



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – July 2021

Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R									
		Actual	8.05%	12.71%	14.14%	15.02%									
		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									
		Actual	63.70%	66.71%	66.29%	64.45%									
		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									
		Actual	1,422	978	912	1,017									
		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	
		Actual	2	2	1	7									12
		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								R	
		Actual	0	0	1	0									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G								G	
		Actual	94.74%	91.88%	92.13%	93.89%									93.18%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G								G	
		Actual	90.91%	92.00%	97.78%	94.34%									94.23%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G								G	
		Actual	100%	96.92%	100%	97.33%									98.67%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R								R	
		Actual	100%	83.33%	100%	82.35%									90.16%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G								G	
		Actual	95%	95.24%	100%	100%									98.02%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G								G	
		Actual	95.24%	96.15%	100%	100%									98.08%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R								R	
		Actual	61.11%	85.71%	75%	76.09%									74.56%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R								R	
		Actual	75%	75%	40%	60%									65.38%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G												
		Actual	100%	71.43%	70.42%	80%									78.57%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	85.48%	73.86%	71.29%	66.63%										74.20%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available	Not available										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG														
		Actual	Not available	Not available	Not available	Not available										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI																
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R	R									R	
		YTD	0	0	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	
		YTD	7	13	16	22									22	
		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	
		YTD	6	18	34	45									45	
		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
		Actual	100%	100%	100%	100%									100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G												G
		Actual	64.3%												64.3%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R									R
		Actual	34.38%	30.30%	36.10%	25.70%									31.6%
		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
		Actual	0.56%	0.54%	0.72%	0.90%									2.72%
		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
		Actual	43.3%	41.4%	36.8%	42.3%									41.43%
		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
		Actual	96%	100%	92%	88%									92%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	GG	GG									G
		Actual	100%	100%	100%	100%									100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	57.88%	57.74%	58.5%	59.3%										58.33%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R												R	
		Actual	6.09%												6.09%	
		Target	18%			35%			52%			70%			70%	
Severe Mental Illness - Physical Health Check																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R												R	
		Actual	20.8%												20.8%	
		Target	50%			50%			50%			50%			50%	
Children & Young People Mental Health Services (CYPMH) Rolling 12 month																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G												G	
		Actual	20.3%												40.4%	
		Target	8.75%			8.75%			8.75%			8.75%			35.00% YTD	
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R												R	
		Actual	69.6%													
		Target	95%			95%			95%			95%			95%	
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%												100%	
		Target	95%			95%			95%			95%			95%	

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R									R
		Actual	81.4%	62.5%	54.2%	56.5%									63.6%
		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
		Actual	57.1%	42.3%	72.2%	45.5%									54.3%
		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
		Actual	96%	98%	100%	100%									98.50%
		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
		Actual	85%	83%	77%	72%									79.3%
		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
		Actual	99%	98%	100%	100%									99.3%
		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									G
		Actual	98%	93%	91%	90%									93.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4									
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	90.5	77.0	79.3	78.6									
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 4 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for July and Quarter 1 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	15.02%	7.94%
Referral to Treatment (RTT) (92% Target)	64.45%	63.74%
No of incomplete pathways waiting over 52 weeks	1,017	4,452
Cancer 62 Day Standard (Nat Target 85%)	76.09%	64.41%
A&E 4 Hour All Types (National Target 95%)	66.63%	65.90%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	503
Ambulance Handovers 60+ mins (Zero Tolerance)	-	153
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2021/22 - Q1	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q1	64.3%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.90%	-
IAPT Recovery (Target 50%)	42.3%	-
IAPT 6 Weeks (75% Target)	88.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

To Note:

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

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

COVID Vaccination Update

The South Sefton COVID-19 vaccination programme continues to offer dose 1 and dose 2 vaccinations to Sefton residents and has now successfully fully vaccinated the majority of patients in cohorts 1-9. The two vaccination sites at Maghull Town Hall and North Park Health Centre were brought to an end at the end of June having successfully administered dose 1 & 2 vaccinations to the majority of patients in cohorts 1-9, along with care home residents and staff and the local homeless population. Seaforth village Surgery has been introduced as a vaccination site and continues to offer dose 1 & 2 vaccinations to the local population. The vaccination programme continues to offer vaccinations to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. At the end of July 2021 there have been 99,743 (or 78.9%) first dose vaccinations and 84,616 (66.9%) second dose vaccinations in cohorts 1-12.

