



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report Summary – February 2021

## Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>E-Referrals - NB Reporting suspended on this metric this month</b>															
<b>NHS e-Referral Service (e-RS) Utilisation Coverage</b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	34.4%	32.7%	32.6%			34.6%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<b>% of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%	15.84%	17.25%	10.90%		
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<b>% of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%	63.96%	62.25%	61.33%		
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<b>Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	8	46	106	171	198	247	349	503	647	1,025	1,374		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<b>Cancellations for non clinical reasons who are treated within 28 days</b> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	G	R	G	G	G	G	G	G	G		R
		Actual	0	0	0	4	0	0	0	0	0	0	0		4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R	G		R
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%	83.14%	84.54%	95.97%		91.63%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G	G	G	G	R	R	R	R		R	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%	49.12%	62.90%	86.49%		80.60%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G	G	R	G	G	G	R		G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%	100%	98.80%	95.59%		96.73%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R	G	R	G	R	G	R	G		R
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%	100%	92.31%	100%		91.49%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G	R	G	G	G	G	G	G		G
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%	100%	100%	100%		98.78%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%	100%	100%	100%		98.40%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	G	R	R	R	R	R	R	R		R
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%	80%	65.71%	74.07%		73.89%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R		R	R		R	G	R	G	R		R
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%	85.71%	92.31%	75.0%		74.29%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG				G	G		G						
		Actual	80%	0%	75%	90.91%	100%	84.62%	87.50%	76.92%	80%	76.92%	63.16%		79.03%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Accident &amp; Emergency</b>																
<b>4-Hour A&amp;E Waiting Time Target</b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R	R		R	
		Actual	93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%	85.32%	82.66%	75.75%	82.99%		86.51%	
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
<b>MSA</b>																
<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>HCAI</b>																
<b>Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	R	R	R		R	
		YTD	0	0	0	0	0	0	0	0	0	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G	
		YTD	4	6	7	9	11	17	19	23	27	34	38		38	
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	
<b>Number of E.Coli</b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	G	G	G		G	
		YTD	9	23	35	39	56	67	76	86	91	100	107		107	
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Mental Health</b>															
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G						G
		Actual	97.30%			97.20%			100%						98.16%
		Target	95%			95%			95%			95%			95%
<b>Episode of Psychosis</b>															
<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G			G						G
		Actual	77.60%			81.80%			100%						86.50%
		Target	60%			60%			60%			60%			60%
<b>Eating Disorders</b>															
<b>Eating Disorders Service (EDS)</b> Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	56.96%	48.70%	33.75%	25.88%	31.61%	29.41%	25.00%	40.00%	42.86%	40.00%	37.14%		37.39%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<b>IAPT Recovery Rate (Improving Access to Psychological Therapies)</b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	G		R
		Actual	39.1%	34.15%	44.27%	44.59%	47.33%	37.84%	44.44%	44.59%	46.10%	44.00%	50.00%		
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>IAPT Access</b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.79%	0.60%	0.35%	0.97%		8.22%
		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%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	100%			95.7%			98.5%			98.6%			97.3
		Target	75%			75%			75%			75%			75%
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	100%			98.6%			100%			100%			100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Dementia</b>															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	60.40%	59.42%	59.36%	29.50%	58.30%	58.50%	58.20%	57.08%	57.73%	57.64%	56.89%		58.46%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
<b>Learning Disability Health Checks</b>															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R			R						R
		Actual	6.80%			12.50%			25.80%						25.80%
		Target	17%			34%			50%			67%			67%
<b>Severe Mental Illness - Physical Health Check</b>															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R			R						R
		Actual	19%			16.1%			12.3%						
		Target	50%			50%			50%			50%			50%
<b>Children &amp; Young People Mental Health Services (CYPMH) <span style="float: right;">Rolling 12 month</span></b>															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G			R			R						G
		Actual	14.6%			8.8%			6.2%						37.00%
		Target	8.75%			8.75%			8.75%			8.75%			35.00%
<b>Children and Young People with Eating Disorders</b>															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			G			G						R
		Actual	80%			100%			97.50%						92.53%
		Target	95%			95%			95%			95.00%			95.00%
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	Data suppressed due to			less than 2 referrals			G						G
		Actual							100%						100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>SEND Measures</b>															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	G	R	R	R	R		R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%	39.20%		65.9%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%	41.20%		52.7%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	R	R		G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%	83%		94.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%	91%		98.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	R	R	R	G	G	R	G	G		G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%	99%		95.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%	91%		98.0%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 to 25 years) - Mersey Care	Sefton	RAG													
		Actual					85.2	89.4	89.2	66.2	23.1	10.5	10.7		
		Target													

## Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 11 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Feb and Quarter 3 2020/21	CCG	LUHFT
<b>Diagnostics (National Target &lt;1%)</b>	<b>10.90%</b>	<b>18.02%</b>
<b>Referral to Treatment (RTT) (92% Target)</b>	<b>61.33%</b>	<b>63.25%</b>
<b>No of incomplete pathways waiting over 52 weeks</b>	<b>1,374</b>	<b>4,431</b>
<b>Cancer 62 Day Standard (Nat Target 85%)</b>	<b>74.07%</b>	<b>60.87%</b>
<b>A&amp;E 4 Hour All Types (National Target 95%)</b>	<b>82.99%</b>	<b>82.10%</b>
<b>A&amp;E 12 Hour Breaches (Zero Tolerance)</b>	-	<b>0</b>
<b>Ambulance Handovers 30-60 mins (Zero Tolerance)</b>	-	<b>156</b>
<b>Ambulance Handovers 60+ mins (Zero Tolerance)</b>	-	<b>12</b>
<b>Stroke (Target 80%)</b>	-	Not Available
<b>TIA Assess &amp; Treat 24 Hrs (Target 60%)</b>	-	Not Available
<b>Mixed Sex Accommodation (Zero Tolerance)</b>	Not Available	Not Available
<b>CPA 7 Day Follow Up (95% Target) 2020/21 - Q3</b>	<b>100.0%</b>	-
<b>EIP 2 Weeks (60% Target) 2020/21 - Q3</b>	<b>100.0%</b>	-
<b>IAPT Access (1.59% target monthly - 19% YTD)</b>	<b>0.94%</b>	-
<b>IAPT Recovery (Target 50%)</b>	<b>50.0%</b>	-
<b>IAPT 6 Weeks (75% Target)</b>	<b>95.0%</b>	-
<b>IAPT 18 Weeks (95% Target)</b>	<b>100.0%</b>	-

### To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

### COVID Vaccination Update

The national COVID-19 vaccination programme continues to successfully provide dose one vaccinations for South Sefton residents. The two vaccination sites at Maghull Town Hall and North Park Health Centre, have spent January and February inviting and vaccinating patients in Joint Committee on Vaccination and Immunisation (JCVI) cohorts 2-4. The national target of 85% uptake in these cohorts was successfully achieved by the 15<sup>th</sup> February aspirational date and the programme expanded its remit to include patients in cohorts 5 & 6 at the end of February. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations



to both staff and resident in the JCVI cohort 1. At the end of February 2021 **36,701 or 89.3%** 1<sup>st</sup> dose vaccinations had been given to patients in cohorts 1-4.

### **Planned Care**

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed and increased levels of elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -31.7% compared to 2019/20. At provider level, Aintree Hospital has seen a -29.3% decrease in total referrals received compared to previous year. In terms of referral priority, all priority types have seen a reduction at month 11 when comparing to equivalent period last year. The largest variance has occurred within routine referral with a reduction of -37.6%. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June 20 onwards. The 978 two week wait referrals reported in October-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase with Gastroenterology also contributing significantly. Despite a fourth consecutive monthly decrease, two week wait referrals in February are 10.7% above the equivalent period in 2020.

