95% target. Just 19 patients out of 51 commenced

treatment within 18 weeks, which shows an improvement on last month when 33.3% was reported. 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.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.83% in December 2021, 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, along with a new clinical lead.

The percentage of people who moved to recovery was 35.3% in December 2021 against the target of 50%, which is a decline from 40.5% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The new clinical lead will have oversight in reviewing planned discharges to ensure optimum recovery is achieved.

For IAPT 6 week waits to enter treatment, this measure is reporting 70% in December 2021, which is under the 75% target. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, a situation that is reflected nationally. This is a team that predominantly carry out assessments.

The CCG is recording a dementia diagnosis rate in December 2021 of 58.6%, which is under the national dementia diagnosis ambition of 66.7%. This demonstrates no improvement from last month's performance of 58.6%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

For the percentage of people on general practice SMI register who have had a physical health check, the CCG reported 23.9% in quarter 3 2021/22 against a plan of 50%. The COVID-19 pandemic has impacted the delivery of some of the 6 interventions which made up the indicator, e.g. blood bottle shortage.

The CCG reported 26.6% of patients with learning disabilities receiving their health checks as at quarter 2 2021/22 against a target of 52%, so is below the year-to-date target.

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 57.9 weeks in December 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 to 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 regarding 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.

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).

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 continues to be challenged. The service has continued to focus on recovery and has developed an improvement plan which includes a trajectory that will see a return to a maximum wait of 18 weeks by end of July 2022. Whilst it is expected that improved performance will continue to be seen over subsequent months, COVID 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, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in December 2021.

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 increases in mental health investment are ongoing. 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.

Sefton has 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 identify 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 and leading to delays in completion of the 30-week assessment pathways, which have seen a deterioration in performance over the last 6 to 8 months. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and reduce waiting times. Service recovery plans are in development to mobilise this. 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. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a 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 and will be finalised in due course.

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. An additional report is produced 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 for 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.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%
April	3150	3824	674	21.4%	2186	998	-1188	-54.3%	6443	6327	-116	-1.8%
May	3332	3343	11	0.3%	2426	1406	-1020	-42.0%	6945	5891	-1054	-15.2%
June	3394	4242	848	25.0%	2154	1791	-363	-16.9%	6735	7341	606	9.0%
July	3645	3813	168	4.6%	2600	1549	-1051	-40.4%	7351	6591	-760	-10.3%
August	3175	3185	10	0.3%	2156	1483	-673	-31.2%	6389	5816	-573	-9.0%
September	3132	3648	516	16.5%	2396	1628	-768	-32.1%	6597	6604	7	0.1%
October	3634	3637	3	0.1%	2462	1539	-923	-37.5%	7351	6505	-846	-11.5%
November	3260	3992	732	22.5%	2104	1716	-388	-18.4%	6676	7103	427	6.4%
December	2553	2856	303	11.9%	1927	1407	-520	-27.0%	5677	5472	-205	-3.6%
January	3277				2350				6996			
February	3064				2043				6362			
March	2186				1536				4831			
Monthly Average	3150	3616	465	14.8%	2195	1502	-693	-31.6%	6529	6406	-124	-1.9%
YTD Total Month 9	29275	32540	3265	11.2%	20411	13517	-6894	-33.8%	60164	57650	-2514	-4.2%
Annual/FOT	37802	43387	5585	14.8%	26340	18023	-8317	-31.6%	78353	76867	-1486	-1.9%

Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 & 2021/22



Month 9 Summary:

- A focus on elective restoration has ensured that South Sefton CCG referrals at the mid-point of H2 of the 2021/22 financial year are 39.1% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -4.2% lower as at month 9.
- GP referrals have seen significant increases in 2021/22 to the previous year and are reporting a -28.5% decrease in December-21 when comparing to the previous month which is in line with usual trends in previous years. When considering working days, further analysis has established there have been approximately 45 less GP referrals per day in month 9 when comparing November-21 considering the 1 less working day.
- At the lead provider hospital site, trends show that total secondary care referrals in December-21 have decreased by -1,055/-26.6% when compared to the previous month for Aintree Hospital and total referrals in month have dropped below 2021/22 average for the first time since September-21.
- Referrals to Aintree Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -8.9% below pre-pandemic (i.e. 2019/20) levels. Despite this, June-21 saw the highest number of referrals since October-19.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2020/21 but referrals to this speciality have decreased significantly in 2021/22. However, South Sefton CCG are aware of a recording issue from May-21 as a result of a PAS merger between the Aintree Hospital and Royal Liverpool sites. This appears to have resulted in decreases in specialities such as Trauma & Orthopaedics and increases in specialities such as Physiotherapy, Rehabilitation and Cardiology.
- Physiotherapy and Rehab at the Aintree Hospital site saw a maximum of 6 referrals in a given month during 2020/21 and the current monthly average for 2021/22 stands at 811 and 42 respectively. Also, Cardiology referrals and outpatient appointments are currently being investigated by South Sefton CCG with the provider (with the average monthly total increasing by 319% this year).
- In terms of referral priority, the majority of priority types have seen an increase at month 9 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 71.0% (16,314). However, Urgent referrals have decreased by -19.2% which is largely a result of reduced consultant-to-consultant referrals at Aintree Hospital within the Ophthalmology and Trauma & Orthopaedics services.
- 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.
- The providers which have not submitted data for December-21 and have therefore been excluded from the snapshot are Spire, Countess of Chester and Isight.

2.2 NHS E-Referral Services (e-RS)

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

2.3 Diagnostic Test Waiting Times



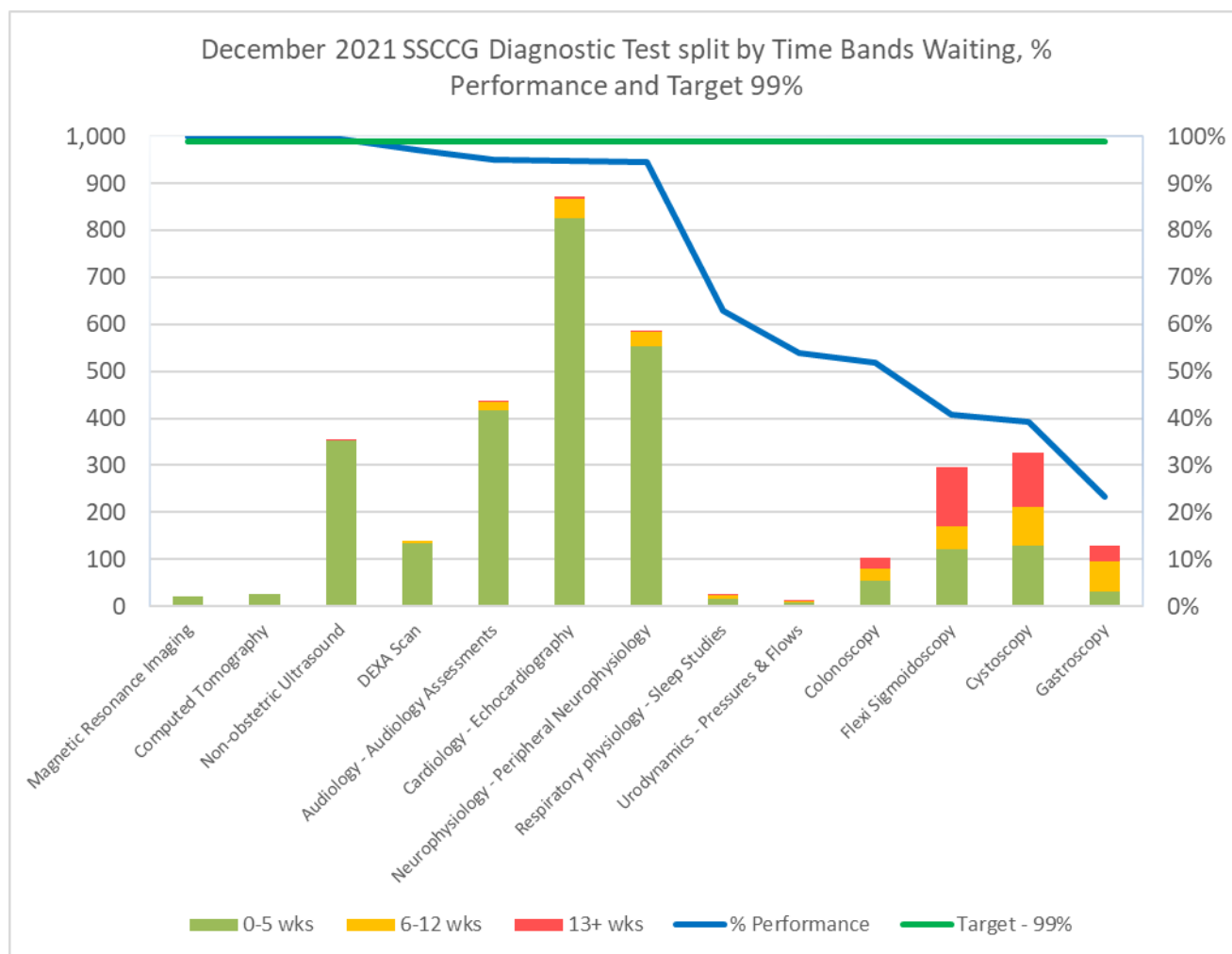
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Sep-21	Oct-21	Nov-21	Dec-21	
		CCG	19.19%	16.89%	16.64%	19.36%	
		LUHFT	10.88%	10.16%	11.80%	15.24%	
		Previous year	Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	31.61%	27.67%	22.14%	15.84%	
		LUHFT	33.40%	29.00%	25.21%	22.19%	
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 3,332 patients on the waiting list with 645 waiting over 6 weeks (of those 316 are waiting over 13 weeks). Same period last year saw 2,305 patients waiting in total and 365 waiting over 6 weeks (of those 141 waiting over 13 weeks). Colonoscopy (199), Colonoscopy (175) and Respiratory physiology - sleep studies (99) make up 73.33% of the total breaches. The CCG and Trust is reporting well below the national level of 29%. For LUHFT joint performance was 15.24% in December compared to 11.80% the previous month. Impact on performance due to COVID-19 pandemic. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. CCG reviewing waiting list/referral trends to analyse provider positions comparable with the national picture. 							
System:							
<ul style="list-style-type: none"> Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach. Discussions at Cheshire and Mersey (C&M) footprint via C&M imaging network with a local focus on how system can make performance improvements. Establishment of a C&M Endoscopy operational recovery team with membership from the Cancer Alliance, the hospital cell, clinical leads, Chief Operating Officers (COO's) from key providers. Further developments expected within coming months with regards to community diagnostic hubs, envisaged to provide additional diagnostic capacity across a number of modalities, aimed to meet additional diagnostic demand and support improved performance. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Endoscopy insourcing and waiting list initiatives continue to increase capacity. External recruitment to Consultant and Nurse Endoscopist in progress. Continued access to the relocatable scanner confirmed until March 2022. Assuming no significant increase in demand will prevent any further deterioration in CT performance. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Trust in process of working up bids to the cancer alliance for innovation funding 2022/23 with a focus on rapid access diagnostics. Gastroenterology department under significant pressures, with an external review commissioned, and action plan expected in February 2022. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

Figure 2 – December CCG Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	22	0	0	100.00%	99%
Neurophysiology - Peripheral Neurophysiology	26	0	0	100.00%	99%
Cardiology - Echocardiography	352	1	1	99.44%	99%
DEXA Scan	135	4	0	97.12%	99%
Computed Tomography	416	19	3	94.98%	99%
Non-obstetric Ultrasound	826	41	5	94.72%	99%
Magnetic Resonance Imaging	552	31	1	94.52%	99%
Urodynamics - Pressures & Flows	17	7	3	62.96%	99%
Cystoscopy	7	3	3	53.85%	99%
Flexi Sigmoidoscopy	54	26	24	51.92%	99%
Gastroscopy	121	50	125	40.88%	99%
Colonoscopy	129	82	117	39.33%	99%
Respiratory physiology - Sleep Studies	30	65	34	23.26%	99%
Total	2,687	329	316	80.64%	99%

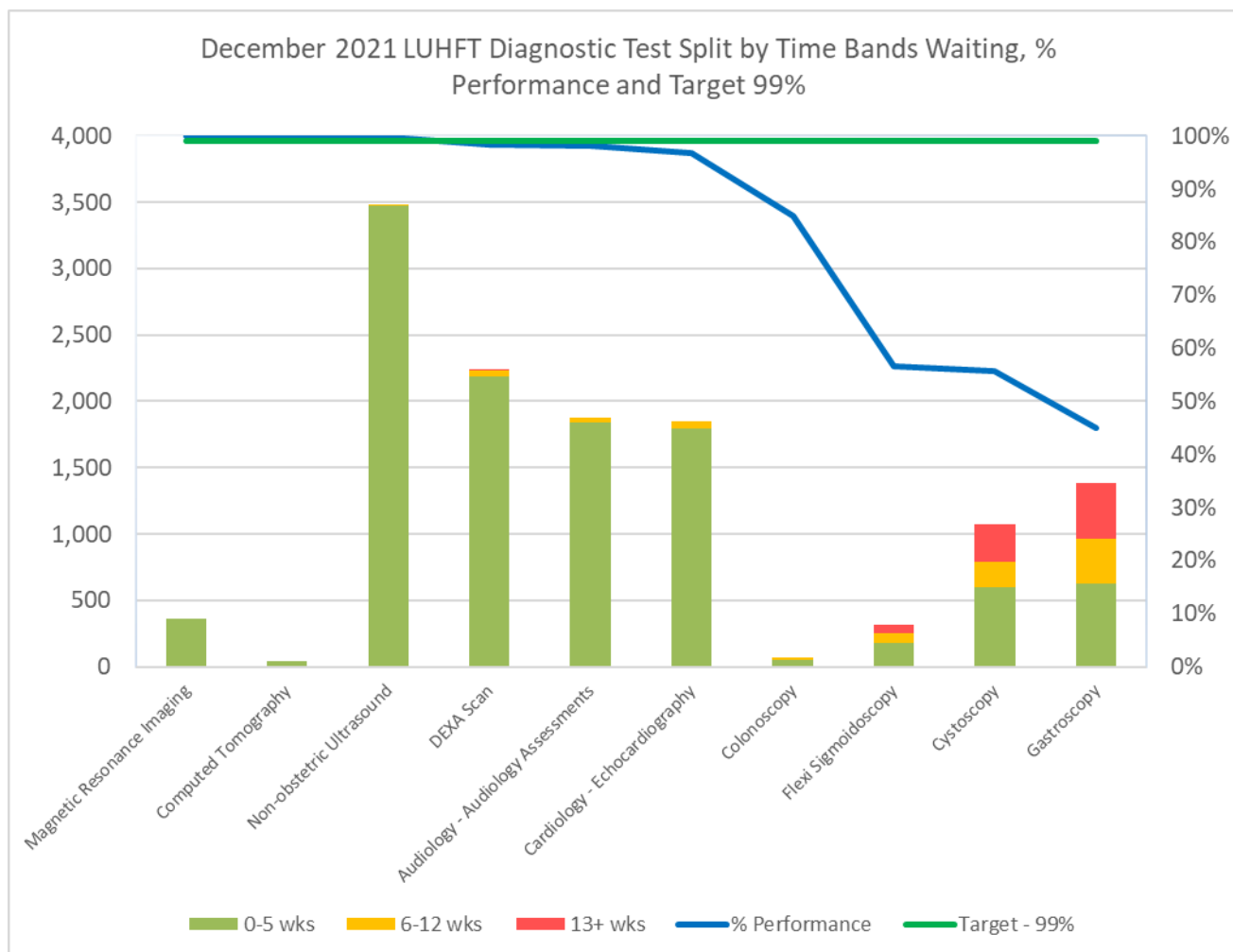
Overall, the CCG is reporting 80.64%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Respiratory Physiology compared with other tests.