Planned Care

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

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed and increased levels of elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. 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, long waiters (52 week plus). Outpatient validation is another expected area of focus to support elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF).

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals have then decreased in July-21 but remain above an average for the last 12 months. However, year to date referrals remain below pre-pandemic (i.e. 2019/20) levels by -9.3%. GP referrals are reporting a -12.1% decrease when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately -21 fewer GP referrals per day in July-21 when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 4 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 37.6% (1,048). Analysis suggests a recovery of two week wait referrals, which began during 2021/22 following the first wave of the pandemic. The 983 two week wait referrals reported in March-21 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up much of this increase with Gastroenterology and Dermatology also contributing significantly.

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

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 15.02% in July - this being a decline in performance from last month (14.14%). Despite failing the target, the CCG is measuring well below the national level of 23.51%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 7.94% in July, a small improvement in performance from last month when 8.24% was reported. But through the commissioning of delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in July was 64.45%, a decline to last month's performance (66.29%). Unfortunately, the CCG is reporting below the national level of 68.26%. LUHFT reported 63.74% which is also a decline on last month when 65.58% was reported. There is a continued focus on clinical prioritisation and

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

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	12,389
2021/22	17,491	15,977	16,576	17,537									17,537
Difference	5,740	4,798	5,265	5,148									5,148
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									599
Difference	1,414	932	806	846									

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	41,292
2021/22	51,649	55,528	58,134	61,222									61,222
Difference	9,827	15,690	19,038	19,930									19,930

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

The Trust has reported 7 cancelled operations in July. No details given by the Trust. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 5 of the 9 cancer measures year to date and 5 in July, LUHFT are achieving 3 year to date and 3 in month.

The CCG and Trust are now achieving both 2 week wait measures in July and year to date. The 2 week wait measure is now reporting over target (93%) in July for the CCG recording 93.89% after failing for previous 2 months and is now also achieving to date. Two week wait breast services has achieved the 93% target and reported 94.34% and is also achieving year to date.

For Cancer 62 Day standard the CCG is measuring above the national level of 72.09% recording 76.09% in July but below the operational standard of 85%. The number of patients waiting longer than 62 days as a proportion of the total cancer PTL continues to increase. At Cheshire and Merseyside Cancer Alliance level, this figure is currently 11% compared with 10.3% nationally and 4.5% pre-pandemic.

For patients waiting over 104 days, the CCG reported 1 patient who waited 115 days, the head & neck patient's delay was due to health care provider initiated delay, first seen and treatment Trust was LUHFT. Liverpool CCG as lead commissioner for the Trust has set up a harm review panel to discuss pathways and learning from 104-day breaches which South Sefton CCG attends when there are South Sefton CCG patients involved.

The 2021/22 Priorities and Operational Planning Guidance 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 July, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

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

LUHFT Friends and Family Inpatient test response rate is above the England average of 20.8% in June 2021 at 22% (latest data reported). The percentage of patients who would recommend the service has remained at 92%, which is below the England average of 95% and the percentage who would not recommend has decreased to 4% and still above the England average of 2%. 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.

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 4 of 2021/22, this has resulted in a considerable 40% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year. As part of the Planning Guidance, CCGs were expected to plan for 85% of 2019/20 (pre-pandemic) activity levels being completed during July-21 and available contracting data suggests this has not been achieved with activity in month representing 84% of that in July-19. However, previous months have seen activity exceed planned levels for South Sefton CCG.