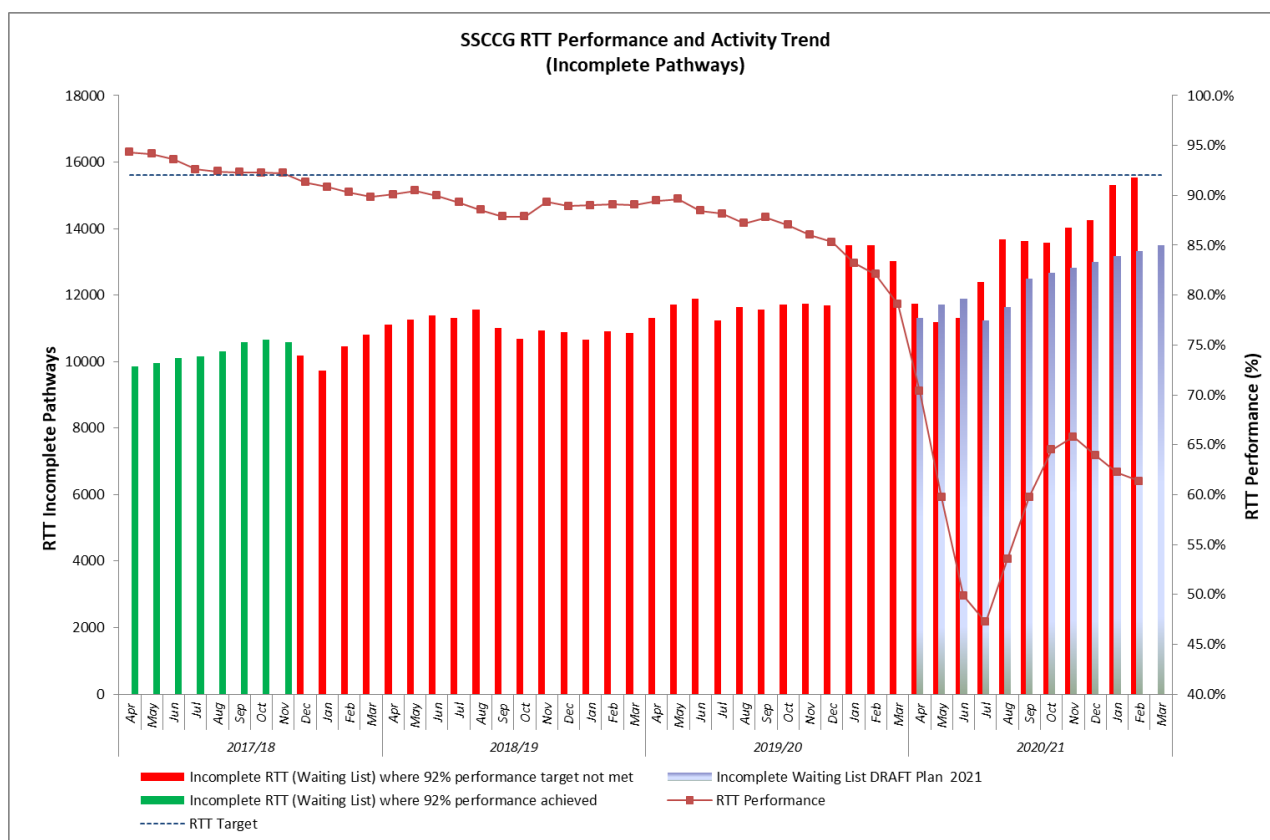
Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 10.90% in February - this being an improvement of just over 6% in performance from last month (17.25%). Despite failing the target, the CCG is measuring well below the national level of 28.46%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 18.02% in February, again an improvement in performance from last month of just under 7%. Through the commissioning of delivery of additional diagnostic capacity the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in February was 61.33%, a further decline on last month's performance (62.25%). Unfortunately the CCG is reporting below the national level of 64.5%. LUHFT reported 63.25% which also shows a slight decline from 63.86% in January. Trust key areas of focus include management of

long wait patients and restoration of elective programme phased from 22<sup>nd</sup> February alongside the continued management of the Trust's COVID response. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat.

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



There were a total of 2,344 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,374 patients were waiting over 52 weeks, a significant increase on last month when 1,025 breaches were reported. This is over the plan of 833 patients submitted as part of the phase 3 response. Overall waiters continue to grow with a total 15,541 South Sefton patients now on the RTT waiting list. LUHFT had a total of 4,431 52 week breaches in February, again showing a significant increase from 3,395 reported last month. The 1,374 52+ week wait breaches reported for the CCG represent 8.84% of the total waiting list in February which is slightly above the national level of 8.26%.

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

**South Sefton CCG - New plans**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	11,309	11,727	11,880	11,234	11,648	12,500	12,666	12,832	12,998	13,164	13,330	13,496	13,496
2020/21	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541		15,541
<b>Difference</b>	<b>442</b>	<b>-548</b>	<b>-569</b>	<b>1,155</b>	<b>2,034</b>	<b>1,126</b>	<b>991</b>	<b>1,197</b>	<b>1,267</b>	<b>2,144</b>	<b>2,211</b>		<b>2,045</b>
52 week waiters - Plan	0	0	0	0	0	212	221	226	306	537	833	1,007	
52 week waiters - Actual	8	46	106	171	198	247	349	503	647	1,025	1,374		
<b>Difference</b>	<b>8</b>	<b>46</b>	<b>106</b>	<b>171</b>	<b>198</b>	<b>35</b>	<b>128</b>	<b>277</b>	<b>341</b>	<b>488</b>	<b>541</b>		

**LUHFT**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	46,013
2020/21	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414		47,414
<b>Difference</b>	<b>-4,067</b>	<b>-6,975</b>	<b>-9,233</b>	<b>-6,592</b>	<b>-7,074</b>	<b>-8,484</b>	<b>-6,289</b>	<b>-5,074</b>	<b>-4,350</b>	<b>-2,083</b>	<b>-963</b>		<b>1,401</b>

The CCG is achieving 3 of the 9 cancer measures year to date, whilst LUHFT are achieving just 1 out of the 9 measures. There has been an improvement in month on several indicators although still under target at year to date.