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 70.99% and the proportion waiting over 13 weeks nationally is at 10.48%. South Sefton CCG is performing better on both counts.

Figure 2 – December LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	366	0	0	100.00%	99%
Audiology - Audiology Assessments	44	0	0	100.00%	99%
Non-obstetric Ultrasound	3,477	6	0	99.83%	99%
Computed Tomography	2,191	37	1	98.30%	99%
Cardiology - Echocardiography	1,842	37	0	98.03%	99%
Magnetic Resonance Imaging	1,790	58	0	96.86%	99%
Cystoscopy	56	10	0	84.85%	99%
Flexi Sigmoidoscopy	177	73	63	56.55%	99%
Gastroscopy	601	191	285	55.80%	99%
Colonoscopy	623	338	424	44.98%	99%
Respiratory physiology - Sleep Studies	146	331	180	22.22%	99%
Total	11,313	1,081	953	84.76%	99%

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Sep-21	Oct-21	Nov-21	Dec-21	
		CCG	59.82%	57.89%	57.84%	54.67%	
		LUHFT	58.72%	57.59%	57.40%	54.13%	
		Previous year	Sep-20	Oct-20	Nov-20	Dec-20	
		CCG	59.74%	64.54%	65.78%	63.96%	
		LUHFT	55.70%	61.94%	65.05%	64.70%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, this month there has been further decline in performance compared to last month. The challenged specialties include ENT (32.8%), General Surgery (37.2%), Urology (42.1%), Ophthalmology (20.9%) and T&O (57.5%). Included in the long waiters there were 68 patients waiting over 104 weeks. Of the 68 there were 27 T&O, 22 Other - Surgical Services, 3 General Surgery Service, 11 ENT, 1 Urology, 2 Ophthalmology, 1 Plastic Surgery and 1 Gynaecology. The lead commissioner 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. The CCG and Trust are reporting below the national level of 63.84%. LUHFT's overall waiting list has decreased by 694 from previous month to 69,433 in December. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Work with National Elective care programme leads, sharing good practice in relation to development of integrated Gastroenterology pathways already implemented across Sefton & Liverpool. Pathways currently out for discussion across Cheshire and Merseyside footprint. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. The CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. CCG viewing waiting list/referral trends to analyse provider positions comparable with national picture. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Trust continues to clinically prioritise patients in line with national guidance on prioritisation codes 1-4 (P-codes), focus remains on P1 and P2 (highest priority patients) and longest waiters. Trust are focused on sustained and extended use of virtual appointments where clinically appropriate and in line with National Operating Guidance. Patient Initiated Follow-ups (PIFU) – Project initiated to both identify new patients not suitable for follow-up consultation, and those currently waiting for follow-up, suitable for PIFU. Will allow the Trust to safely reduce unnecessary demand for patients whom may not need a follow-up and protecting capacity for those patients with an identified clinical priority. Two-way text reminders reminders and use of robotic process automation – system that will allow patients to reply to a text appointment reminder and where a patient can no longer attend an appointment, their slot will be automatically cancelled and become available for rebooking. Reducing DNAs and waste. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND		Sep-21	Oct-21	Nov-21			Dec-21
		CCG	1,231	1,390	1,382			1,361
		LUHFT	5,470	6,066	6,004			5,782
		Previous year	Sep-20	Oct-20	Nov-20			Dec-20
		CCG	247	349	503			647
		LUHFT	843	1298	1778			2327
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 1,361 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (1,188) the remaining 173 breaches spanned across 15 other Trusts. 52+ week waits for the CCG represent 6.71% of the total waiting list in December which is above the national level of 5.12%. LUHFT 52 week breaches decreased by 222 to 5,782 in December. The largest number of patient waiting in excess of 52 weeks were in T&O (1,859), ENT (1,254), General Surgery (629) and other surgical services (759). High volumes of priority 2 patients restricting ability to reduce long waits. 								
Actions to Address/Assurances:								
CCG/System Actions:								
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. System focus on prioritising long waiters (52+ weeks). Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. 52 week waiters is a standing agenda item at Clinical Quality Review Meetings (CQRM) for assurance. 								
LUHFT Actions:								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list. Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 								
When is performance expected to recover:								
No set date for recovery.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		John Wray			Terry Hill			

Figure 3 – CCG RTT Performance & Activity Trend

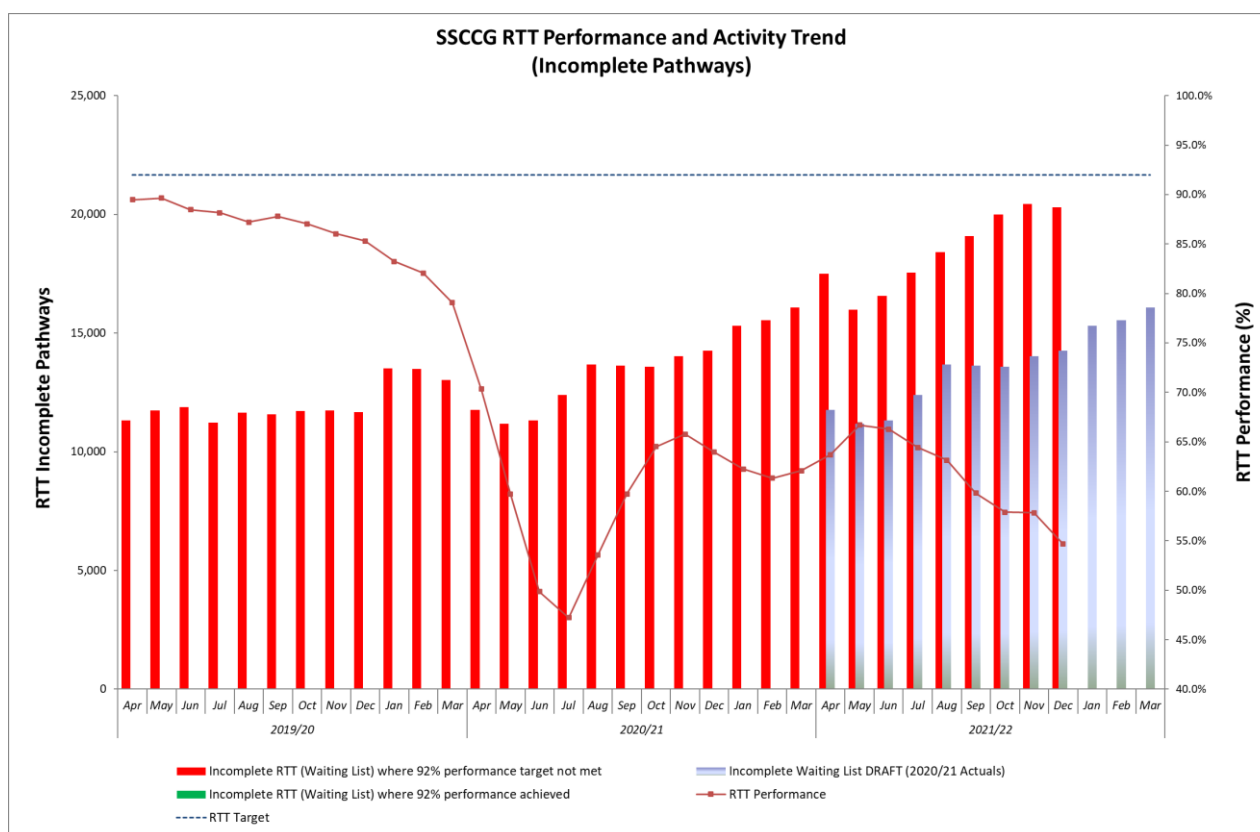


Figure 4 - South Sefton CCG and LUHFT Total Incomplete Pathways

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	14,265
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431	20,296				20,296
Difference	5,740	4,798	5,265	5,148	4,713	5,459	6,341	6,402	6,031				6,031
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	1,361				
Difference	1,414	932	806	846	884	984	1,041	879	714				

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	44,536
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127	69,433				69,433
Difference	9,827	15,690	19,038	19,930	21,697	25,713	26,931	26,522	24,897				24,897

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

There were a total of 3,617 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,361 patients were waiting over 52 weeks, a decrease of 21 on last month when 1,382 breaches were reported. The majority of these patients were at LUHFT (1,188) with the remaining 173 breaches spanned across 15 other Trusts.

The 1,361 52+ week wait breaches reported for the CCG represent 6.71% of the total waiting list in December 2021 which is above the national level of 5.12%.

Included in the long waiters there were 68 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 decreased by 135 this month with a total 20,296 South Sefton patients now on the RTT waiting list in December 2021. This is compared to 14,265 patients waiting in the equivalent period of the previous year and 20,431 in November 2021. The monthly waiting list position is increasing month on month at CCG and Trust, mirroring the national trend. The CCG conducted further trend analysis into RTT incomplete pathways, which has been shared with the CCG Senior Management Team.

LUHFT had a total of 5,782 52-week breaches in December 2021, showing a small decrease of -3.84% (-222) from previous month when the Trust reported 6,004.



2.4.2 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120: ENT	377	10	<i>Trust Comment:</i> The Trust has been working closely with system partners to maintain access to elective treatment for those patients who have a diagnosis of cancer or who are clinically urgent. This includes access to treatment at LUHFT, independent sector and mutual aid partners in Cheshire and Merseyside. The Trust has worked to maintain outpatient activity where possible and has seen a significant shift from face to face appointments to virtual appointments where it is clinically appropriate; mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance.
LIVERPOOL UNIVERSITY HOSPITALS NHS	110: TRAUMA & ORTHOPAEDICS	223	25	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS	100: GENERAL SURGERY	173	3	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS	X05: ALL OTHER - SURGICAL	129	22	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS	130: OPHTHALMOLOGY	87	2	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS	101: UROLOGY	72		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	63		<i>Trust Comment:</i> There has been significant improvements in activity delivery and the Trust is working to sustain activity delivery to reach projected forecasts. A continued focus on theatre staff recruitment will be maintained. In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have a clinical triage and patients on the admitted pathway have all had Consultant review to prioritise patients. PTL meetings are held weekly and all patients offered any cancellations or next available date. Additional weekend capacity is being implemented to support.
LIVERPOOL UNIVERSITY HOSPITALS NHS	301: GASTROENTEROLOGY	52		<i>Trust Comment:</i> See LUHFT comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	40		<i>Trust Comment:</i> All elective performance measures incrementally improving as the Trust delivers its recovery plans and the situation will be continually monitored to prioritise the most clinically urgent patients. Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All theatres are now fully re-opened. All long wait patients are monitored individually, and the additional capacity will enable them to be booked as soon as feasible or when the patient agrees. Urgents, cancers and long waiters remain the priority patients for surgery at Whiston. Achievement of the elective activity recovery trajectories by March 2022 have been agreed with Cheshire and Merseyside ICS.
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	9	1	<i>Trust Comment:</i> Spire Liverpool is continuing with the waiting list recovery working group with support from the Spire national clinical team. The team's focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing levels to support the inpatient booking team to best utilise all available theatre/OPD capacity.
LIVERPOOL UNIVERSITY HOSPITALS NHS	330: DERMATOLOGY	8		<i>Trust Comment:</i> See LUHFT comment above
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	7		<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	7		<i>Trust Comment:</i> Robust and realistic recovery plans had been developed and the Trust is currently performing well against these. The Greater Manchester Elective Recovery Reform Group is in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS	X05: ALL OTHER - SURGICAL	5		<i>Trust Comment:</i> See LUHFT comment above
SPAMEDICA LIVERPOOL	130: OPHTHALMOLOGY	5		<i>Trust Comment:</i> Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.
SPIRE LIVERPOOL HOSPITAL	100: GENERAL SURGERY	4		<i>Trust Comment:</i> See Spire Liverpool comment above
RENACRES HOSPITAL	502: GYNAECOLOGY	3		<i>Trust Comment:</i> See Renacres comment above
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	3		<i>Trust Comment:</i> See Renacres comment above
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	3	2	<i>Trust Comment:</i> See Spire Liverpool comment above
SPIRE LIVERPOOL HOSPITAL	301: GASTROENTEROLOGY	3		<i>Trust Comment:</i> See Spire Liverpool comment above
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	502: GYNAECOLOGY	2	1	<i>Trust Comment:</i> The Manchester Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated, and maintain oversight and effective use of resources across University. The Trust continues to maximise Trafford General Hospital as a green site. The potential to utilise private sector capacity and Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue. Ongoing Outpatient Improvement work as part of the Recovery Programme continues to develop transformation opportunities. Weekly RTT oversight and performance meetings holding hospitals to account on delivery. Group Chief Operating Officer teams (Transformation and RTT) continue in place to support hospitals, including consistent, safe approach to development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes. Additional timely validation of waiting lists by Hospital sites and Group resource continues.
RENACRES HOSPITAL	101: UROLOGY	2		<i>Trust Comment:</i> See Renacres comment above
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	2		<i>Trust Comment:</i> The Trust is constantly monitoring waiting list movements alongside capacity, available for the clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services. For Spinal Disorders mutual aid discussions are on-going. A number of workforce actions are being undertaken inclusive of a locum consultant and a registrar being appointed. An additional Senior Fellow joined the cohort in February for 6 months. Further workforce actions also being explored and progressed.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	1		<i>Trust Comment:</i> Insourcing for General Surgery, Ophthalmology and Gynaecology continues with plans to maximise the use of independent providers. Mutual aid for Plastic Surgery with Whiston and Gynaecology Surgery with Liverpool Women's has been agreed. Requests for mutual aid is ongoing with Wirral. There is now an increased theatre and outpatient productivity focus with the engagement of an Elective Recovery Director and the formulation of a formal Trust-wide elective recovery plan, with an established Programme Management Office (PMO). The Patient Initiated follow up (PIFU) has been successfully implemented and remote clinical appointments established using Attend Anywhere. Capital acquisitions of equipment will increase productivity. There is increased recruitment in challenged areas, particularly Endoscopy, Radiology and Anaesthesia.
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment:</i> The Elective Recovery Group retains responsibility for managing elective waiting lists. Virtual outpatient appointments continue and clinical prioritisation of patients awaiting treatment using the national clinical prioritisation guidance.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	400: NEUROLOGY	1		<i>Trust Comment:</i> The Trust continues with weekly performance tracking for Cancer and RTT. A number of long waiters had been offered treatment in other Trusts as part of the mutual aid approach. In addition, some patients with oral and maxillofacial conditions have been offered care with primary dental practitioners.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL HEART & CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	1		<i>Trust Comment:</i> Performance is monitored weekly through the Executive Committee. The restoration and recovery of elective services has progressed well with all services being fully restored, other than a small number of community outpatient settings. The Trust is one of the highest performers in the region. and performance against the recovery trajectories remains strong. The 52 weeks wait performance remains in line with expected levels but there are challenges in a few sub-specialty areas namely, aortic surgery, left atria appendage occlusion and electrophysiology.
MANCHESTER UNIVERSITY NHS FOUNDATION	100: GENERAL SURGERY	1		<i>Trust Comment:</i> See Manchester University comment above
MANCHESTER UNIVERSITY NHS FOUNDATION	130: OPHTHALMOLOGY	1		<i>Trust Comment:</i> See Manchester University comment above
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> There is continued validation of waiting list and an on-going improvement action, with the Chief of Surgery leading discussions in moving to a single Northern Care Alliance Clinical Prioritisation Group. There is increased independent sector capacity and the 104 weeks wait trajectory was met for the third consecutive month. Theatres Excellence Programme launched in Dec with over 350 virtual attendees across the Northern Care Alliance. The clinical pathway board is now in place and focussing on Orthopaedics and Breathlessness (Cardio/Respiratory pathways) with the aim of reducing hospital referral and first outpatient appointments .
RENACRES HOSPITAL	100: GENERAL SURGERY	1		<i>Trust Comment:</i> See Renacres comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted. and currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. Weekly PTL meetings to track patients and escalate any issues continue. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is now a sub group with Renacres to deliver activity as part of the Trust recovery plan.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> See Southport & Ormskirk comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> See St Helens & Knowsley comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	101: UROLOGY	1		<i>Trust Comment:</i> See St Helens & Knowsley comment above
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> See St Helens & Knowsley comment above
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> Work plans around long wait patient validation and treatment tracking are in progress. The Trust is progressing with transferring additional patients to the Independent Sector. Training continues on RTT for new staff and where post validation has found incorrect actioning of pathway for staff, to be retrained. Regular meetings with specialties went live in December. The Planned Care group is monitoring progress against treatment plans for patients.
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	160: PLASTIC SURGERY		1	<i>Trust Comment:</i> See Countess of Chester comment above
MANCHESTER UNIVERSITY NHS FOUNDATION	120: ENT		1	<i>Trust Comment:</i> See Manchester University comment above
		1293	68	
	Total	1361		