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

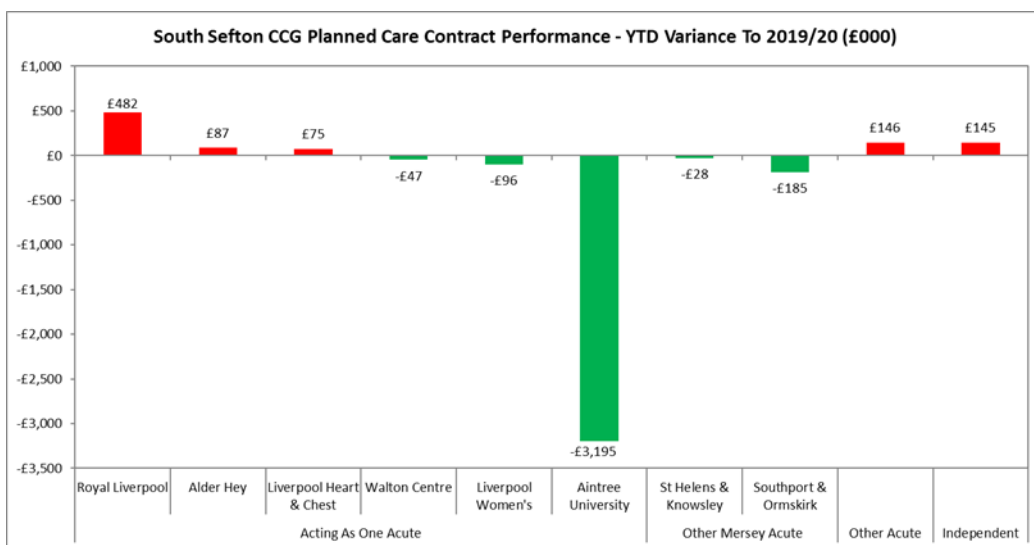


Figure 4 - Planned Care Activity Trends

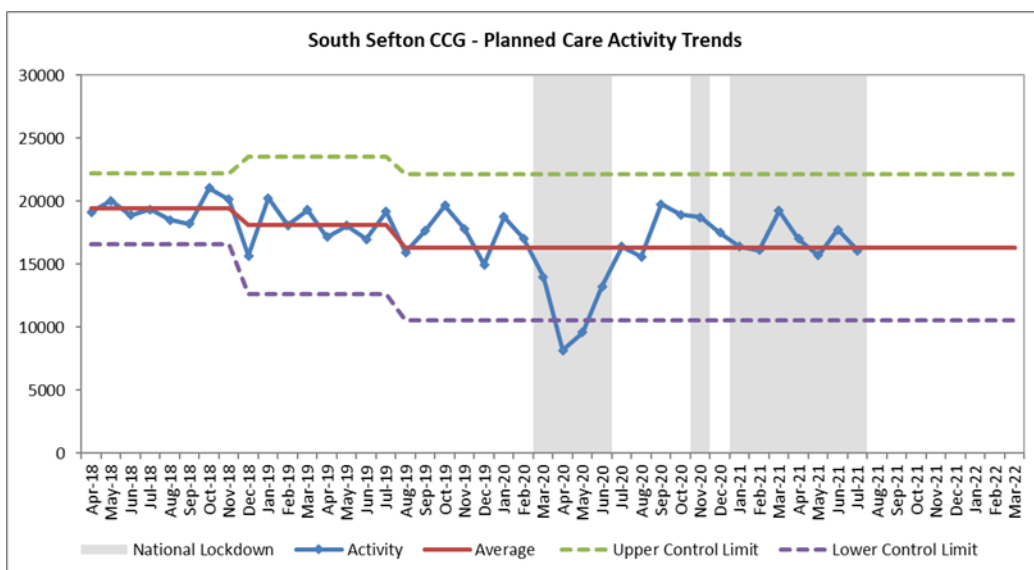


Figure 5 – Elective Inpatient Variance against Plan (Previous Year)