Performance in two week wait breast services remain under target for the fourth consecutive month due to breaches within LUHFT and the majority of breaches due to 'patient choice'. The maximum wait for patients seen was 60 days for two week wait breast services. Despite being under the 93% target there has been a big improvement in month with the CCG reporting 86.5% compared to 62.9% in January. High demand for breast services is impacting on performance for both the breast symptomatic pathway and contributing to performance for the overall suspected cancer pathway. Increased demand is a combination of, natural growth, people coming forward after lockdown and pause of screening programmes. The median wait for South Sefton breast patients in February was 13 days showing a reduction of 8 days over the last 2 months. The predicted position is expecting recovery against the operational standard by March 2021. Plans to equalise breast waiting times across the two LUHFT hospital sites are in progress. The assurance is given by risk stratification of all patients across both the suspected cancer and symptomatic breast pathways to ensure those at greatest risk of cancer are given priority investigation.

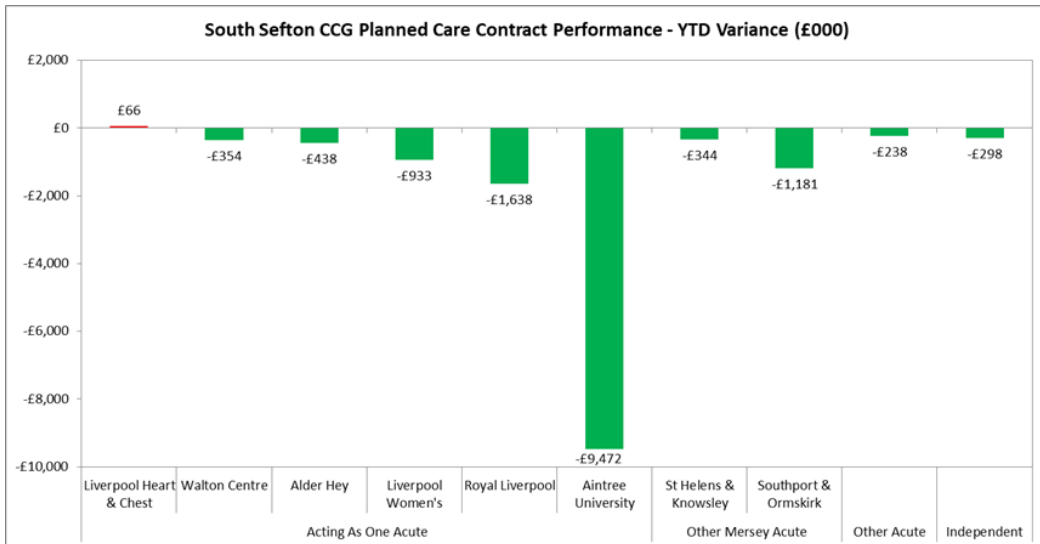
For Cancer 62 Day standard the CCG is now measuring above the national level of 69.75% recording 74.07% in February.

The numbers of CCG patients waiting over 104 days is 15 patients in February, 1 less than recorded last month. The average total days waited in February has reduced for patients who had breached 104 days at LUHFT to 126 days, compared to 151 in January.

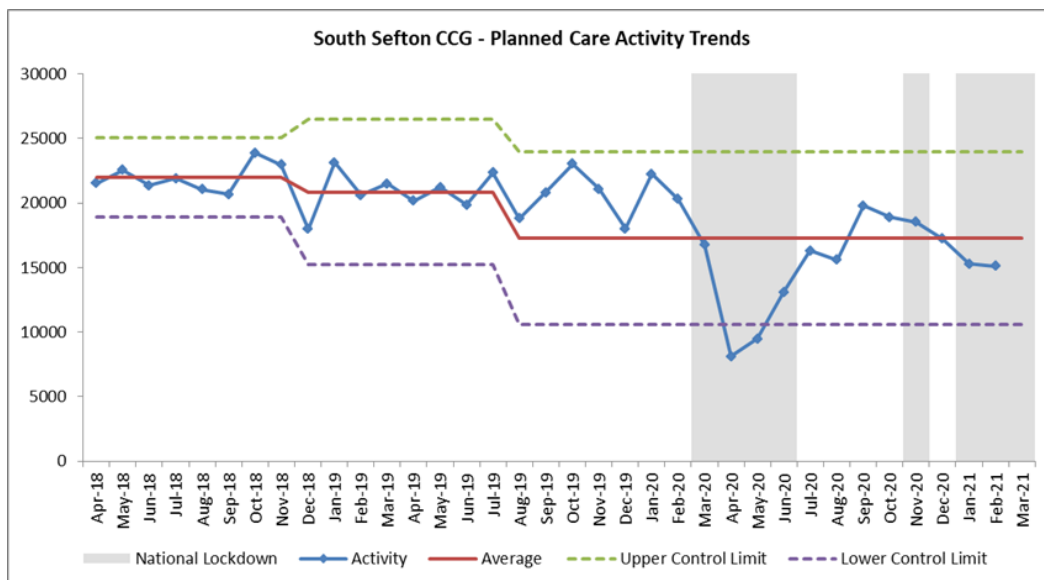
The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In February and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance.