2.5 Cancelled Operations

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		14	5	4	4	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Reporting for this indicator has been suspended due to COVID-19 pandemic, so there is no data from February 2020 onwards. Data above is from the Trust Key Performance Reports no narrative supplied from the Trust other than the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days. 4 reported in December. No urgent operation to be cancelled for a 2nd time. None reported in December or year to date. 						
<ul style="list-style-type: none"> Performance discussed at the lead provider's Clinical Quality Review Meeting, with accompanying narrative requested for any breaches reported. 						
When is performance expected to recover:						
Recovery is anticipated in the coming months.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		John Wray		Terry Hill		




2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Sep-21	Oct-21	Nov-21	Dec-21		
	2 Week Wait (Target 93%)	CCG	90.95%	79.00%	74.81%	74.77%	86.83%	
		LUHFT	92.84%	73.90%	68.19%	64.10%	85.23%	
	2 Week breast (Target 93%)	CCG	84.85%	47.50%	28.57%	35.56%	81.11%	
		LUHFT	89.86%	31.47%	27.11%	24.05%	69.40%	
	31 day 1st treatment (Target 96%)	CCG	93.02%	95.29%	97.73%	97.44%	97.15%	
		LUHFT	92.54%	92.59%	93.14%	94.59%	93.68%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	99.13%	
		LUHFT	100%	100%	100%	100%	100%	
	31 day subsequent - surgery (Target 94%)	CCG	90.00%	90.00%	92.31%	91.67%	90.76%	
		LUHFT	89.13%	85.00%	84.31%	77.42%	82.42%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	99.07%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	71.05%	54.05%	63.89%	74.29%	70.62%	
		LUHFT	67.09%	56.20%	62.55%	55.51%	63.17%	
	62 Day Screening (Target 90%)	CCG	75.00%	60.00%	84.62%	66.67%	71.19%	
		LUHFT	50.65%	52.38%	66.25%	56.94%	63.93%	
	62 Day Upgrade (Local Target 85%)	CCG	52.38%	56.00%	75.00%	69.23%	70.21%	
		LUHFT	75.41%	85.16%	82.84%	64.79%	70.71%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date and 3 measures in December. The Trust is achieving 1 measure year to date and 1 in December. Pressures in breast and colorectal services have resulted in a step deterioration in quarter 3 performance across a number of access standards The CCG and Trust are still failing the 2 week wait measures in month and year to date. The main reason for the breaches is inadequate outpatient capacity associated with increased demand, which is generally sustained at 120% of pre pandemic levels. However referrals fell in month 9, as is expected due to the holiday period. For Cancer 62 Day standard the CCG is now measuring above the national level of 69.75% recording 74.29% in December. <p>2-week wait breast services: Performance declined significantly again to 35.56% in December which is under the 93% target for the CCG. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 24.05% under target in December, with 221 breaches out of a total of 291 patients seen. Demand for breast services increased significantly in month 7 and 8, likely driven by national Breast Awareness month in October and the death of a celebrity from breast cancer in September 2021.</p> <p>31 day target: Performance driven primarily by an increase in breaches for Breast, Urology, Colorectal and Upper GI.</p> <p>62 Day target: Haematology, Skin and Testicular are the only specialties to meet the standard.</p> <p>Key Areas of Focus for LUHFT:</p> <ul style="list-style-type: none"> 2 week wait capacity in Colorectal (driven by chronic capacity problems) and fluctuations in Breast (ongoing challenges with alignment with diagnostics.) <p>Key Areas of Focus for SSCCG:</p> <ul style="list-style-type: none"> Communications with primary care around breast services to ensure realistic patient expectations on waiting times, aid demand management and promote provision of full clinical information to ensure that the triage process prioritises those most at risk of breast cancer. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 2022/23 Priorities and Operational Planning Guidance asks the system to Accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level seen in February 2020 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. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests. 								
When is performance expected to recover:								
Trajectories will be submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62 day waits will return to pre pandemic levels.								
Quality:								
LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.								
The Deputy Chief Operating Officer has established weekly review group to address patients waiting on 62 day pathways and >104 days.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			



2.6.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - SSCCG		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		3	4	4	0	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The CCG reported no patients over 104 days in December. 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, 						
When is performance expected to recover:						
Providers are required to submit trajectories for recovery of all over 62 day backlogs to the pre-pandemic position by March 2022						
Quality:						
<p>There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight. LUHFT is currently working through a backlog of harm reviews to allow the collation of information required for the detailed report requested through the Quality Committee on the number of patients waiting 104/73 days.</p> <p>The Deputy Chief Operating Officer has established a weekly review group to address patients waiting on 62 day pathways and >104 days.</p>						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Debbie Harvey		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RAG	Measure		Sep-21	Oct-21	Nov-21	Dec-21			YTD
	28-Day FDS 2 Week Wait Referral	CCG	64.19%	68.47%	64.55%	65.28%			66.63%
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	90.91%	97.14%	76.74%	87.23%			90.56%
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	36.11%	57.14%	43.75%	28.30%			42.13%
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. In December and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating the measures achieving now the 75% target is live. 28 Day FDS overall reporting for December is 64.18% and 66.35% year to date, under the proposed 75% target. 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 									
When is performance expected to recover:									
Trajectories will be submitted in line with planning guidance requirements or 2022/23.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Martin McDowell		Dr Debbie Harvey			Sarah McGrath				

2.7 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Aug-21	Sep-21	Oct-21	Nov-21		
		% RR	21.1%	25.0%	25.9%		24.9%
		% Rec	91.0%	91.0%	91.0%		92.0%
		% Not Rec	6.0%	5.0%	5.0%		5.0%
		2021/22 England Averages: Response Rates: 18.6% % Recommended: 94% % Not Recommended: 3%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was been paused during the response to COVID-19, but has now resumed. Latest data being November. LUHFT has reported a response rate for inpatients of 24.9% in November which is above the England average of 18.6%. The percentage of patients who would recommend the service has increased to 92% but below the England average of 94% and the percentage who would not recommend remains at 5% - still above the England average of 3%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Performance has started to improve slightly. The Trust have been supported by Healthwatch to identify key areas for improvement. Engagement sessions have been held with patient, carers and support networks and the Trust have enhanced mechanisms of obtaining feedback to drive improvements. Lifting of visiting restrictions will likely improve inpatient experience. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2021-22.							
Quality:							
<p>Patients spoke positively about the attitude of staff and the care and compassion they had received. Although there were many positive comments across Inpatient areas, themes in negative feedback included environment concerns with building works at the Aintree site in addition to noise from doors and staff at the Royal site.</p> <p>Communication with relatives and patients also remains to be a key theme. Due to the increase in COVID-19 rates in the community and admissions to hospital, visiting restrictions were again implemented across all LUHFT hospital sites towards the end of December. However, it is hoped that the recent lifting of visiting restrictions will have a positive impact on Patient Experience.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

2.8 Personal Health Budgets (PHBs)

The CCG have reported 191 personal health budgets (PHBs) in quarter 3 (cumulative total), previously this measure was paused due to the COVID-19 pandemic. Due to a change in personnel, the Q3 data missed the NHSE deadline. The CCG has reviewed the internal processes to prevent future occurrence. The CCG has notified NHSE/I Cheshire & Merseyside and provided the Q3 data to support assurance. The Q3 data will be submitted along with the Q4 in April 2022. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2021/22, but the CCG will continue to measure and monitor on a quarterly basis. The CCG is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

In terms of development of PHBs:

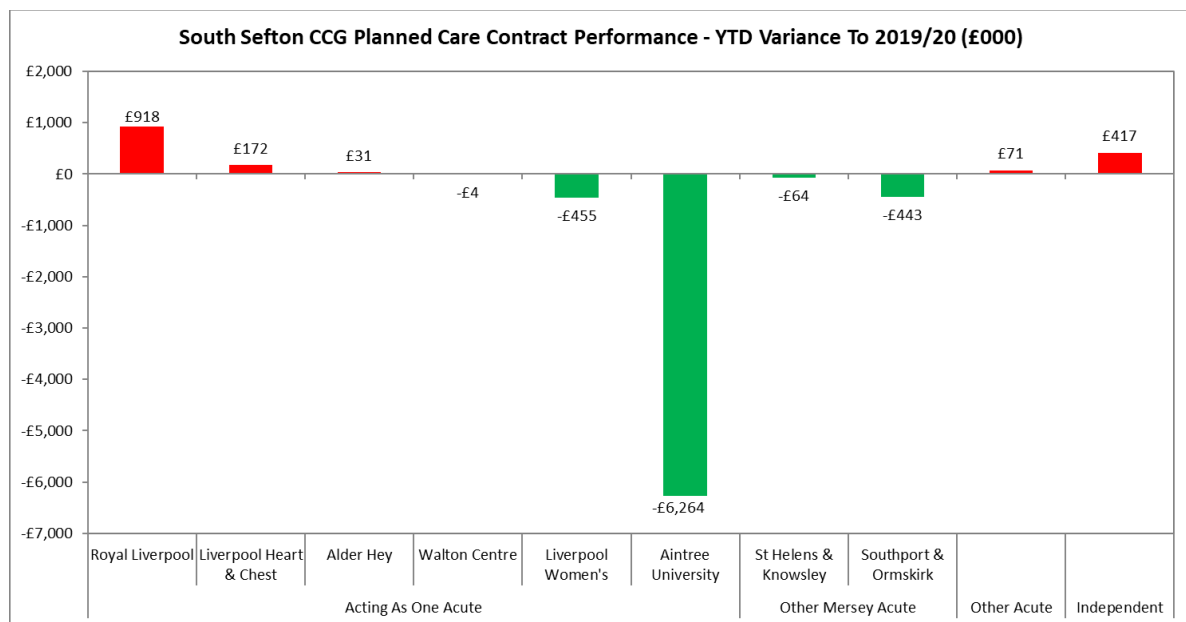
- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and

engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.

- Development of CCG website and promotional materials.
- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- Further meetings are taking place with; CCG, MLCSU and LA to support the process for PHB's or Children and Young People
- Contract award has been made to a provider to support the CCG as a PHB support service, which is subject to contractual arrangements. The contract award is for 3 years +2 years. This will replace the arrangements the CCG had in place with Sefton Carers Centre as a pilot.

2.9 Planned Care Activity & Finance, All Providers

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



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 9 of 2021/22, this has resulted in a 13% 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 December-21 saw a notable -22% decrease from the previous month and represents approximately 86% of that reported in December-19.