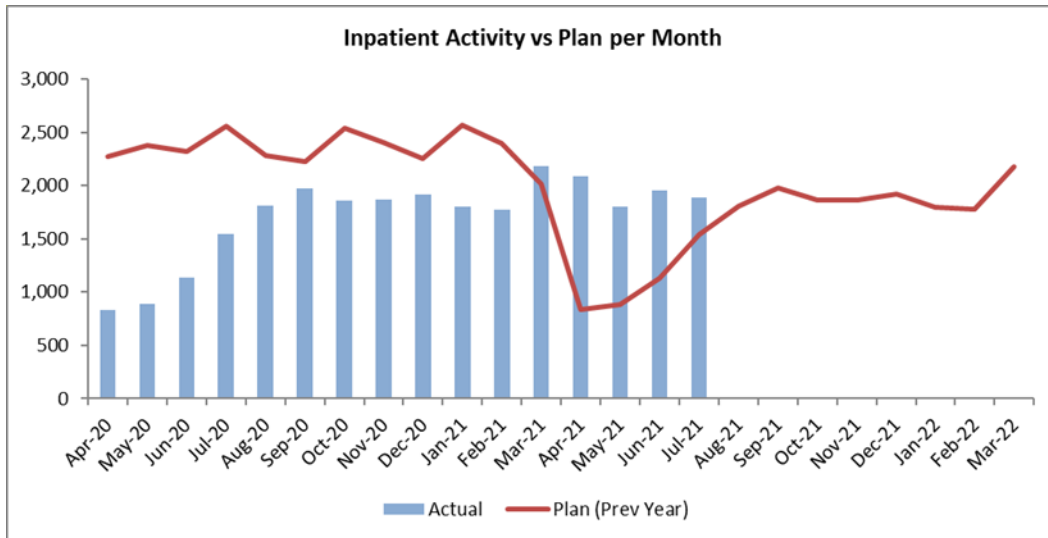
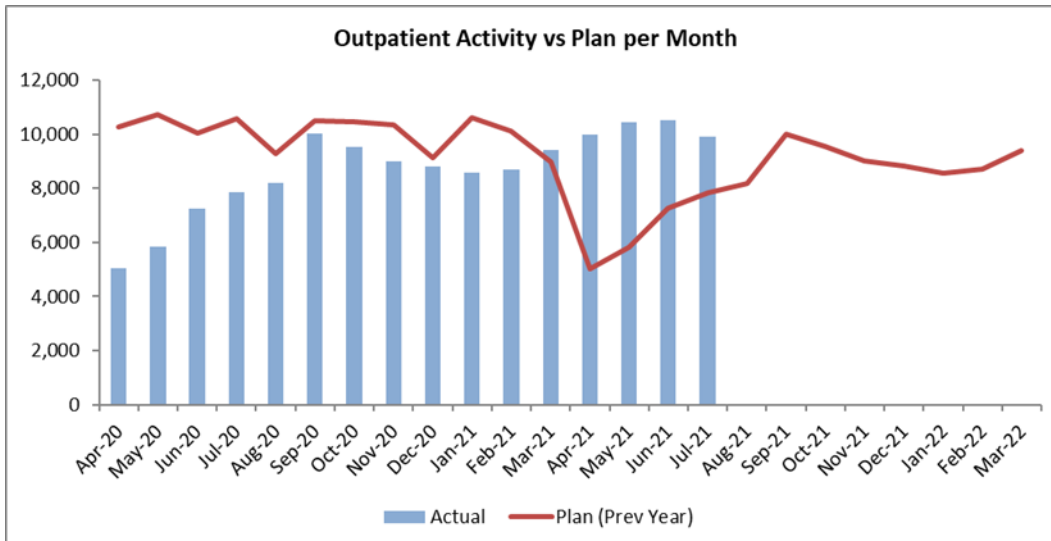


Figure 6 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in July 2021, reporting 66.63% and 65.90% respectively. This shows a further decline from the previous month and the CCG and Trust performance is lower than the nationally reported level of 77.72%. LUHFT’s catchment position is showing a sustained historical peak in July which is impacting on performance. The Trust have reported no 12-hour breaches in July. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions continue to be critical with sustained high levels of emergency admissions and A&E attendances at previous levels. COVID admissions have now reduced significantly. It is important to highlight though, that A&E attendances have continued to rise with increased walk-ins of low acuity not requiring emergency admission. This is also being seen in Walk-In Centre data and primary care also still reporting pressures. An NHS Digital Emergency Department Streaming tool has been developed and will be adopted prior to winter in both LUHFT ED’s to try and redirect lower acuity presentations into the community.