For planned care, month 11 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Data suggests that the second and third national lockdowns (5<sup>th</sup> Nov-20 to 2<sup>nd</sup> Dec-20 and 6<sup>th</sup> Jan-21 onwards) has resulted in a further decrease in planned care activity at lead providers for the CCG. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£9.4m/-38% against the previous year. Across all providers, South Sefton CCG has underperformed by -£14.8m/-34.2%.

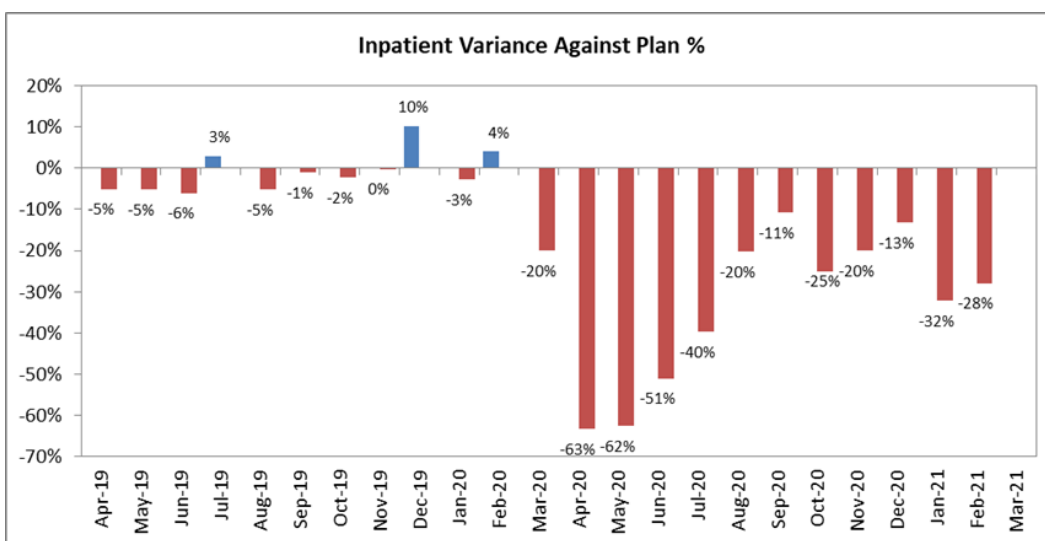
**Figure 3 – Planned Care All Providers**



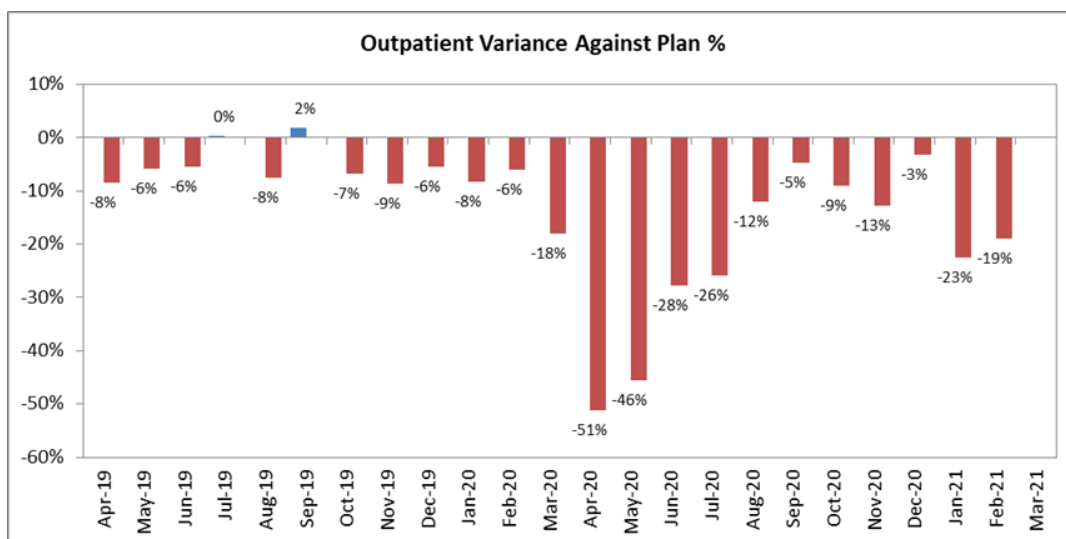
**Figure 4 - Planned Care Activity Trends**



**Figure 5 – Elective Inpatient Variance against Plan**



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



**Unplanned Care**

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in February, reporting 82.99% and 82.10% respectively - this being around a 7% improvement on last month. Both are just below the nationally reported level of 83.9%. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions remained critical in Month 11 with continued high levels of emergency admissions and A&E attendances at previous levels. This month saw high COVID admissions which have now reduced significantly with A&E performance improving supported by bed capacity and lower occupancy rates and discharge flow. It is important to highlight that A&E attendances have started to rise significantly in Month 12 with increased walk-ins of low acuity not requiring emergency admission. This is also being seen in Walk-In Centre data and primary care also reporting pressures. Work is underway to try to understand causal factors and how best to address.