Figure 6 - Planned Care Activity Trends

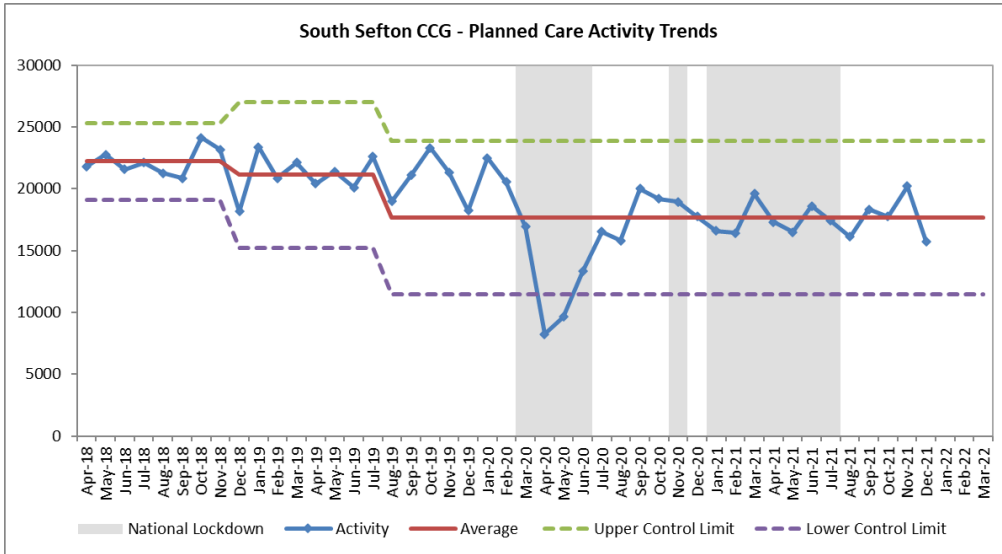


Figure 7 - Elective Inpatient Variance against Plan (Previous Year)

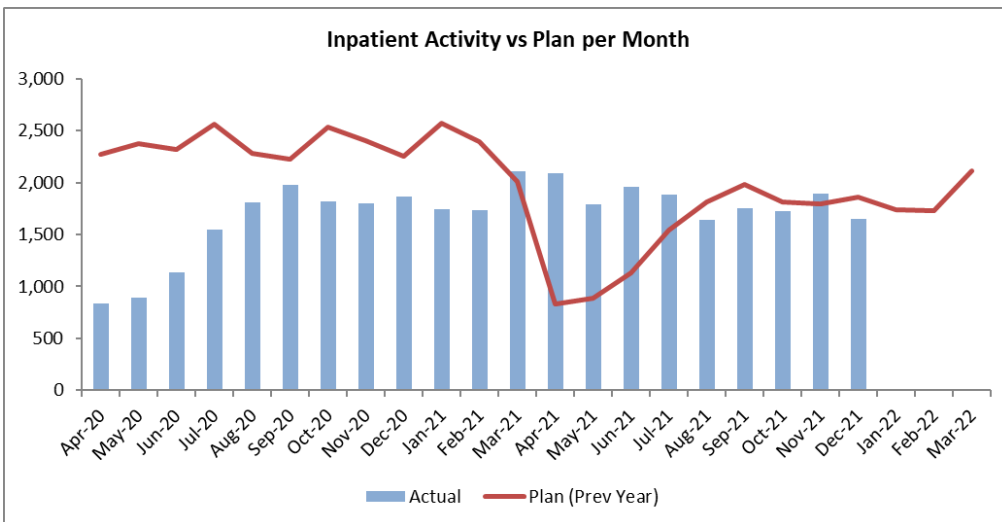
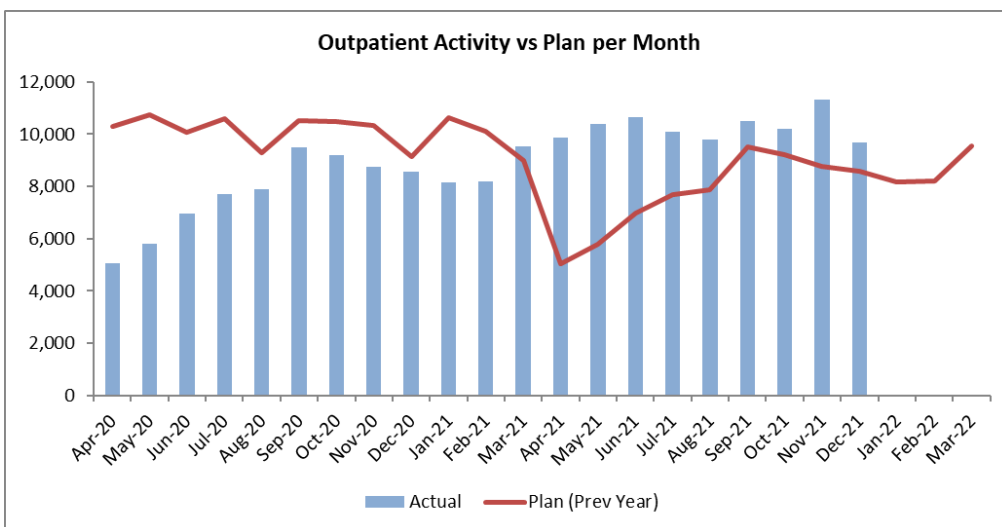


Figure 8 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Aintree Hospital

Figure 9 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,423	7,477	-1,946	-21%	£5,785	£4,251	£-1,534	-27%
Elective	942	551	-391	-42%	£2,959	£1,473	£-1,485	-50%
Elective Excess BedDays	490	138	-352	-72%	£131	£37	£-94	-72%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	161	13	-148	-92%	£33	£3	£-30	-92%
OPFANFTF - Outpatient first attendance non face to face	1,009	5,811	4,802	476%	£34	£735	£701	2085%
OPFASPCL - Outpatient first attendance single professional consultant led	23,056	16,195	-6,861	-30%	£3,728	£2,498	£-1,229	-33%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	644	36	-608	-94%	£65	£4	£-61	-94%
OPFUPNFTF - Outpatient follow up non face to face	4,670	16,190	11,520	247%	£117	£967	£850	724%
OPFUPSPCL - Outpatient follow up single professional consultant led	48,209	26,436	-21,773	-45%	£3,612	£2,035	£-1,577	-44%
Outpatient Procedure	17,204	5,034	-12,170	-71%	£2,404	£697	£-1,707	-71%
Unbundled Diagnostics	10,813	9,616	-1,197	-11%	£897	£831	£-67	-7%
Wet AMD	1,269	1,182	-87	-7%	£1,016	£987	£-29	-3%
Grand Total	117,890	88,679	-29,211	-25%	£20,782	£14,518	£-6,264	-30%

When comparing to 2019/20 (pre-pandemic), underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£4.3m/-31% for South Sefton CCG at month 9 of 2021/22. In line with planned restoration of elective services, South Sefton CCG referrals to Aintree Hospital have increased during 2021/22 when compared to the previous year, with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. A similar peak (3,960) has also been reported during November-21 although this was followed by a notable drop in the following month with referrals decreasing by -27%. Despite increasing referrals in 2021/2, year to date referrals remain -9% below that reported in the equivalent period of 2019/20.

The two points of delivery that continue to report an over performance at month 9 are for outpatient non face to face (first and follow up) activity, which reflects a change in service delivery at NHS providers first established in 2020/21 to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Respiratory Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.

Although consultant led first appointments remain below plan overall, a number of individual specialities have recorded increases in recent months including the Cardiology Service in November-21 and Trauma & Orthopaedics in September-21. However, a recent merging of Trust clinical systems between Aintree and Royal Liverpool sites has resulted in discrepancies with the recording of some outpatient appointments and South Sefton CCG will continue to monitor.

Elective and day case procedures remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures (predominantly diagnostic scopes) and is currently -20% below the equivalent period in 2019/20. The Trauma & Orthopaedics service has seen a significant reduction in the number of elective procedures recorded for South Sefton patients since the pandemic began with only 5 recorded in 2021/22 to date across LUHFT compared to 309 in the equivalent period pre-pandemic.

NB. Plan values in the above table relate to 2019/20 actuals.

2.9.2 Renacres Hospital

Figure 9 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	567	569	2	0%	£679	£600	£-78	-12%
Elective	123	129	6	5%	£681	£766	£85	12%
Outpatient First Attendance - Face to Face	1,117	1,298	181	16%	£189	£227	£38	20%
Outpatient First Attendance - Non Face to Face	0	108	108	#DIV/0!	£0	£13	£13	#DIV/0!
Outpatient Follow Up Attendance - Face to Face	1,756	1,320	-436	-25%	£121	£92	£-28	-23%
Outpatient Follow Up Attendance - Non Face to Face	0	830	830	#DIV/0!	£0	£43	£43	#DIV/0!
Outpatient Procedure	538	435	-103	-19%	£99	£73	£-26	-27%
Outpatient Pre-op	383	913	530	138%	£23	£56	£33	141%
Physio	1,093	1,018	-75	-7%	£33	£31	£-2	-6%
Unbundled Diagnostics	541	670	129	24%	£53	£67	£15	28%
Grand Total	6,118	7,290	1,172	19%	£1,878	£1,970	£92	5%



For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that South Sefton CCG is currently overperforming by approximately £92k/5% at month 9. Referrals to Renacres Hospital are currently 15% above 2019/20 levels and November-21 saw the highest number of monthly referrals reported during the last three years (259 in total). A number of services saw increased referrals during this month. Overall trends for Referrals are driven by Trauma & Orthopaedics with this service reporting a year-to-date increase of 53% against 2019/20 (pre-pandemic).

The majority of planned care points of delivery are currently over performing although it should be noted that an element of this is related to outpatient non-face-to-face activity, which had seen little or no activity previously recorded. This reflects a change in service delivery as a result of the pandemic.

The significant increase in outpatient pre-op appointments during H1 of 2021/22 is partly a result of patients receiving a PCR COVID-19 test. This is in addition to a usual pre-op attendance for diagnostic tests and has a £60 tariff. South Sefton CCG anticipates a reduction in these pre-op appointments as Renacres Hospital are now in receipt of NHS tests which are sent out to a patient.

South Sefton CCG's performance is in contrast to the Renacres overall catchment position which is under performing and to the major commissioners within the contract - Southport & Formby and West Lancashire which are both under plan.



2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		7.49%	11.08%	10.00%	7.66%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		9.01%	10.84%	11.28%	10.59%		
		National ambition of 6% or less of maternities where mother smoked by 2022 Local Aim for Q3 7.40% - Actual 7.66% so achieved					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 3, the number of South Sefton CCG Maternities were 418, of which 32 were reported as Smoking at time of Delivery giving the statistic of 7.7%, which is a great reduction of 2.34% compared to Quarter 2 and also an improvement compared to last year. It is anticipated that the National ambition of 6% will be achieved by the end of the year 2021/22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> As reported in the last quarter, the CCG submitted a bid for NHSE funding late October 2020 to further support the Smoking cessation in Pregnancy programme under Health Inequalities. The CCG proposal was sadly not successful with feedback given that the model did not necessarily fit with the overall LMS plan. The resulting feedback from the bids is that C&M have been allocated funding to appoint two dedicated smoking cessation leads for the LMS. Further work will reveal how this is resource ius to be shared and utilises to maximum effect. 							
When is performance expected to recover:							
Continued performance improvement is anticipated in the next and final quarter of this year and achievement of 6% or less is expected.							
Quality:							
No specific quality issues relating to SATOD reported, however the CCG have recently contacted the Smoking Cessation Service ABL Health, discussion has commenced to work more closely with their dedicated Maternity Lead and foster closer links with the Maternity Provider as well as liaising more closely with Primary Care and the C&M Tobacco Control Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		

3. Unplanned Care

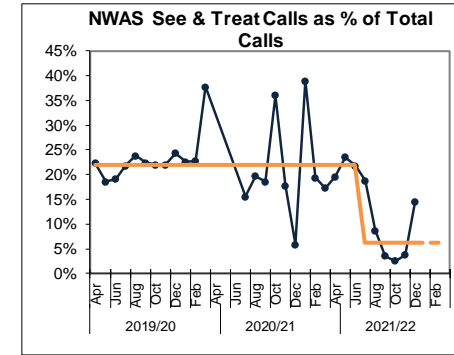
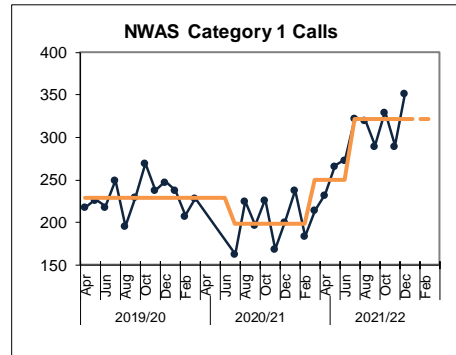
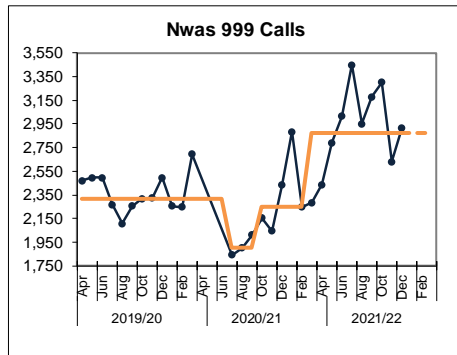
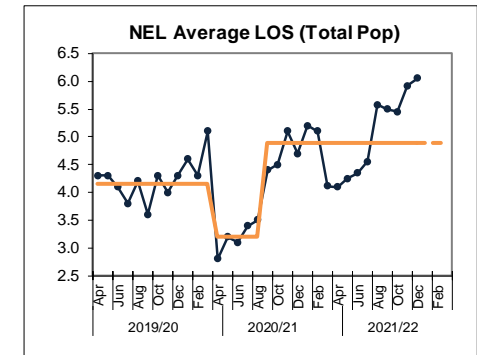
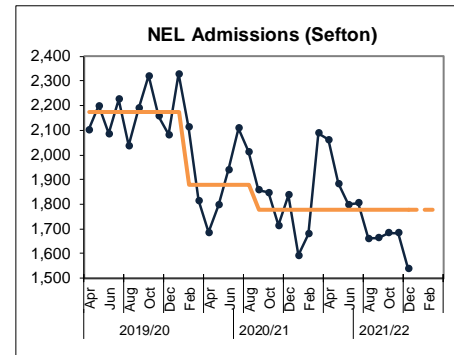
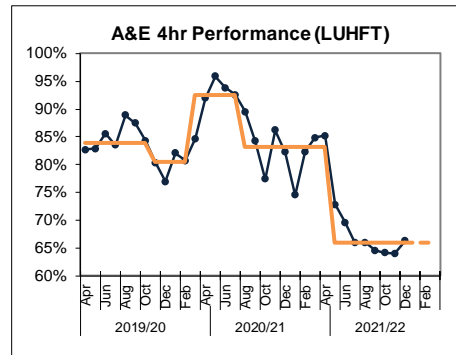
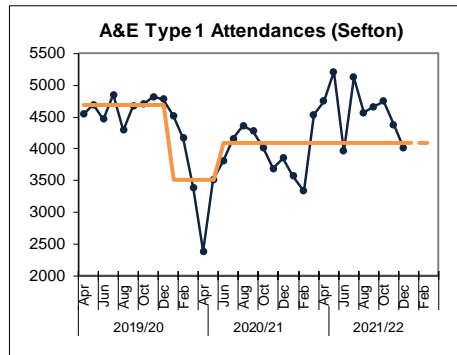
3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance








Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	YTD		
		CCG All Types	65.90%	65.40%	64.99%	67.35%	69.87%	
		Previous Year	Sep-20	Oct-20	Nov-20	Dec-20	YTD	
		CCG All Types	85.16%	78.48%	85.32%	82.66%	88.01%	
		LUHFT All Types	64.59%	64.07%	63.98%	66.22%	68.74%	
		LUHFT Type 1	52.10%	51.68%	51.72%	52.15%	57.79%	
National Standard: 95% No improvement plans available for 2020/21								
Performance Overview/Issues: <ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. 4 hour performance shows a 2.2% increase in December from the previous month, following a continuing a deteriorating position, likely as a result of activity increasing month on month. CCG and Trust A&E performance in December is lower than the national level of 72.26%. 								
Actions to Address / Assurances								
CCG Actions: 4-hour standard has remained below target in December - actions include: <ul style="list-style-type: none"> Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the short fall in domiciliary care packages. CCG and local authority have commissioned additional bed capacity to mitigate the risk of delays. The Local Authority have block booked additional hours however situation remains challenged due to workforce sickness and absence rates due the Omicron variant. Additional funding to support discharge and 14/21 day reduction in length of stay has been allocated and system schemes with forecasted reductions in length of stay (LOS). CCG has put in place Nurse programme Director oversight of discharge process into the LUHFT system. This include daily review of the RFD data and validation. As a consequence of this work additional community bed capacity has been blocked to reduce discharge delays. ECIST support is scheduled to look specifically at pathway 0's and pathway 1 discharges, this is in conjunction with long length of stay review to reduce the 14 and 21 day length of stays. This is facilitated under the leadership of Merseycare senior flight controller role and link to system flow. 								
Trust Actions: <ul style="list-style-type: none"> Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Trust to report findings and performance. 								
When is performance expected to recover: Recovery is uncertain currently due to unknown expected pressures from COVID-19 and diminished workforce across all health and social sectors. Nationally in level 4 escalation management and daily gold escalation meetings are in situ. Possible recovery projected in February 2022.								
Quality: There have been no 12 hour breaches in December.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.2 Urgent Care Dashboard