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 July 2021, when the average response time for South Sefton was 9 minutes 14 seconds, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 9 minutes against a target of 18 minutes. The CCG also failed the category 2, 3 and 4 90th percentile, these have shown the largest deterioration in recent months. The CCG is yet to achieve the targets in category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. Other NWS pathways into WiC's/UTC's and community services are being developed to increase see and treat and reduce conveyances to ED. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

For ambulance handovers, LUHFT reported an increase in ambulance handover times in July for handovers of 30 and 60 minutes which increased from 472 to 503, those above 60 minutes increased slightly from 151 to 153. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets, which includes the adoption of the ED Checklist to support turnaround times within ED. There have been changes to processes since pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

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

The CCG and Trust reported no new cases of MRSA in July but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. This patient was identified at the Aintree site and the patient was known to have been MRSA bacteraemia in December 2020, this is being further investigated. This first case in 5 months at the Trust. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 6 new cases of C difficile cases in July (22 year to date) against a year to date target of 18. The CCG now have the new objectives/plans for C. Difficile for 2021/22 released nationally in August, year-end target is 54 cases. LUHFT reported 12 new cases in July (45 year to date) against a year to date target of 49 and are achieving. Post infection reviews (PIR) continue to be undertaken with 6 cases no lapses in care, 7 lapses in care which may not have contributed to the infection and 1 case were lapses may have contributed to the infection (stool monitoring, isolation and additional improvement required in IPC audits and environmental scores). It has been acknowledged nationally that this has in part due to the increased prescribing of antibiotics due to COVID and rates have risen in all acute Trusts.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In July there were 11 new cases (45 year to date), against a year to date target of 59 so achieving the target currently, year-end target is 156. LUHFT reported 24 new cases in July (71 year to date) against their year to date plan of 76 so are also achieving.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 99.49 in July, under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 9.9% in June 2021 at 19.7% (latest data available). The percentage of patients who would recommend the service has decreased to 65%, which is below the England average of 79%. The percentage who would not recommend has increased to 25% and above the England average of 13%. The Trust have acknowledged the decrease in performance and attribute systems pressures and the impact on

patient flow in the Emergency Department (ED) as having a negative effect on patient experience. This includes patients experiencing longer waits whilst in ED. Care Quality Commission (CQC) are working extensively with the provider on improving the quality of care delivered in ED which includes the development of a robust improvement plan and continuous monitoring by commissioner and CQC. Progress against the plan is also being reported via the provider contract meetings and Commissioning Collaborative Forum.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Recent trends from March-21 have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and the following months has only seen a slight decrease with levels remaining significantly above average. Focussing specifically on A&E type 1 attendances, activity during July-21 was also 5% above that in July-19 with 2019/20 activity (pre-pandemic) being the applied baseline to operational planning levels for 2021/22. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