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 then all the way through 2020/21 up to Q3. In February 2021 there was an average response time in South Sefton of 7 minutes 21 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 26 minutes 14 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile with significant increases in response times. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported an improvement in ambulance handover times in February. Handovers between 30 and 60 minutes decreased from 430 to 156, and those above 60 minutes decreased from 125 to 12. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

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

#### Royal

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

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

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

#### Aintree

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

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

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

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

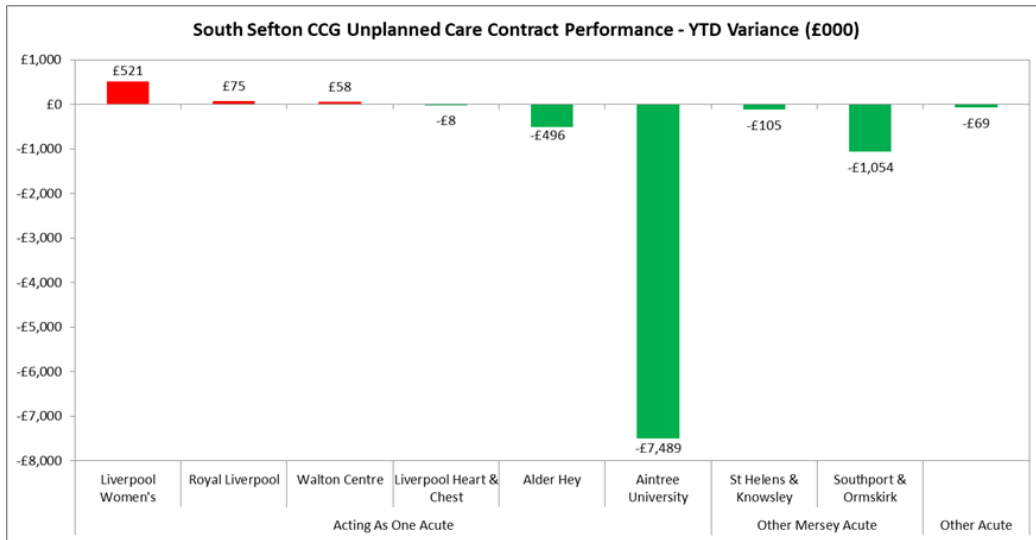
For C difficile, the CCG reported 4 new cases of C difficile cases in February (38 year to date) and are achieving the year to date target of 55. LUHFT reported 8 new cases in February (101 YTD) so are now failing their objective of no more than 100 cases. National objectives were delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so the CCG is reporting against last year's target of 128. In February there were 7 new cases, bringing the YTD total to 107 against a year to date target of 125 so the CCG are now achieving the target. LUHFT reported 41 new cases in February, bringing the YTD total to 469. There are no targets set for Trusts at present. The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings reconvened, but to reduce duplication NHSE/I have had further discussions and this group will now merge with the Antimicrobial resistance (AMR) group to provide a more joined up approach.

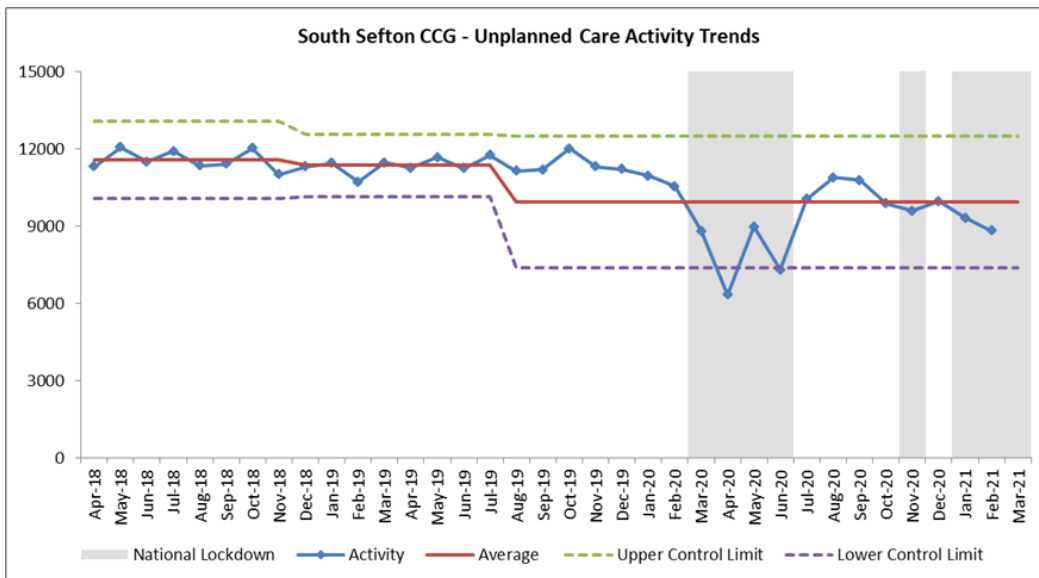
LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 97.84 in February, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 11 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Further decreases were expected as a result of the third national lockdown (beginning 6<sup>th</sup> Jan-21) and this now appears to be the case. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.4m/-17% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.5m/-15.2%.