SOUTH SEFTON URGENT CARE DASHBOARD





Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Oct-21	Nov-21	Dec-21		
		Cat 1 mean	<=7 mins	00:09:34	00:08:28	00:09:08		
		Cat 1 90th Percentile	<=15 mins	00:15:27	00:14:09	00:14:32		
		Cat 2 mean	<=18 mins	01:27:31	01:02:52	01:44:05		
		Cat 2 90th Percentile	<=40 mins	03:03:44	02:13:41	03:40:36		
		Cat 3 90th Percentile	<=120 mins	09:49:47	07:42:05	12:27:24		
Cat 4 90th Percentile	<=180 mins	17:00:45	14:10:19	Not submitted				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20, continued throughout 2020/21 and into 2021/22. In December 2021 there was an average response time in South Sefton of 9 minutes, 8 seconds and not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 1 hour 44 minutes against a target of 18 minutes. The CCG also failed the category 3 90th percentile but no data was submitted for Cat 4 90th percentile. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. The deteriorating position for ambulance is in line with the increased NWS 999 calls, this is a system issue and not a localised. 								
Actions to Address/Assurances:								
All listed CCG actions have continued into December.								
Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances as well as planning to establish a conveyance pathway to the WiC/UTC to avoid AED. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWS will encourage greater utilisation of SDEC/ACU at LUHFT SDEC services and avoid AED (implement July/August 21). Turnaround Improvement – NWS are rolling out the ED Checklist that is expected to include most AEDs (with the exclusion of paediatrics), which will increase ambulance handover times but maintain patient safety. 								
When is performance expected to recover:								
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour. Situation remains unchanged for December.								
Quality:								
Performance has improved due to redirection of resource within NWS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place. There has been no reports through to the CCG of any serious untoward incidents.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months						
RED	TREND	LUHFT	Target	Oct-21	Nov-21	Dec-21	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
		(a)	<=15-30mins	687	559	603		
		(b)	<=15-60mins	233	168	255		
		LUHFT	Target	Oct-20	Nov-20	Dec-20		
		(a)	<=15-30mins	384	90	227		
		(b)	<=15-60mins	99	7	35		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported a higher number of handovers between ambulance and A&E within 15 minutes and not waiting more than 30 minutes, recording 603 breaches compared to 559 last month. There was also an increase in handovers (so decline) within 30 minutes and none waiting more than 60 minutes, recording 255 compared to 168 last month. Handovers performance had declined from previous year, on comparison in table above. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. NWAS planning to redeploy patient transport service (PTS) vehicles in preparation for the expected spike in C19 incidents and probably winter surge. In early discussions regarding support from military services to increase capacity within emergency services and to support timely discharge from both secondary care and intermediate care services. And to support staff sickness and absence rates. This is to support the performance of Cat 1 and 2 response times. Plans also in place to implement a push model into the community 2hr UCR services for cat 3, 4 and 5 to reduce waits and release NWS capacity. NWAS NHS 111 first and direct booking services remain in place to triage and redirect away from NWS 999 services. 								
When is performance expected to recover:								
Uncertain recovery trajectory. Service performance and delivery will recovery when staff sickness and absence rates improve and when external capacity and support is in place via the military services which is expected to be in place in January.								
Quality:								
CCG incidents are reviewed with peers at NWS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified. This remains in place for December.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

For stroke, the CCG's lead provider LUHFT 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 and will end on the 14th of February. There is a project manager at LUHFT supporting pathway development across the system.



CCG Actions:

- The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and CCGs have been asked to commit to future developments through commissioning intentions. The request for resource to be identified to support the progress of the transformation programme has been approved with the expectation that work will be expedited.



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked. Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
 	CCG	1	1	1	1		
	LUHFT	1	1	1	1		
	Previous year	Sep-20	Oct-20	Nov-20	Dec-20		
	CCG	0	0	0	1		
	LUHFT	3	3	3	3		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> RAG rating and trend is on CCG cases. The CCG and Trust reported no new cases in December but are failing the zero tolerance plan for 2021-22. The hospital onset healthcare associated case in June was identified at the Sefton Suite at the Aintree site. The patient previously had an MRSA in December 2020 and is currently being investigated to identify any lapses of care. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. Further work ongoing at the Aintree site to review compliance against MRSA screening on admission and work ongoing with Business Intelligence as currently no systems to monitor compliance for this. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery is not possible in 2021-22.							
Quality:							
Any further incidents will be reported by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jane Lunt		Gina Halstead			Jennifer Piet		

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)				<p>2021/22 Plans New National Objectives: CCG: <= 54 YTD Trust: LUHFT <= 148 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>	
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		CCG	31	36	39		44
		LUHFT	70	82	93		103
		Previous year	Sep-20	Oct-20	Nov-20		Dec-20
		CCG	17	19	23		27
		LUHFT	54	61	69		80
CCG - Actual 44 YTD - Target 41 YTD LUHFT - Actual 103 YTD - Target 111 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG now have new objectives/plans for c.difficile for 2021/22. The CCG is reporting over the year to date plan of 41 in first 3 quarters of 2021/22, with the Trust current cumulative performance being 103 cases against a cumulative trajectory of no more than 111 cases reporting green. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Post infection reviews have been undertaken in all cases of healthcare associated infections. Key themes for learning identified across the Trust including delays in sampling and isolation, poor audits scores from cleaning and 1 case linked to another. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust. The Divisional Quality Group will also monitor achievements against any proposed objectives to support the national trajectory's. 							
Quality:							
<p>The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The Board Assurance Framework (BAF) which is produced for the meeting is now a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Gina Halstead		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)					<p>2021/22 Plans New National Objectives: CCG: <= 156 YTD Trust: LUHFT <= 233 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
 	CCG	75	85	94	103		
	LUHFT	95	115	128	141		
	Previous year	Sep-20	Oct-20	Nov-20	Dec-20		
	CCG	67	76	86	91		
	LUHFT	42	213	359	393		
CCG - Actual 103 YTD - Target 116 YTD LUHFT - Actual 141 YTD - Target 175 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor. Currently the CCG is reporting under the year to date plan and reporting green. For the Trust, there have been 141 cases year to date of reported healthcare associated infections against a target of 175, also reporting green. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. 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 delay in blood cultures. 							
When is performance expected to recover:							
This is a cumulative total shows a decline from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jane Lunt		Gina Halstead			Jennifer Piet		

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

Figure 10 - Hospital Mortality

Mortality					
Hospital Standardised Mortality Ratio (HSMR)	21/22 - Dec	100	101.78	↔	101.06 reported last quarter.

For December HSMR is similar to that reported in the previous quarter at 101.78 and remains within expected levels. HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.02 and within expected parameters, for reporting period October 2020 - September 2021. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 3

Number of Serious Incidents Open for South Sefton CCG

As of Q3 2021/22, there were 4 serious incidents (SI) open on STEIS where South Sefton CCG are either responsible or accountable commissioner. At the time of writing this report, all ongoing SIs for Sefton CCG have subsequently been received, reviewed and closed by the CCGs serious incident review group (SIRG) panel. See table below for breakdown by Provider.

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

Provider and Current SI status	Total
North West Ambulance Service (Treatment Delay x 3)	3
RCA's received and reviewed by SIRG panel (closed at the time of writing report)	3
Lancashire Teaching Hospitals NHS Trust (Pressure Ulcer x 1)	1
RCA received and reviewed at SIRG (closed at the time of writing report)	1
TOTAL	4

Number of Serious Incidents (SIs) by Type

There have been no SIs reported by South Sefton CCG during Q3 2021/22. The following table shows the types of SIs reported by South Sefton CCG during 2020/21 and 2021/22.

Provider and SI Type	YEAR 20/21	Q1 21/22	Q2 21/22	Q3 21/22
SOUTH SEFTON CCG*	3	2	0	0
Medication incident meeting SI criteria (North Park Vaccine Centre & DMC)	0	2	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	1	0	0	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0	0	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0	0	0
LANCASHIRE TEACHING HOSPITAL NHS FOUNDATION TRUST	0	0	1	0
Pressure Ulcer Meeting SI criteria	0	0	1	0
NORTH WEST AMBULANCE SERVICE NHS FOUNDATION TRUST	1	0	1	2
Treatment Delay meeting SI criteria	1	0	1	2
TOTAL	4	2	2	2

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

Serious Incident Process – Arrangement for ICS transition

As we move towards the transition to the ICS in June 2022, a system wide process for the management of SIs across the North Mersey area is required. As such, the North Mersey CCGs have met and discussed proposed mechanisms for managing this process including:

- Establishing the end-to-end administration of the SI process.
- Establishing the scope and terms of reference of the SIRG panels.
- Clarifying roles and responsibilities for CCG staff members in relation to SI management.

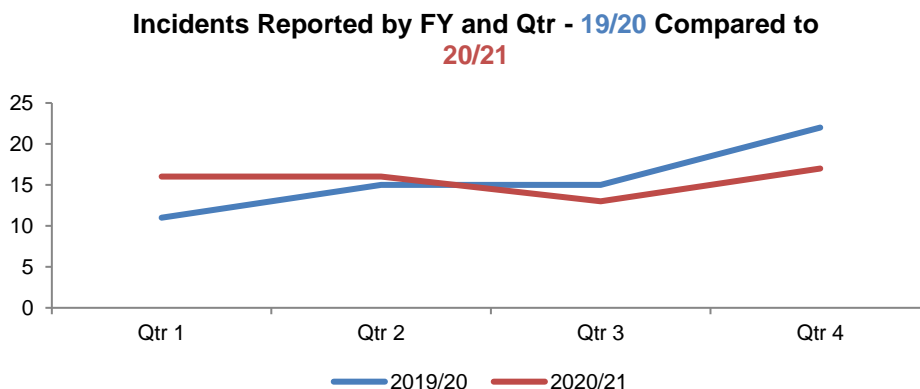
Process mapping of the proposals and discussions are currently ongoing between the CCGs with a confirmed process expected by March 2022. Once the process has been agreed and signed off by all CCGs, this will be communicated to all appropriate providers accordingly.

Liverpool University Hospitals NHS Foundation Trust

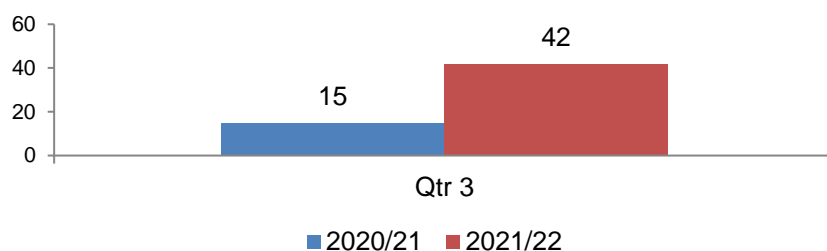
(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported

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



Incidents Reported Qtr 3 20/21 Compared to Q3 21/22



There has been a significant increase in the number of SIs reported for 21/22. This has been highlighted by Liverpool CCG as lead commissioner. While it has been noted that this could be attributed to robust and effective weekly safety meetings having a positive impact on the reporting culture, this will continue to be monitored by commissioners.

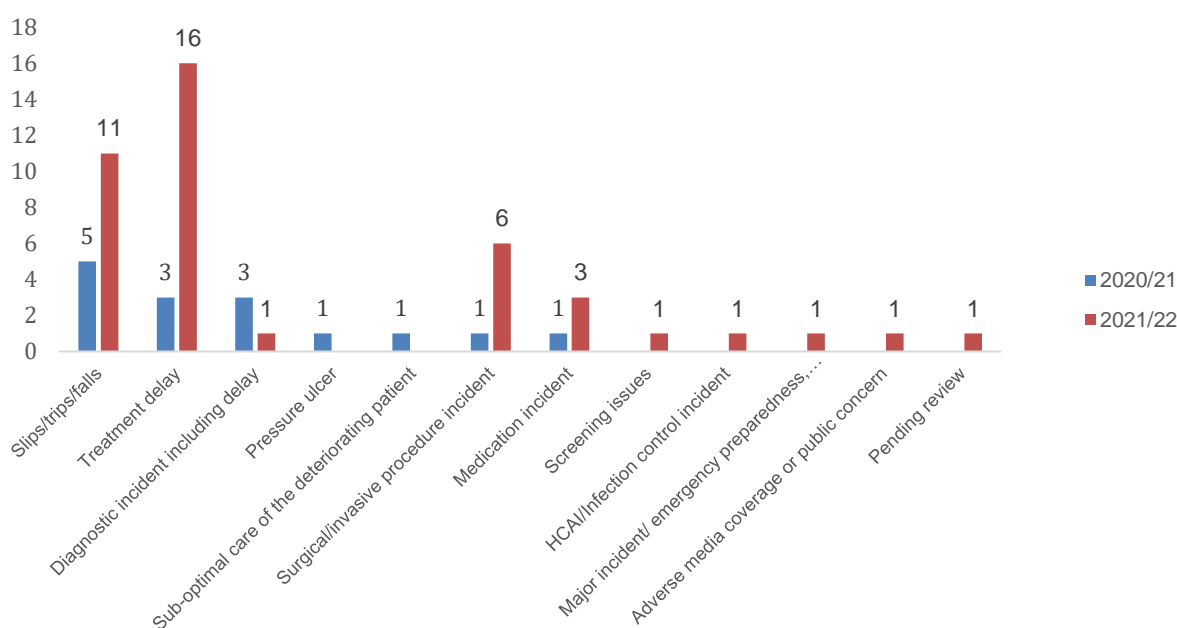
Additionally, several actions are being taken to address the backlog in the SI process in conjunction with the CCG. Additional support for lead investigators is being facilitated that will allow them to focus their efforts on the technical elements of the investigation while enhancing the quality and consistency of reports. The Trust is also collating, validating, and expanding the list of trained investigators across all sites. This is in advance of delivering planned training to support the “investigating well” regional training programme in the coming months.

Commissioners were supportive of the work LUHFT was doing to improve processes and respond to SIs and are aware that the changes also need to be accompanied by cultural changes which will take time to embed. The Trust is due to present a paper to CQPG in March 2022 outlining progress and actions to be taken.

Total SIs reported for Q3 2021/22 and Q3 2020/21 by Type of SI

The following graph shows the type of SIs reported in Q3 2021/22 compared to Q3 2020/21.

Total SIs reported Q3 20/21 and Q3 21/22 by Type of SI



As highlighted above, there has been a significant increase in the number of SIs reported with 42 declared during Q3 21/22. Slips trips and falls and treatment delays account for the majority.

In relation to falls, the Trust has refreshed its falls strategy. This will be included into the overarching organisational improvement plan with renewed focus on the fundamentals of care. An update is regarding progress against this plan is due to be presented at CQPG in February 2022.