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

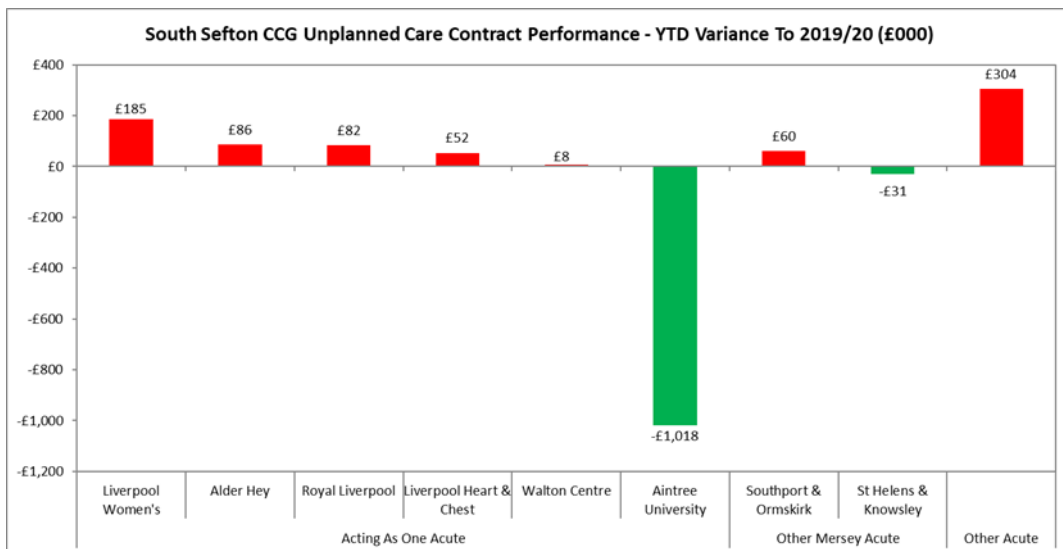


Figure 8 - Unplanned Care Activity Trends

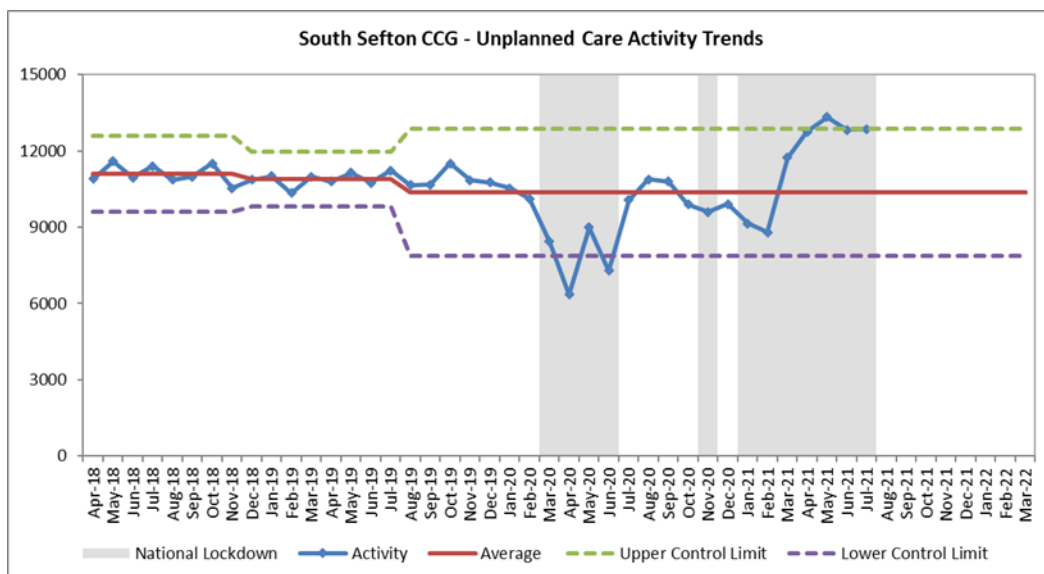


Figure 9 - A&E Type 1 against Plan (Previous Year)