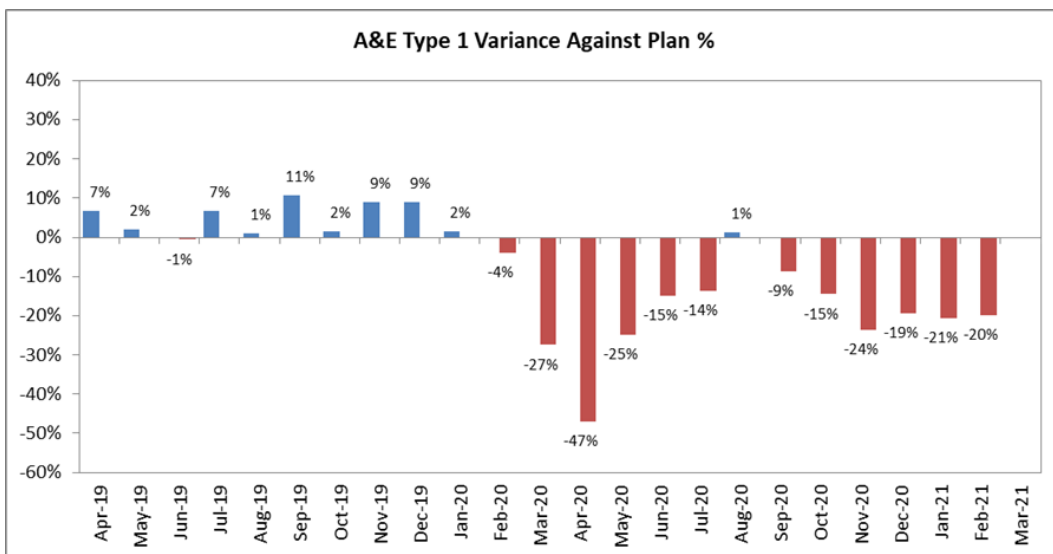
**Figure 7 – Unplanned Care All Providers**



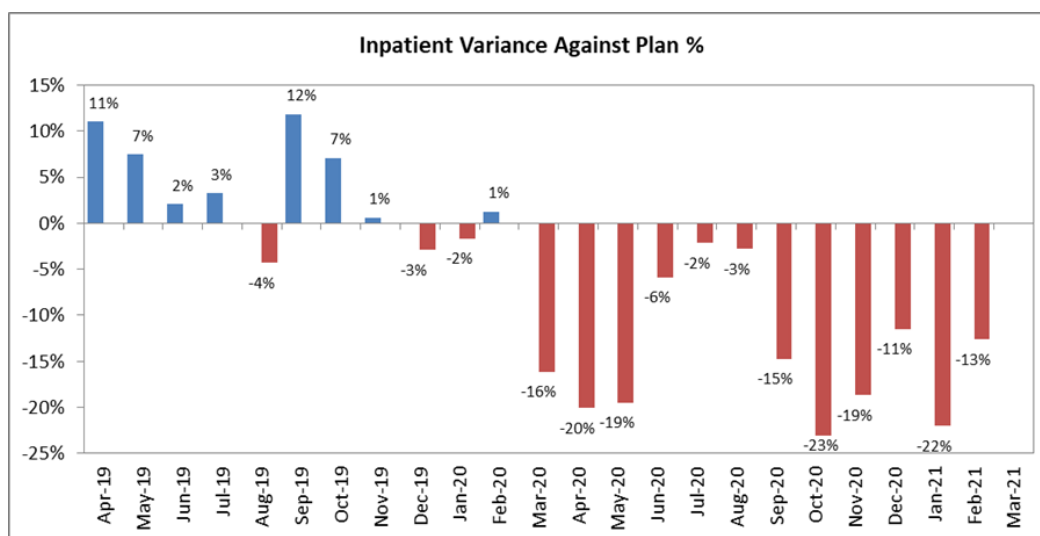
**Figure 8 - Unplanned Care Activity Trends**