The treatment delays are not specific to a particular speciality or site. However, any trends or themes would be highlighted at the Liverpool CCG SIRG panel and further assurances requested from the provider if required.

Number of Never Events reported

There have been a total of 8 Never Events reported by the Trust in 2021/22. Four were reported in Q1 2021/22, two were reported in Q2 2021/22 and a further two in Q3 2021/22.

Never Events Reported			
Provider	2019/20	2020/21	2021/22
Liverpool University Hospitals NHS Foundation Trust	8	7	8
TOTAL	8	7	8

Never Events

The 2 Never Events reported during Q3 2021/22 both relate to retained foreign objects post procedure. The Never Events did not occur on the same site with one being reported for the Aintree site and the other for the Royal site.

A Never Event focussed panel was held by the Trust in October 2021, however, concerns have been raised about learning and following the reporting of a further Never Event. The Trust were formally written to by the Chief Nurse of Liverpool CCG outlining the concerns and that further assurances were being requested via CQPG. As such, the Trust are due to present an update at the March 2022 meeting.

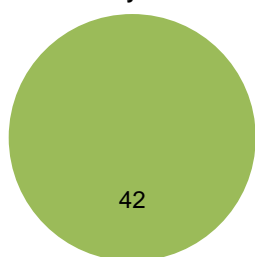
Gastroenterology Update

Following the previous update, the external review of the Gastroenterology incident has now been completed and will be presented at CQPG in March 2022. The Trust have developed an action plan in response to the report's recommendations which will also be presented in March at CQPG.

SIs reported within 48 Hour Timescale

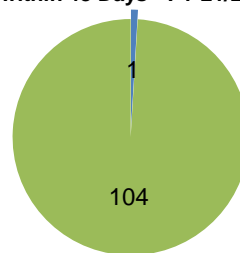
The provider has reported 100% of all SIs within 48 hours for Q3 2021/22. There was 1 SI that was reported outside the timescale during Q1 2021/22, this was delay was due to the incident being reported following an internal harm free care review that identified the incident as meeting the SI threshold.

Number of Incidents Reported within 48 Days - Q3 21/22



■ Yes

Number of Incidents Reported within 48 Days - FY 21/22



■ No

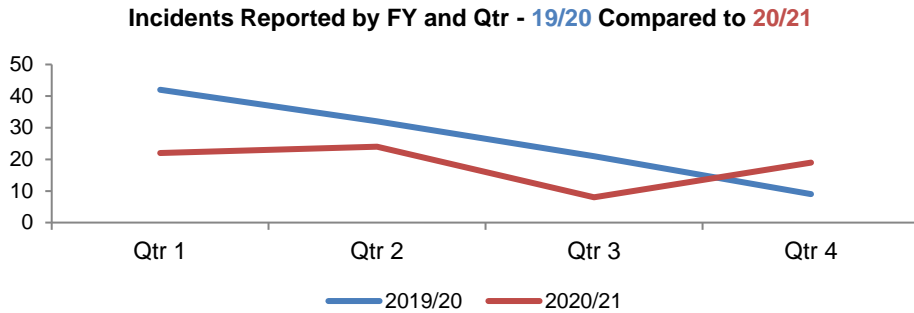
■ Yes

Mersey Care NHS Foundation Trust (MCFT)

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

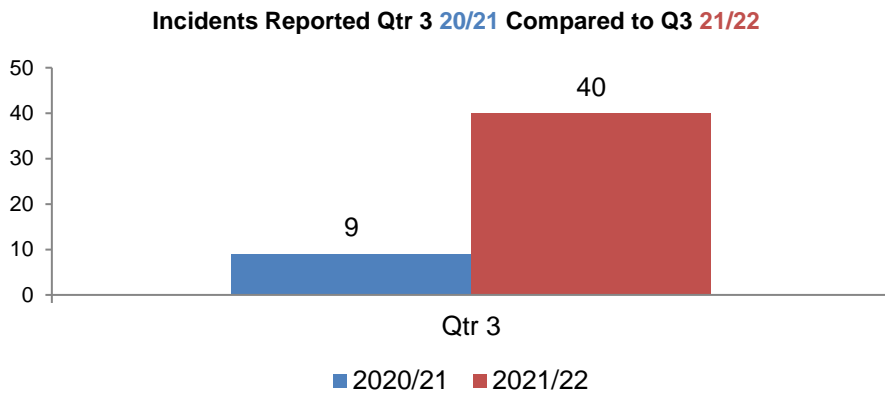
Total SIs reported for 2020/21 and 2019/20

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

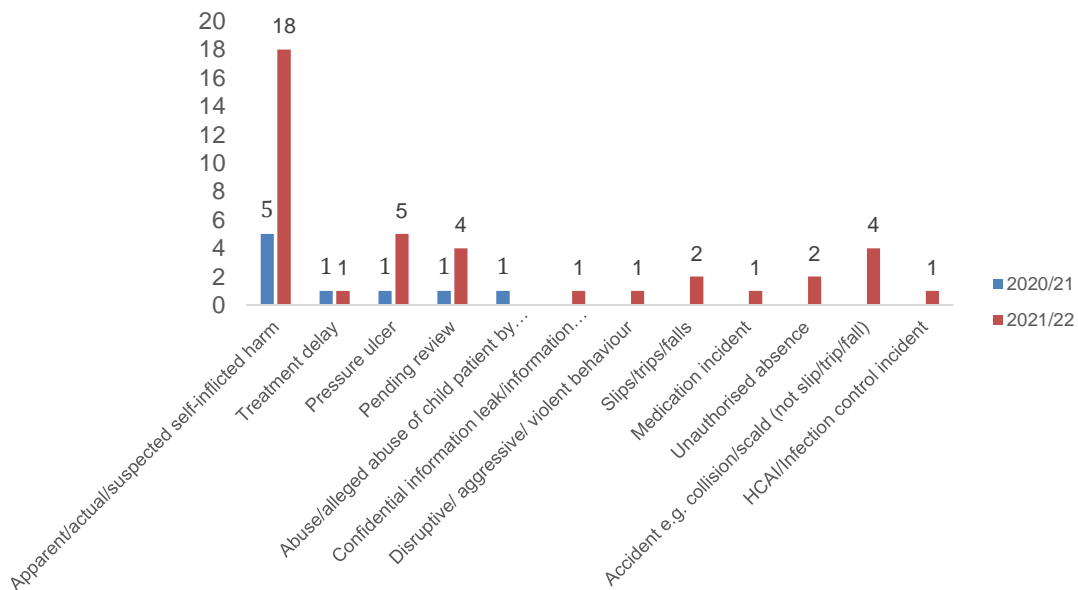


Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q3 2021/22 compared to Q3 2020/21.



Totals SIs reported Q3 20/21 and Q3 21/22 by Incident type



During the month of January 2022, MCFT were operating under business continuity, but continued to report SIs. A significant increase has been noted in relation to apparent/actual/suspected self-inflicted harm with an increase also noted for pressure ulcers.

In relation to self-harm incidents, the trust are progressing with the Zero Suicide plan and are due to provide an update in March 2022. Progress to date includes:

- Strategy and policy now developed
- Overall reduction in suicides 22%
- Co-produced staff training and safety planning intervention
- 48hr/7 day consistent follow up
- Analysis of themes following incidents
- 55% reduction in self-harm incidents through Partnership for Patient Protection (P4P2)
- Devised measures for benchmarking progress

The Trust are moving forward from phase 1 and have identified the following learning to incorporate into the next phase:

- A more systematic approach is required for broader implementation
- Data on suicide is not sufficient to benchmark impact, so need to include metric on suicide attempts
- Follow up care needs further definition, structure, and increased intensity for some service users
- Greater availability needed for, training and brief interventions for self-harm and suicidal crisis
- Transition management and adequate pathways for continuity required

In terms of pressure ulcers, the trust have identified the challenges and next steps which have been outlined below:

Challenges

- Reduction strategies for pressure ulcers are complex as such the programme has many interdependencies
- Increasing complexity of patients and the growth in rapid discharges has seen additional pressure added to community teams
- Shared learning across physical and mental health has identified challenges which the community division continue to work through.

Next Steps

- Standardising processes where appropriate across all Divisions.
- Roll out of NHSI Core Competency Frameworks across all disciplines as appropriate.
- Roll out of Digital Training across the Trust.
- Further development of Datix Incident Reporting System.
- Continued monitoring of pressure ulcer data in line with national guidance.
- Further development of dashboard to capture Trust-wide reporting.

Progress will continue to be monitor by commissioners via CCQRM.

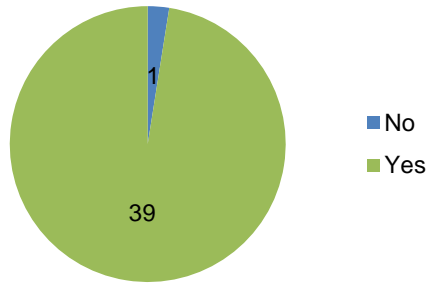
Number of Never Events reported

There have been no Never Events reported by the provider in 2021/22.

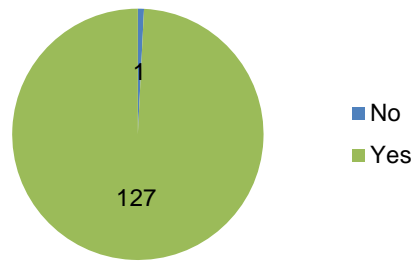
SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q3 2021/22 and for 2021/22.

Number of Incidents Reported within 48 Days - Q3 21/22



Number of Incidents Reported within 48 Days - FY 21/22



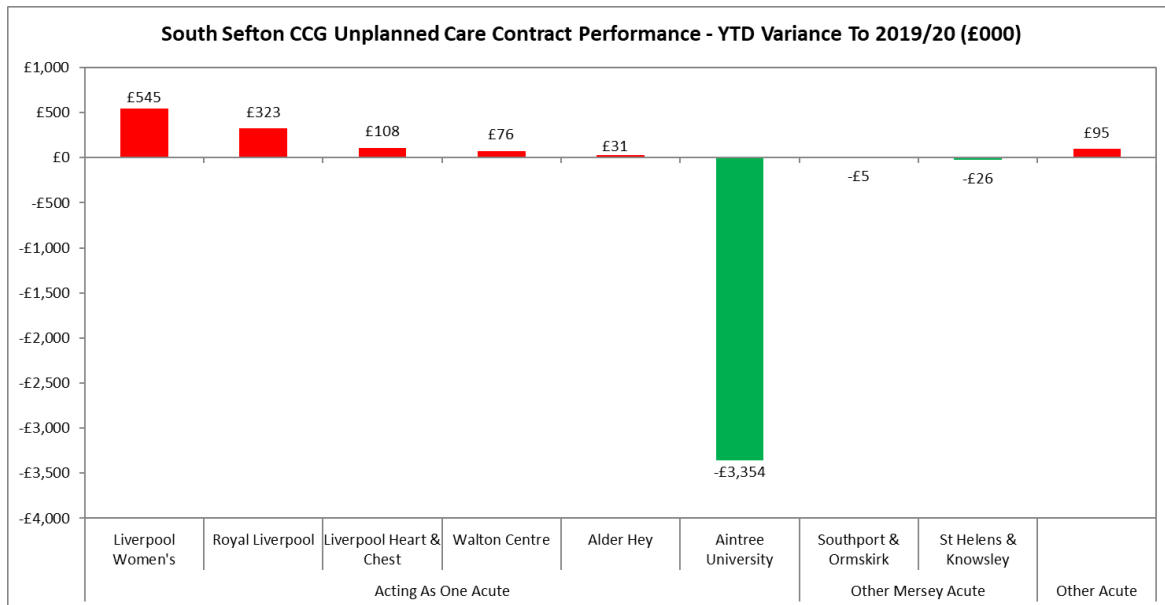
3.7 Patient Experience A&E

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test Results: A&E		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Aug-21	Sep-21	Oct-21	Nov-21		
		% RR	16.7%	18.6%	18.6%		18.4%
		% Rec	55.0%	55.0%	55.0%		61.0%
		% Not Rec	35.0%	34.0%	34.0%		29.0%
		2021/22 England Averages: Response Rates: 9.9% % Recommended: 77% % Not Recommended: 16%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was paused during the response to COVID-19, but has now resumed, latest data is November 2021. The response rates for LUHFT in November is the similar to last month at 18.4%. The percentage recommending the service has improved to 61%, this is lower than the England average of 77%. The percentage not recommending is higher than the England average of 16% recording 29% but has shown improvement on last 4 months. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Trust attended the CCGs Engagement & Patient Experience Group (EPEG) meeting in November to provide an update on actions taken by the provider to improve those areas of Patient Experience and are due to present a further update at EPEG in May 2022. ED Performance continues to be fed back and discussed at the Trusts Patient Experience governance meetings as part of the ED improvement plans. Additionally, specific FFT & Patient survey data is routinely compared to other key metrics including complaints, surveys and incidents. ED improvement plans continue to be implemented and monitored via CQPG on a monthly basis. This includes wider engagement work which is monitored monthly by the System Improvement Board (SIB). Although patient satisfaction has shown some improvement, waiting time remained as the top theme and this was consistent across both sites when looking at patient feedback. Updates are provided via the CCG's EPEG meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The Trust are unable to predict expected recovery at this time due to immense pressures on the system and moving towards the winter season. It is hoped performance will improve moving into Q4 21/22.							
Quality impact assessment:							
A&E has been under considerable pressure during the pandemic, leading to increased waiting times and poorer patient experience. This has been identified as a focus area on the Trusts Improvement plan which is monitored on a monthly basis via Contract Quality Performance Group (CQPG) and the System Improvement Board (SIB).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 11 - Unplanned Care – All Providers



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 have largely remained above the average for 2020/21. Focussing specifically on A&E type 1 attendances, activity during December-21 has decreased from the previous month with total attendances being -18% below that in November-19. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22. Litherland walk-in centre has also reported a significant drop in activity levels during December-21 with attendances in month down approximately -42% on a 2021/22 average for the site. This is likely a result of business continuity plans being in place due to staff sickness/isolating and the re-opening of the Liverpool City Centre walk-in centre.