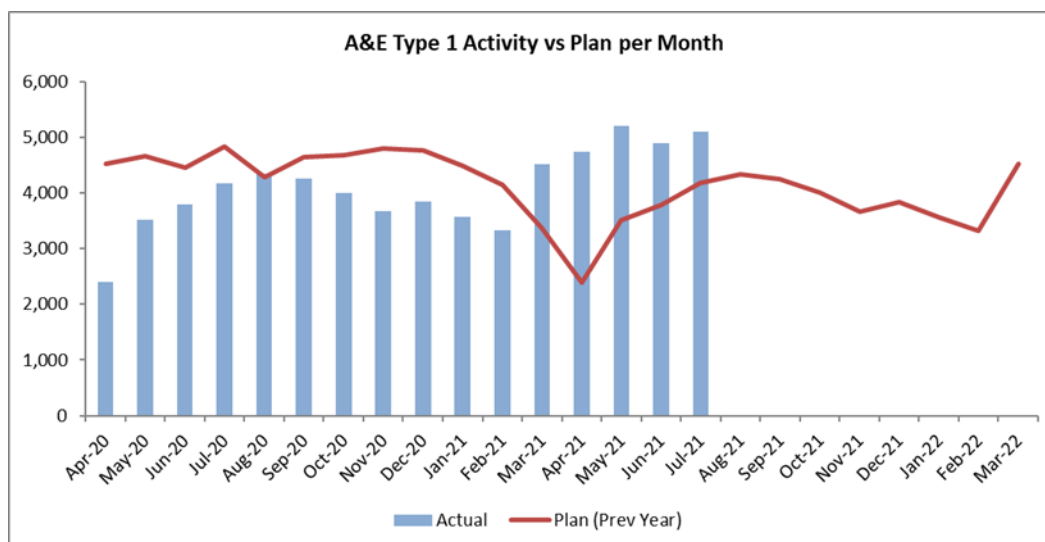
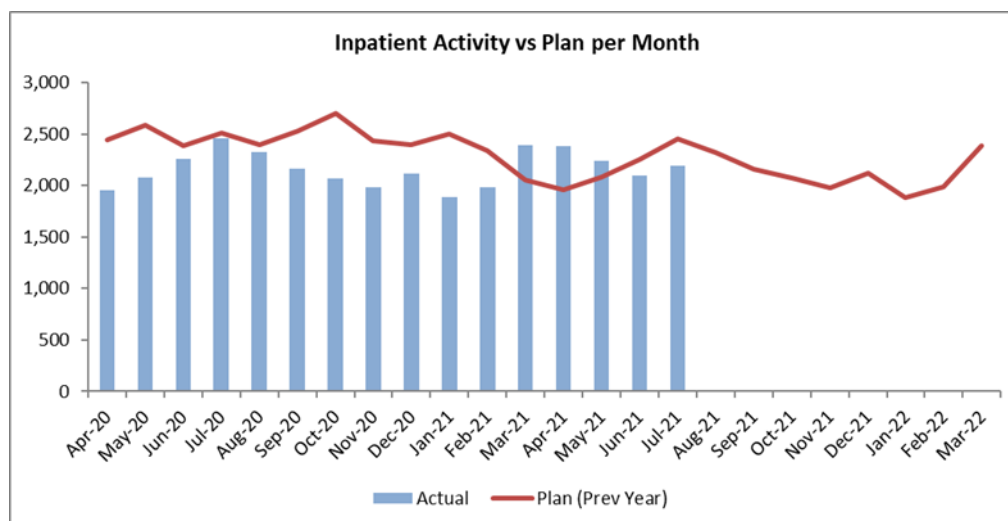


Figure 10 – Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 25.7% of patients commencing treatment within 18 weeks of referral in July, compared to a 95% target. 9 patients out of 35 commenced treatment within 18 weeks, which shows a decline on last on month (36.1%). Demand for the services continues to increase and to exceed capacity. The CCG approved of £63k (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health LTP 2021 /22 investment plan. This investment is part of a 3-year phased approach (2021/22 – 2023/24 to developing a NICE compliant Eating Disorder Service. The service is planning to go to advert for a dietician and psychology posts in early October 2021.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.90% in July, below the monthly target standard of 1.59%. Actions to address the underperformance include:

- Recruitment of 1.8 WTE Psychological Wellbeing Practitioner (PWP) staff vacancies.
- 4 x High Intensity Therapists (HIT) recruited with 3 having commenced duties in June and 1 post commenced in July 2021.
- Participation in Cheshire & Merseyside system level work to increase numbers of PWP and HIT trainees supported by a proposed Cheshire & Merseyside supervision hub and marketing of IAPT at local and planned regional level. This work has identified 20 PWP and 2 HIT

trainees for whom 40% salary costs will be picked through 2020/21 Spending Review monies. The CCG is working with Cheshire & Merseyside HCP to clarify the trainee requirements as the numbers seem excessively high.