**Figure 9 - A&E Type 1 against Plan**



**Figure 10 – Non-elective Inpatient Variance against Plan**



### Mental Health

The Eating Disorder service has reported 37.1% of patients commencing treatment within 18 weeks of referral in February, compared to a 95% target. 13 patients out of 35 commenced treatment within 18 weeks. This shows a small decline on last on month (40%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3 year investment plan for Eating Disorders. It is recognised that since the initial service was commissioned that prevalence and demand for the service has increased. The Trust has actions to address the underperformance and continues to be responsive with patient’s prioritised based on clinical need.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.97% in February, below the target standard of 1.59%.

The following factors contributed to underperformance:

- Staff who came across to the Mental Health Matters took annual leave in January 2021 having previously worked prior to the transfer to ensure service continuity.
- A total of 6.0 WTE clinical staff (including the clinical lead) chose not to TUPE across to the new provider thereby reducing the clinical capacity of within the new service to see new patients.
- Vacant posts were difficult to fill in the period leading up to the Mental Health Matters commencing the contract.
- The national COVID-19 lockdown restrictions in January 2021 impacted on face to face activity which had started to increase in the latter part of 2020.

Vacant posts are being recruited to in addition to planned focussed “assessment weeks” to improve performance.

The percentage of people who moved to recovery was 50% in February, hitting the 50% target for the first time in 2020-21. Year to date the CCG’s performance is at 42.8%. Mental Health Matters is the new provider who took over the IAPT contract in January.

South Sefton CCG is recording a dementia diagnosis rate in February of 56.9%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to last month’s performance (57.6%). The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government’s COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume, no date identified. However, this could be April/May depending on the impact of vaccinations.



The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 10.7 weeks in February with 135 on the list, which represents a slight waiting time increase from the January position of 10.5 weeks.

In quarter 3 2020/21 year to date, 25.81% of South Sefton CCG patients identified as having a learning disability received a physical health check. This is below the CCG's year to date target of 50%. To achieve the year-end target the CCG will need to complete 308 further learning disability physical health checks in quarter 4.

### **Adult Community Health Services**

Focus with the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A joint CQPG for Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group will be restarted in May to support ongoing development and performance monitoring with the Trust.

Month 11 assurance, the Trust has advised that Allied Health Profession (AHP) waiting times are showing improved positions with all services within the 18 week standard. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.

### **Children's Services**

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

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there has been a steady increase in referrals since the schools initially reopened in September, and this is being closely managed along with the impact of the recent lockdown on delivery in school settings. In February SALT and continence have fallen under the 92% target, dietetics and occupational therapies continue to be maintained.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs, including physiotherapy which just fell short of the target last month but is back on track this month.

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 nationally. The Trust estimates that there has been a 19% increase in referrals from April to December 2020. Due to these ongoing challenges, the Trust has not been able to achieve and sustain the waiting time standards for assessment and treatment in the timeframes set out in the recovery plan, and there was deterioration in the 6 week referral to choice target and referral to partnership within 18 weeks in February 2021.

The CCGs have agreed some additional short term resilience investment and the service has additional staff starting in March 2021. It is anticipated that this will help prevent any further deterioration in waiting times and support an improvement in the current position. In December 2020, the Trust also mobilised its new "COVID support team" to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.

The CAMHS waiting time position is being closely monitored and the Trust is preparing a proposal for an increase in CAMHS investment for consideration by the CCGs. Notably the Cheshire and Merseyside partnership has been undertaking further modelling work and is predicting a 30% increase in demand for mental health services over the next 2 years.

In response to the national increase in demand for CAMHS due to COVID, the government has announced an additional £79 million of investment in 2021/22 to support recovery. The CCGs are awaiting further details of the financial settlement for Sefton to facilitate the 2021/22 planning of these services locally. It is anticipated that the investment will support an increase in CAMHS capacity and a reduction in waiting times.

The quarterly mental health access data continues to show an improvement on the 2019/20 position and is on target to exceed the annual access target of 35%. This is in part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20. There are also plans for third sector provider Parenting 2000 to start to flow their data in Q4 and it is noted that the increase in CAMHS provision and increased mental health provision will also positively impact on access rates.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remains on track. Due to the increasing number of referrals to the service, the ASD 12 week referral to assessment target has been missed in recent months but the overall 30 week completed assessment target continues to be achieved.

Whilst SEND performance for the community therapies is on track, there was deterioration in overall SEND performance in February as CAMHS and ASD fell short of the SEND KPIs. Given the ongoing impact of the pandemic and the increasing referral numbers, the ability of these services to achieve and sustain the targets is being closely monitored.