Figure 12 - Unplanned Care Activity Trends

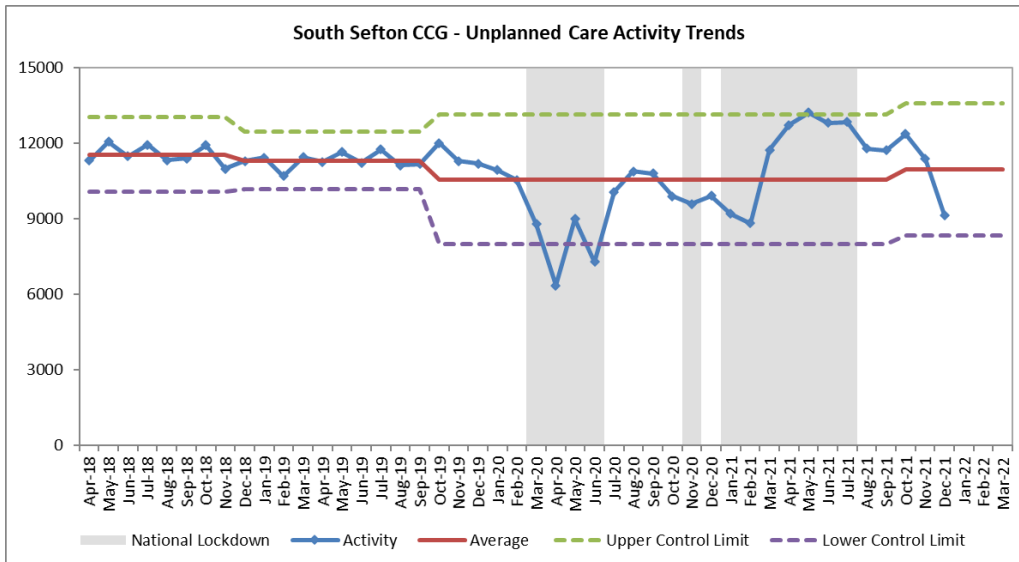


Figure 13 – A&E Type 1 against Plan (previous year)

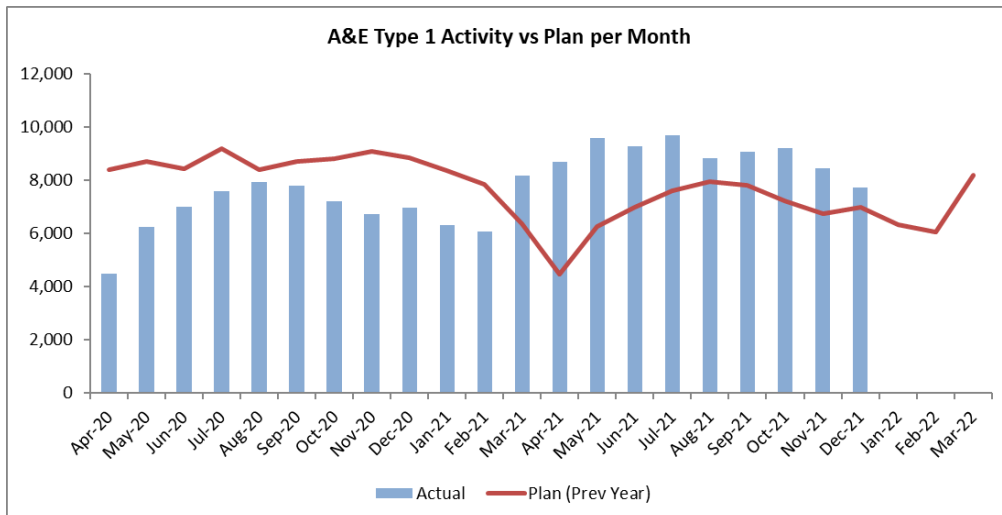
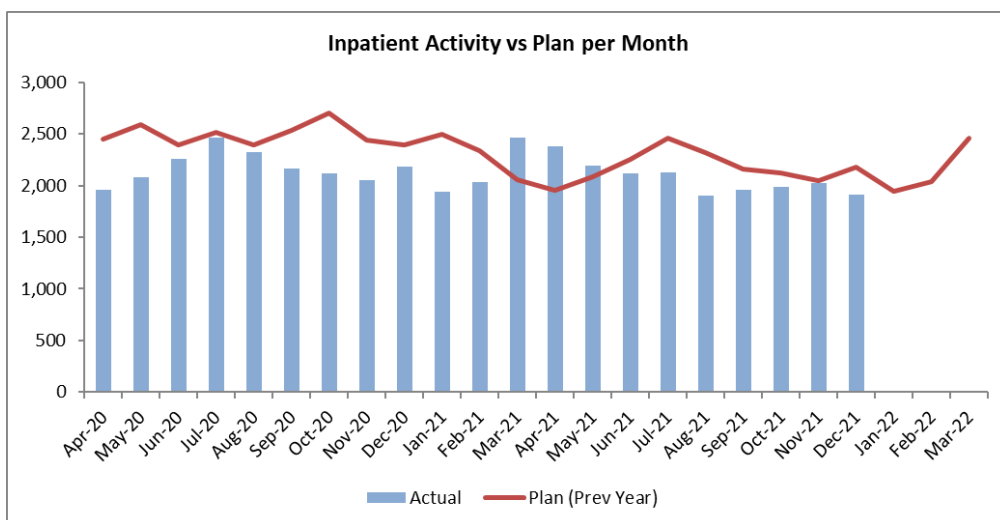


Figure 14 – Non-elective Inpatient Variance against Plan (Previous Year)



3.8.2 Aintree Hospital

Figure 15 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WIC Litherland	30,450	44,087	13,637	45%	£757	£768	£11	1%
A&E - Accident & Emergency	27,623	26,122	-1,501	-5%	£4,507	£4,096	£-411	-9%
NEL - Non Elective	13,075	9,605	-3,470	-27%	£26,613	£24,993	£-1,620	-6%
NELNE - Non Elective Non-Emergency	33	27	-6	-18%	£179	£120	£-59	-33%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	57	37	-20	-	£15	£10	£-5	-
NELST - Non Elective Short Stay	2,821	2,157	-664	-24%	£1,972	£1,562	£-411	-21%
NELXBD - Non Elective Excess Bed Day	6,452	3,020	-3,432	-53%	£1,654	£795	£-859	-52%
Grand Total	80,511	85,055	4,544	6%	£35,697	£32,343	£-3,354	-9%

The total underperformance of -£3.3m/-9% for South Sefton CCG at Aintree Hospital can be attributed to a decrease in non-elective admissions and the associated non-elective excess bed days when comparing to the equivalent period in 2019/20. Non-elective admissions are also -17% below activity reported in 2020/21, which encompassed the first wave of the pandemic when overall unplanned care saw substantial reductions as a result of the initial national lockdown. A&E type 1 attendances were at their highest since July-19 for South Sefton CCG at Aintree Hospital in early 2021/22 but have since decreased. Contracting data also suggests fewer patients require admission with a current conversion rate (attendance to admission) of approximately 37% compared to a pre-pandemic level of 47%. Waits within the A&E department have also increased with a significant impact on A&E performance evident for LUHFT (individual site performance not available) in 2021/22 to date.



Overperformance at Aintree Hospital is evident against the A&E Litherland walk-in centre point of delivery. This service is operating on a new service model of pre-booked appointments from June-20 and a surge in attendances was seen in early 2021/22 resulting in historical peaks in activity during May-21. Attendances in May-21 were 5,746 compared to a pre-pandemic monthly average of 3,274, which represents an increase of 62%. Attendances during 2021/22 have since decreased but remain above the pre-pandemic average. However, a significant drop in activity levels was reported during December-21 with attendances in month down approximately -42% on a 2021/22 average for the site. This is likely a result of business continuity plans being in place due to staff sickness/isolating and the re-opening of the Liverpool City Centre walk-in centre.

In terms of COVID admissions, contracting data illustrates that South Sefton CCG saw peaks in admissions to Aintree Hospital during April-20 (177), October-20 (145) and January-21 (168) mirroring local and national trends for increasing cases. There were 48 COVID related admissions for South Sefton patients recorded in September-21, which is a peak for 2021/22 and during December-21 there were a further 33 non-elective admissions.



NB. Plan values in the above table relates to 2019/20 actuals.

4. Mental Health



4.1.1 Care Programme Approach (CPA) Follow up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate T teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		83.3%	100.0%	50.0%	80.0%	
		Plan: 95% - Quarter 1 2021/22 reported 100% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is failing the 95% target reporting 80% for South Sefton CCG. This equated to just 1 out of a total of 5 patients not being followed up by an appropriate team. Overall the Trust had 6 patient breaches out of a total of 38 in quarter 3 reporting 84.2% and under the 95% target. The 6 breaches occurring during this quarter are due service user refusals to allow access to the community team, along with transfers to other specialist hospital providers and not being able to access the service users to complete the follow up within the agreed timescale - 'failed access'. The service users have since been followed up. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance on all follow ups post discharge continues to be discussed and reviewed in the weekly Divisional Safety Huddle. Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Quarter 4 2021.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Ian Johnston		



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		29.50%	20.00%	33.30%	37.30%	
		Sep-20	Oct-20	Nov-20	Dec-20	
		33.86%	25.00%	40.00%	42.90%	
Plan: 95%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 51 Service Users, only 19 started treatment within the 18 week target (37.3%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 5.6 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. • Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. • Self-help material has been provided to service users (if appropriate). • The service continues to be responsive, and patients are prioritised based on clinical need. • With slippage money band 7 Nurse therapist has been employed to work 0.2 WTE (delivering EMDR). Staff member started 1st Nov 2021 – 31st March 2022. • Band 7 dietician post has been recruited to. Awaiting candidate to complete pre-employment checks. • CBT posts are currently being advertised. Closing date 21st Nov 2021. • The Trust and CCGs 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. Discussions will be expected to take place shortly on phased investment for 2022/23 and 2023/24. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q4 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Ian Johnston		

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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 24 hours of admission		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		85.7%	100.0%	40.0%	100.0%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		85.7%	98.4%	100.0%	98.5%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 100% and have achieved the 98% target, after failing in quarter 2. The Trust overall had 56 out of 59 inpatients risk assessed using an appropriate tool in quarter 3 reporting 94.9%. 							
Actions to Address/Assurances:							
Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.							
When is performance expected to recover:							
Performance is on target in Q3 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			

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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient Safety.
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		100.0%	100.0%	100.0%	100.0%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		75.0%	100.0%	100.0%	75.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
For South Sefton CCG the Trust continue to report 100%.							
Actions to Address/Assurances:							
The Clinical Quality Performance Group (CQPG) pick up and review care plans.							
When is performance expected to recover:							
Performance continues to achieve in quarter 3.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			

4.2 Mental Health Matters (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		1.11%	0.87%	0.94%	0.83%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		1.03%	1.03%	0.79%	0.60%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
<p>To address underperformance the following actions are being undertaken:</p> <ul style="list-style-type: none"> The service has recruited to long standing clinical lead vacancy and has recently started in post, who has brought in a new CPD (continuing professional development) programme. 9 x trainee Psychological Wellbeing Practitioners (PWPs) to start in March, which is added to the 17 that the service currently have. Hybrid working for staff is in operation based around the needs of the service, alongside a flexible working approach. Where possible, practitioners are matched to areas of interest such as military veterans and BAME. Agency staff will have a primary focus on reducing lengthy internal waits. Ongoing marketing of IAPT at local and planned regional level. 							
When is performance expected to recover:							
Achievement of the 19% access standard remains challenging in Q3.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner. The provider has deployed agency resource to prevent internal waiter from breaching 18 weeks whilst deploying substantive resource to reduce the very long internal waiters.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		47.7%	47.1%	40.5%	35.3%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		37.8%	46.6%	47.1%	46.1%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased 5.2 percentage points from previous month and decreased 10.8 percentage points from previous year. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Long standing clinical lead vacancy has been recruited to. The postholder will have oversight in reviewing planned discharges to ensure optimum recovery is achieved It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. Agency High Intensity Therapist (HIT) resource is being deployed to address long internal waiters. A large proportion of those that were discharged without achieving 'Recovery' status in December was due to DNAs. Despite not achieving moving to recovery Service Users did see considerable improvements in their Anxiety and Depression questionnaire scores, but not being low enough to be classed as recovered. 							
When is performance expected to recover:							
Expectation is for recovery to improve from next month onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			



4.2.3 Improving Access to Psychological Therapies: % 6 week waits to enter treatment

Indicator		Performance Summary				Potential organisational or patient risk factors	
IAPT % 6 week waits to enter treatment		Latest and previous 3 months					
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		79.0%	85.0%	70.0%	70.0%		
		Plan: 75%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Failing for second month. In December, the CCG remained below the national target in respect of cases discharged in the month being seen with 6 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. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. 							
When is performance expected to recover:							
Expectation is for recovery to improve from next month onwards.							
Quality impact assessment:							
No quality aspect reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments took place during this time.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21		
		59.8%	59.3%	59.2%	58.6%		
		Sep-20	Oct-20	Nov-20	Dec-20		
		58.5%	58.2%	57.1%	57.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) was impacted by the Government's COVID-19 restrictions. This had a severe impact on dementia assessments and dementia diagnosis ambition. Compared to last year the measure has improved by 0.9%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced face to face activity which is contributing to improved waits. SSCCG have received £48k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is using the allocation for agency and staff overtime to reduce the waiting list. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts are resuming, benefitting people referred to the VCF support services. <ul style="list-style-type: none"> The CCG have appointed a lead who will start in March and will be working on the action plan to address the issues. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates continuing next quarter and beyond.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Yinka Moss			Ian Johnston		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		60.1%	6.98%	22.14%	26.60%		
		Q3 2021/22 Plan: 52% Year End Target 70%					
		National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 470 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 3 2021/22, the total performance for the CCG was 26.60%, below the Q3 plan of 52%. 673 patients were registered with 179 being checked against a Q3 plan of 350 resulting in the CCG failing the quarter 3 target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. GP practices can sub-contract the LD DES to the GP Federation. The Federation have secured clinical staff and the health checks are currently taking place. A programme of work has begun focusing on patients who did not take up the offer of an annual health check in 2020/21, to understand what the barriers might be and to support patients to access a health check. Practices usually undertake this work towards the end of the year, however are being encouraged to spread this work throughout the year. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, where previously extractions were quarterly. 							
When is performance expected to recover:							
Quarter 4.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		

4.5 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups called forward for COVID vaccination.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
		16.2%	20.8%	21.1%	23.9%		
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		
		28.1%	19.0%	16.1%	12.3%	Plan: 50%	
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 3 of 21/22, 23.9% of the 1,783 of people on the GP SMI register in South Sefton CCG (426) received a comprehensive health check. COVID-19 has impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. Spending Review funding of £64k has been identified to support physical health SMI. Funding will support HCA posts who will work closely with primary care and identify those individuals on SMI registers who require health checks. These posts are being recruited to. 							
When is performance expected to recover:							
Performance should improve from Quarter 4 2021/22.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		

5. Community Health

5.1 Adult Community (Mersey Care 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.

At Month 9 trust advised of escalating community prevalence rates of Covid19 having an adverse impact on staffing especially in clinical services which impacted on the ability to maintain services. Trust staff sickness/absence rates increased to a rate of 10.76%. Key areas highlighted in the Community Services division, walk in centres, district nursing, Longmoor House, ICRAS, IV team and ICT. Division prioritising patients based on risk. On 31st December trust advised the CCG that the whole trust had entered into business continuity.

Month 9 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 28 weeks, with the longest wait 35 weeks and Speech and Language Therapy (SALT) at 28 weeks and longest wait at 33 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.

5.1.1 Quality



From September all Mersey Care meetings have been combined across the Mersey footprint and include both Mental Health and Community with one Clinical Quality & Performance Group meeting (CQPG) and one combined Collaborative Commissioning Forum (CCF).

It is acknowledged that this does not always allow for operational issues to be discussed in detail and currently with primary care, commissioning and quality, the CCG is scoping how this gap can be addressed.