The percentage of people who moved to recovery was 42.3% in July against the target of 50%, which is an improvement from last month when 36.8% was reported. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The CCG has requested that the provider in the first instance deploy £108k of identified slippage to tackle internal waits before any additional CCG investment can be considered.

South Sefton CCG is recording a dementia diagnosis rate in July of 59.3%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly better than last month's performance (58.5%). The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. Recovery is unlikely to take place until face-to-face assessments can resume. In line with Cheshire & Merseyside Health Care Partnership expectations the CCG as is working with Mersey Care Foundation Trust to ensure that £48k of non-recurring Spending Review monies is utilised to reduce Memory Assessment waits.

In November 2020 the CCGs agreed £100k non-recurring funding initially targeting those people with identified with SEND to be prioritised for diagnostic assessment. These individuals with SEND have had their diagnostic assessment undertaken and the residual funding is targeting the wider waiting list. The CCGs have acknowledged that long term investment in the ASD service is required and in July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust has also trained 5 staff to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. This training will shortly be completed in September, after which staff will undertake supervised assessments before undertaking assessments on their own from October 2021. For both CCGs this is expected to create a minimum of 45 additional assessments per week adding to the indicative 50 diagnostic assessments per year that are currently commissioned. These developments should make a significant impact in reducing assessment waits times to be within the NICE recommendation of 13 weeks.

The Trust is developing a waiting list initiative aimed at reducing ADHD wait times which were reported as being 63 weeks in July 2021. The waiting list cleanse has been completed and the list is now 300 people having previously been recorded as being 547 people. All people on the waiting list have been contacted and have opted to remain on the list. The Trust originally planned to recruit two agency staff but this was not possible so instead the Trust is planning to second a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource 100 assessments commencing in October 2021 by using some of the monies originally identified for agency staff.

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

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

Month 4 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 30 weeks as the longest wait. CCG continues to monitor waiting times with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy. Consideration is being given to reduce the waiting times targets in 2021/22 in

recognition of the sustained improved performance in line with agreed transformation work by the Trust.

Children's Services

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

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service and all referrals are clinically triaged at the point of receipt and prioritised according to need. Although referrals for SALT have reduced in the last 2 months the impact of a surge in referrals is continuing to impact negatively on performance (July 18 weeks is at 42%). If the surge/increase has begun to subside and previous levels of referrals is returning then improvement will be seen in subsequent months. Physiotherapy and dietetics continue to perform better than the 92% KPI. There has been a slight deterioration in both Occupational Therapy (OT) and Continence in July (85% and 80% respectively), partially attributable to staff absences.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged locally. Whilst there has been an overall deterioration in performance since December 2020, there have been a stabilising of referral to partnership waiting times with the best improvement seen in June, in part due to the additional staff who commenced in post as a result of the CCGs' short term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery and Sefton has been allocated an additional mental health investment of circa £800k in 2021/22. There has been significant system wide and local progress in relation to the allocation of the additional investment and plans to increase mental health service capacity to support recovery and reduce waiting times. These plans have now been finalised and providers have been allocated additional funding, including the third sector. Alder Hey has commenced the recruitment process for the additional posts. Over the coming weeks, providers will develop revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure.

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

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

In relation to Children & Young People Mental Health Services (CYPMH) access, for quarter 1 the Trust reported 20.3% with a rolling 12-month rate of 40.4% against the target of 35%. A significant improvement on the previous quarter when the Trust fell below target reporting 5%. The improvement is in partly due to third sector provider, Venus, and the online counselling service, Kooth, commencing reporting of their activity through the national data set and higher referral rates during COVID.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the Trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a number of new and existing patients are presenting to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced.

Referral rates for ASD/ADHD services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within agreed timescales. Whilst ADHD waiting times are increasing, they remain within target currently, but due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in July and fell to 72%. The Trust has a number of mitigating actions in place to manage this and a paper has been shared by the CCGs outlining the current position, mitigations and options for consideration.

CQC Inspections

Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. July saw 1 new inspection, Park Street Surgery, where the rating improved from their previous inspection with their overall ratings and safe now reporting as 'Good' after 'Requiring Improvement'.