5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Sep-21	Oct-21	Nov-21	Dec-21		
		21 wks	23 wks	25 wks	28 wks	<=18 weeks: Green > 18 weeks: Red	
		Sep-20	Oct-20	Nov-20	Dec-20		
		9 wks	13 wks	15 wks	19 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> December incomplete pathways reported over the 18 week standard at 28 weeks with fluctuations over the past few months. Early warning data shows waiting times are continuing to increase. Workforce issues remain a challenge. 							
Actions to Address/Assurances:							
Trust advised that due to Omicron and the standing down of non-critical meetings, the performance improvement plans have not been through internal review and the governance process, these will be updated and shared when the Trust moves back to a business as usual position.							
Actions previously in place to address:							
Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). <ul style="list-style-type: none"> • Recommencement of treatment of patients categorised as routine. • Weekly review and validation of the waiting list introduced to understand the demand, initiatives to use clinic time more effectively signposting to other services. • The Trust reporting an improved staffing position with return of staff member from extended leave which has increased clinical time, additional locum support and staff working additional hours to manage the triage backlog. 							
When is performance expected to recover:							
The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		



5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Sep-21	Oct-21	Nov-21	Dec-21		
		25 wks	27 wks	27 wks	28 wks		
		Sep-20	Oct-20	Nov-20	Dec-20		
		12 wks	11 wks	12 wks	15 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> December incomplete pathways saw a small decline to last month reporting 28 weeks, since February the Trust have been above the waiting time threshold of 18 weeks. The number of monthly referrals decreased in December with 103 compared to 133 in November. Whilst the service has experienced reduced capacity due to some long-term sickness there has been an increase in patients waiting as well as long waiters. The Trust advise attributed in part to the cessation of the Aintree at Home service as well as changes to the Rehab at Home pathway. 							
Actions to Address/Assurances:							
<p>Trust advised that due to Omicron and the standing down of non-critical meetings, the performance improvement plans have not been through internal review and the governance process, these will be updated and shared when the Trust moves back to a business as usual position.</p> <p>Trust Performance Improvement Plan for the recovery of physiotherapy waiting times advises the following:</p> <ul style="list-style-type: none"> Service is managing the demand through robust triage process, continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. Weekly breach report providing full oversight of current waiters is provided as part of the Trust action plan for the team to review. Locum physiotherapist has been recruited whilst further recruitment is underway and being expedited to ensure sufficient capacity is increased to reduce the waiting times to 18 week standard. A review is taking place to refine the referral process. Due to increase in referrals a staffing review has indicated an additional 4.2 wte staff are required. South Sefton CCG has agreed funding for 1wte physiotherapist to support ICRAS. 							
When is performance expected to recover:							
The CCG continue to monitor progress Performance Improvement Plan for the recovery of physiotherapy waiting times.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.1.4 Mersey Care Adult Community Services: Phlebotomy

Indicator		Performance Summary				Target and RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Phlebotomy Urgent and Routine Domiciliary		Previous 3 months and latest				Target: Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: Green < target: Red	
GREEN	TREND	Next Available appointment:					
		Urgent	Oct-21	Nov-21	Dec-21		
		Routine	5	6	6		
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust have advised that no longer in business continuity arrangements and the weekly report is within waiting time KPIs. Following the recent national incident with regards to blood bottle supply disruption and staged reintroduction of service the trust resumed normal domiciliary provision from the first week in October and are now operating at 100% clinic capacity from 25-10-21. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank. Trust closely monitoring clinics on a daily basis to ensure provide adequate appointments to meet demand. 							
When is performance expected to recover:							
Performance in on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.1.5 Mersey Care Adult Community Services: Occupational Therapy

Indicator		Performance Summary				Target and RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Phlebotomy Urgent and Routine Domiciliary		Previous 3 months and latest				Target: Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: Green < target: Red	
GREEN	TREND	Next Available appointment:					
		Urgent	Oct-21	Nov-21	Dec-21		
		Routine	5	6	6		
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust have advised that no longer in business continuity arrangements and the weekly report is within waiting time KPIs. Following the recent national incident with regards to blood bottle supply disruption and staged reintroduction of service the trust resumed normal domiciliary provision from the first week in October and are now operating at 100% clinic capacity from 25-10-21. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank. Trust closely monitoring clinics on a daily basis to ensure provide adequate appointments to meet demand. 							
When is performance expected to recover:							
Performance in on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification. Work is taking place on updating the specification and CCGs are engaging with providers. It has been recommended that contracts are rolled forward again in 2022-23 pending this work.

In terms of elective recovery, services are operational across the NHS Trusts and waiting times are good, broadly consistent with pre-pandemic levels.

Activity reports for M9 2021/22 below:



Total Activity & Cost for South Sefton CCG By Provider At M9						
Provider Name	2019/20		2020/21		2021/22	
	Activity	Cost	Activity	Cost	Activity	Cost
Specsavers	58	£17,247	62	£17,676	70	£19,777
Scrivens Limited	2	£776	0	£0	0	£0
Liverpool University Hospitals	24	£5,325	40	£8,904	80	£22,476
Southport & Ormskirk	7	£2,671	0	£0	8	£392
Grand Total	91	£26,019	102	£26,580	158	£42,645

6. Children's Services



6.1 Alder Hey NHS FT Children's Mental Health Services

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



Quarter 3 data is available 13th March 2022, there will be an update in the next report. Latest update below:

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Rolling 12 Mth Rate	
		5.0%	20.3%	8.0%	48.3%	
		Q4 19/20	Q1 20/21	Q2 20/21	Rolling 12 Mth Rate	
		7.4%	14.6%	8.8%	35.6%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 2 shows a drop in the CYP Access rate which is a seasonal trend and quarter 1 is always the highest period. The rolling 12 months rate was 48.3% compared to 35.6% for the same period in the previous year. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4 and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Although performance narrowly missed the 35% access plan, it is anticipated that quarterly and annual access figures will continue to improve in 2021/22.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



6.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Routine cases within 4 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors	
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>	
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22		
		90.0%	69.6%	47.7%	19.5%		
				Q4 19/20	Q1 20/21		Q2 20/21
				91.7%	80.0%	100.0%	97.6%
				National standard 95%			
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q3 the Trust reported 19.5% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 3, of the 41 completed pathways, 4 patients started treatment within 1 week and 4 patients in weeks 1 to 4, leaving 33 patients starting their treatment between 4 and 12 weeks. Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 							
When is performance expected to recover:							
Alder Hey has commenced the recruitment process but 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.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		N/A		Peter Wong			



6.1.3 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Urgent Cases within 1 weeks of referral

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors. May be a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
		96.9%	100.0%	75.0%	80.0%	
		Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
		100%	*	*	100.0%	
		National standard 95%				* suppressed data meaning less than 2 referrals in the quarter
Performance Overview/Issues:						
<ul style="list-style-type: none"> For quarter 3 the Trust reported 80% and failed the 95% target. All of 10 urgent cases 8 started treatment within 1 week, 1 within 1-4 weeks and 1 4-12 weeks. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 21/22 to grow its workforce. The service has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times. The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but 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.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		



6.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target. • Referrals rates continue to increase at a rate significantly higher than what is currently commissioned. The referrals are higher than expected and continue to increase each month. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



6.1.5 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		63%	63%	60%	55%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 55% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 8 of months. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. • In response to the increase in investment, the Trust is developing a waiting time recovery plan. • To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		99%	100%	100%	99%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In December, 99% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with the highest level of referrals to the pathway received in May 2021. • The waiting list backlog was successfully cleared to zero by June 2021 as per the waiting list management plan. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target. • The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		85%	85%	85%	80%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> 80% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a continued decline in the last 7 months. The increase in rate of referrals is impacting on waiting times, which will increase further if current levels of demand continue. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> To increase service capacity and reduce waiting times, the CCG has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements. The CCG and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals and also in the development of discharge pathways to primary care In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		37.8%	40.3%	45.9%	31.1%	
		Staged Target by March 2021: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 14.8% decline in compliance to 31.1% in December. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. There has been an increase in the number of urgent cases referred to the service. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. 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. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but 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.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Sep-21	Oct-21	Nov-21	Dec-21	
		68.2%	61.5%	67.7%	54.6%	
		Staged Target by March 2021: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 13% decline in waiting times in December reporting 54.6%. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been an overall deterioration in waiting times since December 2020. • There has been an increase in the number of urgent cases referred to the service. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. • Across the Sefton CAMHS partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping has begun to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) is being mobilised by the Trust and third sector providers. Once services reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • 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. 						
When is performance expected to recover:						
Alder Hey has commenced the recruitment process but 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.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Red > 92%: Green	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		32.20%	34.70%	35.00%	35.80%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
		572	609	634	646		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 44 weeks compared to 34.4 weeks last month. For open pathways, the longest waiter was 55 weeks in December compared to 53 weeks last month. Overall there had been a steady increase in new referrals but December saw 68 compared to 112 the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referrals following 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. The service has developed and is implementing a waiting time recovery plan which anticipates achieving the maximum 18 week waiting time target by end of July 2022. <p>Data from mid-January 2022 indicates that the recovery plan has started to take effect with no waits in excess of 52 weeks and appointments booked for all those over 46 weeks.</p> <p>In the meantime, 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.</p> <ul style="list-style-type: none"> Families sent information on how to access resources including those on the service web page whilst waiting to be seen. Work continues with the early years services to support early intervention and reduce need for specialist support. 							
When is performance expected to recover:							
End of July 2022 as per waiting time recovery plan, but subject to any future COVID waves/impact.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
		33	45	29	13		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.1 weeks. For open pathways, the longest waiting was 9 weeks in December the same as November. Overall accepted new referrals to the service have increased slightly in December to 34 from 29 received in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Sep-21	Oct-21	Nov-21	Dec-21		
		88.7%	96.4%	98.5%	97.4%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
		96	83	64	76		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 8.2 weeks from 8.6 weeks last month. For open pathways, the longest waiter was 24 weeks in December compared to 19 weeks in November. Overall there has been a steady increase in new referrals, the service received 43 new referrals in December, this is an decrease from 60 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to closely monitor performance. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		83.3%	93.3%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
36	30	32	23				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 9.1 weeks, previous month reported 13.1 weeks. For open pathways, the longest waiter was 12 weeks in December, compared to 17 weeks in November. New referrals to the service remain steady, 9 were received in December and 8 in November. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Staff capacity restored and improvements being seen in average wait, RTT and longest wait. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
 		Sep-21	Oct-21	Nov-21	Dec-21		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Sep-21	Oct-21	Nov-21	Dec-21		
31	27	27	24				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in December is 7.27 weeks, previous month reported 7.77 weeks. For open pathways, the longest waiter was 14 weeks in December compared to 10 in November. New referrals to the service remain steady, 16 were received in December and 12 in November. 							
Actions to Address/Assurances:							
None specifically as performance is currently within target.							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Primary Care

7.1.1 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. There were no new inspections, but practices were reviewed on 9-7-21 no evidence was found for a need to carry out any inspections or reassess their ratings at this stage. This can change at any time if the CQC receive new information. They will continue to monitor data on these GP Services.

All results are listed below:

Figure 16 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Lastest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	26 February 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	30 April 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	16 July 2021	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Practice	14 December 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	13 July 2021	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	16 April 2019	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	16 July 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	05 March 2020	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	12 February 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

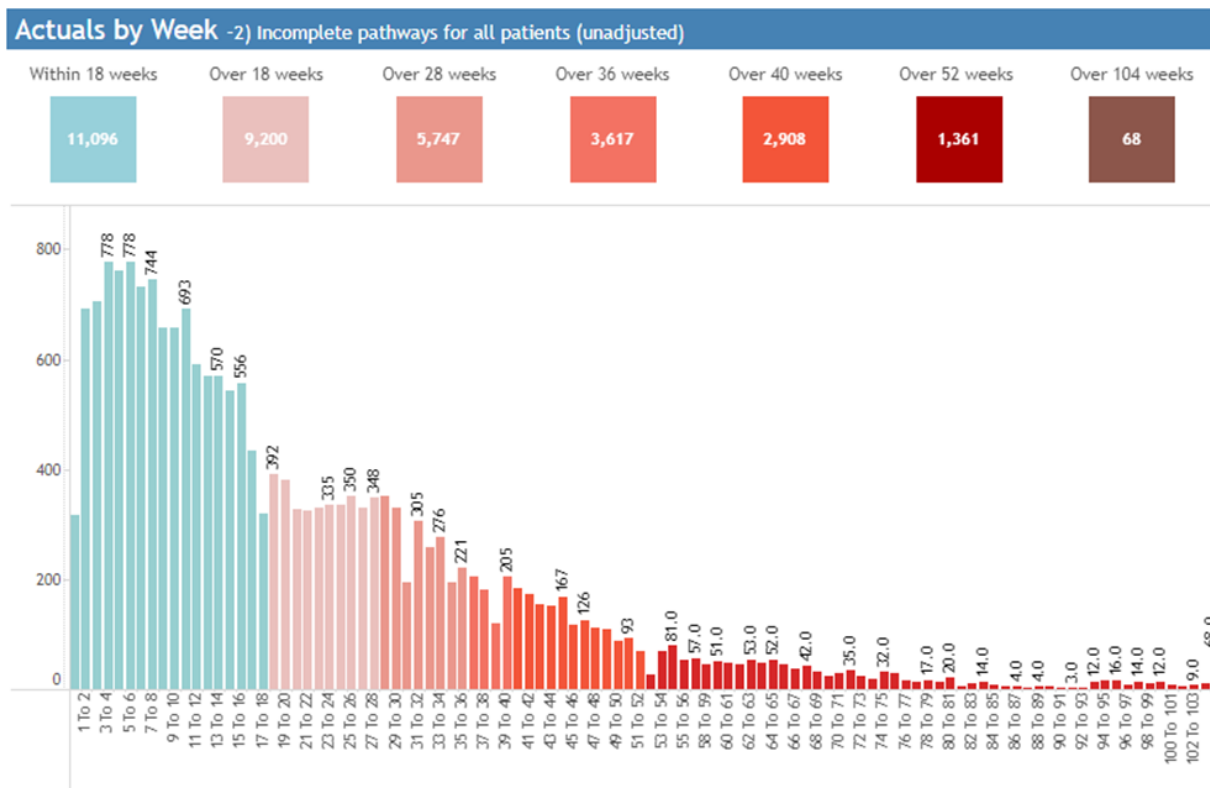
8. NHS Oversight Framework (NHS OF)

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 is 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.

9. Appendices

9.1.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 18 - Patients waiting (in bands) on incomplete pathway for the top Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks	Over 104 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	6,349	6,882	4,500	2,938	2,405	1,188	62
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	1,029	1,073	622	335	232	63	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	408	323	124	17	10	0	
RENACRES HOSPITAL : (NVC16)	1,523	217	85	45	35	16	
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	237	181	120	89	76	43	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	592	144	61	31	21	2	
SPIRE LIVERPOOL HOSPITAL : (NT337)	145	122	82	57	45	22	
SPAMEDICA LIVERPOOL : (NPG06)	77	52	39	32	25	5	

9.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 19 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust

